



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



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Medical Direction and Practices Board – December 21, 2022
Conference Phone Number: 1-646-876-9923 **Meeting Number:** 81559853848
Zoom Address: <https://mainestate.zoom.us/j/81559853848>

Meeting Minutes

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

Members Absent:

MEMS Staff: Chris Azevedo, Jason Cooney, Megan Salois, Emily Burgess, Anna Massefski, Ashley Moody, Soliana Goldrich, Marc Minkler, Melissa Adams

Stakeholders: Eric Wellman, Michael Reeney, Scott Smith, Sally Taylor, Frank McClellan, Joanne Lebrun, Chip Getchell, Chris Montera, Dr. Kevin Kendall, Jay Bradshaw, Rob Sharkey, Ben Wallace Jr., Rick Petrie, Chris Pare, Steve Almquist, Cliff Small, J. Lahood, Phil MacCallum

- 1) Introductions
 - a. Dr. Sholl calls the meeting to order at 0934 hrs.
 - b. Dr. Sholl makes introductions and takes roll.
- 2) November 2022 MDPB Minutes – 0935-0940 – Sholl
 - a. Motion made to accept November meeting minutes made by Dr. Zimmerman and seconded by Dr. Collamore. No discussion. Motion carries.
 - b. Approval of the October minutes is tabled until the January 2023 meeting.
- 3) State Update – 0940-0955 - Director Hurley
 - a. Update was delayed and occurred after the Medication Shortages update.
 - b. Director Hurley gives report to the group.
 - i. Director Hurley discusses that has been working with the Maine Fire Chiefs regarding their endorsement for the Naloxone Leave Behind program.
 - ii. The Office has taken on a new team member.
 1. Robert Glaspy has been brought on board as a Substance Use Disorder (SUD) Response Coordinator
 - a. Over the next three weeks, we will be conducting interviews to bring on an additional SUD Response Coordinator to work with Robert.
 2. We are also working via RFP process to bring Medical Director support for the SUD support program. If any of the group has interest in this position, please contact Director Hurley.
 - iii. Explorer Program
 1. We are working on building infrastructure and framework to support the program. Kudos to Anna Massefski for her work on this. The idea is to assist

- young people in engaging, as much as possible, with the EMS profession in as safe and controlled fashion.
- iv. Rules updates have been submitted to Secretary of State office and should be published today. They should go into effect five days after acceptance.
 1. This means Maine EMS is now entitled to outcome data from hospitals. The Office will continue to be working with the hospital association as well as the HIN to bring in outcome data.
 - v. The Office has heard anecdotal reports regarding challenges of integrating PCRs with hospital records. Wem would like to hear from MDPB physicians regarding their experiences. Director Hurley discusses.
 1. Looking into some solutions that may enable direct import of EMS reports into the HER hospital system, which will simplify and streamline the process of report integration.
 2. May be bringing solution proposals back to MDPB. Will need support from the hospitals. Cost, if spread throughout the hospital system would be nominal.
 - vi. The Community Paramedicine Committee has drafted a Scope of Practice document for community paramedicine. Thanks to Soliana Goldrich. The EMS Board may be forwarding this document to MDPB for input if the CP committee hasn't done so already.
 - vii. Questions?
 1. Dr. Pieh
 - a. Great news on opiate RFP.
 - b. Dr. Pieh asks, regarding the EMS protocol app, if there is a way that we can improve the app, so that you can turn the phone sideways for zoom and better reading.
 - c. Director Hurley replies that there have been internal conversations regarding replacing the current app and/or bringing on a new app developer. This has been a challenge, as budget for this has always been extremely limited. We are looking at funding sources, again, as there is not very much budget allocation for apps.
 - viii. Director Hurley wishes all a great holiday and thanks the group for their work and support.
 - c. Dr. Sholl gives an update on the ALS Representative vacancy process.
 - i. There are 11 (eleven) candidates. All interviews have been scheduled.
 - ii. There is the potential for second round of interviews if a prime candidate is not identified initially.
 - iii. Hope to have a name for MDPB action in February.
- 4) Special Circumstances Protocol Review – NONE
 - 5) Alternate Devices – NONE
 - 6) Pilot Program Reviews – NONE
 - a. This has been relegated to bi-monthly (odd months in 2023) and will resume in January 2023.
 - 7) UPDATE – Medication Shortages
 - a. Review of Midazolam Shortages Clinical Bulletin
 - i. Dr. Nash discusses the current midazolam situation and reviews the draft clinical bulletin, while sharing her screen with the group.
 - ii. Dr. Sholl relates that an EMS service did reach out to Maine EMS regarding this. And so, it was thought that a bulleting regarding this issue would be helpful for services.
 - iii. Motion to approve the bulletin made by Dr. Pieh and seconded by Dr. Bohanske. No further discussion. Motion carries.
 - b. Dr. Nash also reports that Bridgeton EMS is unable to supply D50. Dr. Nash reminded all that D10 may be used as well, where available, and will research the issue in the meantime. Dr. Nash thanks Sally Taylor for bringing this to her attention.

