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, 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. Beth Collamore, Dr. Seth Ritter, Bethany Nash, PharmD, Dr. Benjy Lowry, Dr. Kelly Meehan-Coussee, Dr. Pete Tilney, Dr. Tim Pieh, Colin Ayer, Emily Bryant, PharmD (left at 1240), Dr. Kelly Klein, Dr. Rachel Williams (joined at 1150)
Members Absent:	Dr. Dave Saquet
MEMS Staff:	Marc Minkler, John DeArmond, Jason Oko, Jason Cooney, Melissa Adams, Wil O'Neal, Darren Davis, Robert Glaspy
Stakeholders:	Sean Brackett, Michael Reeney, David Ireland, Joanne Lebrun, Chip Getchell, "Felipe", Donald Sheets, Eric Wellman, Sean Donaghue, John Moulton, Dwight Corning, Steve Smith, Dr. Kate Zimmerman (1150)

"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 2025 Minutes
   a. **June 18 minutes tabled until next meeting**
      i. Minor corrections from Nash and Collamore, non-substantive and corrected, need to review #13(vi) to clarify what recording states. Will bring back to next MDPB meeting.
4) State Update
   a. O'Neal – Legislative session is over, establishing a map for military medical personnel to become licensed, and use of federal guidelines, group to be convened to explore deliver of EMS to island communities, report sent to Governor on impact of hospital closures and impact on EMS and increased strain on EMS system statewide, LD1981 has passed and defines roles of regional medical directors, and use of associate medical directors. Maine EMS podcast has a new episode on Spotify; this is the 4th episode and discusses AI. Shout out to Dr. Pieh and work on MD3 which was recently shared nationally on JEMS.com
   b. In Person meetings – Sholl discusses how the MDPB will have in-person meetings during the last month of each quarter and will be held in the Champlain conference room in Sept and Dec 2025 meetings, and Mar, June, Sept and Dec in 2026.
   c. Sholl states the LifeFlight CPC is not meeting today and gave us their time to finish up protocol work, Sholl thanks Dr. Dinerman for this

5) Alternate Devices
    a. None

6) Special Circumstances Protocols
    a. None

7) Pilot Projects
    a. Sanford POCUS – Moulton provides report on usage with ED team on three patients, reports some challenges with tablet/app for device, used 13 times use in 6 months, 2 of these were in hospital, 10 successful IV placements, average scene time 21 minutes
        i. Saquet suggests adding success rate by patient in report submitted, he will add for next report. Sholl asks if the number of uses is what was anticipated, Moulton states that it does, states not being used inappropriately and only on difficult patients to establish IV access. Tilney asks to include data on two aspects of defining the "success" of an ultrasound guided IV, in that (1) Is it working and able to be easily flushed, and (2) What is it being utilized for. He notes that access is great, and that it is going to add time to on scene, which may be very appropriate. However, is it an IV for just an IV sake or is the placement being used for a necessary or critical intervention while in EMS care? Moulton reports he can look into reporting on aspects of this. Minkler suggests perhaps reporting on the number of overall IV attempts and success by agency or clinician to see how often they have success outside of POCUS use. If a clinician only tries to start 1 IV in a month and resorts to POCUS, is that reasonable vs a clinician who has started 100 IVs this month and finds one that needs POCUS – it is a very different perspective and result. Meehan-Coussee reports on importance and help to have IV access but not delaying transport to gain this. Moulton feels all of this is reportable with the help of Jason Oko.
    b. MD3 - Report by Pieh. Recently featured in JEMS (https://www.jems.com/ems-operations/groundbreaking-me-mobile-medical-program-to-shift-focus/). In the first 19 months, 285 CEH hours taught, 1,215 students, 9.42 average hours per shift (varies 8/10/12 hour shifts). 70.7% of M-F shifts have been covered.
        i. Treat and release or alt destination – 7 cases, none in past 3 months
            1. Hoping to increase these numbers
        ii. "Beyond standard level paramedic procedures" in last 7 months were 5 cases, all airway related. In the past 19 months, there have been 32 cases, all determined by physician (7 RSI, 4 vent settings during IFT, 6 vent uses in 911, 8 ultrasounds, 4 laceration repairs, 1 nasal packing, 1 blood administration, 1 hyper-angulated intubation),
        iii. In last 7 months, "Beyond standard level paramedic medications" were 3 med administrations, 2 meds given by MD3 that were within paramedic scope. In the past 19 months total of "Beyond standard level paramedic medications" was 19 medications administered
        iv. Discussion on non-critical procedures that benefited the patient but may not benefit the EMS system by remaining on scene and "tying up the truck"
        v. Multiple QI/QA reviews
        vi. Assisting paramedic level care procedures and medication administration
        vii. Attended several mass gatherings and sporting events and medical support
        viii. SCT/CCT IFT support on 15 calls, largely with Delta, but also Augusta Fire and Gardner Fire
        ix. Assist with complex case decision making on twenty-five 911 scenes
    c. Delta Ventilator project moved to end of meeting

