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 – March 19, 2025
Conference Phone Number: 1-646-876-9923 **Meeting Number:** 81559853848
Zoom Address: https://mainestate.zoom.us/j/81559853848

Members present:	Dr. Matthew Sholl, Dr. Kate Zimmerman, Dr. Beth Collamore, Dr. Seth Ritter, Dr. Kelly Meehan-Coussee, Dr. Tim Pieh, Dr. Benjy Lowry, Dr. Pete Tilney, Colin Ayer, Bethany Nash, PharmD, Dr. Dave Saquet
Members Absent:	Dr. Rachel Williams, Dr. Kelly Klein, Emily Bryant, PharmD
MEMS Staff:	Marc Minkler, Robert Glaspy, Wil O'Neal, Melissa Adams, Ashley Moody, John DeArmond, Jason Oko, Darren Davis, Soliana Goldrich
Stakeholders:	Dr. Bob Brown, Chip Getchell, John Moulton, John Lennon, Michael Reeney, David Ireland, Dr. Kevin Kendall, Aiden Koplovsky, Claire Dufort, Eric Wellman, Don Sheets, Dwight Corning, Veronica M, Jermey Ogden

"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) The meeting begins at 0930 with a quorum. Sholl is chair.

2) Introductions

3) Previous MDPB minutes
    a. **February minutes are tabled to April.**

4) State Update
    a. Office Updates – O'Neal provides update on state. States our new office admin, Erin is doing a great job. States he is tracking 18 bills that may impact EMS. States each bill may have work session, position statements, and a myriad of work in the background as directed by the Governor. Some bills are more impactful that others, such as a bill to exempt all healthcare providers exempt from COVID vaccines. Working on the regional manager process and hoping to make offers soon. Work with CDC on establishing an emerging diseases and transport network for patients throughout the state. Continues to track measles, and 14 states have seen cases. Clinical Bulletin has been issued. The month of May includes the annual NASEMSO conference in Michigan, then the following week is EMS Week, and Maine EMS Awards and Memorial Ceremony. Discusses Zoom functionality. States the obligation to provide transparent, does not allow for private conversations. The state AG advised that the zoom chat function is disabled in nearly every board she oversees and recommends leaving it disabled. It could be problematic to be transcribed, as well as failing to transcribe it. States zoom function will allow individuals to

chat with the host for clarification or messaging to the chair but otherwise is disabled. Meehan-Coussee states it was less about being able to chat privately but more about being able to share information, links, email addresses and similar and not to persuade voting or other activities. Asks if audience can ask the host questions, and how can information sharing be facilitated. Ritter wonders if there is a way to just add info to the minutes. Would like to ensure the audience can message the host. O'Neal states resources/information should be entered into minutes, and those in the meeting must have real-time access if it is part of the discussion at that time. We would need to provide the document or link/resource to the public. Minkler states both the host and co-hosts have access to chat and that Sholl as chair could determine what resources could be shared. Additionally, if individuals are added as co-hosts to present, the audience could direct questions to that co-host. Reminds all that if everyone has access to the chat, it creates a potential avenue for spam or problematic/unsecure links. O'Neal reminds that even when we have a virtual meeting, we still facilitate a physical location at Maine EMS for the public to attend physically if they desire to and have full participation in the meeting. Discussion on this topic by all. Sholl discusses how Inland Hospital has announced closure of OB and the entire hospital, working on bulletins around OB care to be released very soon.