- c. Dr. Saquet thanks all for their efforts in addressing medication issues, and maintaining the ability to provide patient care, despite difficulties.
 - d. Dr. Sholl with get together with the Maine EMS office to format final draft and release.
- 8) Emerging Infectious Diseases – 1015 – 1030 – Sholl
- a. Dr. Sholl gives some follow up on Ebola
 - i. In most cases of fever, it has been an alternate process that is the cause and not Ebola.
 - ii. It has been 22 days since last case of Ebola has been documented in Uganda. Overall number of cases has plummeted in US.
 - iii. Dr. Pieh asks who the contact is at Maine Medical Center, regarding Ebola PUI? Dr. Sholl replies that emergency management team is likely the most appropriate.
 - b. Influenza
 - i. Numbers increasing across the state, mostly with Influenza A.
 - ii. Dr. Williams discusses apparent current plateau in bronchiolitis and RSV.
 - 1. We are still seeing high volumes, but it is not getting worse. We anticipate that after the holidays, we will see increases in bronchiolitis numbers.
 - iii. Dr. Pieh drafted a bronchiolitis FAQ, which has been circulated to the group prior to the meeting.
 - c. Review Bronchiolitis and HFNC Clinical Bulletins
 - 1. Dr. Sholl discusses bronchiolitis Clinical bulletin
 - a. Dr. Pieh – this came from front line providers asking for this. Thanks Dr. Williams for her work on this.
 - b. Dr. Williams discusses the bulletin contents.
 - i. The memo is shared onscreen for the group.
 - c. Dr. Pieh asks if there isn't a reason not to add an item regarding spraying saline in the nares and then suctioning it out? Dr. Pieh describes his use of a specific type of suction if bulb syringe use is insufficient.
 - i. Dr. Sholl relates that it hasn't been past practice to recommend any specific device and that use of the bulb syringe likely is the most cost-efficient device. We can continually look for items that may have better performance and then highlight those, if necessary, at a later date. Dr. Zimmerman concurs.
 - d. Motion to approve the bulletin is made by Dr. Meehan-Coussee and seconded by Dr. Collamore. No further discussion. Motion carries.
 - 2. Heated Humidified High Flow Nasal Cannula bulletin.
 - a. Chris Azevedo discusses the motivation behind putting out the information bulletin. This is a good method to both answer questions about high flow nasal cannula therapy for pediatrics and provide information to assist providers, services, and hospitals in making interfacility transport decisions regarding pediatric and other patients requiring this therapy.
 - b. Dr. Bohanske discusses the bulletin points as well.
 - c. Dr. Meehan-Coussee discusses the bulletin points and making transport decisions. Recommends this stay on the MDPB's radar for future PIFT and IFT education and decisions for critical care ground transports.
 - d. Dr. Sholl discusses.
 - e. Motion to approve the bulletin made by Dr. Nash and seconded by Dr. Zimmerman.
 - i. Question by Dr. Meehan-Coussee. Was there discussion with some of the transport services regarding possibility of an optional protocol for some services to be able to do

transports involving this therapy? Dr. Sholl offers to discuss this offline and advises that the bulletin is reflective of environmental conditions at this time.

ii. Motion is carried.

9) 2023 Protocol review process

a. Timeline review – Sholl/Zimmerman/Collamore

i. Dr. Sholl reviews timeline progress with the group.

b. Protocol Review Webinar Discussion – Recap

i. Dr. Sholl discusses conduct of the protocol forums and highlights the attendee feedback from the polls that have been conducted at the end of the forums. Stakeholder input is generally positive and has actually improved since beginning this cycle's protocol forums.

ii. Discussion among the group. Stakeholder engagement has been very good. MDPB follow up on protocol suggestions has been very good and well received by attendees. Dr. Sholl relates that questions have covered scopes of practice items and changing scopes of practice, as well as tenets that the MDPB has held to (i.e., value of ETCO2 and airway management). These discussions have been very good.

c. Blue Section – Bohanske/Pieh/All

i. Wrap up items

1. Dr. Sholl transitions discussion into issues in the Blue 7 protocols (Respiratory Distress with Bronchospasm) which were identified by stakeholders and discusses proposed changes to that protocol.

a. This protocol guides EMTs and AEMTs towards use of ipratropium/albuterol and progresses to use of CPAP. However, only with patients who are refractory to CPAP is use of epinephrine allowed. Dr. Zimmerman shares her screen.

b. Discussion of opening up the use of epinephrine to EMT/AEMT outside conditions refractory to CPAP, as is done in this protocol at the paramedic level.

c. Suggestion is made to move this to item #4 EMT/AEMT. Discussion of making this available at this level outside of OLMC consult. Discussion. Dr. Saquet add that there should be a qualifier for this step if it is moved to this part of the protocol.

d. Drs. Sholl and Zimmerman will work on a qualifier for this offline and bring it back to the group at a later time.

