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

IFT Committee – December 11, 2023
Minutes

Meeting begins at 0935 (Virtually via Zoom)

Attendees
Committee Members:
Rick Petrie, Chip Getchell, Chris Pare, Mike Choate, Tim Beals (leaves at 1006)
(Committee Members Absent: Dr. Matt Sholl, Dr. Pete Tilney, Dr. Corey Cole, Steve Leach)
Stakeholders:
John Lennon, Travis Norsworthy, Steve Smith
Maine EMS Staff:
Marc Minkler, Jason Oko, Darren Davis

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 & November meeting minutes read, motion to approve by Beals, second by Pare, unanimous approval.

Additions to Meeting Agenda
None

Old Business

1. IFT Decision Tree
    a. Tilney absent, deferred to next meeting.
2. IFT Level Document Draft
    a. Group discussed revisions and info to include on the proposed IFT Level Draft. Working

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

copy is attached to these minutes.
Lack of quorum at 1006 (Beals left)

Discussion on IFT levels continues and possible definitions, treatments and options are discussed. Concerns expressed about levels vs education and how that the policy needs to be linked with education for both hospitals and EMS clinicians. Petrie drafts updated document.

Next Meeting To Do's

1. Continue working on IFT Level document draft and Petrie will send out current updates and version draft to committee for next meeting.

Adjourn

No quorum after 1006, work after this was discussion only and without formal action or vote.
Meeting adjourned at 1045am.
Next meeting is January 10, 2024, at MHA, from 0930 to 1100. This meeting is in-person only with no zoom option.

Minutes recorded 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?

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Proposed IFT Levels

SCT Level 1: Single Paramedic with MEMS approved Advanced Training. The patient must be stable with medium risk of deterioration in accordance with MDPB established guidelines. The patient could also be solely accompanied in the patient care area by appropriate hospital staff with the necessary equipment/supplies/medications as determined by the sending hospital as required by EMTALA.

SCT Level 2: Patient must be stabilized to the capacity of the sending facility prior to transport. During the transport, the patient must be accompanied in the patient care area by:

1. **Two Paramedics, at least one with Maine EMS-Approved Critical Care Transport (CCT) certification, and the other with MEMS approved advanced training, or**
2. **An EMS Clinician licensed at least to the EMT level and appropriate hospital staff with the necessary equipment/supplies/medications as determined by the sending hospital as required by EMTALA, or**
3. **Appropriate hospital staff with the necessary equipment/supplies/medications as determined by the sending hospital as required by EMTALA.**

The CCT EMS Clinicians are credentialed in all reasonably foreseeable interventions that may be needed enroute. This could include mechanical ventilation, sedation, analgesia, blood, multiple pressors, Trans-venous Pacing, Non-invasive Ventilation 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. The Tertiary based Critical Care Transport Team could be the only providers in the patient care area as determined by the sending hospital as required by EMTALA.

Note: At no time should interventions/medications/procedures be discontinued in order to facilitate transfer unless the treatment has reached its natural conclusion and the patient has been determined to be appropriate for transport with the arranged crew.