



PAUL R. LEPAGE
GOVERNOR

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



JOHN MORRIS
COMMISSIONER

JAY BRADSHAW
DIRECTOR

Medical Direction and Practice Board
October 16, 2013
9:30 am
Minutes

<p><u>Medical Directors Present</u> – Kendall (10:00), Sholl, Pieh, Busko, Zimmerman, Goth, Randolph <u>Medical Directors Absent</u> – Chagrasulis <u>MEMS Staff Present</u> – Bradshaw, Sheets, Powers, Kinney <u>Guests</u> –Rick Petrie, Butch Russell, Michael Choate, Joanne Lebrun, Chris Pare, Heather Cady, Dan Batsie, Brian Chamberlain, Judy Gerrish, Dave Groder, Brian Ackley, Melissa Adams, Nathan Yerxa.</p>		
Introduction	Introductions were made.	
September Minutes		<p>MOTION: To approve September minutes with recommended changes to the New England Protocol section. (Pieh, second by Zimmerman) Unanimous</p>
ME EMS Update	Jay reported that the Federal shutdown would not have any effect on Maine EMS. There are no changes to the projects that have Federal funding. The first draft of the table of contents for 2013 protocol app is complete and the beta version will be available in a couple of weeks.	
Community Para-medicine	D. Batsie reported that eleven services have been approved for Community Paramedicine pilot projects. The steering committee met to review a proposal from Winthrop and Lincoln County Health Care. It was approved for Winthrop Ambulance to merge with the Belgrade project, and continue review of Lincoln County Health Care, which would involve 4 separate ambulance services. This project has not met any resistance from other Home Health Groups. 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. The Muskie School is currently working on the National Community Paramedicine data collection and has offered to assist with Maine’s reporting forms.	
New	None presented. Heather Cady offered to work with the group involved with PEEP use during cardiac	

Devices	arrest and with asthma patients. This will be presented along with the PEEP valve, to the MDPB at a later date.	
Special Circumstances Protocol	None presented, however Dr. Zimmerman is currently working on one in Southern Maine.	
Agitated Patient Pilot Project	No new cases. There will be education for the new agitated patient protocol through the 2013 Protocol rollouts.	
TASER	Nothing new to report.	
Protocol Review Process	<ol style="list-style-type: none"> 1. Matt expressed his appreciation of all the work everyone did with the 2013 protocols. Thanks to all who contributed. 2. Train-the-trainer protocol updates have been completed in regions 1 and 4. Average of classes is 4 hours. Issues that were raised at both classes: <ol style="list-style-type: none"> a. Not sufficient time to get everyone trained. b. Not sufficient time for services to get the required pumps. Much discussion on the pump requirement in the protocols. The white paper that is currently on the web page state that IV pumps are not part of the equipment requirement list in the Rules is creating confusion. R. Petrie said that providers are getting conflicting answers regarding this. Jay will send a cover letter, a revised White Paper on pumps, and an approved interim plan to all services licensed at or permitted to the Paramedic level within the next week. Busko also requested that if a service is currently using a pump that does not have a customizable drug library, that they be able to continue use of this as long as the service has a drug chart from the pharmacy and it is attached to the pump. This would be for the life of the pump. After much discussion, it was decided that this would only be for pumps purchased prior to December 1, 2011. c. Present the pharmaceutical portion first, and it is very helpful to have regional medical directors, as well as Maine EMS, at all the rollouts. Schedule for the remaining rollouts are on the Maine EMS web page. 3. Debriefing of the protocols. Much discussion on the best way to proceed with lessons learned on how to get the message out to the key providers early to get them engaged in the protocol review process. What are the regional medical directors doing to reach out to their providers. Need to allow more time for comments. Not just comments for typos or major errors. Need more time for education. Jay will look into different methods of people being able to join the MDPB with discussions on protocol revisions. 	<p><u>MOTION:</u> To keep the Protocol date at Dec. 1, 2013, have the services either have an IV pump or an Interim Maine EMS approved plan in place that will allow service to have until March 1, 2014, to both obtain the required pump(s) and provide the necessary training. (Busko, second by Pieh. Unanimous.)</p> <p><u>MOTION:</u> Services will be allowed to use pumps that do not have a customizable drug library provided they were purchased prior to 2011, the pharmacy provides a drug chart and it is attached to the pump and the service is encouraged to purchase a new pump as soon as possible. (Busko, second by Kendall. 5 in favor, 1 opposed,</p>

		passed.)
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. Kevin expressed his interest in keeping our protocols in-line with the New England protocols. Matt will go forward with working with other states on the development of protocols. Peter would like to see some examples of the protocols that they are developing. Kevin will present a gap analysis of the different states protocols at the retreat.	
Response to Active Shooter White Paper	Tim Pieh developed a High Threat Treatment Guidelines white paper. Much discussion on the role of the EMS provider. Tim is looking for feedback from Education, OPS and MDPB members regarding any concerns they have. This will be used as a resource for other services that want to implement this. Brian Chamberlain will share the guidelines that they are using in Augusta. This is not for a tactical team, but for an extreme emergency.	
NASEMSO	No update.	
MDPB Retreat	Tentatively for January 2014. Many of the goals for future protocol revision and lessons learned will be agenda items.	
Tourniquets	Jay discussed that Maine EMS has been having more questions regarding firefighters being able to use the AHA first aid course for training. This training allows for them to use tourniquets; however, the Maine Emergency Medical Responders (EMR) scope of practice does not include tourniquets. The Maine EMS Board allows the MDPB to set the scope of practice at each level. It is not clear if this is part of EMR's scope of practice, but they are being taught the procedure. Looking for clarification from MDPB that this can be part of the EMR scope of practice.	<u>MOTION:</u> To add tourniquets to the EMR level, scope of practice. (Busko, second by Goth, Unanimous.)
Old Business		
MEMS Education	Been working on the protocol rollout. No other business discussed. Finalized MEMSED protocol training will be up on the web site by the end of the week. Problems encountered with Internet Explorer, recommended using Firefox.	
MEMS Operations	No report given.	
MEMS QI	Meeting today. Discussing the PIFT program and cardiac issues.	
IFT Sub-committee	Will be working on developing educational program. Will review and find the most common transfers and develop protocols to guide the paramedics. Reviewing the information that was compiled from the survey sent out to all services last year.	
Next Meetings	November 20, 2013 IFT – 8:30 am – 9:30 am MDPB – 9:30am – 12:30 pm QI – 1:00pm – 3:00 pm	