2. DS proposal re: iGels

a. Dr. Saquet discusses his proposal to include use of SGA iGels at the EMT level scope of practice. Discussion.

b. Motion made by Dr. Pieh, that considering a detailed discussion of risks and benefits that the MDPB not approve the request at this time as a change to statewide change to protocols as presented. However, Dr. Saquet is encouraged to apply for alternative means to implement locally (pilot project), if the need and lift balances out, with referral to the state office regarding how that can be done. Motion seconded by Dr. Bohanske. No further discussion.

c. Motion is carried.

d. Red Section – Ritter/Saquet/All

i. Tabled due to time constraints.

Old Business – 1125 - 1135

1) **Ops** – Director Hurley/Ops Team Members

- a. Sally Taylor - Nothing to report,
- 2) **Education** – A Koplovsky/C Azevedo
 - a. Exam and Education committees have now been consolidated.
 - b. Work continues on training center standards revisions.
- 3) **QI** – C Getchell/J Oko
 - a. Chip Getchell
 - i. There will be no meeting this afternoon.
 - ii. Next meeting is scheduled for January.
 - iii. Work continues on the safety newsletter.
- 4) **Community Paramedicine** – Dr. Lowry
 - a. A scope of practice document has been approved for Community Paramedicine practitioners. This will be advanced to the EMS Board for their January meeting, and MDPB will also be sought for input.
 - b. Dr. Sholl welcomes Soliana Goldrich to the committee.
- 5) **EMSC** – M Minkler, R Williams
 - a. Dr. Williams – They have had discussions of Pink section protocol updates, which are coming up.
- 6) **TAC** – Dr. Zimmerman
 - a. TAC meets at the end of January to work on the plan. Focus is on rural aspect.
 - b. Met with Dr. Turner, who is our pediatric surgeon, to discuss some pediatric initiatives.
- 7) **MSA** – Dr. Zimmerman
 - a. Next meeting at the end of January.
 - b. MSA has a few committees and subgroups will be meeting. Dr. Zimmerman chairs the acute care committee, which looks at EMS and emergency medicine management of stroke. If anyone is interested in participating, please sign up via the website.
- 8) **Cardiovascular Council** - A Moody
 - a. Reports via email that there is an opportunity to use our CARES data in the future. CARES reports can be generated at the hospital and service level, as well as the state level.
- 9) **Maine Heart Rescue** – M Sholl, C Azevedo
 - a. Nothing to report.

MDPB Discussions – 1135 – 1330

Old business having been addressed, the meeting agenda turns to a planned discussion of proposed EMS system changes in numbers and geographical sizes in the EMS Regions, and how they are likely to affect the MDPB, Medical Direction, practices, and QA in those regions.

- Discussion re: Potential Impacts of The Maine EMS Board’s Rules Committee consideration of changing the Maine EMS Regions’ geography – Sholl/Zimmerman/All – 1135 – 1215
 - Dr. Sholl leads the group in discussion of coming changing of region numbers and geography.
 - The Rules committee is currently engaged in drafting rules that would change the number and geographic size and shape of the current regions.
 - These changes have potential to affect historical and other efforts of current regional medical directors both in the regions and with services in those regions.
 - The group should consider how these changes would affect items like individual workload, “span of control” issues, and relationships with different services.
 - The group discusses the above items as they relate to the individual medical directors, themselves, as well as the regions.
 - Dr. Sholl solicits recommendations for input to the Rules committee regarding the drafting of these rules. Discussion among the group.
 - Brainstorming for written job description for Regional Medical Director

- Expectations of Medical Director relationships with services given implementation of the Board’s rules requiring service medical direction for AEMT and Medic services.
 - Discussion on standardization of expectations. The group brainstorms various lists of standard performance and remuneration expectations with the group.
 - The group agrees that a sub-group should work offline to build out a process for expectations for service medical directors that is parallel to that discussed for Regional Medical Directors.

- Visioning the future of Maine EMS Clinical Care and Medical Direction
 - Dr. Sholl leads the discussion of this ask from Dr. John Becknell, during the strategic planning process and asks the group if they feel there are any elements or issues that were missed in that prior discussion.
 - Dr. Pieh and the group discuss various items.
 - Dr. Sholl discusses Dr. Becknell’s strategic planning document and group vision.

Adjourn

Motion to adjourn made by Dr. Sholl and seconded by Dr. Pieh.

Meeting adjourned at 1314 hrs.

MDPB Items for Follow Up

- Update – Ketamine in Delirium with Agitated Behavior and QI – Sholl
- Update - Pre-Hospital Physician
- Update - PIFT