



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 – May 18, 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, Emily Wells, Mike Bohanske, Beth Collamore, Bethany Nash, Kate Zimmerman, Kelly Meehan-Coussee, Pete Tilney, Seth Ritter, Tim Pieh, Benji Lowry, Dave Saquet*

Members Absent: *Claire DuFort, Rachel Williams*

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

Stakeholders: *Aiden Koplovsky, Andy Zuber, Rick Davis, Cecily Swinburne, Chip Getchell, Chris Montera, Eric Wellman, Jay Bradshaw, Joanne Lebrun, Mike Choate, Norm Dinerman, Oliver Mackenzie, Paul Marcolini, Polly wood, Rebecca Quinn, Rick Petrie, Rob Sharkey, Scott Cryer, Stephanie Cordwell, John McGinty, Jesse Thompson, Phil MacCallum, Steve Leach, Steve Almquist, Stephen Smith*

MDPB Agenda – Meeting begins at 0930

- 1) Introductions and roll call.
 - a. Special Welcome to Emily Wells, the new BLS Representative!
 - b. Dr. Sholl leads the group in welcoming Emily Wells to the MDPB as the new BLS Representative.
- 2) April 2022 MDPB Minutes – 0935-0940
 - a. Dr. Collamore provided some change suggestions. Discussion.
 - b. Motion to approve April minutes made by Dr. Collamore and seconded by Dr. Lowry. Motion is carried.
- 3) State Update –
 - a. Director Sam Hurley
 - i. We are working to fill the current Office Associate position.
 1. We have several candidates who have applied and will be doing interviews in the next two weeks. Discusses challenges encountered in the process.
 2. We also have additional positions which are pending for which we will be looking to hire.
 - a. Health Program Coordinator, which is funded by a grant. Will be working on substance use disorder programming.
 - b. Other potential positions are currently going through the financial order process.
 3. We are working extensively with the strategic planning process. Several MDPB members have participated in one of the sessions. There will be an in-person

session tonight at Maine Medical Center. There will be other sessions to be held virtually in a “town hall” type format.

- ii. Working on community paramedicine programming in accordance with grant requirements. Discusses upcoming opportunities for those wishing to partake in community paramedicine programs.
- iii. CARES
 - 1. We are actively submitting EMS data to CARES. Ashley Moody is facilitating this work. Discusses transition to NEMSIS 3.5 and issues surrounding this process.
 - 2. Cardiovascular mini-summit was held last week. There were discussions with hospitals regarding recording and integration of their outcomes data, and other discussions which are pertinent to CARES and re-invigoration of the Cardiovascular Council.
- iv. The EMS Board will be announcing the recipients for EMS awards on Friday.
 - 1. If there are MDPB members interested in attending, we will provide the pertinent information via Dr. Sholl.
- b. State EMS Strategic Planning Process –
 - i. Dr. Sholl discusses his meeting with Dr. John Becknell as part of the strategic planning process. Dr. Becknell would like to address MDPB at some point.
- c. New Maine EMS Formulary – Sholl, Nash, Minkler
 - i. Dr. Sholl shares his screen and discusses the new Maine EMS Formulary, including its features.
 - ii. This document is currently posted on the Maine EMS web page, in multiple places. This is available both in PDF and Excel form.
 - iii. This will be reviewed and updated with the protocols.
 - iv. Discussion regarding the document with Dr. Nash and Marc Minkler.
 - 1. Dr. Nash has already received some great feedback regarding the document.
 - 2. Marc Minkler echoes that the formulary will need to be updated as the protocols are updated. He also discusses potential effective uses for service leaders in the planning process.
 - 3. Dr. Nash and Dr. Meehan-Coussee discuss requests for inclusion of medication mixing instructions.
 - 4. Marc Minkler discusses the depth and functionality of the formulary document.
- d. Approved Devices –
 - i. Dr. Sholl discusses the updated approved devices list and the approval process. Dr. Sholl shares his screen.
 - 1. Marc Minkler discusses the need to re-evaluate and revise the current process, as well as the current draft revision for the process. Primary in changes is realignment of the verbiage as being a list of approved “alternate devices.” Also, is the concept that MDPB doesn’t necessarily approve a specific device, as much as approving the “concept” of various devices.
 - 2. Dr. Sholl goes through the sections of the draft process policy.
- e. EMS Board approval of transition from state psychomotor skills testing process to psychomotor skills portfolios.
 - i. Chris Azevedo discusses what this is and how this will affect the licensure process, for physician awareness.
 - 1. EMR/EMT skills and patient care management competencies will now be verified in the EMS licensure course by use of a more comprehensive mechanism called a psychomotor skills portfolio. Portfolios are the same mechanism used to evaluate the same competencies in paramedic programs.

