



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

WIL O'NEAL  
DIRECTOR

**Medical Direction and Practices Board – June 18, 2024**

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

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

**Members present:** Matthew Sholl, Benjy Lowry, Beth Collamore, Emily Bryant, Kelly Meehan-Coussee, Dave Saquet, Seth Ritter, Tim Pieh, Kate Zimmerman, Pete Tilney, Colin Ayer, Bethany Nash,  
**Members Absent:** Mike Bohanske,  
**MEMS Staff:** Chris Azevedo, Jason Oko, Marc Minkler, Jason Cooney, Anthony Roberts, Wil O'Neal, Robert Glaspy, Darren Davis, Ashley Moody  
**Stakeholders:** Chip Getchell, Eric Wellan, Joanne Lebrun, Dr. Kevin Kendall, Michael Reeney, Dr. Norm Dinerman, Phil MacCallum, Rob McGraw, Rob Sharkey, Dennis Russell, John Moulton, Dwight Corning, Eric Wellman, Dr. Steve Diaz

*"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 clinicians. 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 clinicians, communities, and residents of the jurisdictions that we represent."*

- 1) Introductions – 0900-0905 –Sholl
  - a. Dr. Sholl makes introductions and calls roll.
- 2) MDPB Minutes – 0905-0910 – Sholl
  - a. March MDPB minutes – Sholl
    - i. Motion to approve March minutes made by Dr. Collamore and seconded by Dr. Saquet. No discussion. Motion is carried.
  - b. May MDPB minutes – Sholl
    - i. Motion to approve the May minutes is made by Dr. Zimmerman and seconded by Dr. Collamore. No discussion. Motion is carried.
- 3) State Update – 0910-0940 – Director O'Neal
  - a. Office Updates
    - i. Director O'Neal gives the state update for the group.
      1. Director O'Neal discusses the 2024 Community Paramedicine and Wellness conference that was recently put on by the Maine EMS Office with support from Dr. Lowry.
      2. Stabilization grant applications.
        - a. There are four outstanding applications for which we are awaiting a response regarding information requested from those agencies.

- b. There are four contracts that are ready to send out – Cranbury Isles, Phippsburg, Mercer, and Sacopee.
  - c. There were 185 services who applied. We distributed 10.15 million dollars to approved agencies. This left 1.85 million dollars that will be rolled into Phase 2.
  - d. There was discussion regarding whether or not sustainability could constitute an emergency rule making process to expedite rule making. It cannot.
  - e. The sustainability portion of the grant, Phase 2, there will be \$19 million. This includes rollover from Phase 1.
    - i. \$9.1 million to be split 70/30 to transporting and non-transporting services
    - ii. \$9 million directed to EMS education and specific ways to support the 10 licensed training centers over the next 3 years.
    - iii. \$1 million to the 4 Regional Councils over the next 3 years.
- 3. Director O’Neal discusses the regional transition timeline.
  - a. A regional transition plan meeting is being put together with Director O’Neal and Dr. Sholl. A Doodle poll has been sent out to key stakeholders. Reasons for the meeting are to share information and ensure all are aware when the hiring process is in effect, and what the bridges and stopgaps are in the plan.
- 4. State Medical and Associate Medical Director contracts and Regional Medical Director contracts
  - a. These are together. Director O’Neal will be meeting with the Commissioner’s assistant this afternoon. The contracts will be sent out as soon as possible.
  - b. The rule for sustainability is what will support those contracts moving forward. That rule is not yet approved. The stopgap is to more or less renew existing contracts until the rule is approved.
  - c. Discussion amongst the group.
- 4) Alternate Devices – NONE
- 5) Pilot Projects – 0940 - 0950
  - a. Dr. Sholl discusses that the Delta Pilot project will be moved to the end of the meeting to allow for the group to enter executive session as needed to discuss clinical information.
    - i. Dr. Steve Diaz, medical director for Delta Ambulance, will be willing to join the discussion when we get to the Delta pilot project.
  - b. Sanford – Pilot Project Update – Monthly Report
    - i. John Moulton discusses the progress of the Sanford Pilot.
  - c. MMO – Quarterly Report – Due August 2024
  - d. Jackman – Quarterly Report – Due August 2024
- 6) UPDATE – Medication Shortages – 0950 - 1005 - Nash/All
  - a. Dr. Nash discusses medication issues.
    - i. No directly affected medications which are on the EMS formulary
    - ii. Ketamine is coming back into stock
    - iii. Pre-mix syringes are still in shortage and are tending to be short dated.
- 7) Emerging Infectious Diseases – NONE

