



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 – July 20, 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, Mike Bohanske, Bethany Nash, Kelly Meehan-Coussee, Rachel Williams, Seth Ritter, Tim Pieh, Rachel Williams, Pete Tilney*

Members Absent: *Dave Saquet, Claire DuFort, Emily Wells*

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

Stakeholders: *Dawn McAllister, Chip Getchell, Joanne Lebrun, Kevin Kendall, Rick Petrie, Sally Taylor, Jonnathan Busko, Eric Wellman, Phil MacCallum, Shawn Cordwell, Chris Montera, Chris Pare, Dwight Corning, Paul Hewey, Mike Choate, Norm Dinerman*

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. MDPB Agenda – Meeting begins at 0900

- 1) Introductions
 - a. Dr. Sholl makes introduction and does roll call.
- 2) June 2022 MDPB Minutes
 - a. Motion made by Dr. Meehan-Coussee and seconded by Dr. Collamore to accept the June minutes. No discussion. Motion is carried.
- 3) State Update
 - a. Director Hurley
 - i. A new position for a Substance Use Disorder Response Program Manager. Their primary role will be to address stigma and support naloxone leave behind program.
 - ii. Director Hurley has involved the Commissioner regarding the positions of Deputy Director position as well as two conference health planners. The Those positions will hopefully be posted within the month.
 - iii. The Office will also be bringing on an additional Training and Education Coordinator to support the explorer program, which is a joint collaboration between the Bureau of Labor and DHHS. Discusses the position responsibilities.
 - iv. We have received the financial order to bring on 6 community liaisons throughout the state, to support naloxone leave behind, working with the 6 Regions. Doing education, helping to facilitate expansions of the options referral program, which we are working on with the Muskie School. Discusses.
 1. Dr. Pieh discusses barrier of perceived legal liability if acting within the program. Is there any information that I can put out to assuage this perception? Director Hurley discusses the current statute in place regarding naloxone dispensation in conduct of the program.
 - v. State Strategic Planning Process

1. Work continues on the process.
 2. There will be an in-person Board meeting for August. There will be no virtual attendance option due to the breakout sessions and limits on technology. Director Hurley encourages members of the group, as well as the public to attend. There will be a portion for public comment at the meeting.
 3. Please refer to the notes document put out by Dr. Becknell, which are aggregated input from stakeholders. The intent is to feather this into the Blue-Ribbon Commission. We have accelerated the plan to have the final draft of the planning document ahead of the December deadline.
 4. Director Hurley discusses the feedback and planning process.
 - a. Dr. Sholl asks if MDPB members may attend that Board meeting. Director Hurley replies that it is, and encourages anyone who is interested, to attend, so that they can hear the conversations firsthand and understand what is being discussed.
 5. Director Hurley advises that he has provided his comments on the Physician Field Operations document.
- 4) Special Circumstances Protocol Review – NONE
- 5) New Devices – NONE
- a. Dr. Sholl notes that there is a device pending for review by the group, possibly at the September meeting.
- 6) Pilot Program Reviews
- a. Jackman Pilot Project Report to the MDPB
 - i. Dr. Jonnathan Busko gives the July QI report on Critical Access Integrated Paramedicine Program, as Dr. Sholl shares his screen for the group.
 1. Review of tele-health encounters and patient outcomes.
 2. Review of reportable procedures.
 3. Dr. Busko brings forward a case for review that occurred in July. The case involved a procedure performed by the paramedic by delegation under a physician.
 - a. Discussion by the group and Dr. Busko regarding appropriateness of the procedure, delegated practice and approval of medications, and protocols versus terminal procedures and sub-procedures, versus clinical practice guidelines. There is disagreement regarding several points discussed.
 - b. Dr. Sholl suggests bringing the case before the Board for review regarding scope of practice. Discussion.
 - c. Motion made by Dr. Pieh to refer the case to the Board for adjudication on the scope of practice and the role of delegated practice in the pilot project. Motion is seconded by Dr. Zimmerman. Discussion.
 - d. Dr. Busko asks this also to go to the Assistant Attorney General's office.
 - e. Motion carries.
 4. Dr. Sholl asks that for the next report, if he could also state chief complaints for the cases that were not referred to the Emergency Department. Dr. Busko agrees.
 5. Dr. Bohanske asks Dr. Busko if this procedure happened in the field/ambulance or in the clinic setting? Dr. Busko – this occurred in the clinic setting. The group asks Dr. Busko also to include place of occurrence of the interventions, i.e., field or clinic.
- 7) IRB/Project Review – Dr. Teresa May “Effect of rurality on organ donation among cardiac arrest patients (specifically ORCA cases) with and without overdose related cardiac arrest across Maine”
- a. Dr. Sholl introduces the above request and discusses it with the group.

