

Wednesday, January 15, 2025

"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 committee should strive to promote the core values of excellence, support, collaboration, and integrity. In serving on this committee, we commit to serve the respective clinicians, communities, and residents of the jurisdictions that we represent."

- 1. Call to Order
 - a. Chip called the meeting to order at 1333
- 2. Reading of the mission statement
 - a. Chip Read the mission statement
- 3. Attendance
 - a. Committee Members Chip Getchell; Alan Henschke; Benjamin Zetterman; Dr. Beth Collamore; Joanne Lebrun; Dr. Kate Zimmerman; Robert Sharkey; Dwight Corning; Melinda Fairbrother-Dyer; Stephen Smith; Brian Langerman
 - a. Members Absent Dr. Matthew Sholl
 - b. Guests None
 - c. Maine EMS Staff Jason Oko; Darren Davis; Mark Minkler; Ashley Moody; Robert Glaspy
- 4. Public Comments
 - a. None
- 5. Modifications to the agenda
 - a. None
- 6. Previous Meeting Minutes
 - a. Defer to next month.
- 7. Old Business:
 - a. Conclude statewide qi measure brainstorming session
 - b. What would it take to implement these measures
 - a. OBGYN
 - i. Are there any established measures?

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- ii. Sharkey baseline metrics but they are going to change pulse ox monitoring, etc. - be really prepared for December
- iii. Marc Minkler -
- b. Pediatrics
 - i. Pediatric Seizures
 - ii. No transports what was the transport disposition -
 - iii. Location of incident
 - iv. Pain Management with children and fractures/suspected fracture
 - v. Weight based dosing of medications
 - vi. Pediatric transport protocol restraint during transport
 - vii. Track referrals to child protective services a lot of discussion on this
 - viii. Is there a way to gather data on how many mandated reports were made?
 - 1. Does DHHS break down the type of reporters
 - ix. Steroids in anaphylaxis anaphylaxis in general
 - x. Fevers
- c. Obstetrics
 - i. Pregnant patient that has not delivered
 - 1. Equity of care In hospital metrics
 - a. Substance use exposure during pregnancy and issues where that affect the newborn
 - b. Hypertension In our window, not overtime.
 - c. Transport method Code 3 vs not
 - d. Changing clinicians documentation to weeks of pregnancy from months
 - e. Post delivery are patients receiving oxytocin post-delivery is it providing benefit or harm
 - f. Joanne What about distance of transport
 - i. FYI Waldo is closing their facilities as of April 1, 2025
 - ii. This is a problem here in Maine, there is a safety risk. Doing a QI activity around



this project might highlight a lot of problems

- g. Stephen Smith Grave & Para are we documenting that?
- h. Ashley Moody Prenatal care documentation.
- d. Newborn Patient
 - i. Pulse oximetry placement location and
 - ii. proper oxygenation of newborn patients
 - iii. Dr. Zimmerman Drying and warming of the infant -(Add or check to add procedures)
 - iv. Airway interventions
 - v. Dr. Zimmerman we weren't good at delineating neonatal/infant in the pink section, they are being improved.
 - vi. Marc The EMS-C Program is doing a qi study to review how 29 day or less old patients were transported
 - vii. No-transports under the age of one. BRUE requires medical control consultation.
 - viii. Pediatric no-transport rate is double the adult no-transport rate
 - ix. If there was a sign-off did you get called back?
- e. Lift-Assists
 - i. What should you be checking on these patients before you sign them off.
 - ii. FALLS
 - 1. What is a lift assist?
 - a. Mechanism
 - b. Patient safety concerns
 - c. Documentation is key
 - d. Private residence vs, assisted living facility
 - e. This brings us back to the definition of a patient
- 8. New Business:
 - a. Dr Zimmerman to send a list of the quality markers from the last protocol education.

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- 9. Next Meeting
 - a. February 19, 2025
 - b. Meeting adjourned at 1445