2. As a result, the state practical skills exam will be sunsetted as the licensure programs adopt portfolios. Physicians and employers will then begin seeing graduates who did not need to take a state practical exam. Again, this is the same process used in paramedic programs.
- 4) Special Circumstances Protocol Review – NONE
 - 5) New Devices– NONE
 - 6) UPDATE – Medication Shortages
 - a. Dr. Nash
 - i. Most shortages that we are watching have not hit critical levels. However, there are still shortages of various IV fluids, pre-filled syringes, electrolytes, glucose gel.
 - b. Dr. Sholl discusses the coming “Protecting Patient Access to Emergency Medications Act.”
 - i. This act will essentially create a pathway for EMS agencies within a state to obtain their own DEA license as well as encouraging EMS agencies to procure their own medications, including scheduled medications.
 - ii. The impact of this has multiple layers, including requirement for every EMS service going through this pathway to have a medical director. Dr. Sholl discusses subsequent requirements for those medical directors and the questions submitted to DEA regarding them.
 - iii. Some of the recent requirements around medical directors that have been passed by the EMS Board may set services up for success regarding this coming medication law.
 - 7) COVID-19
 - a. Dr. Sholl relates discussions of impacts of the most recent variants from the last monthly MDPB COVID Update meeting.
 - i. Discusses variant BA.2 and other sub-variant impacts on cases, hospitalizations, resource utilization and the healthcare workforce.
 - ii. Emphasizes importance of maintaining PPE and vigilance.
 - iii. Dr. Bohanske discusses emerging presence of severe bronchospasm in the absence of other airway disease or chronic conditions.
 - 8) Data Sharing Requests –
 - a. University of New England – File of Life Project
 - i. Dr. Sholl discloses potential conflicts and discusses the project and request.
 - ii. They are not asking for access to data, but access to people and their opinions.
 - iii. The project is to work with two medical students and ensure the “file of life” cards are suitable for geriatric patients. This would be done by interviewing EMS clinicians to ensure the changes will maintain the usability of the program for those responding EMS clinicians.
 - iv. Motion to made by Dr. Collamore to allow access to EMS clinician list. Motion is seconded by Dr. Nash. Discussion. The motion is carried.
 - b. SMHC – variation in OHCA Transfer Order Sets
 - i. Dr. Meehan-Coussee discusses.
 1. The grant was given to look at the variability of how out of hospital cardiac arrest patients are managed during interfacility transport.
 2. Part one of the project is to look at what the variability is.
 3. Part two is to look at streamlining care between the transport teams.
 4. The ask is for access to the patient care reports for these patients.
 - ii. Motion to approve made by Dr. Ritter and seconded by Dr. Saquet. Discussion.
 1. Dr. Bohanske asks after IRB approval documentation. Dr. Sholl states there is IRB approval and documents should have been sent in the packets everyone received.
 2. Motion carried.
 - 9) 2023 Protocol review process –
 - a. Timeline review
 - i. Dr. Sholl shares his screen and discusses current timeline.

- b. May Protocol Review Webinar –
 - i. Dr. Collamore
 - 1. This went well. There was a good crowd.
 - 2. We reviewed the Gold section and changes.
 - 3. We had some great questions and was able to close the loop on a number of them.
- c. Orange Section
 - i. Dr. Sholl shares screen with Orange section changes as Dr. Saquet discusses them.
 - 1. Orange 3
 - a. Item #11 – discussion regarding adding the phrase “if that is not feasible, it is acceptable for law enforcement to follow directly behind the ambulance and be immediately available.”
 - i. Discussion around “beaching the cruiser” and the law enforcement officer accompanying in the ambulance, versus following behind, during patient transport.
 - ii. Dr. Sholl suggests putting this item for further discussion later.
 - b. Item #13
 - i. Dr. Saquet and Dr. Bohanske discuss simplifying language to state “nearest ED,” versus “nearest emergency department that can safely accept the patient,” or removing the language and going with standard operations protocol. Discussion among the group.
 - ii. Dr. Sholl suggests removing the phrase “...that can safely accept the patient.”
 - iii. Dr. Bohanske makes the motion to accept the change. Motion seconded by Dr. Pieh. Discussion.
 - 1. Dr. Ritter suggests adding the hospital “H” as well.
 - iv. Motion is carried.
 - c. Item #14
 - i. Do we need to discuss strengthening the language around medical management? Discussion.
 - ii. Motion to accept the change suggestion by Dr. Meehan-Coussee and seconded by Dr. Collamore. Change suggestion is: “if the patient remains agitated after physical restraint and verbal de-escalation is unsuccessful, pharm mgmt. is strongly recommended.” No discussion. Motion carried.
 - 2. Orange 4
 - a. Preamble- remove PEARLS re: IV admin instructions (not in protocol), and language re: intra-arterial items. This is confusing. Discussion by the group.
 - b. Motion made to remove language regarding IV administration by Dr. Zimmerman and seconded by Dr. Nash. Discussion
 - i. Motion carries.
 - 3. Hospital “H” icon
 - a. Discussion. Would placement here be helpful? We have the statement regarding early contact of OLMC in bold at the bottom of the protocol. There is also a line in item #9 regarding consult, but no hospital
 - b. Motion for placement of the “H” icon made by Dr. Nash and seconded by Dr. Collamore. Discussion.
 - i. Dr. Nash suggests placing the “H” into the protocol as early in the verbiage as possible. The group agrees.