- i. Dr. May would like to use identified data to allow them to be able to merge records.
 - ii. Dr. Sholl discusses the idea of safety of protected data.
 - iii. Dr. Pieh discusses termination of resuscitation in the field and reduction in organ donation and low percentage of calls to organ donor services. Perhaps this will help support the effort.
 - iv. Motion to approve release of data for research purposes made by Dr. Meehan-Coussee and seconded by Dr. Zimmerman. Discussion.
 - v. Jason Oko asks if there is a document that MDPB can share with him. Dr. Sholl replies that there is, and he will forward it to him.
 - vi. Motion is carried.
- 8) Review – Policy re: Alternate Device Approval
 - a. Dr. Sholl discusses the proposed policy with the group.
 - b. Discussion of the policy and the process chart included.
 - i. Dr. Zimmerman notes a step is missing from the chart. Discussion as to potential corrections or modifications to the chart by Dr. Meehan-Coussee.
 - c. Dr. Pieh motion to accept the proposal with Dr. Meehan-Coussee’s changes. Motion seconded by Dr. Collamore. Motion carries.
- 9) UPDATE – Medication Shortages
 - a. Dr. Nash reports.
 - i. “DuoNeb” in the commercial medication combination form, have been added to the shortage list. However, the individual medications themselves, are not.
 - ii. Ativan shortage has not seen a resolution.
 - iii. IV fluids are beginning to increase in supply.
 - b. Dr. Sholl proposes putting together a clinical bulletin regarding use of combining the separate medications versus the commercial, single-dose, combination package of the medication. The group agrees.
- 10) COVID-19 – 0955-1005
 - a. Dr. Sholl discusses.
 - i. Next Meeting is scheduled for 1 Aug 2022.
 - ii. We appear to be in a status quo.
 - b. Dr. Sholl opens the floor to discussion. There is none. Discussion on the topic is tabled for the 1 August meeting.
 - c. Dr. Sholl announces he has to step out of the remainder of the meeting and will turn the meeting over to Drs. Zimmerman and Collamore
- 11) 2023 Protocol review process
 - a. Dr. Zimmerman emphasizes necessity to get change documents turned in, in a timely basis.
 - b. Dr. Zimmerman was not able to be present at last protocol update forum. Dr. Collamore discusses.
 - i. Dr. Lowry echoes Dr. Collamore’s perspectives that the forums are going well, and participation is going up. Good discussions regarding the changes amongst the attendees.
 - c. Timeline review – Sholl/Zimmerman/Collamore
 - d. Protocol Review Webinar Discussion July 14th noon – 1pm
 - e. Yellow Section – Pieh/Meehan-Coussee/Zimmerman
 - i. Dr. Meehan-Coussee shares her screen
 - ii. Poisoning/Overdose #2-
 - 1. Will revisit norepinephrine next month
 - iii. Overdose #3
 - 1. Paramedic 15eii5
 - a. Update formulary to explain mixing of mag sulfate
 - b. PEARLS 5th bullet- add reference to Naloxone Leave Behind Program
 - c. Add asterisk next to bullet #7 and Paramedic 15e.
 - d. No vote needed for PEARLS changes

- iv. Yellow 4- Naloxone Dispensation
 - 1. Director Hurley suggests reference to Options referral program, next to dispensation.
 - a. Discussion. Director Hurley suggests that if an opioid overdose patient is reversed and does not get transported, that naloxone should be dispensed, per the Leave Behind program.
 - b. Dr. Meehan-Coussee outlines possible changes to accommodate.
 - i. Remove item #2
 - ii. Change #3a to “distribute Kit”
 - iii. Change 3b to #4 Perform training.
 - iv. Change 3c to #5- provide a list
 - v. #6- follow training regarding documentation of patient refusal
 - vi. Remove reference to patients refusing transport from top
 - vii. Close parentheses in item #1
 - c. Dr. Bohanske notes Jason Oko’s comment that we’ll have to decide if we take that ready built education and incorporate it as part of the protocol roll out or make it supplemental? Director Hurley suggests messaging, now, that services should complete this training, to get ahead of this when protocol changes are rolled out.
 - d. Jason Oko suggests deleting reference to Grey 20 protocol, as it skews the circularity of the intent of the protocol. Dr. Zimmerman suggest removing reference from the top, and perhaps leave reference at #1.
 - 2. Motion by Dr. Bohanske and seconded by Dr. Williams to accept the above changes and for requiring dispensation.
 - 3. Discussion
 - 4. Dr. Ritter asks about the Options program.
 - a. Darren Davis
 - i. Options program IS up and running. What Sam is referring to is the education that providers will need to refer patients to the Options program and whom to contact. Discusses.
 - 5. Marc Minkler
 - a. Discussion with Dr. Bohanske regarding “if so trained” verbiage.
 - 6. Motion is carried.
- v. Alcohol Intoxication
 - 1. Paramedic #10 – clarify definition of severe tremors.
 - 2. No vote required
- vi. Cyanide Exposure
 - 1. Bullet #3 – refer to cyanide by “CN”
- vii. Radiation Injuries
 - 1. AEMT#8
 - a. Breakout AEMT. #1-7 stay EMT.
 - b. Consider anti-emetic per nausea, Gold 20. Document time of GI onset.
 - 2. Remove #8 from paramedic level
- viii. Hypothermia
 - 1. Make Hypothermia #1 “Severe Hypothermia WITH signs of live
 - 2. Make #2 NO signs of life
 - 3. EMT#2- CLARIFY TEMPERATURE FOR USE OF HEATPACKS UP TO 113f
 - 4. #8 – say “consider 500-1000 mL fluid bolus. Keep dose for pediatrics.
 - 5. Dr. Bohanske suggests changing to “consider 1,000 mL fluid bolus.” Discussion by the group.
 - a. Dr. Pieh suggests no vote needed if this is agreed upon by the group.
 - 6. Change title of protocol to “Severe Hypothermia without signs of life”

