



STATE OF MAINE
 DEPARTMENT OF PUBLIC SAFETY
 MAINE EMERGENCY MEDICAL SERVICES
 152 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333



PAUL R. LEPAGE
 GOVERNOR

JOHN MORRIS
 COMMISSIONER

JAY BRADSHAW
 DIRECTOR

Medical Direction and Practice Board
 September 21, 2011
 9:30 am – 12:30 pm
 Agenda

Medical Directors Present – Marlene Cormier, Tim Pieh, Peter Goth, Kelly Klein, Matthew Sholl, Jonnathan Busko, Becky Chagrasulis, Whit Randolph
Medical Directors Absent – None
MEMS Staff Present – Jay Bradshaw, Alan Leo, Jon Powers,

Guests – Jessica Blomerth, Shawn Evans, Rory Hartung, Joanne Lebrun, Nathan Yerxa, Kelsi Bean, Myles Block, Don Sheets, Butch Russell, Chris Pare, John Brady, Sue Hludik, Norm Dinerman, Heather Cody, Sandy Benton, Cassandra Chase, Jerod Khroler, Jeff Ruchest, Jeff Tuttle, Virginia Weber, Brian Chamberlain, Dan Batsie, Rick Petrie

New Member Welcome	Dr Kelly Klein - EMMC	
July 2011 Minutes	Presented	Motion to Accept: JB Seconded: PG Approved By: All
ME EMS Update	Bradshaw - None	
New Devices	None Submitted	
Special Circumstances Protocol	None Submitted	
Companion Manual Update	Sholl – Ugate – will be looking at revisions over the next months	
POLST Discussion	Sholl/Bradshaw – review of prior meetings. Clarified who can authorize these (NP’s/PA’s as well as physicians) – discussed with the Board of Medicine and gained clarity on the ability of PAs and NPs to sign these and have added this into the protocols. Clarified the ability to use a photocopy as long as the original exists. Next step is to roll out the training module.	
Community	Kevin McGinnis – State Community Paramedicine Coordinator Definition and Background – taking existent health care	Motion To Approve the Concept of

<p>Paramedicine</p>	<p>resources in the form of off duty EMS providers to meet the needs of the community. May be very different for different communities. In support of nursing and other resources (adjunct to other community health needs). Provides a base for the development of high level EMS providers in communities that otherwise may not have the capacity for advanced level providers by brokering their skills not only for emergency care but also for community care. Not case managers but a resource for those care managers. Not an expansion of the scope of practice. But leverages our ability to be in the community 24 – 7.</p> <p>*Introduction for those who have not been involved in the prior discussions *Understand the implications on the MDPB *Understand that the scope of practice is not altered *Programs will develop as partnerships between *Emergency Medicine Physicians and Primary Care Physicians There will be an ongoing and rich discussion between those pilots and the MDPB</p> <p>Statutory Changes Needed – in some states none. In Maine, there are no needs as this fits into current statutes</p> <p>Training – Nationally accepted curriculum and NMCC working with CO and MN</p> <p>Data Collection and Argument for the program – will need to be able to prove that the program contributes to the overall health care system</p> <p>Developing a Pilot Program Setting – requirements presented and include.</p> <ol style="list-style-type: none"> 1) Have current paramedic capacity – do not require additional funding to staff at the paramedic level or to build extra staff. 2) Build relationships with the primary care sites. 3) Primary care site must offer access to data and offer QI and medical director services 4) Comply with state approved education programs 5) Comply with data collection and QI processes <p>Concept approval by the MDPB Will need approval by the MEMS board</p> <p>Oversight – those offering primary care and emergency oversight are invested in the program and their community and need to have rich communication. But will not define how this looks</p> <p>Working with Maine Health Management Coalition to draft the</p>	<p>Community Paramedicine – PG Seconded – TP Approved – All</p>
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	quality markers and ensure that we can easily collect these quality markers through the MHMC or the health systems	
Protocol Update	<p>Bradshaw – awaiting the delivery – received yesterday the final draft. Latest version has all the correct editing. The version on the website has correct content; however, it does not reflect the correct places to call medical control (not all the final lines and phones are correct). There is an app for this on the Apple App store. As updates are made – this will be updated. Another person interested in developing for Droids and Blackberrys</p> <p>Education Update – Batsie and Pomelow – Finalized the last draft of the education standards. Developed a product that mirrors the outcomes and created standards and learning objectives as well as instructional guidelines. Ed Committee approved this and then developed a PowerPoint with instructor notes. Vision for the roll out would be to schedule 6 regional seminars with participation of MDPB members – giving providers a chance to see where the protocol changes came from. Given that the changes are mostly theoretical – need to give background. Teaching group would be MDPB, Education Committee member and MEMS Staff. At the completion of these seminars will be a Train the Trainer (paramedic level I/C's) can do a couple hour train the trainer and then they can teach at local services and regional places. Third arm of this is a distributive model of the presentations, which is in development. What we need from the MDPB – work with your Regional Director and your Education committee member to schedule these classes in the next 2 months. First will be Oct 14th in Augusta – 8-5 (but the time may be less than 8 hours – possibly 9-2 is the training and 2-4 is the train the trainer – as this is the first of these events, will learn the time required for the event) Scheduling the dates for others. The first should have the most commitment from the MDPB. BC – mentions putting together a smaller document for physicians.</p>	
Question Regarding Spinal Clearance - Update	Pieh – Comments and discussion – edits to be reflected in a second draft and distributed to the MDPB	
Old Business		
MEMS Education	Protocol Update discussed previously	
MEMS	Phone Conference – discussed protocol roll out and schedule.	

Operations	
MEMS QI	Committee discussion to continue later this afternoon 1) Adopt the QI Manual 2) Structure to the Committee
IFT Subcommittee	
HART Update	

Next Meetings – October 19, 2011

IFT Sub Committee – 8:30 – 9:30

MDPB – 9:30 – 12:30

QI – 1:00 – 3:00