- b. Discussion by the group regarding intent, mechanisms of operation, and approval/oversight of operational physicians.
- c. Dr. Bohanske asks after intent for role of Regional Medical Directors in approving operational EMS physicians as opposed to being simply the point of contact for interest? Should MDPB actually be the point of approval? Discussion on the question.
- d. Dr. Sholl addresses questions which were put in the chat.
 - i. “Is this a pathway to eventually augment paramedics?” – We are not looking to supplant paramedics, but to create a pathway by which physicians may add to EMS response capabilities.
 - ii. Dr. Sholl discusses licensing for physicians and how a physician’s own license pertains to EMS response.
- e. Dr. Sholl discusses creation of a pathway for physician participation
 - i. First step is putting a pathway together for physician entry
 - ii. Creating a community for these physicians
 - iii. Creating learning for these physicians
 - iv. Creating engagement around QI
 - v. Creating coordination of practice

11) PIFT Updates

- a. Dr. Tilney
 - i. Discussion and review of education options continues.
 - ii. Dr. Saquet has been brought into this project.
 - iii. The Education Committee has made some recommendations regarding provider education and is pursuing some work on that.
 - iv. Met with Dr. Sholl last month and discussed topics.
 - v. Hope to have some results to report for next month.

12) Data Committee Position

- a. Dr. Meehan-Coussee
 - i. Discusses her interest in the open physician position on the Data Committee.
 - ii. Dr. Sholl makes the motion that Dr. Meehan-Coussee be submitted as MDPB representative to the Data Committee. Motion seconded by Dr. Saquet. No discussion.
 - iii. Motion is carried.

13) Ongoing Items for Future Discussion:

- a. Report – Jackman Maine Pilot Project
- b. Report – PFD MMO project – June 2022

Old Business – 1240 -1300

1) **Ops Team**

- a. Joanne Lebrun discusses yesterday’s Op’s meeting.
 - i. Award recipients to be announced at Friday’s EMS Board meeting.
 - ii. Discusses obstacles to Naloxone Leave Behind program
 - iii. Overdose map introduced by Darren Davis

2) **Education**

- a. Chris Azevedo
 - i. Discusses the following topics
 - 1. NCCP
 - 2. Portfolio transition

3) **QI**

- a. Jason Oko
 - i. QI committee meets 1330 today. Will conduct interviews for open positions.

4) **Community Paramedicine**

- a. Dr. Lowry gives a summary of current work by the committee.

- i. Work on defining scope of practice
- 5) **EMSC**
 - a. Marc Minkler
 - i. Happy EMS-C Day!
 - ii. Multiple training opportunities have been posted both on the Maine EMS website and on social media accounts.
 - iii. Continuing with OB education efforts. Four RNs and physicians are attending ALS-O instructor training at Maine Medical Center.
 - iv. VR education across the state. Have taught at 2 different high school programs.
 - v. Planning for NASEMSO conference in June. We will work as National EMS-C towards integration into trauma and use of NEMSIS data.
- 6) **TAC**
 - a. Dr. Zimmerman
 - i. No report.
- 7) **Maine Stroke Alliance**
 - a. Dr. Zimmerman
 - i. No report
- 8) **Maine Heart Rescue**
 - a. Chris Azevedo will be attending the MD Resuscitation Academy
- 9) **Final Meeting Notes**
 - a. Dr. Sholl takes a moment to recognize EMS week
- 10) **Next Meeting and Adjournment**
 - a. Motion to adjourn made by Dr. Bohanske and seconded by Dr. Collamore.
 - b. Next meeting first Monday of June (COVID update)
 - c. Meeting adjourned at 1257 hrs.