



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



JANET T. MILLS
GOVERNOR

MIKE SAUSCHUCK
COMMISSIONER

J. SAM HURLEY
DIRECTOR

Medical Direction and Practices Board – December 15, 2021
Conference Phone Number: 1-646-876-9923 **Meeting Number:** 81559853848
Zoom Address: <https://mainestate.zoom.us/j/81559853848>

Meeting Minutes

Members present: *Matt Sholl, Kate Zimmerman, Benjy Lowry, Beth Collamore, Bethany Nash, Dave Saquet, Kelly Meehan-Cousse, Michael Bohanske, Rachel Williams, Seth Ritter, Tim Pieh, Pete Tilney*

Members Absent: *Claire DuFort*

MEMS Staff: *Chris Azevedo, Marc Minkler, Melissa Adams, Sam Hurley, Jason Oko, Darren Davis*

Stakeholders: *Aiden Koplovsky, Ashley Moody, Chase Labbe, Chip Getchell, Chris Pare, Crystal Bagley, Dwight Corning, Jay Bradshaw, Joanne Lebrun, Joe Brichetto, Norm Dinerman, Oliver Mackenzie, Patty Wight, Phil MacCallum, Rob Sharkey, Sally Taylor, Steve Almquist, Ted Mahar, Paul Marcolini, Alfred Riel (by phone), Dan Masselli, Esther McLain, Julie Ontengco, Rick Petrie, Shawn Cordwell, Jim MacDonnell, Shaun St. Germain*

MDPB Agenda – Meeting begins at 0934

- 1) Introductions
 - a. Dr. Sholl
 - i. Roll call introductions of MDPB members and meeting rules.
- 2) Dr. Sholl opens floor to public comment
 - a. None
- 3) October/November 2021 MDPB Minutes
 - a. A motion is made by Dr. Lowry and seconded by Dr. Bohanske to accept the October meeting minutes. No discussion. Motion is carried.
 - b. A motion is made by Dr. Collamore and seconded by Dr. Lowry to accept the November meeting minutes. No discussion. Motion is carried.
- 4) State Update
 - a. Update - BLS position posting
 - i. Chris Azevedo
 1. Application period will close 20 December. Information packets to be gathered in preparation for January meeting
 - b. Director Hurley
 - i. Working on hiring the Systems of Care Coordinator. Some candidates have been identified and interviews will be scheduled. Hoping to bring this position onboard in February.
 - ii. Discusses Community Paramedicine Coordinator position. This position has been posted.

