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

JANET T. MILLS
GOVERNOR

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COMMISSIONER

J. SAM HURLEY
DIRECTOR

Medical Direction and Practices Board – July 19, 2023
Conference Phone Number: 1-646-876-9923 **Meeting Number:** 81559853848
Zoom Address: https://mainestate.zoom.us/j/81559853848

Please Note: This meeting will be shared with the LifeFlight of Maine CPC, which will begin at 1115. Please note, these meetings will be virtual. MDPB Agenda – Meeting begins at 0900

Members present:	*Matt Sholl, Emily Wells, Kate Zimmerman, Benjy Lowry, Beth Collamore, Colin Ayer, Kelly Meehan-Coussee, Michael Bohanske, Dave Saquet, Tim Pieh, Bethany Nash, Rachel Williams*
Members Absent:	*Pete Tilney, Seth Ritter*
MEMS Staff:	*Chris Azevedo, Marc Minkler, Darren Davis, Jason Oko, Robert Glaspy, Taylor Parmenter, Melissa Adams*
Stakeholders:	*AJ Gagnon, Chip Getchell, Dwight Corning, Jack Lewis, Joanne Lebrun, John Moulton, Dr. Jonnathan Busko, Mat Tavares, Rick Petrie, Dr. Jonnathan Busko, Jennifer Sedivy, Mike Choate, Steve Almquist, Dr. Norm Dinerman, Brian Langerman, Chris Pare, John Peranzi, Eric Wellman*

1) Introductions – 0900-0905 –Sholl
    a. Dr. Sholl brings the meeting to order at 0905 hrs, makes introductions and takes roll call.

2) June 2023 MDPB Minutes – 0905-0910 – Sholl
    a. Dr. Meehan-Coussee notes two spelling/grammatical errors. Dr. Zimmerman asks regarding making a table of units of measurement for the Purple section.
    b. Motion made by Dr. Meehan- Coussee and seconded by Dr. Williams to approve the June 2023 meeting minutes. No further discussion. Motion carries.

3) State Update – 0910-0925 - Director Hurley
    a. Director Hurley was delayed in attending the meeting. His update was given after the agenda item for the data request but is recorded here.
    b. Director Hurley discusses legislative items
        i. The state legislature is finalizing their current session, which includes legislation related to Maine EMS. This includes a financial package for EMS in Maine, however, we are not sure at this time when we will have access to the funds.
    c. Maine EMS continues to work with the office of MaineCare services regarding expansion and programmatic efforts in Community Paramedicine. While they've expressed interest in creating a model similar to Emergency Triage, Treatment and Transport (ET^3), CMS has, however, since discontinued that model. The EMS office is, instead, working with DHHS on an alternate destination reimbursement model.
    d. There is a new RFP available for development of an AmeriCorps program to train young professionals on the concepts of QA/QI. Those persons would then facilitate service leader training to understand the mechanisms behind QA/QI. Discussion.
    e. Maine EMS will be announcing implementation of the SUD Ambassador program. There will be a bulletin distributed regarding this. Director Hurley discusses the program.

4) Special Circumstances Protocol Review – NONE

5) New Devices – NONE

6) Pilot Program Reviews 0925 - 0945– All
    a. Dr. Sholl reminds the group that there are currently three pilot projects ongoing at this time
        i. Delta Ventilator Projects – updates monthly
        ii. Jackman Pilot project – will transition to quarterly reporting
        iii. Portland FD MMO – reports quarterly
    b. Jackman Pilot Project – Quarterly Report
        i. Dr. Sholl shares his screen and Dr. Jonnathan Busko gives the quarterly report for the pilot project.
    c. Delta Vent Transport of Stable Patient Pilot – Monthly Report
        i. Dr. Sholl shares his screen and Chip Getchell gives the monthly report for the Delta Pilot project.

