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

JANET T. MILLS
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IFT Committee – June 12, 2023
Minutes

Meeting begins at 0932 (Virtually via Zoom)

Attendees
Committee Members:
Rick Petrie, Steve Leach, Chip Getchell, Tim Beals, Dr. Corey Cole, Dr. Pete Tilney, Mike Choate, Chris Pare (1004)
(Committee Members Absent: Dr. Matt Sholl)
Stakeholders:
Bill Cyr, Dr. Dave Saquet, Dr. Jonnathan Busko, AJ Gagnon, Joanne Lebrun, Steve Smith
Maine EMS Staff:
Megan Salois

Introductions
Petrie continues as acting chair, calls meeting to order.
Petrie notes Minkler and Sholl are at NASEMSO in Reno, Salois is Maine EMS staff rep for today

A quorum is present.

The Maine EMS Mission Statement is read by Petrie.
"The mission of Maine EMS is to promote and provide for a comprehensive and effective Emergency Medical Services system to ensure optimum patient care with standards for all providers. All members of this board should strive to promote the core values of excellence, support, collaboration, and integrity. In serving on this Board, we commit to serve the respective providers, communities, and residents of the jurisdictions that we represent."

Minutes
Motion to approve minutes from April 10, 2023, by Beals, second by Leach. Unanimous (Choate abstains). Minutes approved.

Motion to approve minutes from May 13, 2023, by Getchell, second by Leach. Unanimous (Choate abstains). Minutes approved.

Additions to Meeting Agenda
None

Old Business

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With offices located at the Central Maine Commerce Center, 45 Commerce Drive, Suite 1, Augusta, ME 04330

1. IFT Decision Tree
    a. Tilney states he has a 30-minute agenda item to present at MDPB this month, has been working on a physician order set with help from Maine Health, Rick Petrie, and Jon Powers from Northeast to help form the backbone of the order set. Goal to bring this to MDPB and Education Committee and then to Board of EMS.

2. Transport of patients receiving blood
    a. Tilney states he is including this as a recommendation, but questions remain "stable vs stabilized" patients, along with questions around nursing board and blood use by EMS. Getchell offers assistance as needed. Choate states he thought clarification around rules of blood use were resolved, but Tilney believes the nursing board still holds this "due to the statement of no one other than an RN can administer blood", Choate and Petrie state this rule is specific to nursing and clarifies RN vs CAN and other nursing roles and does not apply to EMS as the nursing board cannot set standards for other professions. Petrie states many (20+) years ago that the nursing board asked Maine EMS to not transport blood and blood products, but it was a request from long ago and roles and transports have changed considerably.
    b. Discussion on stability and what does SCT mean, Cole asks what does labeling it as SCT actually mean and what does use of an RN bring to the transport to make it safer. Tilney states that SCT means nursing, RTs, perfusionists, and other specialty care, as well as NICU transports. He states that nursing brings more experience with these patients and interventions. Petrie states PIFT qualifies as an SCT transport using CMS guidelines, so better definitions are needed. Petrie states that the sending hospital is responsible to, and must ensure, appropriate level of care and this issue arises regularly. Cyr states "administering blood" is a challenging term – is it over hours for maintaining their hematocrit or is it rapid infusion for trauma or other conditions. Cyr states the Maine EMS rules committee is looking at licensing levels of agencies. Often the term is related to billing as opposed to licensing/permit level and the rules committee is reviewing. He states adding a nurse is not necessarily a benefit to transport, but that adding a nurse that is trained and experience in critical care and transport IS a benefit and team approach with a paramedic is better for the patient. It is less the title, and more the training and experience in a transport environment.
3. Chris Pare joins at 1004
4. Discussion on stability and SCT continues
    a. Beals states hospitals do not seem to making headway and it is a transport issue, and we need to start speaking on a direction of how to move patients that are more critical, and in some smaller hospitals, an RN may have less experience than the paramedic, but they have the right initials after their name. Petrie concurs. Tilney agrees
    b. Petrie states need to have an engaged medical director who supports critical care transports and to use a model to facilitate and that Lifeflight and Delta have the

framework for this. He states that a statewide model will never work for these transports.

c. Tilney states we need to do a better job of defining stability (procedures, medications, etc) and need for an involved medical director and buy-in from sending facility. Need QI feedback from hospitals on care during transport.

5. 1015 Petrie leaves meeting and Getchell states he is acting interim chair
6. Busko states in the 90's he transported critical patients and why is choice around patient transport only "be stable or use Lifeflight" and do we have a CCT-light option or plan?
    a. Getchell states Delta has a program like this and biggest question is if a single provider in the back is enough or not"
    b. Beals states at last board meeting, Sholl challenged the board, stating "it is time to start the discussion on ground critical care transports, whatever it might be titled or licensed through". Rules is now working on this consideration and that there is an appetite for this and is first stage of this.
    c. Choate expresses concern over transport care that is "reactive vs proactive". Is the goal to get the patient alive to the receiving facility, and the education, QI, and experience is critical to better care and that the transport team is part of the stabilization rather than just a vehicle transport. Need to do a better job of cohorting patients at sending facilities to high level critical care appropriate transport selection.
7. Data Committee outreach
    a. Getchell states he and Choate met with Oko on data, but no updates for today
    b. Table this item for next meeting
    c. Oko states Petrie was aiming to work with Data Committee for some new definitions, has not happened as of yet
8. Maine EMS Board request
    a. Getchell states forwarded to board, no updates, awaiting response
    b. Beals states Board is looking at work around this and tasking rules committee with this, unsure of when it is on the agenda for work, encourages stakeholders to attend
9. Plan for committee for next year
    a. Getchell suggests work at next meeting on this topic
10. Next meeting discussion
    a. Pare suggests to not meet in July and resume in August, unanimous agreement
11. Cole states nursing does not necessarily add improvement, but that well trained clinicians familiar with critical patients is best, and that many of our clinicians do not have this level of experience.
12. Beals asks Oko about the ImageTrend critical care module for IFTs. Oko states Maine EMS has had it for about a year and is waiting for the PIFT/IFT update to know what to do with the module.

New Business

1. None

Next Meeting To Do's

1. Getchell will remind Petrie to work with Data Committee and goals of definitions needed to improve IFTs

Adjourn

Motion by Leach, to adjourn, 2nd by Tilney, no objections.

Meeting adjourned at 1034.

Next meeting is August 14, 2023, from 0930 to 1100

Minutes recorded by Megan Salois, transcribed by Marc Minkler