



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 17, 2023

Conference Phone Number: 1-646-876-9923 **Meeting Number:** 81559853848

Zoom Address: <https://mainestate.zoom.us/j/81559853848>

Members present: *Matt Sholl, Seth Ritter, Beth Collamore, Kelly Meehan-Coussee, Michael Bohanske, Rachel Williams, Colin Ayer, Emily Wells, Tim Pieh, Benji Lowry, Pete Tilney, Kate Zimmerman, Bethany Nash*

Members Absent:

MEMS Staff: *Chris Azevedo, Marc Minkler, Robert Glaspy, Sam Hurley, Jason Oko, Darren Davis, Megan Salois, Soliana Goldrich, Anna Masefski, Jason Cooney*

Stakeholders: *Michael Reeney, Brian Langerman, Chris Mitchell, AJ Gagnon, Dr. Norm Dinerman, Shawn Cordwell, Anita Chadbourne., Dwight Corning, Chip Getchell, Dr. Kevin Kendall, Joanne Lebrun, Myles Block, Dr. Jonnathan Busko, Steve Almquist, Chris Pare, John Moulton, Rob Sharkey, Kyle Baker*

- 1) Introductions – 0930-0935
 - a. Meeting called to order at 0933
 - b. Dr. Sholl makes introductions and calls roll.
- 2) April 2023 MDPB Minutes – 0935-0940
 - a. Motion to approve the April 2023 minutes made by Dr. Collamore and seconded by Dr. Nash. Motion is carried.
 - b. Dr. Sholl discusses changes for today's agenda
 - i. CARES
 - ii. Jackman pilot
- 3) State Update – 0940-0955 - Director Hurley
 - a. Director Hurley gives the state update
 - i. Working through legislative items for this cycle.
 1. Dr. Sholl has distributed out the last staff update from the Maine EMS staff, which contained the legislative agenda.
 - ii. The governor has published the budget, which includes \$31 million for EMS. Additionally, there are four regional positions that have been included with the budget, separate from the \$31 million. Because we did not receive the 12 positions requested, we will likely continue with Regional contracts to prevent gaps in coverage.
 - iii. Director Hurley discusses multiple legislative bills and their progress.
 - iv. Director Hurley opens the floor for questions. None

- 4) CARES – Update and 2022 Outcomes – 0955 – 1010
 - a. No report this month.
- 5) Special Circumstances Protocol Review – NONE
- 6) Alternate Devices – NONE
- 7) Jackman Pilot Update
 - a. This was an addition to the meeting agenda, which Dr. Sholl introduces.
 - b. Dr. Jonnathan Busko shares his screen and gives the update for the pilot program.
 - c. Dr. Busko opens the floor for questions.
 - d. Dr. Busko raises the question of moving to quarterly reporting. Dr. Sholl asks that the group consider the question for the June MDPB meeting.
- 8) UPDATE – Medication Shortages – 1010-1020
 - a. Dr. Nash discusses.
 - i. Midazolam is still in and out of shortage in the concentration preferred by EMS.
 - ii. Ketamine is slowly working its way out, but availability is still limited in various regions.
 - iii. D50 is still on allocation and is difficult to come by, as is D10.
 1. Some services have asked if the MDPB is considering removing D50 from protocol. Not at this time but may be a consideration for next protocol update.
 - iv. TXA is available in the vial form versus the premix bag.
 - v. Sodium Bicarbonate – as with many syringe packaged medications, this can be difficult to acquire.
 - vi. Norepinephrine premix is becoming an option.
 - vii. Glucagon is still available, though not necessarily in the less expensive formulations.
- 9) Emerging Infectious Diseases – 1015 – 1020 – Sholl
 - a. Masking Guidance – Dr. Sholl thanks the group for their work on rapid action regarding reviewing and updating mask guidance.
 - b. With national attention to moving beyond the pandemic public health emergency, there have been conversations within Maine EMS regarding amending and maintaining legacy COVID resources on the Maine EMS website. Dr. Sholl discusses.
 - i. Options
 1. Retire the protocols and re-activate them if needed. Discusses advantages and disadvantages
 2. Maintaining attention to COVID and other infectious diseases and building them into the protocols.
 - c. Discussion of the above options by the group.
 - i. Dr. Lowry asks for clarification regarding incorporation into protocols option.
 1. Dr. Sholl discusses. This could exist as an all-encompassing respiratory illness protocol.
 2. Dr. Lowry discusses.
 3. Dr. Meehan-Coussee discusses that the idea of having these protocols available is appealing.
 4. Dr. Ritter discusses ambiguities and clarification between playbook guidance and current guidance. Making reference to the protocols available when needed makes sense.
 5. Dr. Sholl discusses Dr. Ritter's points.
 - ii. Dr. Sholl asks the group for thoughts about maintaining coverage of PUIs, ILIs and other potential respiratory diseases in protocols. Agrees to work on this offline. Anyone wishing to assist is welcome.