7) Data Request – Sholl/Davis/All - 0945 – 1000
    a. Darren Davis, from the Maine EMS Office, discusses the data request with the group.
    b. This request involves a project from the Maine Office of Behavioral Health in the Maine Department of Health and Human Services (DHHS). The data request is for Maine EMS to contribute data for their substance use focused master data repository. Darren Davis discusses this data repository and its purpose.
    c. Jennifer Sedivy, project manager, gives a presentation on the project for the group and opens the floor for questions. The presentation and some resources will be forwarded to the group at a later time.
    d. Rebecca Taylor, from Maine DHHS also joins the discussion.
    e. Discussion by Dr. Sholl and the group.
    f. Dr. Zimmerman makes the motion to allow our data to be shared with DHHS for this project. Motion is seconded by Dr. Saquet. No discussion.
    g. Motion carries.

8) At this time, Director Hurley is present and give his state update. SEE ABOVE.

9) UPDATE – Medication Shortages – Nash/All – 1000 – 1015
    a. Dr. Nash discusses medication shortages.
        i. Medications in pre-filled syringes are still in short supply and on allocation.
        ii. There has been an uptick in use of amiodarone which may or may not affect EMS supply.
        iii. Ketamine is still in short supply.

10) Emerging Infectious Diseases – 1015-1020 – Sholl
    a. Dr. Sholl advises that there is nothing to report.

11) 2023 Protocol review process – 1020 – 1100 – All
    a. Timeline review – Sholl/Zimmerman/Collamore
        i. Dr. Sholl shares his screen an discusses the protocol update timeline and progression on items with the group.
    b. Protocol Leftovers – Zimmerman
        i. Dr. Sholl shares his screen and Dr. Zimmerman discusses leftover items to be addressed.
            1. Gold section
                a. Stroke #1 – verbiage for posterior circulation stroke. Dr. Zimmerman proposes taking some of verbiage originally proposed for a note at the bottom of the page and combining it with verbiage from the PEARL and insert it at the top of the protocol, instead. Discussion.
                    i. Dr. Meehan-Coussee points out that a significant lift with the posterior circulation stroke section will be the need for education (some of which has been put into PEARLS) regarding the ability for EMS clinicians to differentiated between patients that qualify under the protocol and those that do not. The key is emphasis for clinicians to rely on the patient physical exam and clarifying that the definition of patient “last known well” time differs from “time of onset of symptoms.”

ii. Dr. Sholl asks if Dr. Meehan-Coussee would focus on this during review of educational products.
iii. Director Hurley asks if it might be helpful to add a note that presence of antiplatelet medications is not exclusionary. This item came up during the last Maine Stroke Alliance meeting. Dr. Pieh addresses and advises that this issue should be handled by the physicians and suggests that it is better to cast a wider net regarding inclusion in the protocol.
iv. Discussion by the group.
v. Dr. Sholl summarizes that this may be more of a hospital related issue, than EMS clinician related. Drs. Sholl, Zimmerman, and Collamore can review the protocol and Dr. Zimmerman's additions to determine if additional language is necessary and that points discussed should be included in the protocol education. High level language can be used, "some medications impact eligibility for thrombolytic therapy. Please notify the receiving physician regarding any anticoagulants."
vi. The group agrees with this suggestion.
vii. The group agrees with inclusion of Dr. Zimmerman's proposed language at the top of the protocol.