- 8) PIFT Update Review – 1005-1035 - Tilney/Sholl
- a. Review culminative comments on the PIFT document
    - i. Dr. Sholl discusses the review process thus far.
      - 1. Dr. Tilney sent out the larger information packet regarding thoughts and concepts for updates
        - a. Communication of the update, reinforcing tenets of PIFT, QI and medical direction requirements, and closed loop feedback on cases.
        - b. Clinical update. This was sent out to all for comment and feedback.
      - 2. Comments were compiled and built into the document and distributed to the group last week. This is the most mature draft of the process. This version tries to support decision making and nuanced decision making of the transferring physicians or healthcare professionals.
      - 3. PIFT is really an interplay between four pieces of the puzzle
        - a. Patient stability at the time of transport
        - b. Risk of deterioration
        - c. Ability of PIFT provider to potentially manage enroute based upon stability and risk of deterioration
        - d. Comfort and capability of the PIFT clinician
      - 4. Discussion of the comments and questions in the document by the group.
    - b. Discussion: next steps
      - i. Dr. Sholl shares his screen as he and Dr. Tilney discuss the next steps.
      - ii. **Motion by Dr. Pieh, seconded by Dr. Ritter to approve the document as written with the inclusion of cardiac stability throughout the document, in addition to hemodynamic, respiratory, airway, and neurologic stability, with formatting changes. And with Dr. Dinerman's suggestion in the chat (see below). Discussion by the group.**
        - 1. Dr. Meehan – Coussee suggests referencing cardiac stability in addition to hemodynamic, respiratory, airway and neurologic stabilities.
        - 2. Dr. Dinerman suggests via chat: "We could note in the document that notwithstanding the permissiveness of a given medication/intervention, it does not necessarily speak to the propriety of PIFT for a specific patient. In other words, the sending clinician is not emancipated from the application of an appropriate risk/benefit analysis to the specific patient."
        - 3. Dr. Nash suggest some additional reformatting.
      - iii. **The motion is carried.**
      - iv. Next steps
        - 1. Dr. Nash to do a final formulary review.
        - 2. Office staff should have an opportunity to review the document as well.
- 9) Update – K9 Protocols – 1035 – 1045 – Zimmerman
- a. Dr. Sholl shares his screen with a letter from the Board of Veterinary Medicine. Dr. Zimmerman discusses her work on gaining regulatory protection and veterinary board approval for K9 Protocols.
    - i. Kate Domenico has been appointed by the Vet Board as our representative.
    - ii. We are going to take a look at the current protocols to update them.
    - iii. Hopefully, we will be able to have this done and have protocols back online in August.
    - iv. Reminder, EMS clinicians interested in accessing the K9 protocols must take an approved course. Right now, it's the Operational K9 ME course. New Hampshire has a course that will likely be approved as well.
    - v. Clinicians must also have an MOU and gain approval from Maine EMS.

10) 2023 Protocol Debrief – 1045 - 1220 – All

- a. Dr. Sholl discusses the process for the coming 2025 protocol update process.
  - i. A big part of today's discussion is setting the stage and scripting the conversation for upcoming protocol reviews.
    - 1. This had begun in March. However, with taking April off and many items happening in May, we didn't finish.
    - 2. Today's goal is to determine section authors and member roles and determine a start date, and for all to be on the same page regarding scale and scope of updates and capabilities for this cycle.
  - ii. Education Coordinator Chris Azevedo announces that he is leaving Maine EMS and has accepted a position with Maine Fire Service Institute. His last day will be 12 July 2024.
- b. Debrief process from 2023 (conclusion from March meeting)
  - i. Dr. Sholl shares his screen and discusses the 2023 process with the group.
    - 1. Changes implemented in 2023
    - 2. What worked?
    - 3. What could be better?
      - a. Is this change essential
      - b. Degree of section review
        - i. Continuous versus block learning
      - c. Information technology
- c. Discussion of 2025 protocol update
  - i. Consider process
    - 1. Discussion of a protocol update timeline as it is currently
  - ii. Consider roles/authors
    - 1. Individual vs team protocol review
  - iii. Determine start date
    - 1. Timeline
  - iv. Stakeholder engagement
    - 1. Protocol Discussion forums
      - a. Dr. Sholl discusses challenges with participation
      - b. Pre-planning discussion forums
  - v. Review of section author materials prior to the monthly meeting
  - vi. Post-review process – completion of change documents, drafting in LucidChart
  - vii. Education development
  - viii. Dr. Sholl discusses a chart proposal for organizing the executive team for protocol update coordination.
  - ix. Dr. Sholl displays the process progress chart and section authors are assigned.
  - x. Final thoughts
    - 1. Dr. Meehan-Coussee suggests advanced planning for protocol webinars and in-person session.

11) Pilot Projects – 1230-1250 – Sholl/All.

- a. Delta – Monthly Report
  - i. Dr. Sholl shares his screen and asks the group if there is anything from last month's dialogue that anyone wanted to review prior to this month's review. There was one case from last month that Dr. Diaz has stated is going through their own internal QI process.
    - 1. Chip Getchell discusses the follow up from last month's case.
    - 2. Dr. Diaz echoes Chip Getchell's statements regarding the case.
  - ii. Chip Getchell discusses the two cases for the report.
    - 1. Dr. Saquet asks regarding a specific intervention.
  - iii. Motion to go into executive session to review, per recommendation of Maine EMS staff.
    - 1. No discussion. Motion is carried.
  - iv. Group goes to executive session at 1254 hrs.

- v. The group exits executive session at 1312 hrs.
- vi. Dr. Pieh discusses a proposal regarding periodic notation regarding sedation/analgesia in intubation cases.
  - 1. Dr. Sholl discusses adopting a protocol standard for this.
- vii. Discussion of off-ramping pilot projects by the group.
- viii. Dr. Pieh notes that this conversation needs more time, specifically regarding analgesia in intubated patients in this pilot program with some input from LifeFlight as to how they've tackled this over time. We can learn from this and reach out for a standard of care that can be adopted for the model that Delta is offering.
- ix. Dr. Saquet expresses concerns regarding best practices, protocols and what's being performed.

#### **Old Business – 1250 – 1300**

Old business tabled until the July meeting.

- 1) Ops**
- 2) Education/Exam Committee**
- 3) QI**
- 4) Community Paramedicine**
- 5) EMSC**
- 6) TAC**
- 7) MSA**
- 8) Cardiovascular Council -**
- 9) Data Committee**
- 10) EMD**
- 11) Maine Heart Rescue**

Motion to adjourn made by Dr. Meehan-Coussee. Meeting adjourned at 1332 hrs.