10) 2023 Protocol review process – 1020 - 1200 – All

- a. Timeline review – Sholl/Zimmerman/Collamore
 - i. Dr. Sholl shares his screen and reviews the progress timeline regarding Pink section and Ecchymotic section.
 - ii. Dr. Zimmerman and Dr. Sholl discuss progress with change documents and tracking other work that has been done and work that remains.
 - iii. Dr. Sholl advises that section authors should submit the remaining change documents. Those should be submitted by Friday.
- b. Discussion - Protocol Review Webinar – May 11, 12-1pm
 - i. Dr. Sholl discusses postponement of the May Protocol Update forum until June.
- c. Pink Section – Williams/Lowry/All
 - i. Dr. Sholl reviews the progress with the Pink section thus far.
 - ii. Dr. Sholl discusses the proposed change to add cardiac epinephrine to the AEMT scope of practice for pediatric patients.
 - iii. Colin Ayer discusses the possibility of causing confusion in EMS clinicians by leaving pediatric treatment modalities for arrest, tachycardia, and bradycardia in the Red section. Whatever is done for standalone pediatric arrest protocols should reside in the Pink section, as well as pediatric tachycardia and bradycardia.
 - 1. Also discusses the addition of initiating CPR in cases of pediatric patients with heart rates less than 60 bpm, despite adequate oxygenation and ventilation.
 - iv. Dr. Sholl advises reconsidering the proposal. A straw poll leaned toward placing this in the Red section, especially since much work has been done towards integrating various pediatric and adult protocols. Opens discussion and feedback to the group.
 - 1. In-depth discussion by the group follows, regarding the separation of pediatric and adult cardiac protocols. Conversational references include protocols in other New England states which do separate the protocols. Also discussed is operational convenience of the protocol end user.
 - a. Dr. Sholl suggests that the lift involved in building out, reviewing, approving, and drafting out a separate bradycardia and tachycardia will be too great.
 - b. Dr. Sholl suggests clarifying and improving the protocols where they exist for this cycle, and then building out a standalone pediatric bradycardia and tachycardia protocol into the next protocol review cycle.
 - 2. Dr. Sholl summarizes the course of action for the group with regard to discussed pediatric protocols.
 - a. Maintain current pediatric protocols that are in the Red section in place for the time being.
 - b. Develop new pediatric cardiac arrest and pediatric post-resuscitation care protocol.
 - c. Review and improve the current pediatric tachycardia and bradycardia protocols.
 - d. In the future, move towards either
 - i. Separate tachycardia and bradycardia protocols into separate sections within the same protocol, OR
 - ii. Separate adult tachycardia and bradycardia, and pediatric tachycardia and bradycardia protocols into separate protocols altogether.
 - e. The group agrees on proceeding with Dr. Sholl's suggestion above.

- v. Drs. Williams and Lowry discuss pediatric cardiac epinephrine for AEMT.
 - 1. Dr. Williams shares her screen and discusses data from various studies regarding epinephrine administration in cardiac arrest in adult and pediatric patients.
 - 2. Discussion by the group of lift required to implement cardiac epinephrine for pediatric patients at the AEMT level.
 - 3. Dr. Pieh makes the motion to NOT introduce cardiac epinephrine for pediatric patients at this time, leaving open the possibility of revisiting this topic for the next protocol update cycle. Motion is seconded by Dr. Zimmerman.
 - a. In-depth discussion by the group regarding operational and educational lift of implementation, frequency of occurrence and on issues with research on efficacy of epinephrine in cardiac arrest.
 - b. Discussion around the need to see better research, improve the educational and operational lifts involved in implementing pediatric cardiac epinephrine at the AEMT level.
 - c. Roll call vote taken on Dr. Pieh's motion. Motion carries.
- vi. Dr. Williams shares her screen and discusses proposed Pediatric Cardiac Arrest #1 protocol in the Red section.
 - 1. Dr. Sholl discusses changes in some formatting and verbiage terminology within the protocol. Discussion by the group.
 - a. Dr. Sholl suggests changing
 - i. EMT #1, "signs incompatible with life" to alternate verbiage.
 - ii. EMT #3, change "Place oral and/or nasal airway(s)" with a reference to the Blue section (Blue 3) for airway management. Dr. Williams notes for the group that the verbiage in both EMT #1 and #3 are verbatim.
 - iii. The decision is made to maintain original verbiage in EMT #1 and #3.
 - b. Colin Ayer
 - i. AEMT #13a – suggestion to change verbiage regarding subsequent shocks to list sequential increases in joules, as is done in PALS. As AEMTs may not have taken PALS, this would maintain consistency between paramedics and AEMTs. The joule sequencing is also listed out in the Grey section. Discussion.
 - ii. Dr. Sholl highlights the pediatric defibrillation verbiage in the chart in Grey 24 and suggests writing the verbiage out as "Increase subsequent shocks by 2 j/kg with a max of 10 j/kg" as mentioned by Dr. Williams.
 - c. Dr. Sholl notes that Paramedic #14 is actually intended to be in the AEMT section as "AEMT #14." This should be corrected.
 - d. Dr. Sholl discusses being attentive to issues regarding intubation in pediatric patients and suggests that current item Paramedic #16 be reflective of emphasis on use of supraglottic airways more as definitive devices versus reliance on endotracheal intubation as a definitive airway. The group agrees.
 - e. Dr. Sholl discusses Paramedic #20, considerations of causes of cardiac arrest. Suggests moving #20e (hypoxia) higher in the list due to frequency of hypoxia as a factor in pediatric cardiac arrest. Dr. Williams suggests doing the same for metabolic acidosis. Dr. Nash suggests putting the list in order of frequency of occurrence, "most likely to least likely." Dr. Nash suggests this change be reflected in the education. Dr. Sholl agrees.

