



STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
MAINE EMERGENCY MEDICAL SERVICES
152 STATE HOUSE STATION
AUGUSTA, MAINE 04333



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Medical Direction and Practices Board – November 17, 2021
Conference Phone Number: 1-646-876-9923 **Meeting Number:** 81559853848
Zoom Address: <https://mainestate.zoom.us/j/81559853848>

Members present: Matt Sholl, Beth Collamore, Bethany Nash, Kate Zimmerman, Kelly Meehan-Coussee, Rachel Williams, Dave Saquet, Seth Ritter, Pete Tilney

Members Absent: Benji Lowry, Michael Bohanske, Tim Pieh, Claire Dufort

MEMS Staff: Chris Azevedo, Sam Hurley, Melissa Adams,

Stakeholders: Chase Labbe, Chip Getchell, Dawn McAllister, Dwight Corning, Eric Wellman, Joanne Lebrun, Joe Brichetto, Dr. Norm Dinerman, Paul Hewey, Paul Marcolini, Rick Petrie, Sally Taylor, Stephanie Cordwell, Steve Almquist, Chris Montera, Rob Sharkey, Bridget Rauscher, Dr. Kevin Kendall, Meagan Letellier

MDPB Agenda – Meeting begins at 0930

- 1) Introductions
- 2) October 2021 MDPB Minutes – tabled
- 3) State Update
 - a. Director Sam Hurley
 - i. Systems of care coordinator and CP coordinator positions have been posted and close on the 25th.
 - ii. Releasing Naloxone Dispensation training on MEMSEd today. Discusses.
 - iii. Ops Team is working on the QA/QI survey – looking at QA programs throughout the system. Hope to have that development finished by the end of the year. Also working on materials and training modules for the services that will go out next year. Goal is to ensure consistency throughout the system and provide guidelines.
 - iv. Discusses MEMSEd concerns re: password resets etc. as well as concerns posted on social media. ImageTrend disabled the connection between the two, so if password changes in MEFIRS, it does not change MEMSEd password. We are working with people to assist them.
 - v. Update – BLS position for the MDPB is being posted today. We did refine the description to include roles and responsibilities for the position.
 - vi. Discusses changes to the EMS Board. The terms for all positions on the Board had lapsed, and the Governor had requested a list of names for possible appointments. Current position holders were included in the list. Discusses next steps in the process.
- 4) Special Circumstances Protocol Review – NONE
- 5) New Devices– NONE
- 6) UPDATE – Medication Shortages
 - a. Dr. Nash

- i. Heard epinephrine syringes being on back order again. These are the 1 mg/10mL pre-filled syringes.
- ii. Dr. Ritter reports some shortages on saline flushes.
- iii. Dr. Meehan-Coussee discusses shortages on supplies of multiple sizes of syringes (likely due to vaccination needs).
- iv. Dr. Sholl and others make notes of nationwide shortages in general supply chains since COVID hit. Discusses items to be aware of and/or monitor, to keep ahead.

7) COVID-19

a. Dr. Sholl

- i. CDC reporting 946 new cases over a 7-day period, which is up from the last numbers. Changes are not being felt equally across the state, with heavier increases in the rural areas.
- ii. Two hundred seventy-five is the most recent hospitalization count. 74 require ICU care, which equals about 20% of ICU capacity.
- iii. Discusses issues with hospital diversion and EMS-hospital communications.
- iv. Dr. Ritter discusses heavy COVID case load in Region 2.
- v. Director Hurley discusses talks with hospitals regarding a system of being able to relate hospital statuses across the state, in efforts to mitigate hospital crowding.
- vi. Dr. Saquet describes case management driven transfers out of the hospital for patients who don't need their specific level of care.
- vii. Dr. Dinerman discusses methods of patient transfer and volume management.
- viii. Dr. Meehan-Coussee discusses patient volume management techniques at Maine General.

8) 2021 Protocol Discussion

a. Dr. Sholl discusses the protocol webinars and the webinar on 15 Nov 2021.

- i. Dr. Pieh discusses program delivery length and breaking up the sessions by license level.
- ii. Dr. Sholl discusses educational development process.
- iii. Dr. Saquet
 - 1. Suggests going with self-paced, video driven, with live QA process.
 - 2. Discussion by the group.

b. Discussion regarding required elements of CPAP devices

- i. Dr. Sholl shares his screen and discusses revision of CPAP device requirements.
 - 1. Full face mask
 - 2. Continuous flow device
 - 3. Must be device capable of adjusting FiO2 so must run on Oxygen
 - 4. Capable of regulating PEEP (up to 7.5 to 10 cm H2O)
 - 5. Must be completely latex free
 - 6. The ability to attach a nebulizer as designated by the manufacturer
- ii. Highlights update of requirement for attachment capability with a small volume nebulizer designed by the manufacturer.

c. Discussion/Review of the current FAQ Document

- i. Dr. Sholl shares his screen and discusses the 2021 Protocol FAQ document. This was generated by feedback at the webinar and other sources.
- ii. Discussion of various questions by the group ensues.
- iii. Motion to accept. No discussion. Pieh/Saquet

d. Discussion of request pertaining to recommended par levels for the MEMS Formulary

- i. Dr. Sholl discusses development of a protocol formulary, including a par level, and mixing guidance.
- ii. The parameters are going to be variable, dependent upon the medication distributor.
- iii. Asks for volunteers to assist with this project. Dr. Nash has a working version of her own that she'd like to share.