- iii. Also bringing on Substance Use Disorder Coordinator position. Hoping to post in early January.
- iv. Director Hurley discusses other tentatively planned office staffing positions.
- v. Drs. Tilney and Pieh ask regarding access to Paramedic Instructor Coordinators in Washington county and in Region 3, and what has been done to facilitate training for EMT Scope of Practice Skills Competency. There has been a lot of feedback regarding this from local services. Dr. Sholl answers that this can be discussed offline.
- c. Dr. Sholl discusses Central Maine Medical Center (CMMC) losing neurosurgery coverage for their trauma program. Discusses proposal for MDPB to issue transportation guidance for EMS clinicians regarding transport to trauma patients to facilities.
 - i. Dr. Zimmerman discusses the guidance and actions by the TAC. .
 - 1. Dr. Zimmerman was notified last week that, beginning 8 Dec 2021, CMMC would not have neurological coverage for the remainder of the month. After the end of the month, coverage would not be consistent and parse afterwards.
 - 2. This means that CMMC would no longer qualify as a Level 2 Trauma Center.
 - 3. This change is significant, with consideration of the role that CMMC plays in the state trauma system. Therefore, the TAC had an emergency meeting to make a recommendation to the Maine EMS Board regarding how to proceed.
 - 4. The final decision was to
 - a. Make a motion to have MDPB issue clear guidance to the EMS field clinicians for transport decisions to closest regional trauma center with neuro-surgical services. This would be for patient populations with trauma patients needing immediate life-saving interventions and stabilization, single-system neuro-trauma patients, and undifferentiated trauma with altered mental status.
 - b. Neuro-surgical trauma will no longer be transferred to CMCC via inter-facility transfers.
 - c. The TAC will request that a small committee review data from CMCC and encourage the trauma centers to review data and convene a secondary meeting, in no later than two weeks.
 - ii. Sam Hurley
 - 1. It is important to note the urgency related to this issue. In the letter we received last week, CMMC referred to having a complete stop in April, however, yesterday, we were informed that this is now expected within 60 days.
 - a. They have made the vote, and this is already happening.
 - b. Even their timeline is changing, and at this time, it is changing for the worse.
 - 2. Director Hurley revisits the state update (done previously) to add additional information that was not covered. Tomorrow, Maine EMS will receive 20 VR headsets and will be offering both adult and pediatric training using these headsets.
 - iii. Discussion from MDPB members who attended the TAC meeting yesterday.
 - 1. Dr. Ritter
 - a. Discusses issues with triaging patients for transport to CMMC or other facilities, and complications brought by current bed availability issues statewide.
 - 2. Dr. Bohanske
 - a. Asks if this is projected to be a long-term change, and not temporary for CMMC. Dr. Sholl- this is correct. They will likely want to stay a trauma center, albeit at a lower level of designations.
 - 3. Dr. Pieh

- a. Sensitive that if we do this well, we'll communicate this in a way that's effective for frontline EMS clinicians. Suggests an FAQ document to put out for reference.
 - i. Is CMMC still a designated regional trauma center?
 - ii. What patients can I bring to CMMC?
 - iii. What patients can I NOT bring to CMMC?
 - b. Dr. Sholl
 - i. Language coming out initially should be in the form of a clinical bulletin.
 - ii. MDPB doesn't designate regional trauma centers – the trauma plan does.
 - iii. Discusses possible verbiage specifics.
 - 4. General topical discussion amongst the group
 - a. Dr. Ritter – our charge in this is relatively narrow. We don't have to decide who's a trauma center and who is not. We just have to give guidance to our constituent services on where to take their patients. We have to understand that without this service and lack of imaging, there will be a miss rate, and we must be OK with this.
 - b. Dr. Sholl – worked on a starting point for the group to consider. Shares screen with draft guidance document for EMS services and reviews it with the group.
 - i. Discussion by the group with various items in the guidance draft.
 - ii. Motion to approve the document made by Dr. Zimmerman and seconded by Dr. Meehan-Coussee. Motion carries.
 - iii. Next steps are that this will be published as a Maine EMS clinical bulletin.
 - iv. Dr. Meehan-Cousee asks what changes to trauma protocols will be, following this change. Apprehension is with verbiage to "transport to nearest trauma center, " as opposed to, "...nearest appropriate trauma center," as CMMC is till designated as a regional trauma center. Dr. Sholl discusses.
- 5) Special Circumstances Protocol Review
 - a. NONE
- 6) New Devices
 - a. NONE
- 7) UPDATE – Medication Shortage
 - a. Dr. Nash
 - i. Several medications have been added to formulary, which have caused a few issues with medication acquisition.
 - ii. Dr. Sholl discusses medication calculator issues in the protocol app.
- 8) COVID-19
 - a. COVID issues have escalated since last MDPB COVID update meeting.
 - b. Federal team arrived to assist MMC.
 - c. Governor has activated the national guard to assist as well.
- 9) 2021 Protocol Discussion
 - a. Discussion/Review additions to the current FAQ Document
 - i. Dr. Sholl asks if there are any items that should be added to this document at this time? None mentioned.
 - b. Debriefing 2021 MDPB Protocol Review Process
 - i. Dr. Sholl discusses preparation of review materials and delivery of review materials.
 - 1. Discussion of change documents.
 - 2. What are the best means to deliver the materials?

