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

IFT Committee – October 17, 2022
Minutes

Meeting begins at 0930 (Virtually via Zoom)

Attendees

Committee Members:

Rick Petrie, Dr. Pete Tilney *(0945-1050)*, Dr. Corey Cole, Chip Getchell, Steve Leach
(Committee Members Absent: Dr. Matt Sholl, Mike Choate, Tim Beals, Chris Pare)

Stakeholders:

Andi McGraw

Maine EMS Staff:

Marc Minkler, Ashley Moody, Jason Oko, Chris Azevedo

A quorum is not initially present. Meeting will continue as a discussion only unless a quorum is achieved.

Maine EMS Board Chair Libby has not yet confirmed the nomination of Rick Petrie as chair from June 13, 2022, meeting. Petrie will remain as acting chair.

Data Discussion

1. Minkler, Oko, and Choate have not yet had the opportunity to meet to examine data. Minkler is seeking better clarification of what exactly the committee is seeking. There is a wealth of information but is it possible for the committee to determine the top priority questions and the goals to be achieved, as the data is immense and directed questions would be best. Minkler asks for guidance from the committee and what exactly it is the committee wishes to know. Perhaps stepping back, as an example, from data on frequency of vital signs, and perhaps to look at a larger picture. This may mean pausing data review and more formulation of "what is an IFT" and "how do we improve IFTs", and then seeking data on aspects related to these concepts.
2. Leach asks if we are aiming for QI or more global of ensuring safe movement of patients and IFT improvements. This committee task is identification of global issues of the IFT system and how can we help better that.

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Introductions

Dr. Tilney joins at 0945, giving a quorum
Petrie calls meeting to order
Attendees provide introductions.
The Maine EMS Mission Statement is read by Petrie

Minutes

Motion to approve minutes from September 12, 2022 by Leach, second by Getchell. No objections.

1. Data Inquiry
    a. Still working on data inquiry as requested by committee – Minkler asks that perhaps we have put the cart before the horse. The data would help answer and provide insight to questions, but the questions are not really posed yet – we get interesting info but it is not necessarily connected to goals or questions form the committee.
    b. Moody shares a data inquiry she conducted related to stroke care, and echoes the statements from Minkler – it provides a lot of info and a wide net, and requires better inquiry
    c. Getchell appreciates the data insights so far, and helps steer this committee to asking bigger questions
2. Committee purpose
    a. Petrie asks what is the purpose of this committee and the definition of IFT? What has Maine EMS/Board/MDPB done on any definition that could help.
    b. Dr. Cole asks about a scope of practice document to help facilities properly select staff and resources. She feels generally, an IFT is any transport that is not a 911 call. The PFT documents need updating and incorporate of critical care levels.
    c. Petrie concurs about resources for hospitals to help select transport modes.
    d. Dr. Tilney discusses work done and being done by MDPB on this topic. Asks what types of calls are we interested in? – nursing home to hospital or outpatient clinic, only hospital to hospital, or something else? – We need to define IFT AND what our focus is going to be on, at least initially.
    e. Minkler suggest a goal of updating the IFT decision tree and defining the calls – perhaps using NEMSIS definitions of SCT vs IFT vs 911 or other – can we achieve consensus and national harmony to build from?
    f. Oko reviews some general overview of NEMSIS data concepts and information and challenge of v3 and mid-2023 move to v3.5 data sets
3. PIFT Education Update
    a. Azevedo provides a general update on PIFT education work from the Education Committee
4. Scope of Practice
    a. Getchell asks about Scope of Practice question for Maine EMS Board – "Who has statutory authority to direct care during IFT transports" and describes perspective/history, would like specifics defined by Board, or have hospitals own this and define clear roles and responsibilities of sending physician, EMS crew, service medical director and Maine EMS as a whole.

b. Dr. Cole supports good definitions but also states the EMS license is issued by the state and the license issued defines constraints, including IFTs and allowances/parameters of that license
c. Azevedo suggests looking at other states efforts to help provide context and precedent in other states/systems
d. Minkler shares the response previously sent from Maine EMS Board and AAG to all committee members of "Maine EMS clinicians providing patient care during an interfacility transport remain under the authority and direction of the Maine EMS Board and Medical Direction and Practices Board. Therefore, the protocols and care delivered by a licensed EMS clinician during an interfacility transport are bounded by the Board and MDPB. Currently, the MDPB authorizes additional skills and medications that exceed the standard scope of practice for paramedics under the direct order of a physician via the PIFT program. EMS clinicians shall not exceed the scope of practice defined and adopted by the Maine EMS Board without explicit authorization to do so (e.g., LifeFlight of Maine staff members)."
e. Petrie states this was a start but it is inaccurate that the MDPB has *not* authorized additional skills and medications – it is a scope of practice document and was actually authorized by the Board of EMS and not by the MDPB and has been the case since the beginning which is why there is no protocols in the PIFT program. It's merely a scope of practice document. The MDPB was a partner in the development but ultimately it is the Board of EMS approval. The paramedics during transport receive their protocols from the sending physician. The other lingering issue is the definition of emergency medical treatment and leaves it as a question. Minkler emphasizes that this was a statement from Maine EMS Board, Maine EMS and the AG's office, and he cannot comment on any perceived inaccuracies stated by Petrie. Azevedo suggests citations may be helpful for the response.
f. Petrie asks if the Board response answers the scope of practice or if further clarification is needed. **Dr. Cole makes a motion to proceed with Chips question to the Maine EMS Board, 2nd by Leach. Petrie clarifies that the question is "As specified in the Emergency Medical Services Act of 1982, does the definition of an emergency medical treatment include EMS medications, procedures, and medical devices in the transport of patients from hospital to hospital, and if not, who has the authority to define the scope of practice and direct care of inter facility transport patients".**
g. **Tilney leaves meeting, votes in favor of motion via chat, Unanimous yes. Petrie will write up the question and submit to the Board of EMS.**
h. Minkler states no longer a quorum for the committee.

5. Petrie reviews goals from 1st meeting
   a. What barriers affect IFTs
   b. Involve MHA after plan is developed
   c. IFTs are different than 911 responses and better defining these calls
   d. Need certification and any barriers
   e. Review IFT decision tree
   f. Define levels and what is an IFT and not just hospital to hospital
   g. Define stability
   h. Not lose services currently doing IFTs and their concerns
   i. Should all paramedics be able to transport at PIFT level if stable
   j. Who is responsible for IFTs and scope of practice for EMS

6. Discussion only on barriers of IFTs and current examples including moving patients via private vehicles, a problem of possible misuse of EMS IFTs for patients who may not need ambulances per se, considerations of medical supervision, and EMS having to shoulder the burden of moving patients due to lack of services at hospitals. Aspects of staffing, finances, and system impacts were also discussed. Regionalization, operational consolidation, licensure/oversight, actual costs of IFT transports vs 911, readiness, and cost sharing were also covered/discussed.

Next Meeting

a. Petrie will draft a letter to the Maine EMS Board with the motion
b. Petrie will develop an agenda
c. Review the NEMSIS definitions of IFTs
d. Seek update on MDPB work on IFT/decision tree

Adjourn

Motion by Petrie to adjourn, no quorum, no objections
Meeting adjourned at 1101
Next meeting is December 12, 2022 from 0930 to 1100

Minutes approved December 12, 2022