c. At this time, the protocol update item is paused and the meeting skips to Old Business to allow time for reports under that section of the meeting. Upon conclusion of Old Business, the group transitioned into the LFOM CPC as noted below in these minutes. Address of protocol agenda items was resumed upon completion of LFOM CPC.
    i. The MDPB business resumes with the Orange section protocols
        1. Orange
            a. Dr. Sholl shares his screen and Dr. Zimmerman discusses leftover section content.
            b. Orange 5 – Restraint Protocol
                i. This change was sent for review by the AAG's office.
                ii. Dr. Collamore advises that it is possible that the AAG's office is not aware of the need for feedback. Also, Director Hurley has advised that law enforcement does not support requiring an officer to accompany a patient in the ambulance in every situation, due to lack of resources.
                iii. Dr. Zimmerman adds that there are also issues around the possibility of law enforcement having to leave their vehicles on scene.
                iv. Discussion by the group.
                v. Dr. Sholl advises that he will reach out to the AAG's office for feedback.
                vi. It is decided by the group to leave the protocol as is until advice can be obtained by the AAG's office or other legal authority.
            c. Orange 4-6
                i. Discussion of replacing the term "Agitated/Excited Delirium" with alternate updated appropriate term.
                ii. Dr. Sholl advises that ACEP has proposed the term, "Hyperactive Delirium with Severe Agitation" for national use.
                iii. Discussion.
                iv. The group agrees that the term put forward by ACEP should be used in place of current terminology in the applicable protocols.
        2. Yellow Section
            a. Poisoning/Overdose #2
                i. Clarification for Calcium Gluconate dosing ranges is needed.
                    - Discussion by the group.
                    - The group agrees to proceed with the verbiage presented in the slide by Dr. Zimmerman.

ii. Paramedic #15.e.ii.a
- Question regarding listing “ideal body weight” in the dosing for sodium bicarbonate. Discussion.
- Dr. Nash advises there will be a need for education around the use of ideal body weight in the protocols, as this would be a new concept, versus using patient actual body weight.
- Dr. Sholl suggests leaving the term “ideal body weight” as stated in the change suggestion if education around this change is included in the protocol education.
- Dr. Meehan-Coussee suggests also adding a chart in the formulary when describing what “ideal body weight” means.
- Discussion.
- Dr. Sholl suggests letting the editing team and Dr. Nash determine what a “max dose” is, strike the “ideal body weight” suggestion, and go with “max dose” instead.
- The group agrees with this suggestion.

3. Green Section
    a. Review of final formatting for changes on Green 3, Trauma Triage #1
        i. Suggestion by Dr. Meehan-Coussee to bracket/clarify the arrow from “mechanism of Injury” box so that it is clear that this is inclusive of both mechanism of injury and EMS provider judgement. Dr. Zimmerman agrees she can add the suggested clarification.
        ii. Otherwise, the group agrees with the formatting suggestion as presented by Dr. Zimmerman.
    b. Review of formatting for the charting and verbiage for Spine Assessment & Management #1.
        i. The group approves the formatting as shown.
    c. Review of formatting for the new Termination of Resuscitation for Traumatic Cardiac Arrest
        i. Marc Minkler asks if education regarding rule out for use of TXA with patients who are visibly pregnant can be included in the slide. This request is due to QA issues.
        ii. Dr. Sholl will work offline with Marc Minkler regarding the request and the issue driving it.
        iii. The group otherwise approves of formatting for this protocol as shown.
4. Blue section
    a. Respiratory Distress with Bronchospasm #1
        i. EMT/AEMT #5
            - Need for a qualifier regarding condition severity and when to consider the use of epinephrine
            - Discussion
            - It is agreed by the group to use “for severe respiratory distress” as the qualifier
5. Red section
    a. Adult Post-Resuscitation Care Checklist
        i. “SAVE A LIVE” mnemonic has an issue with use of trade names “Lucas Device” and “Levophed”
        ii. Suggestion was made to remove trade names and replace
            - “vasopressors (norepinephrine)” to be put under “V”
            - “Leave/Load in ambulance with mechanical CPR device in place, if available in case patient re-arrests en route to hospital” to be put under “L”
        iii. Dr. Zimmerman suggests the same changes may be needed in the white papers.
        iv. The group approves the change suggestions

