

Medical Direction and Practices Board
November 20, 2013
Day Agenda

- 1) There will be no IFT Subcommittee Meeting
- 2) MDPB
 - a. October Minutes – Dr. Pieh, Dr. Kendall unanimously accepted with typos corrections
 - b. State Update – held
 - c. New Devices – None Submitted for Review – Follow Up re: PEEP Valve Discussion – Dr. Pieh has been looking at this looking for research. One large concern is decreasing circulation due to increased intrathoracic pressure. Cardiac arrest becomes a big concern with this treatment modality. Dr. Sholl reminds the group of the process for vetting new devices and asks that Dr. Pieh and Dr. Busko forward a recommendation to the MDPB and the evidence they find for the next meeting.
 - d. Special Circumstances Protocols – Three have been brought by Kate
 - i. Addison's- Solu-cortef - young female college students coming from Standish Fire 100mg this is similar to other previously reviewed-
 1. **Motion by Dr. Busko, Dr. Goth to approve the protocol- Passed Unanimous**
 - ii. Addison's- Solu-cortef - 11 y/o male 50 mg IM – Dr. Zimmerman is working on a dose equivalent for this patient.
 1. **Motion by Dr. Busko, Dr. Kendall to approve the protocol – Discussion from Tim about precedent of utilizing our current weight based dosing to approve this protocol as it stands. Vote unanimous**
 - iii. Pseudo seizure - 24 y/o female has had multiple exams and test demonstrating non-seizure activity. This would be a protocol to not intervene with medications but contact the patient's mother to assume care for the patient. Or transport to the hospital with noninvasive care. Question about if it has a time frame
 1. **Motion by Dr. Pieh, Dr. Kendall to approve the protocol - Dr. Busko asked that Mom specifically must provide documentation to refuse care. Motion amended to include language Vote – unanimous**

- e. Community Paramedicine Update – All 12 projects have been approved and most have started the remaining starting after the first of the year. The Muskie school is working to help determine how to evaluate the success of the programs. Jay will be sending out a summary of all programs.
- f. Agitated Patient Pilot Protocol Update – Final Update No additional cases reported.
- g. Active Shooter White Paper – Discussion Tim has continued to work on this paper with feedback from people involved in TEMS for guidance. Matt brings up the piece about needed education and not being proprietary. The current issue becomes how Maine EMS approves training. Matts suggestion is that they create an education standard for Maine EMS to use as its guide. Jay discussed the Police academies requirements for a defined Tactical Team and requests that this resource be a footnote for people.
 - i. **Motion to approve with edits by Dr. Busko, Dr. Goth – unanimously approved.**
 - ii. Dr. Pieh, Dr. Sholl, Brian Chamberlin, and Don Sheets – will work on the education standard for Maine EMS
- h. 2013 Protocols & Training
 - i. Review – Dr. Sholl is going to send out the 30 slide set for Clinicians
 - ii. Roughly 850 providers are in process or completed the protocol update.
 - iii. Discussion re: MDPB Representatives Responsible for future section updates. This will be discussed more at the next meeting
 - iv. App update – Jay reports that there has been good effort and comments back from providers that have assisted in improving the beta versions so far. The application should be available on all devices by December 1st.
 - v. Rick Petrie offered an update on the pump project – 150 pumps have been ordered. There is some concern about the programmable drug library and if there is going to be an ongoing cost. He’s working on a mechanism to reduce the cost of this programing and ongoing. Dr. Sholl is going to work on MMC being the hospital to hold a license for MEMS. Ongoing concern about the issue around concentration and the programmable drug library with varying needs of PIFT services. This will be addressed through direct discussion with Dr. Sholl.

- i. PEGASUS Update – EMS-C targeted issues grant funded project by Dr. Manish Shaw to develop Evidence based guidelines for pediatrics. Pediatric Seizure protocol will be published in December. Ongoing New England is going to be a test site for this project working in association with our New England Protocol project. Currently the project is in the literature review project.

- j. Follow up re: Samoset
 - i. Rick reports that the conference went well. A lot of good feedback about the speakers and the excitement it has instilled in providers.
 - ii. Medical Direction Project – This acted as an overview of the Maine EMS system and created a lot of discussion amongst the individuals involved.
 - iii. Dr. Kendall’s Project re: Medical Direction Eric Wellman’s project on creating a medical director guidebook has been a jump off point for the development of an educational model. There has been much discussion throughout the MDPB about recommendations for items of importance around the education. One major item is the personalized message about the Maine EMS system and where they fall in the system.
 - iv. MDPB Input into a MEMS Medical Direction Educational Project – Ideas about MEMSEd and in person trainings.
 - v. Dr. Zimmerman posed the question about non EMS physicians being service medical directors.
 - 1. Dr. Busko offered part of the contract be to go to NAEMSP course.
 - 2. Dr. Sholl hopes that our state class be a great mechanism if money is an issue.
 - vi. Dr. Kendall asked the question about requiring every service have a medical director
 - 1. Dr. Sholl reminds that in 2003 it was determined that there were not enough physicians in the state to account for all of the services. Offering this training may help us move in a direction to engage more physicians.

- k. Discussion re: Upcoming LFOM Dialogue
 - i. When: historically has been in Winter/Spring
 - ii. What material would the MDPB like to have presented – request to review current unique protocols. Group consensus is to still to have the metrics update but also dedicate significant time to the review of LFOM protocols
 - 1. Dr. Pete Tilney – reflects that he has been challenged to get protocols vetted through the clinical practice committee and wants to make sure that the interaction with the MDPB is appropriate. He hopes that the MDPB

can become a more guiding group for him while working on protocols. He also acknowledges that that this is going to take more than the 20 minutes that has historically be allotted to the group.

2. Dr. Busko – recommends making a scripted formal process to review protocols on a more regular process. General consensus was this is a necessary thing to do.

- l. MDPB Retreat projected for date of the February meeting.
 - i. Some Agenda Items – Dr. Sholl recapped the 2010 meeting as a model
 1. Process for LFOM protocols
 2. Role of regional medical director
 3. Regional best practices
 4. Process of developing evidence based guidelines
 5. NAEMSP “best of” literature discussion
 6. Strategic plan for supporting other medical directors
 7. Medical Director Training
 8. National agenda items
- m. Old Business
 - i. Education – IC process changes
 - ii. Operations – Discussions have been geared towards protocols
 - iii. IFT – Shawn Evans gave a summary of the surveys that have been done. There is ongoing collection of data and Butch Russell has been working on the digestion of this data to compile it in a reportable method. The current PIFT education is being reviewed for potential necessary changes. Dr. Pieh and Dr. Sholl are working on PIFT protocols.
 - iv. QI- Joanne sent out a survey about PIFT and Medical direction. Cardiac Arrest project is underway and a letter will be getting reviewed today.

3) Adjourned at 1209 Motion By Dr. Goth