5) Alternate Devices – None

6) Special Circumstances Protocols - None

7) Pilot Projects
    a. Sanford Ultrasound IV Access Program – Moulton provides a report and shares that Sanford only had 1 use in the previous month and that was assisting in the ED at Sanford, which ultimately failed due to vascular collapse. Training continues for a new member as well.
    b. Maine Operational Physician Report (MOPR) Pilot Project – Pieh and Meehan-Coussee report on MD-3 program based out of Kennebec County EMA. Work has been responding to high acuity cases, response and potential treat and release on low acuity cases, and a significant amount of county wide education. Provides variety of evidence studies on benefit of physician response and access on field EMS cases. Discusses scope of practice, duty hours based on fixed budget of time availability and funding, currently using 5 days a week 0800-2000, capturing the time frame of 74% of calls in the county.
        i. Goal 1: Increase involvement of physicians, with goal of 5 involved, currently have achieved this with 7 physicians involved and participating.
            1. Objective: At least 50 activations after 6 months. After 1 year, there have been 1,891 physician duty hours, 211 911 responses and 12 IFTs.
        ii. Goal 2: Each physician will have done QA on at least one call after 6 months. Have achieved 232.5 hours of QA work
        iii. Goal 3: Increase education from physicians to EMS. Have achieved 201.5 hours of education for 748 students, and 106.5 hours of community outreach.
        iv. Pieh highlights some of the cases MOPR has been involved in. Meehan-Coussee notes that the physicians may not always be doing physician level "skills" but may be a hand for care on incidents or direct medical control and easing the burden on local EDs that may otherwise have had to interrupt ED activities to provide OLMC. Tilney notes that Pieh presented at Lifeflight where a physician has been involved with Lifeflight on scene, and how operational successes and opportunities can be shared and discussed. Collamore asks about availability of blood and blood products, Pieh states they carry 2 units of packed RBCs, working on funding for a fridge. Pieh will continue the 2nd part of this pilot project review in April.
    c. Brown presents on request for MD-1 in York County. Is looking to have the resources of a physician, especially given the length of transport some face. States he is looking to attract more physicians, to acquire equipment and resources to facilitate this. Discussion on this topic. Sholl states the current process is to utilize the MOPR Pilot Process. Lengthy discussion including

funding, the number of agencies involved, who the agency would be licensed through (independent or through another existing agency, or through a hospital), and pharmaceuticals. Adams also discussed requirements of licensing with minimum required equipment, dispatch methods, QA, patient care reporting, and pharmacy agreements and minimum level of medications required. Brown states currently has all of this equipment other than a 12-lead EKG device. States he will be using Wentworth Douglass Hospital in New Hampshire for medications. Discussion on whether this would be allowed to go across state lines and any legal issues with this. Brown states he would prefer to use a Maine hospital. Zimmerman asks some specific medication uses, and discussion on this. **Saquet makes a motion to approve the program. Second by Meehan-Coussee.** Discussion by all on regulatory requirements, licensing, and other operational aspects. Adams states that this would likely need to fit under the existing MOPR project, after the agency is licensed. Adams will develop a checklist for Brown for licensing and Pieh can assist with the MOPR checklist and steps to take. **Saquet amends his motion to table this until both steps are completed, Meehan-Coussee concurs. All vote unanimously to table until Brown works with Adams and Pieh for licensing and MOPR requirements.**

8) EMS Education Presentation
    a. Sheets presents on "EMS Through the Lens of Education". Discussed cost of educating paramedic students at the community college vs tuition, enrollment, clinical requirements, and portfolios. Discusses census and population and impacts to enrollment and workforce age. Discusses challenges of training centers, administration of same, and costs/resources to educate. Discusses time needed for effective education, policy development, and curriculum changes. Discusses shortage of adjunct instructors and resources for skills education. Discusses importance of clinical experience and relationships with hospitals, EMS agencies and others. Reports these experiences must be meaningful and not many EMS agencies have the volume to support good clinical experiences, and likewise hospital staff are not always aware of EMS scope and skills. Discussion by group on this. Saquet notes that to be a police officer, one goes to a police academy. A firefighter goes to the fire academy. These are paid for, and the individual is often paid to attend. There is nothing equivalent for EMS in Maine. Discussion of pay, benefits, and other retention issues.

9) Medication Shortages
    a. Nash reports shortage on premixed amiodarone, discusses concerns of how amiodarone causes leaching of plastic from IV bags into fluid when infused over a long time (typically not impacting EMS) but that this has caused a shortage of vials to make amiodarone drips. May not resolve until the end of April or May.
    b. Small volume bags (50 and 100ml) of D5 are in short supply and may create challenges for infusion mixes.

10) Emerging Infectious Diseases
    a. Sholl reports influenza seems to be on the downturn, but not resolved, along with RSV and Norovirus
    b. Measles bulletin developed. 1st death from measles in more than a decade occurred in the US. As of this morning, 301 active cases in 15 states. Maine EMS, Maine CDC, and MDPB are watching this very closely.