b. Pediatric Cardiac Arrest #1
    i. EMT #1 - Suggestion to change verbiage “signs incompatible with life”
        - Discussion.
        - Suggestion is made to replace the term with a reference to the criteria listed in Grey #1. It is also suggested that the same change be made in the adult cardiac arrest protocol.
    ii. Paramedic #16 – Suggestion to add to end of line, “…with a preference of a supraglottic airway rather than endotracheal intubation”
        - Dr. Sholl suggests ending the sentence at “advanced airway,” and inserting a new sentence, “In most cases, blind insertion airways are preferable due to their ease of placement.” Discussion.
        - The group approves Dr. Sholl’s suggestion.
c. Pediatric Cardiac Arrest #2, Paramedic item #20
    i. Question on whether to use “H” icon, telephone icon, or none.
        - Group agrees to use “H”
    ii. Dr. Zimmerman presents two suggestions for orders of interventions and discusses them.
        - The first option is similar to adult formatting/arrangement
        - The second option was written by Drs. Williams and Lowry.
        - Dr. Williams suggests changing item “a” in the list to read, “ For suspected hypoxia, administer high-flow oxygen and manage airway per Blue 3.”
        - The group agrees to accept the option written by Drs. Williams and Lowry, as well as accepting Dr. Williams’s suggestion regarding item “a.”
d. Pediatric Post-Resuscitation Care
    i. Paramedic Goal #1 – do pressors still require consult for aggressive management of hypotension?
        - The group agrees this should not require OLMC.
    ii. Question as to add epinephrine as a pressor agent into the pediatric protocol. Discussion by the group.
        - The group agrees that epinephrine should be removed from this section.
e. Cardiogenic Shock
    i. Paramedic item #8 – suggestion to remove OLMC contact for norepinephrine option. Discussion.
        - The group agrees that the requirement for OLMC for norepinephrine should be removed.
f. Tachycardia – integration of pediatric interventions into this protocol
    i. Addition of
        - pediatric adenosine line item
        - pediatric magnesium sulfate line item
        - pediatric verbiage to PEARL as presented on the slide.
    ii. Suggestion to modify pediatric dosing verbiage for adenosine as presented on the slide to read
        - “Pediatric: Adenosine 0.1 mg/kg (to a max of 6 mg) rapid bolus at centrally located peripheral IV with rapid saline flush. May repeat adenosine at 0.2 mg/kg (to a max of 12mg) IV rapid bolus at centrally located peripheral IV with rapid saline flush.”
    iii. Suggestion to modify pediatric dosing for magnesium sulfate as it appears on the slide to read
        - “Pediatric: Magnesium sulfate 25-50 mg/kg IV/IO over 5 minutes (Max single dose 2 grams)
    iv. The group agrees with the above suggestions.

g. Bradycardia #1 – integrating pediatric interventions along with those for adults.
    i. Discussion of change suggestions presented on slide.
    ii. Delete heart rate criteria at under title at top of page
    iii. Define both adult and pediatric bradycardia in verbiage at top of protocol
    iv. EMT #1 – O2 as appropriate, manage airway per Blue 3.
    v. EMT #2 – Request ALS.
    vi. EMT #3 – Pediatrics initiate chest compressions for patients with HR less than 60 despite adequate oxygenation.
    vii. Paramedic #8 – add "if no response to oxygenation, ventilation and chest compressions"
    viii. Paramedic #9 – Add "Adult and Pediatrics: Initiate transcutaneous pacing for patients who do not respond to atropine/epinephrine. If serious signs and symptoms present, do not delay TCP." Add Pediatric midazolam doses for pacing.
h. Bradycardia #2
    i. Add "Adult and Pediatric" to dosing range for epinephrine drip.
    ii. Add "H" icon

6. Grey Section
    a. Do Not Resuscitate Guidelines #5
        i. Discussion of AAG input regarding living wills and durable powers of attorney. Dr. Sholl added "initiate resuscitation" to AAG's recommendation to contact OLMC for guidance.
        ii. The group approved the suggestion.