- ix. Drowning/Submersion Injuries
 - 1. AEMT #10
 - a. Move this up to EMT, under #9.
 - f. Green
 - i. Dr. Zimmerman asks to hold Green section to next month, due to other material to come in this meeting.
- 12) Discussion re: summer meetings – Sholl – 1100-1105
- a. July or August – MDPB has historically taken one of these months off
 - i. Dr. Zimmerman discusses with the group, whether or not to take August off.
 - 1. Dr. Meehan-Coussee discusses coming number of changes for Green section to be discussed.
 - 2. Dr. Zimmerman queries the group regarding August availability.
 - ii. Decision is made to meet in August.

Old Business – 1105-1115

- 1) **Ops** – Director Hurley/Ops Team Members
 - a. Director Hurley
 - i. Working on QA/QI MEMSEd course for the Regions
 - ii. Ashley Moody working on CARES data changes
- 2) **Education** – A Koplovsky/C Azevedo
 - a. Continuing work on updating Training Center Standards document.
 - b. Discussion regarding NREMT Board decision discussed previously
 - c. Chris Azevedo
 - i. Continue to support the 2023 protocol update process
 - 1. protocol forum 39 attendants
 - 2. Working with MDs to coordinator education development, protocol suggestion input tracking and follow up
 - ii. Continue IC support and orientation training for EMT SOP courses. Those are still being conducted.
 - iii. NREMT decision to downgrade paramedic candidate eligibility from requiring graduation from accredited program to state approved.
 - iv. NCCP Transition with licensing and IT
- 3) **Exam**
 - a. Reviewing PSE scenarios
 - b. Discussion of future Exam committee roles
 - c. Discussion of how to validate re-entry candidate psychomotor skills competencies for EMR/EMT after PSE is sunsetted. This is currently the method used for those license levels.
- 4) **QI** – C Getchell/J Oko
 - a. Jason Oko
 - i. Meets today. Work continues on Stroke Newsletter.
- 5) **Community Paramedicine** – B. Lowry/J Oko
 - a. Dr. Lowry
 - i. Continuing work on scope of practice.
 - ii. Work on how to get this to level acceptable to MaineCare and other reimbursement mechanisms.
 - iii. Dave Davies- committee will be taking a break in August and will resume in September.
 - iv. Director Hurley announces resignation of Dave Davies from Maine EMS, effective at the end of July. This is due to difficulties with obtaining housing.
- 6) **EMSC** – M Minkler, R Williams
 - a. Working on year-end report for HRSA.
 - b. Continue work around virtual reality education. If you are interested, please reach out.

- c. There have been 15 field deliveries of babies. Stork awards have been delivered and some are pending.
- d. St. Mary's is closing OB facilities and have had their last delivery.
- 7) **TAC** – K Zimmerman, A Moody
 - a. Ashley Moody
 - i. Had a few subcommittee meetings
 - 1. Mild TBI- an agreement has been reached and have developed a plan to move forward and will present it to the TACA next week.
- 8) **MSA** – K Zimmerman, A Moody
 - a. Working on building membership
- 9) **Cardiovascular Council**, A Moody
 - a. Putting together survey and guidance document for building the group.
 - b. AED Rules will be out shortly. We should be able to implement the PSAP AED material in the fall.
 - c. Director Hurley queries MDPB for interest in open positions on the Maine Stroke Alliance and the Cardiovascular Council.
- 10) **Maine Heart Rescue** – M Sholl, C Azevedo
 - a. Chris Azevedo
 - i. Nothing to report at this time.

Motion to adjourn by Dr. Meehan-Coussee and seconded by Dr. Collamore. Meeting adjourned at 1112 hrs.

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