- a. Slides, mock-ups of the protocols, change documents only?
 - ii. Discussion of change documents
 - 1. Use of protocol mock-up to present changes to MDPB for situational awareness perspectives in considering impact on other protocols.
 - 2. Dr. Bohanske- finds making slides helpful, but also, taking notes during meetings and improving update of change documents after the meeting.
 - 3. Dr. Pieh – carrying this all the way to final education product was good. Is it valuable for all to have a change document verification post presentation of each change?
 - 4. Dr. Ritter – echoes Dr. Pieh’s points. Also, having access to recordings of these meetings to review for later would be a help.
 - 5. Dr. Sholl suggests meetings to ensure change ideas have been captured and building it into the process. Consensus.
 - iii. Dr. Sholl asks for discussion on the process for education development, mechanism of delivery of the protocol update materials.
 - 1. Historical perspective
 - a. Engagement with the Education Committee to assist in development of educational product.
 - b. In the past few cycles, this hasn’t worked out.
 - 2. Discusses MDPB being primary messengers for the protocol changes.
 - a. This is likely the best-case scenario. Asks for feedback from the group.
 - b. Discussion.
 - 3. Dr. Sholl discusses having MDPB member participate in project coordination.
 - 4. Dr. Sholl proposes involvement of ALS/BLS member specifically in review process.
 - a. Dr. Ritter suggests this may be too much for them. Perhaps re-focus their scope in the process of review?
 - 5. Dr. Sholl presents outlines of process elements for all. Shares screen.
 - a. Discusses impetus for changes and impacts.
 - b. Discusses next steps.
 - i. Section authorship (2 sections)
 - c. Deliverables for 2023
 - i. Host protocol discussion forums every other month
 - ii. Completed protocols posted online (drafts prior)
 - iii. Change documents maintained, completed, and posted online
 - iv. Updated formulary
 - v. Protocol support materials completed
 - vi. Completed white papers.
 - c. QI Markers in the Protocols
- 10) Pre-Briefing for the 2023 protocols
 - a. Dr. Sholl presents draft timeline for 2023 protocol update cycle and discusses thoughts.
 - b. Discusses goals in executing the next process.
- 11) Ongoing Items for Future Discussion:
 - a. PIFT/IFT
 - b. Physician Field Response
 - c. Report – Portland Fire Department Mobile Medical Outreach Pilot Project – Feb 2022
 - d. Report – Jackman Maine Pilot Project

Old Business

- 1) Ops – Director Hurley, Ops Team Members
 - a. Nothing to report

- 2) Education – C. Azevedo, A Koplovsky
 - a. Protocol education how wash begun at December meeting and will conclude in January meeting. Other topics being addressed include replacement of the state psychomotor skills exam, for a better model of verifying EMR/EMT skills competencies for licensure.
- 3) QI – J Oko, C Getchell
 - a. QI meets at 1330, get started with second naloxone newsletter
- 4) Community Paramedicine – J Oko, Dr. Lowry
 - a. Reviewing CP protocols for the future.
- 5) EMSC – M Minkler
 - a. Continuing efforts with virtual reality training and working on mid-year report.
 - b. Elected NASEMSO peds council chair elect. Will take office in June.
- 6) TAC – Dr. Zimmerman:
 - a. Doing technical assistance visit with northern Maine medical center.
 - b. Will be NASEMSO trauma representative for northeast region
- 7) MSA – Dr. Zimmerman :
 - a. Nothing to report. Do have a live website.
- 8) Maine Heart Rescue – M Sholl, C Azevedo:
 - a. Nothing to report at this time.

Dr. Sholl thanks MDPB members for their work as they walk through sensitive an, difficult and time limited issues.

Next meeting 3 January 2022

Motion to adjourn made by Dr. Saquet and seconded by Dr. Bohanske. Adjourned at 1313 hrs.