d. Discussion – Protocol Education
    i. Dr. Sholl discusses various aspects of protocol education with the group.
    ii. Methodology
        1. Dr. Sholl discusses and queries the group as to methods to be used in conducting protocol update education for this cycle (i.e.: ZOOM, MEMSEd, in-person, blended).
            a. The group decides to do the following:
                i. Four online webinars via ZOOM
                ii. Two live, in-person sessions
    iii. Timing/Schedule
        1. Discussion by the group regarding scheduling and timing.
        2. Dr. Sholl will propose multiple dates across September – November and will send out a poll.
    iv. Educational Material Review Process and Timeline
        1. Dr. Sholl discusses the following educational items
            a. Pediatric OHCA
                i. No discussion
            b. Posterior Circulation Stroke
                i. No discussion
            c. Magnesium and Treatment of Eclampsia in the Prehospital Setting
                i. No discussion
            d. Naloxone Leave Behind
                i. No discussion
            e. New England Donor Services
                i. No discussion
            f. Out of Hospital Cardiac Arrest Updates– Adult
                i. Dr. Sholl comments that there will have to be some address of changes in the "SAVE A LIFE" mnemonic made in this paper.
            g. Neonatal Warming
                i. No discussion
            h. Oxytocin
                i. Dr. Nash suggests combining it with the paper on dexamethasone.
            i. Dexamethasone
                i. Discussion

j. Trauma Triage, Strangulation, Fever
    i. Minor spelling/grammar
k. Bougie will be distributed by Dr. Sholl

2. Dr. Sholl will work with the Maine EMS Office staff to get the above materials in the proper respective formats for distribution.
3. Dr. Sholl reviews next steps timeline with the group.
    a. July – August
        i. Formulary update
        ii. Finalize finish change documents
        iii. Hospital slides
        iv. OLMC Reference document
        v. Build education
        vi. Review/edit LucidChart mockups
    b. August
        i. Review and approve education
        ii. Review and approve – summary change document, OLMC reference, hospital slides

12) Ongoing Items for Future Meeting Discussion
    a. Update - PIFT – PT

Old Business – 1105-1115

1) **Ops** – Director Hurley/Ops Team Members
    a. Nothing to report.
2) **Education** – A Koplovsky/C Azevedo
    a. No report.
3) **QI** – C Getchell/J Oko
    a. Chip Getchell
        i. There is no monthly meeting of the QI Committee this month.
        ii. Offline work includes progress on the Pediatric Newsletter.
4) **Community Paramedicine** – B. Lowry/J Oko
    a. Dr. Lowry
        i. No report.
5) **EMSC** – M Minkler, R Williams
    a. Marc Minkler
        i. We are wrapping up our year end federal report and moving forward with plans for the next four years.
        ii. The "Always Ready for Children" program is a process, using national metrics, which is designed to recognize hospital readiness in pediatric care. Maine Medical Center was recently awarded this recognition at the highest level of readiness. This is a voluntary recognition process. They are the first hospital in Maine to receive this award. Marc Minkler discusses the process for this recognition.
6) **TAC –** K Zimmerman, A Moody
    a. Dr. Zimmerman
        i. The next meeting is Tuesday at 1230, via ZOOM.
        ii. Scheduled work includes the Trauma Plan.

7) **MSA** – K Zimmerman, A Moody
    a. Dr. Zimmerman
        i. The Maine Stroke Alliance met yesterday. There are some open committee positions.
        ii. There are also some education and guidelines for EMS Clinicians on the website that is available for download and sharing. These may be edited to be specific to services.
8) **Cardiovascular Council**, A Moody
    a. No report.
9) **Data Committee –** K Meehan-Cousee

a. Dr. Meehan-Cousee.
    i. There was no meeting due to lack of quorum.
    ii. Work continues on
        1. Transition to NEMSIS 3.5
        2. Committee vacancies
        3. Data quality issues

10) **Maine Heart Rescue** – M Sholl, C Azevedo
    a. No report.
11) At this point, the MDPB business portion of the meeting was paused, and a 10-minute break was taken by the group.
    a. After the break, the LFOM CPC portion was conducted.
    b. Upon conclusion of the CPC portion, there was a short break, and the MDPB resumed the protocol agenda items.
    c. Discussion of the remaining protocol items is noted above in the applicable section of these minutes.
12) Next meeting is on Wednesday, 16 Aug 2023, at 0930.
13) Motion to adjourn made by Dr. Bohanske and seconded by Dr. Collamore. Meeting adjourned at 1500 hrs.