



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 – January 19, 2022
Conference Phone Number: 1-646-876-9923 **Meeting Number:** 81559853848
Zoom Address: <https://mainestate.zoom.us/j/81559853848>

Please Note: This meeting will be shared with the LifeFlight of Maine CPC, which will begin at 1100. Please note, these meetings will be virtual.

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

Members Absent: Claire DuFort

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

Stakeholders: Ashley Moody, Billy Hawkes, Chase Labbe, Chip Getchell, Dwight Corning, Jason Cooney, Jay Bradshaw, Joanne Lebrun, Norm Dinerman, Rob Sharkey, Sally Taylor, Lisa Bennet, Eric Wellman, Phillip MacCallum, Sean Donoghue, Don Sheets, Chris Pare, Dakota Bartlett, Paul Hewey

MDPB Agenda – Meeting begins at 0900

- 1) Introductions
 - a. Roll call
- 2) Dec 2021 MDPB Minutes
 - a. Motion to approve the December meeting minutes made by Dr. Zimmerman and seconded by Dr. Collamore. Discussion of edits to December minutes made by Dr. Collamore. Motion made to accept minutes with Dr. Collamore's edits. Motion is carried.
- 3) State Update – Director Sam Hurley
 - a. Ashley Moody has been selected as Maine EMS Systems of Care Coordinator. She will be joining 1 Feb 2022.
 - b. Strategic planning committee has reviewed the proposals. They will need a final meeting before notifying the sponsor of the selected proposal. The meeting will hopefully take place this week. Notification will then be made to the organization whose proposal was selected and a contract will be offered.
 - c. Director Hurley discusses current legislative bills.
 - i. LD1797- Length of Service Award Program (LOSAP). Adds EMS clinicians to the LOSAP board for this program.
 - ii. LD1858- An Act Regarding Delegating Authority for services Performed by EMS Personnel in Healthcare Facilities. Synopsis- if you are hired or contracted for employment at any healthcare facility, Maine EMS does not have regulatory authority over those personnel in performance of duties in those facilities.

Removes regulatory authority in those situations. Affects situations wherein EMS providers are working in a healthcare facility and a physician directs the provider to perform a task that Maine EMS may have an issue with (out of EMS clinical scope of practice, etc.). Maine EMS would no longer have authority to regulate what EMS personnel can do in that environment. Maine EMS is consulting with legal counsel to formulate testimony at hearings for the bill. Dr. Jonnathan Busko was the initiator of this bill.

- iii. LD1859- An Act Regarding Sustainable Ambulance Services. Intent of this bill is to ensure communities desiring to start an ambulance service are appropriately and fully informed about what it takes to maintain an ambulance service.
- iv. Director Hurley asks Jay Bradshaw regarding his knowledge of other bills of interest. Mr. Bradshaw adds via chat:
 1. Other Legislative bills of interest:
 - a. LD 1785 - An Act to Address Staffing Shortages in Critical Public Safety Jobs through Economic Incentives;
 - b. There is a bill in the works regarding a Blue-Ribbon Commission to study EMS and language regarding "Essential Services." That bill has not yet been printed but will likely appear soon.
 - v. Maine EMS Licensing Agent position has been posted.
 - vi. We will also be posting several new positions in the immediate future related to substance use disorder.
 - vii. Dr. Sholl asks regarding tentative time is for strategic planning to begin. Director Hurley replies that it should begin in February.
 1. Dr. Sholl- MDPB has expressed interest in being intimately involved in this process. How can we do so?
 - a. Director Hurley
 - i. The contingency that the MDPB must be involved was actually written into the RFP explicitly. We will be working with the state medical directors regarding what form that will take.
- d. BLS Positions- Dr. Sholl
 - i. As we are currently involved in interview process for systems of care coordinator, as well as the community paramedicine coordinator, our hopes are that we can get to the interview process for the BLS MDPB positions immediately thereafter.
 - ii. Dr. Sholl polls the group regarding interest in the interview process.
 - iii. Drs. Sholl and Zimmerman will work to reach out to Drs. Lowry, Bohanske and Nash to get interviews scheduled. The objective is to have that process completed in a manner timely for the beginning of the protocol update process
- e. Dr. Sholl and others attended a recent NAEMSP conference. Dr. Sholl solicits group members who attended for feedback or lessons learned from their experiences.
 - i. Dr. Zimmerman
 1. This is a group that is effective for establishing professional networks.
 2. There are other states which have overcome some obstacles and challenges we are facing here in Maine. One challenge some states have overcome is making EMS an essential service. It will be good to discuss their perspectives with others here, in Maine.
 3. Discusses a lecture on performance psychology.