- vii. Dr. Williams discusses the new pediatric post-resuscitation care protocol in the Red section.
 - 1. Dr. Sholl discusses field apprehensions regarding termination of cardiac arrest in pediatric patients. Suggests inserting commentary in the PEARL regarding consultation with OLMC prior to termination of resuscitation efforts in pediatric patients. Discussion by the group.
 - 2. Dr. Sholl suggests offline work to develop guidance for termination of resuscitation in the field with consult with OLMC to be included in this protocol.
 - 3. Dr. Williams comments that the final page of the protocol contains a chart, which will be retained.
 - d. Protocol “Leftovers” – Zimmerman/Collamore/Sholl
 - i. Dr. Sholl summarizes protocol items that are leftover and still need to be addressed. Dr. Sholl would like to meet with Drs. Zimmerman and Collamore, and Chris Azevedo to discuss items left to be covered in the process.
 - ii. Suggests there may be a need for an additional MDPB meeting for this.
 - e. Follow Up – MDPB Deliverables
 - i. Change Documents
 - ii. Review Protocol Mock-Ups
 - iii. White Papers
 - f. Brown/Purple/Grey/Black Section Review (If Time) – Collamore/Tilney
- 11) Pilot Program Reviews – 1200 – 1245 – Sholl/Tilney/Meehan-Coussee
 - a. Dr. Sholl discusses the proposed Delta Ventilator Transport Pilot Program and discusses background information on the project.
 - i. Dr. Diaz comments on the focus of the pilot project being to transport patients who are ventilated and who are stable. Outside of that paradigm, the transport team. would bring in other staff as deemed appropriate by the sending hospital. This program has been refined over the past 20 years with education, QI, run reviews and training.
 - ii. Dr. Meehan-Coussee discusses program focus on transport of stable ventilated patients and not as a project for alternate specialty care transport model to LFOM or the Barbara Bush Pediatric Transport teams.
 - iii. Dr. Tilney supports Dr. Meehan-Coussee’s points regarding program QI and focus on stable ventilated patients, with additional staff when deemed necessary.
 - iv. Dr. Sholl summarizes that the task for the group is to review the application package and consider whether or not the group feels comfortable endorsing this as a pilot project. Discusses functions of pilot projects and potential actions at the system level, as a result of this pilot, in the future.
 - v. Dr. Sholl opens for floor for questions from the group for Dr. Diaz and the Delta Ambulance group.
 - b. Dr. Tilney addresses some open questions regarding the application and getting some clarification from Delta Ambulance.
 - i. Delta Operations Director Chris Mitchell replies that they are working on clarifications to the paperwork.
 - c. Dr. Sholl opens the floor for questions to the MDPB review group
 - i. Dr. Ritter asks if the review group came across any concerns that weren’t able to be worked out? Are there any specific concerns that need to be looked at or changed before proceeding?
 - 1. Dr. Tilney replies that the patients on ventilators in the data reviewed were very straight forward. Other issues were being managed by respiratory therapists.

