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STATE OF MAINE  
DEPARTMENT OF PUBLIC SAFETY  
MAINE EMERGENCY MEDICAL SERVICES  
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JOHN MORRIS  
COMMISSIONER

JAY BRADSHAW  
DIRECTOR

Medical Direction and Practice Board  
September 18, 2013  
9:30 am  
Minutes

<p><u>Medical Directors Present</u> – Kendall (10:00), Chagrasulis, Sholl, Pieh, Busko, Zimmerman, Goth          Medical Directors by teleconference –Randolph  <u>Medical Directors Absent</u> – None  <u>MEMS Staff Present</u> – Leo, Sheets( teleconference), Powers, Kinney  <u>Guests</u> –Rick Petrie, John Kooistra, Butch Russell, Michael Choate, Shawn Evans, Joanne Lebrun, Kevin Gurney, Chris Pare, Heather Cady, Kerry Sousa Pomelow, Dan Batsie, Brian Chamberlain, John Brady, Mike Senecal, Ginny Broadway.</p>		
Introduction		
July Minutes		<p><b>MOTION:</b> To approve July minutes (Chagrasulis, second by Zimmerman) Unanimous</p>
ME EMS Update	None presented.	
Community Para-medicine	<p><u>Batsie</u>, Eleven services have been approved for Community Paramedicine pilot projects. The last service will be going to the steering committee in October. The next step is reporting the evaluation of project, to collect some positive information that may allow the legislature to add additional services for this project. Will be looking at several areas including: readmission rates to hospitals, and falls and preventions.</p>	
New	None presented, however, there was much discussion on PEEP being used in the adult patient	

Devices	as well as the pediatric patient. Busko and Pieh will research the educational component through the regions. This will be presented along with the PEEP valve to the MDPB at a later date.	
Special Circumstances Protocol	None presented.	
Agitated Patient Pilot Project	No new cases.	
TASER	M. Sholl reported he and Jay met with the Criminal Justice Academy, Maine Police Association, Maine Sheriffs, EMS Services and others in early September in regard to the removal of TASER barbs. Currently in conversation with the group with several questions, before a protocol for removal and no-transport, could be considered.	
Protocol Review Process	<ol style="list-style-type: none"> <li>1. Matt expressed his appreciation of all the work everyone did with the 2013 protocols. Thanks to all who contributed.</li> <li>2. Many new ideas for protocol review have come forward and will be used in the next round of protocol changes. Becky suggested that as each section is completed to send out the draft for all to review. Another way is to start the process of gathering comments now, through a face book page link; survey monkey; and regional offices. Joanne will take this to OPS for their input. A slide will be added to the protocol update education, with information on how to make comments. Matt will also check with Jay to see if there can be a comment section on the protocol application and the electronic version.</li> <li>3. Educational process update: Don reported that the update has been completed and will be sent to the MDPB by the end of the day. The protocol update will include both a basic and an advanced level program. Will use the same education process as the last update; Rollout with 6 large seminars to include medical directors and will also be a train-the-trainer. This will also be put on MEMSED. Matt has bullets of all the protocol changes that he will send to the Regions. The class should be around 4 hours long. Regions that have scheduled protocol updates are as follows: <ol style="list-style-type: none"> <li>a. Region 1 - October 11, 2013</li> <li>b. Region 2 - October 30, 2013</li> <li>c. Region 5 - October 30, 2013</li> </ol> </li> <li>4. Sections will be assigned to the regional medical control director at the next MDPB meeting.</li> </ol>	
New England Protocols	Dr. Sholl summarized the PEGASUS project being conducted by Manish Shah, MD, Baylor College of Medicine, Houston, TX. This federally funded project will assess the impact of evidence based pediatric protocols in parts of Texas, Utah, and the New England states.	

IV Pumps	<p>Much discussion regarding the current requirements of the Maine EMS approved IV pumps that were approved in 2011. It was decided that all the criteria would remain the same with the third criteria for the ability to track medication administration and set-up for QA/QI purposes. The following is the IV pump criteria:</p> <ol style="list-style-type: none"> <li>a. FDA-approved</li> <li>b. Customizable Drug Library: This would help prevent medication errors by preprogramming according to medication formulary and Maine EMS protocols</li> <li>c. Latex-free tubing system</li> <li>d. Needle-free tubing/ports</li> <li>e. Administration sets with integral free flow protection</li> <li>f. Battery and AC power source</li> </ol> <p>Don Sheets will update the current criteria in the Maine EMS approved equipment list on the Maine EMS web site.</p>	<p><b><u>MOTION:</u></b> To remove the criteria of being able to track medication administration and set-up for QA/QI purposes. (Pieh, seconded by Goth) Unanimous</p>
Response to Active Shooter White Paper	<p>Tim Pieh developed a High Threat Treatment Guidelines: White Paper. Much discussion on the role of the EMS provider. This would allow the EMS provider to administer the lifesaving techniques for hemorrhage control during a High Threat situation. This program would have to provide the following:</p> <ol style="list-style-type: none"> <li>1. Previous established Memorandum of Understanding (MOU) between EMS and law enforcement agencies.</li> <li>2. Appropriate training – including joint training between the Law Enforcement and EMS Agency.</li> <li>3. Clearance from Law Enforcement scene command.</li> </ol> <p>Tim, Matt, Brian, and Jon will review the white paper and bring back to the MDPB. At that time, MDPB will reach out to the State Police, Chief of Police, Academy and others that may be interested.</p>	
NASEMSO	<p>Matt reported that he was just at the NASEMSO annual conference in Nashville. A big topic was the transfer of patients with a verbal and written report.</p>	
MDPB Retreat	<p>No date set.</p>	
<b>Old Business</b>		
MEMS Education	<p>Already reported above.</p>	
MEMS Operations	<p>No report</p>	
MEMS QI	<p>Meeting today.</p>	
IFT Sub-committee	<p>Will be working on developing a program. Will review and find the most common transfers and develop protocols to guide the paramedics.</p>	

<b>Next Meetings</b>	October 16, 2013 IFT – 8:30 am – 9:30 am MDPB – 9:30am – 12:30 pm QI – 1:00pm – 3:00 pm  ***Reminder of the Samoset conference. Friday, November 8 <sup>th</sup> , afternoon session to work with medical directors. Saturday morning with MDPB on November 9 <sup>th</sup> .