4. Discusses a post-ROSC care lecture highlighting the use of MAP.
 5. Had the opportunity to create a lecture to present on operational K9 medicine, that it's out there, and that we have implemented this in Maine. Hopefully will be able to spark interest in this elsewhere.
- ii. Dr. Ritter
 1. Also attended a lecture on post-ROSC patient care. Concept of higher MAPs was interesting as the lecturers presented their data.
 - a. Dr. Pieh agrees this is interesting enough to conduct a literature review. They felt mortality was reduced with a "pit-crew" approach to post-ROSC care (not mentioned whether HPCPR was considered with this).
 2. Dr. Bohanske
 - a. Post-ROSC was most concrete and worthy of thinking about for next protocol update cycle. Discusses implementation of stabilization steps post-ROSC, prior to initiating transport, vs immediately initiating transport upon regaining a pulse.
 - iii. Dr. Sholl
 1. Historically, the NAESMP conference has been a valuable conference to attend
 - a. Validation of Maine EMS practices and concepts.
 - b. Good to hear what is going on in different states, and how they are tackling the same issues Maine is.
- 4) Special Circumstances Protocol Review – NONE
 - 5) New Devices– NONE
- 6) UPDATE –Medication Shortages
 - a. Dr. Nash
 - i. Ketamine is difficult to source at this time.
 - ii. Magnesium is also proving difficult to acquire. Beware of different sized vials and concentrations.
 - iii. Question from Sally Taylor regarding IV acetaminophen packaging that is available from Bound Tree. I highly recommend this route, if services desire.
 - 7) COVID-19
 - a. Dr. Sholl solicits issues to discuss from the group.
 - i. LifeFlight of Maine has gone to contingency level care, based upon staffing and other issues.
 - ii. Dr. Sholl
 1. Current ICU beds – 44 being used by COVID patients at this time.
 2. We are seeing a slightly different amount of hospitalizations at this time.
 3. Most profound effect of omicron variant seems to be impact on healthcare and EMS staffing.
 - b. Weekly COVID meeting will resume next Monday.
 - 8) Discussion: Diversion/Parking Memo
 - a. Dr. Sholl
 - i. Discussion of these issues by various MDPB members has prompted discussions with DHHS and Maine EMS.

- ii. Other regions have had these issues and have shared their mechanisms for dealing with this.
- iii. A document regarding this was developed collaboratively, addressing diversion and ambulance parking. Dr. Sholl discusses various aspects of this document with the group.
- iv. The document was disseminated by DHHS on Tuesday. The document was discussed in NASEMSO.
- b. Dr. Sholl opens the floor to discussion by the group.
 - i. Dr. Saquet- My biggest concern is simply addressing the issue, because in my region, this is a significant problem.
 - ii. Discussion by the group ensues. Dr. Sholl addresses Maine DHHS participation in this communication effort.

9) Data Review

- a. Maine EMS and MDPB have had several Data requests
 - i. Maine EMS can share data for 4 purposes
 1. Research
 2. Merging electronic data
 3. Syndromic surveillance
 4. Quality improvement efforts
 - ii. Maine CDC
 1. This is a renewal of a project in support of syndromic surveillance.
 2. Discussion by Dr. Sholl.
 3. Motion for MDPB approval to renew the agreement made by Dr. Bohanske. Seconded by Dr. Pieh. No discussion. Motion carried.
 - iii. Discussion of remaining two projects is tabled for another meeting.
 1. University of Maine
 2. Maine DHHS and MIT