11) Protocol Process Update
    a. Blue, green, yellow, pink, and orange sections are done
    b. Red will be continued in April
    c. Next is Purple/Brown/Black/Grey sections.
    d. Goal is still to go live in December 2025

12) Orange Section Updates – presentation by Collamore, continued from January 2025

a. Discussion on options of Ketamine dosing for Hyperactive Delirium with Severe Agitation #2 (Orange 6 8b)
    i. Option 1 is to change nothing.
    ii. Option #2 For ages 18-65 years, use 250mg IM Ketamine, then
        1. either repeat IM x1 after 5 min PRN OR
        2. leave #10 to contact OLMC.
    iii. Option #3 Keep at 4mg/kg for 18-65 years but add a max dose of either 400 or 500 mg
b. Nash is leery about making changes, wonders if this is more of a QA issue and/or education issue and it has not really been done in this direction. Does agree a max dose is a good thing
c. Lengthy discussion by all on pros and cons.
d. **Motion by Nash to change 8b to adult dose of ketamine as 4mg/kg IM with a max of 500 mg. 2nd by Pieh. Discussion by all. Clarified that this max dose of 500 mg ketamine will be for all protocols using ketamine and all ages. Nash and Pieh accept amendment. If space in protocols allows, add a weight-based guide for reference. Passes unanimously.**

13) Red Section Update
    a. Meehan-Coussee & Saquet present changes on Red section regarding STEMI criteria. Discussion by group including aspects of local and regional challenges and resources, transport time, time is muscle concept. Discussion by all of statewide guidance vs local options, resources, and knowledge. Would this be better at regional or even hospital level vs statewide. Comparison was made to trauma care and statewide protocols, but it was noted that the Trauma centers have collaboration and commonality in approach whereas cath labs lack this statewide. Concern expressed about confusion over the presented algorithm. Sholl proposed that the info might make a great white paper and provide the thought process and resources in guiding EMS decisions and considerations. Due to time constraints, Sholl & Meehan-Coussee will edit language and streamline a proposal for this portion. Pieh suggests possibly having regional chapters based on resources and local knowledge.

14) Old Business
    a. Ed – nothing major to report
    b. QI – draft document of proposed statewide QI markers, meeting today at 130pm
    c. CP – nothing major to report
    d. EMSC – nothing major to report
    e. TAC – nothing major to report
    f. Data – no report
    g. EMD – Protocol 41 has used all 497 vouchers

15) Pilot Project – Delta Ventilator Pilot Program
    a. Tabled to April

16) "To do" items from November meeting
    a. Tilney will pull most recent PECARN data on pediatric cervical spine and review for group.
    b. Tilney will draft protocol and/or education for HEMS for operations section. If protocol, will need a white paper on it.
    c. Meehan-Coussee and Tilney will work on education for fluid bolus in trauma.

17) "To do" items from December Meeting
    a. Revisit chest decompression need for non-traumatic causes and possible need in other protocols

b. **Tilney will provide references and evidence on burns to revisit tabled item of fluid boluses on Green 16**
c. **Nash/Saquet/Pieh will work on the dilution verbiage for magnesium sulfate pediatric dose on Yellow 3**
d. **Nash will research any fluid dilution incompatibilities for MEMS medications and bring back to group**
e. **Nash looking at dilution options for Sodium bicarb**

18) **"To do" items from February**
a. **Group to review OB Clinical Bulletin**
b. **Williams/Zimmerman/Minkler to wordsmith Pink 11 to include "following manufacturer instructions and compatible with stretcher"**

19) **"To do" items from March**
a. **February minutes**
b. **Pieh will continue 2nd part of MOPR project update.**
c. **Pieh/Adams will work with Dr. Brown on MD1 checklist**
d. **Zimmerman/Sholl will wordsmith IM only dosing for ketamine in behavioral emergencies**
e. **Meehan-Coussee/Sholl with work on verbiage for STEMI destination protocol**
f. **Delta Pilot Project Update**

20) **Motion by Meehan-Coussee to adjourn, meeting adjourned at 1304**

21) Next MDPB meeting will be April 16, 2025, at 0900.

Minutes by Marc Minkler.