



JANET T. MILLS
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J. SAM HURLEY
DIRECTOR

**IFT Committee – November 13, 2023
Minutes**

Meeting begins at 0941 (Virtually via Zoom)

Attendees

Committee Members:

Rick Petrie, Dr. Corey Cole, Mike Choate, Tim Beals, Steve Leach (joins at 1000), Dr. Pete Tilney (leaves at 1002)

(Committee Members Absent: Dr. Matt Sholl, Chip Getchell, Chris Pare)

Stakeholders:

Jeff Austin, John Lennon, Dr. Jonnathan Busko, Bill Cyr, Aiden Koplovsky

Maine EMS Staff:

Marc Minkler, Jason Oko, Anthony Roberts

Introductions

Petrie continues as acting chair, calls meeting to order.

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

September meeting minutes approval deferred to December meeting.

Additions to Meeting Agenda

None

Old Business

1. IFT Decision Tree
 - a. Tilney states he has submitted material to Dr. Sholl and the MDPB and the documents are on the agenda for the Wednesday Nov 15 meeting.
2. MHA Collaborative

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- a. To discuss obstacles for IFT transport throughout the state to develop problem solving and education. Jeff Austin took this back to the MHA Board, and they support this, and are looking to determine specific goals and times to meet. Still at a very high level. Some interested in volunteering from hospitals to help, a scope definition “sit in a room and discuss the IFT from hospital and EMS perspective and what the obstacles. Try to identify potential solutions and educations around the identified challenges and opportunities.” Cole states it should include “what does each side see, from their perspective, as the obstacles and their lens and not guessing at what the issue(s) are”. Petrie states to “Develop a plan for dates and times, number of meetings from this initial meeting. It would allow better grasp of where we need to go”. Feels it should be in person. MHA has space. Petrie would like to meet there and appreciates the offer. Minkler reminds that it would need to be publicly accessible. Committee feels that from 1pm-3pm on January 10, 2024 in-person at MHA, 33 Fuller Road, Augusta, ME.
3. IFT Level Document discussion
 - a. See attached draft document from Chip Getchell with comments from Dr. Corey Cole. Committee discusses and works on additions and updates to the draft, recorded by Petrie.

New Business

1. Education – Koplowsky, as Chair of Maine EMS Education Committee, speaks of concerns around the education materials for PIFT education and that the community college and United Ambulance are considering stopping offering this course and certification for new paramedic education due to the antiquated materials and resources. This may have significant impact of future operations of the PIFT program. Small discussion, goal is to bring issue to Maine EMS Board.

Next Meeting To Do's

1. Continue working on IFT Level document draft

Adjourn

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

Meeting adjourned at 1106am.

Next meeting is December 11, 2023, from 0930 to 1100

Minutes recorded by Megan Salois, transcribed by Marc Minkler

Proposed IFT Levels

SCT Level 1: 1 PIFT Paramedic attending. Care and stability in accordance with approved MDPB PIFT Guidelines.

SCT Level 2: 2 ALS Providers (EMS and/or Hospital staff) attending. Patient is STABILIZED and the Providers are credentialed in all reasonably foreseeable interventions that may be needed enroute.

This could include mechanical ventilation, sedation, analgesia, blood, multiple pressors, TVP, NIV Bilevel, etc. NHTSA "Advanced Care +".

SCT Level 3: Tertiary based Critical Care Transport Team that can continue all existing therapies and provide all or most interventions that may only be available at tertiary destination, regardless of patient stability.

Comments from Corey Cole

Just wanted to give my feedback on the draft SCT definitions since the meeting got cancelled and would give other people time to consider it before the next meeting.

1. The PIFT acronym/name needs to go away. Just call it SCT. PIFT is a Maine specific term that is very confusing to hospital and non EMS personnel as it implies that any paramedic can do an interfacility transfer at the "PIFT" Level. If we are making SCT definitions maybe we need to just change the name to SCT.

2. I thought the language was odd where it said "attending". I would presume it would mean the EMT "attending" to the patient in the back but in the hospital world that term takes on a different connotation. It seems like there could be a different way to say primary patient provider or required personnel doing patient care.

3. What does "stabilized" mean and why is it in all CAPS? "Stabilized" is a very subjective premise.

4. What is the significance of the "different" levels? Is there going to be a billing difference, licensure criteria, CEH requirements, etc?