8) Medication Shortages

a. Nash states nothing new, Lorazepam still short, but not dire. Dexamethasone has one formulation unavailable but not critical shortage. Prefilled syringes have been up and down with availability. CyanoKits are back and available. Racemic epi has a brand shortage but otherwise available. Pediatric dilution of sodium bicarbonate has been short, and other meds seem to have short date ranges before expiration. Tilney states he has had trouble with access to Ativan.

9) Emerging Infectious Diseases
    a. Measles continues to rise in the US, no cases in Maine yet. Often from under-immunized individuals or those who have traveled to endemic areas outside of the US. Collamore reports an outbreak in New Brunswick, Canada that was reported yesterday.
    b. Sholl reports a couple cases of TB and West Nile virus in New England, but not widely an issue.

10) Protocol Update
    a. Timeline
    b. Summary change documents – Sholl and Collamore continue work on this
    c. Formulary – Nash continues to work on this
    d. Zimmerman posted draft versions of protocols in MDPB working folder
    e. Collamore posted draft version of education documents in MDPB working folder
    f. July 16-Aug 2 recording for slides by MDPB
        i. Oko offers support from Maine EMS programs and resources
        ii. DeArmond reports he can assist with recordings within PowerPoint and assist with the specific how-to's
        iii. If not submitted, Sholl/Collamore/DeArmond will record them and have ready for Sept 1
        iv. Discussion on methods, goals and support for recording these
    g. Sholl offered MDPB an opportunity for final suggestions on protocols
        i. Williams submitted language around pediatric Valsalva in Red Section who cannot follow directions for syringe method through the use of blowing through a straw or ice pack on eyes for 15-30 seconds.
        ii. Discussion on cold packs and if required equipment for EMS (Adams states it is not but has seen them on every truck she has inspected). Ayer notes it is included in universal pain management protocol already. Adams suggests proposing to rules committee to add to minimum equipment list
    h. White papers
        i. Collamore discusses mandatory reporter white paper. Discussion by all. **Motion by Nash to approve, 2nd by Ayer. Approved unanimously**.
        ii. Nash discusses proper preparation of injectable medications white paper, discussion by all. **Motion by Collamore to approve with the addition of clarifying small volumes of dilution as less than 20ml, 2nd by Pieh. Approved unanimously**.
    i. Protocol Supporting documents
        i. Collamore discusses document for Online Medical Consultation to help ensure they are aware of areas where EMS may reach out and clarify support and protocol requirements. This would be a document for use by hospital EDs. Discussion by all, minor layout changes suggested. **Motion by Pieh with addition of minor layout changes to approve, 2nd by Klein. Approved unanimously**.
        ii. Summary change document discussed by Sholl to use as a quick look for all stakeholders, will be a few pages and still being finalized and will be presented likely at next MDPB Meeting. The primary intended audience is stakeholders and not EMS.
    j. No in-person update due to previous poor attendance
    k. 4 webinars being scheduled for September/October/November
        i. Awaiting MDPB members to complete the poll of the best dates to offer (Sessions will be 1 day, 1 afternoon, 1 night, and 1 on weekend).

