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DEPARTMENT OF PUBLIC SAFETY
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JOHN E. MORRIS
COMMISSIONER

JAY BRADSHAW
DIRECTOR

BOARD OF EMS MEETING
FEBRUARY 4, 2015
DECHAMPLAIN CONFERENCE ROOM

MINUTES

Members Present: Jeff Rowe (chair), Mike Senecal (chair-elect), Roger Audette, Tim Beals, Nate Contreras, Greg Coyne, Laura Downing, Judy Gerrish, Paul Knowlton, Lori Metayer, Julie Ontengco, Percy Thibeault

Staff: Jay Bradshaw, Alan Leo, Jon Powers, Don Sheets, Drexell White

Office of Attorney General: Lauren LaRochelle, AAG

Regional Coordinators: Don Koslosky (President, Southern Maine EMS), Joanne LeBrun, Ben Zetterman, Rick Petrie

Guests: Dan Batsie, Jim MacDonnell, Dan Gutmann, MD, John Koistra

1. Introductions made.
2. Minutes – December 3, 2014
 - a. **MOTION: To approve the minutes of the December 3, 2014, meeting as amended. (Coyne; second by Knowlton). Unanimous**
3. Public Comments – Dr. Dan Gutman introduced himself as an emergency physician at Mercy Hospital who previously worked with EMS and trauma programs in Colorado. Among his current responsibilities is serving as the EMS liaison for the hospital.
4. Maine EMS Update
 - a. Budget – the Governor’s budget has been submitted and includes two initiatives for the next biennium; changing funding for the state medical director to general funds instead of the current federal grant, and a modest increase for state Information Technology expenses.
 - b. Legislation – Maine EMS is sending out Legislative Updates as bills of interest to Maine EMS are printed and tracked through the legislative process. The MEMS position on many bills is listed as “TBD” (to be determined) because MEMS provides information to the Governor’s Office and will not have a position until the Governor has made a decision on each bill.
 - c. Community Paramedicine – The USM Muskie School is surveying CP pilot sites to collect data for their evaluation of the pilot projects. They also coordinated a webinar on data collection for Community Paramedicine, which is part of a federal (CMS) innovation grant. Maine sites will be receiving the draft list of data elements and asked to select their top 10 for

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consideration before the final list is submitted to CMS in June 2015.

- d. Operations Team – The Ops team met on February 3. Judy Gerrish joined the meeting to talk about the regional progress reports (more on this later in the minutes). Jay reviewed the timetable which is for regional offices to express their interest in continuing as such for FY16 (deadline March 1); goals for FY 16 will be distributed before April 1, with regional work plans due no later than June 1. If work plans are approved, they will be included in the FY16 contract.

Other topics discussed included: the annual EMS Week insert, planning a meeting with a Maine Hospital Assn rep to discuss patients who frequently utilize EMS, the annual Maine EMS awards, and an update on activities of interest with state committees and regional offices.

5. Medical Director Report

- a. MDPB – Don Sheets reported for Dr. Sholl that the MDPB has completed the initial draft of the 2015 protocol revisions. For each section, a webinar was held that enabled participants to ask questions of the primary MDPB physician. These sessions are archived and available online via MEMSEd. A reference document is being prepared that lists the changes.

QI – the QI Committee is discussing the next project, which may be on patient sign-offs and the frequency with which these are happening.

6. Old Business – Jay Bradshaw reported that the modeling work group discussed the regional progress reports that were received as required by the contract. This is the first report that utilized the new template. While there was disappointment that some reports were missing information that was part of the contract and work plan, the consensus was that the goal is to see substantive change over the course of FY15. The expectation is that all regions will show significant improvement in the next report, which is due in June.

The work group also recommended that for 2016, the priority focus areas will be to: 1) enhance medical control training and involvement with local services, and 2) assure that all service have an active QI program that includes medical direction and connects training to quality improvement. The work group also discussed the necessity of having improved objective performance measures and will consider how to define acceptable performance.

7. New Business

- a. Investigations Committee
 - i. Committee minutes and recommendations

MOTION: For the Investigations Committee to approve the minutes of the January 7, 2015, meeting with the modification that the motion for case #039 be the same as #041, and that letters of personal and business references must be received within 20 days of February 4, and that staff may review and approve license provided there are no negative comments. (Beals; second by Gerrish) Unanimous with 2 abstentions (Contreras and Metayer).

Alan Leo reviewed the cases and responded to questions from Board members. Alan also presented a recommendation for handling QA reviews (e.g. case #14-079).

MOTION: To ratify the Investigation Committee minutes of the January 7, 2015, meeting, as amended. (Thibeault; second by Ontengco) Unanimous with one abstention (Contreras).

b. Committee reports

- i. Education – Don Sheets reported that the committee has been working on the training needs for the 2015 protocol revisions. They are also working on the impact of changes by the National Registry of EMTs on continued competency and changes in continuing education content and required hours. Don also reported that the ability of committee members to complete work on various projects has affected progress. In response, the Education Committee will continue to reserve the 2nd Wednesday of each month, with full committee meetings bi-monthly and work groups meeting in between.
- ii. Data - Jon Powers reported that the Data Committee has not formally met in several years; however, several members have continued to be involved with work groups as needed regarding changes to the MEMSRR. Most recently, this group met to review and discuss changes with NEMESIS v3. The anticipated roll-out date was April 1, 2015; however, due to many technical problems with v3, this will be delayed until much later in the year.

This delay may also allow the rollout of the enhanced MEMSRR to align with RescueBridge, which is another ImageTrend package for fire reporting. RescueBridge provides a single reporting tool for fire departments to complete their required report (National Fire Incident Reporting System – NFIRS). If the project moves forward, it will be a collaborative project with the State Fire Marshal's Office and the Department of Forestry.

- iii. Exam - Drexell White reported that the committee has been monitoring the exam process and will be evaluating alternatives to the current Practical Skills Exam for evaluating practical skills. For 2014, the pass rate for first attempts at the National Registry cognitive exam were above the national average.

Mobile Testing Site – work is continuing to evaluate the feasibility, cost, and operational aspects for contracting with Pearson Vue to offer stationary or mobile NREMT exams.

- iv. EMD – Drexell White reported that the EMD work plan includes public education regarding EMD, developing an EMD refresher program, and working with EMS services to help them understand when and how to develop a priority response plan.

c. Other

- i. EMS Awards – Julie Ontengco, Lori Metayer, and Judy Gerrish volunteered to review nominations that are received for this year's EMS Awards.
- ii. Trauma Plan – Jay Bradshaw reported that the Trauma Advisory Committee has been working on an update to the Maine EMS Trauma Plan, and now has a revision that is ready for Board review and approval. The revised plan will be sent to members with discussion/approval on the agenda for the April Board meeting.
- iii. Transporting dead bodies – Jay Bradshaw reported that the Board of Funeral Examiners discussed the issue of EMS services transporting dead bodies and has no objection to a clarification by DHHS which clarifies that such a transport is allowable. The next step will be for DHHS to formalize this clarification.

- iv. The Bureau of Labor Standards has implemented rules regarding the restrictions of minors in emergency medical services. MEMS worked with BLS on these rules, which reflect the same requirements as the MEMS Junior Rescue Program.
8. Other – Next meeting will be Wednesday, April 1, 2015 @ 9:30
9. Meeting adjourned at 10:40