- e. Debriefing 2021 MDPB Protocol Review Process
 - i. Dr. Sholl discusses review process dynamics.
 - 1. MDPB met 69 times since Jan 2020- 24 times were specifically for protocol review work.
 - 2. Discusses timeline
 - ii. 2021 process added an annex for K9 protocols
 - iii. Discusses process improvement
 - 1. What worked?
 - a. Dr. Saquet - Having a timeframe. Discussed the timeline every meeting and kept all aware of progress and schedule.
 - b. Dr. Pieh- active debrief in the process. Also having co-authors for each chapter worked to help share the load. Those that were able to make slides while it was fresh in your mind was helpful for education. Documents that look at all the changes in different ways: medication grids, change summaries,
 - c. Dr. Meehan-Coussee - keeping up on change documents and other documentation of changes
 - d. Individual vs team protocol review
 - i. Team work is favored.
 - 2. What can we do better?
 - a. Dr. Zimmerman- receiving more feedback AFTER decisions have been made. Brings up vulnerabilities in communication with end users. Would like to better empower stakeholders to give input. Discusses options.
 - i. Stakeholder turnout needs to be better. Discusses options for improvement.
 - ii. Better ways to publicize protocol forums
 - iii. Dr. Sholl discusses engendering input from the Regions and announcing the protocol forums at the Regional meetings.
 - iv. Dr. Collamore reinforces regional QA and offices to reach out to the services in the regions. Discusses hesitancy of many to speak up at meetings.
 - v. Dr. Pieh asks, is there a way to allow participation of field providers? Discussion of roles of ALS/BLS MDPB members
 - 1. Dr. Sholl discusses empowering those roles at the beginning of the process versus later or only at the change review stage.
 - vi. Dr. Nash- adds that the change documents assist a great deal in understanding the change needs/mechanisms, etc., and assists non-physicians in being more informed going into the process.
 - b. Dr. Pieh
 - i. Mechanism of a tool to score changes regarding importance or priority. Discussion.
 - ii. Suggestion of incorporating a scribe specific to writing and maintenance of protocol change documents
 - 3. Dr. Sholl presents items for preparation of review materials and delivery of review materials items for December meeting discussion:
 - a. Discusses educational development
 - b. White papers, Education slides, instructor guide, MEMSEd materials, change reference document
 - c. Model of training
 - d. Did we follow our intended process?

- e. Did we allot enough time?
 - f. What did NOT work?
 - g. What needs to be changed?
 - h. 2023 Protocol review timeline
 - f. QI Markers in the Protocols
 - i. IF you have ideas regarding this, please pass this onto us. QI committee is looking for some.
- 9) Pre-Briefing for the 2023 protocols
 - a. To be done at December's meeting.
- 10) Report from the Portland Fire Department MMO Pilot Project
 - a. Meagan Letellier
 - i. Presents monthly update on Portland FD Mobile Medical Outreach (MMO) pilot program.
 - 1. 34 total interactions/interventions in 11 days.
 - 2. Discussion of client demographic and other statistics
 - 3. Discussion of client interaction care statistics
 - 4. Discussion of transport and follow-up care statistics
 - 5. Summary of cases.
 - ii. Dr. Saquet asks if this project bills. Dr. Sholl- no. Asks about follow up procedures. Dr. Sholl advises he can discuss the specific follow up protocol offline.
 - iii. Motion by Dr. Pieh second by Dr. Collamore to change reporting frequency for PFD MMO pilot program to quarterly. No discussion. Motion carried.
- 11) Ongoing Items for Future Discussion: for December agenda
 - a. PIFT/IFT
 - b. Physician Field Response
 - c. Guidelines and protocols from Community Paramedicine Committee

Old Business – 1245 -1300

- 1) Ops –
 - a. Director Hurley- nothing beyond the state update
 - b. Dr. Pieh asks what next steps are in embracing EMS physician field operations.
 - i. Dr. Sholl defers to offline discussion.
 - 2) Education –
 - a. Chris Azevedo provides a brief on protocol education and updates on EMT Scope of Practice Skills Expansion training.
 - 3) QI – Jason
 - a. Meeting to follow at 1330; next newsletter will be re: naloxone
 - 4) Community Paramedicine – no meeting last month. Will meet again in December
 - 5) TAC/MSA- Kate
 - a. Trauma plan work continues
 - b. Maine STROKE ALLIANCE electing board members. Website going live next week.
 - 6) Maine Heart Rescue – No updates. Do have training manikins.
- Motion by Dr. Pieh to adjourn the meeting, which is seconded by Dr. Saquet. Meeting adjourned at 1255 hrs.