11) New Business

a. Regional Ops Update
    i. Transport & Transfer Committee - O'Neal reports met for the first time on Monday and will be meeting on 2nd Monday of each month at 1400
    ii. EdCom – DeArmond reports COA reports being conducted independent of Maine EMS, Koplovsky has resigned from chair role due to work schedule
    iii. QI – Getchell report meeting at 1330, first draft of QI manual completed, working on statewide quality measures, looking at membership representation
    iv. CP – Lowry reports that on October 8, Maine CP will be holding a conference with multiple speakers and topics
    v. EMS-C – Working on finalizing HRSA report, 3 new hospitals being recognized in the Maine Always Ready for Children program, completed collaboration with Maine Department of Education on resource document of "Emergency Guidelines for Schools" which aims at initial care steps for non-clinical school personnel across Maine. This is being added to an app for laypersons in every school system in Maine. Minkler thanks Sholl for his review on this
    vi. TAC – No report
    vii. Data – No quorum yesterday, working on CAD integration with PSAPS and agencies. Added rhinitis and recent travel as fields to MEFIRS from CDC recommendation. Starting July 30, new fields will be turned on regarding New England Donor Services (found at https://www.maine.gov/ems/node/1917)
    viii. EMD – Protocol 41 turned on and no longer optional, and all are required to complete the 4-hour education, 90% completed. Maine will be the first state to have statewide caller in crisis protocol
        1. Sholl shares that there has been work with the MHA on the Apprise system and hospitals reporting bed availability and tracking statewide. MHA has been championing this, and all but 2 hospitals are currently reporting into it. Those that are not are working through some internal aspects and question resolution.
    ix. Delta Pilot Project
        1. **Motion to enter executive session to discuss Delta Pilot Project by Sholl, 2nd by Meehan-Coussee. Approved unanimously. Entered at 1208.**
            a. 1 M.R.S. § 405(6)(F) - Discussions of information contained in records made, maintained or received by a body or agency when access by the general public to those records is prohibited by statute
        2. **Exit executive session at 1234.**
    x. Associate State Medical Director
        1. Interviews were held on July 7, 10, and 11 by MDPB members and DeArmond and Maine EMS (Sholl/Zimmerman/O'Neal/Minkler), multiple meetings to discuss results and recommendations to send to MDPB.
        2. **Motion to enter executive session with the addition of Dr. Kate Zimmerman, to discuss results of interviews by Sholl, 2nd by Collamore. Approved unanimously. Entered at 1242.**
            a. 1 M.R.S. § 405(6)(A) - Discussion or consideration of the employment, appointment, assignment, duties, duties, promotion, demotion, compensation, evaluation, disciplining, resignation or dismissal of an individual or group of public officials, appointees or employees of the body or agency
        3. **Exit executive session at 1334**
        4. **Motion by Nash "With deepest appreciation of all applicants and in recognition of the contributions of all interviewees, motion to accept the interview panel's recommendation to accept Dr. Jack Lewis to the position of Associate State Medical Director and recommend his approval to the Maine**

EMS Board." 2nd by Williams. Discussion Ritter and Klein recuse from voting; all others vote unanimously to approve.

12) **"To do" items from November**
    a. **Tilney will draft protocol and/or education for HEMS for operations section. If protocol, will need a white paper on it.**
    b. **Meehan-Coussee and Tilney will work on education for fluid bolus in trauma.**

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

14) **"To do" items from March**
    a. **Pieh/Adams will work with Dr. Brown on MD1 checklist**
    b. **Meehan-Coussee/Sholl with work on verbiage for STEMI destination protocol**

15) **"To do" items from April**
    a. **Ayer/Sholl to develop key points and recommend agencies review infection control plans, particularly around measles.**

16) **"To do" items from May 21**
    a. **Sholl will send a doodle poll to MDPB members to determine live webinar dates that work for members based on schedule**

17) **"To do" items from May 30**
    a. **Sholl/Jason Cooney/Melissa Adams to research and define purpose of protocols for future protocols**

18) **"To do" from June 18**
    a. **Sholl and Collamore will build summary change document**
    b. **Nash will update formulary, Sholl/Minkler will assist as helpful**

19) **"To do" from this meeting**
    a. **Sholl and Collamore will continue building summary change document**
    b. **All MDPB members will consider recording their specific education sessions for protocol updates by August 2**

20) **Motion by Nash to cancel August 2025 MDPB meeting, 2nd by Lowry. Approved unanimously.**

21) **Motion by to Ayer adjourn, 2nd by Meehan-Coussee, meeting adjourned at 1338**

22) Next MDPB meeting will be September 17, 2025, at 0930 in person at Maine EMS.

Minutes by Marc Minkler.