10) 2023 Protocol Pre-Briefing

- a. Finalize Section Authors
 - i. Brown/Purple/Grey/Black- Drs. Collamore and Tilney
 - ii. Blue- Drs. Pieh and Bohanske
 - iii. Red- Drs. Ritter and Saquet
 - iv. Gold- Drs. Saquet and Meehan-Coussee,
 - v. Green- Drs. Meehan-Coussee, Ritter, and Bohanske
 - vi. Yellow- Drs. Zimmerman, Meehan-Coussee, and Pieh
 - vii. Pink – Drs. Saquet, Williams, and Lowry
 - viii. Orange – Drs. Bohanske, Saquet, and Lowry
 - ix. PIFT – Drs. Tilney, Sholl, and Saquet,
 - x. K9- Drs. Zimmerman and Sholl
- b. Dr. Sholl discusses development of Countering Weapons of Mass Destruction (CWMD) section alongside Dr. Kelly Cline, from Eastern Maine Medical Center (MPH candidate) degree candidate
 - i. Emergency management, disaster preparedness, etc., to place into this section
 - ii. This project was started under Dr. Diaz, in the past, but did not mature.
- c. Finalize Order of Review (to start with Feb 2022 meeting)
 - i. Discussion.
 1. Gold – 1
 2. Orange – 2

3. Yellow – 3
 4. Green - 4
 5. Blue -5
 6. Red – 6
 7. Pink – 7
 8. Brown/Purple/Grey/Black- 8
- d. Discussion of protocol review sessions
- i. Not intended to divulge ideas that have not been approved by the group.
 - ii. Dr. Sholl discusses mechanisms for providers to introduce suggestions for new protocols and changes to current ones. Emphasizes efficacy of having ideas presented to section authors in a mature format (i.e., how the idea will work out in the protocol, evidence for the change, impact, purpose, etc.).
 - iii. Marc Minkler asks regarding mechanism for suggestion
 1. Having a template to do so
 - a. Dr. Sholl- perhaps using the same template that MDPB uses? At the same time, it will be important to maintain the timeline for consideration of ideas. Otherwise, the process timeline risks being skewed at multiple times. Best ideas received for next protocols have come from discussion on current protocol changes.
 2. Discussion
 - a. Window for submission of suggestions
 - b. Development of a template submission form to be available on the website?
 - iv. Frequency
 1. Every other month is proposed to start. To begin February, after MDPB meeting.
- e. Finalizing project manager
- i. Dr. Collamore has volunteered to serve as project manager.
 - ii. Discussion by the group.
 - iii. Dr. Collamore will serve as the project manager.

Old Business – 1100 - 1110

- 1) Ops - Sally Taylor
 - a. QA project – survey has been sent out to each service. 164 replies out of 270 received. Services do need to reply to be compliant with QA requirement. Deadline is tomorrow. Next step is working on standardized education for implementation across the stat.
- 2) Education
 - a. Chris Azevedo
 - i. Education Committee is working on replacement of the current psychomotor skills examination for EMS clinician licensure. Joint work with the Exam Committee is being planned for.
 - ii. Updates are also being developed for Training Center Standards and Instructor Coordinator standards.
 - iii. Working in support of EMT Scope of Practice Expansion Skills courses.
 1. Will be conducting an additional instructor orientation session in the next week.

2. Fielding concerns and questions from instructors.
- 3) QI – Chip Getchell
 - a. Meeting at 1330 this afternoon to finalize KV representative, work on naloxone newsletter. Discussion of new topics for the spring and Regional QI survey
- 4) Community Paramedicine – Dr. Lowry
 - a. Discussed coordinator position, currently interviewing for. Discussion also regarding crafting protocols/guidelines and developing mission/vision statement for community paramedicine.
- 5) EMS-C Marc Minkler
 - a. Have begun statewide pediatric education survey. Responses so far are at 24%.
 - b. Discusses NASEMSO board of director’s meeting
 - i. Issues with pediatric defibrillation pads. Pads being paired with equipment that they are not compatible with.
- 6) MSA/TAC – Dr. Zimmerman
 - a. Meeting dates to be posted on MEMS website.
 - b. TAC- working on trauma plan. Putting together a group to interview for at-large and stakeholder positions and also the open trauma surgeon position.
 - c. Maine Stroke Alliance- New board and structure. Seeking nominations for representative positions
 - i. Once Ashley Moody is brought on board, will be looking at stroke system resources matrix.
- 7) Maine Heart Rescue
 - a. Nothing to report.

Ongoing Items for Future Discussion:

- PIFT protocols – Tilney/Sholl
- Review of the Community Paramedicine proposed protocols

Motion to adjourn made by Dr. Bohanske and seconded by Dr. Collamore. Meeting adjourned at 1108 hrs.

The LFOM CPC Meeting will begin at 1115. The QI Committee meeting will begin at 1330