2. Dr. Meehan-Coussee agrees that there is a low threshold of need from Delta to take additional staff to support transport of complex patients. Some areas of need for clarification identified include verbiage of dispatch criteria to ensure prehospital teams and hospital staff have the same perspective and are in agreement when delineating which patients require additional hospital staff versus which do not.
 - a. Discusses the strengths of the program structure, QA/QI, level training and education of the EMS clinician teams, collaboration with the hospitals and how the program has met a need. This might be a good role model for other services who may be looking to meet similar patient transport needs.
 - b. Dr. Sholl echoes Dr. Meehan-Coussee's perspectives.
 - ii. Discussion by Drs. Bohanske and Sholl regarding what the "ask" is at this point.
 - d. Motion made by Dr. Meehan-Coussee to support the Delta Vent pilot project, moving forward. Motion is seconded by Dr. Tilney.
 - i. No discussion. Motion is carried.
 - e. Motion made by Dr. Sholl to communicate with the Maine EMS Board the value of early discussion regarding development of an EMS agency and clinician license level to encompass the activities demonstrated in the Delta Ambulance Ventilated Patient Pilot Project.
 - i. Discussion by the group.
 - ii. Motion is seconded by Dr. Tilney. No discussion. Motion is carried.
 - f. Next steps
 - i. This now goes to the EMS Board for their consideration of the pilot project at their next meeting.
 - ii. Director Hurley has drafted a continuance letter for Delta for the time period between now and the Board meeting. Dr. Sholl will be drafting a memo reflecting the nature of today's conversation for consideration during their meeting.
- 12) Update - PIFT – 1245 – 1250 – Tilney
- a. Dr. Tilney has sent the Education Committee as well as MDPB some proposals for updating and clarification of PIFT and is asking for feedback from all regarding the proposal. There are a few more documents regarding a combination of proposed order sets, medical direction, QI, and delineating specific medications, to be sent out for feedback from the group. The goal is to have all informed regarding the proposed updates by the June meeting so that this can be moved forward.

Old Business – 1250 - 1300

- 1) **Ops** – Director Hurley/Ops Team Members
 - a. No report.
- 2) **Education** – A Koplovsky/C Azevedo
 - a. Chris Azevedo reports that the Education and Examinations committee met in May.
 - i. The 2023 revisions to the Training Center Standards document were approved by the EMS Board at their May meeting. Committee discussion centered around follow up work on two document appendices that are to be removed from the Standards and addressed separately.
 - ii. Discussion also regarding coming changes in eligibility for NREMT AEMT certification.
- 3) **QI** – C Getchell/J Oko
 - a. Chip Getchell– committee is at full strength. Brian Langerman approved as last member. Meeting today at 1330. Work on newsletter and Board's request for work plan and goals.

- 4) **Community Paramedicine** – B. Lowry/J Oko
 - a. Dr. Lowry
 - i. Approved a formulary which has been sent to MDPB for approval. Hopefully will be address next month.
 - ii. New members added.
- 5) **EMSC** – M Minkler, R Williams
 - a. Marc Minkler
 - i. Maine EMS has been approved by HRSA for 4-year grant continuation for EMS-C - program. We will be submitting final reports for the last grant period in the next few months.
 - ii. Working closely with the Maine chapter of the AAP and will be reaching out to hospitals for interest in a voluntary program called, “Always Ready for Children: Pediatric Readiness in Emergency Departments.”
 - iii. Next week is EMS Week. If anyone has activities that they’d like to share information about, please let me know so it can be posted on the Maine EMS website.
 1. EMS-C has it’s own focus day as part of EMS Week, which is Wednesday. For that day, we are doing three free CEH courses:
 - a. Dr. Williams – Pediatric Pain Control, at 9 am
 - b. Dr. James Watson – THC/marijuana and Opioid Overdoses in Pediatric Patients
 - c. Multiple physicians – Pediatric Emergency Care Coordination and QI Activities – 6 pm.
- 6) **TAC** – K Zimmerman, A Moody
 - a. No report this month
- 7) **MSA** – K Zimmerman, A Moody
 - a. Dr. Sholl
 - i. The Maine Stroke Alliance meets 23 May 2023 at 0930.
- 8) **Cardiovascular Council** - A Moody
 - a. No report this month.
- 9) **Data Committee** – K Meehan-Coussee
 - a. Dr. Meehan-Coussee
 - i. The committee has spent much time over the last few months reviewing the categories and options to be collected for NEMSIS data. The committee is cognizant that any data that providers are asked to collect may put a burden on field clinicians. So, the committee is being careful with regard to the data points asked for.
 - ii. The committee has begun an activity they call a “monthly data challenge,” wherein a topic is presented for which data is collected, assembled in a chart, and reviewed for usefulness of data and for points of clarification.
- 10) **Maine Heart Rescue** – M Sholl, C Azevedo
 - a. Chris Azevedo, Ashley Moody, and Melissa Adams are attending the Maryland Resuscitation Academy on 1-2 Jun 2023. Ashley and Melissa are attending for instructor training.

Adjournment

- 1) Motion to adjourn made by Dr. Sholl and seconded by Dr. Meehan-Coussee. Meeting adjourned at 1307 hrs.