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STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
MAINE EMERGENCY MEDICAL SERVICES
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AUGUSTA, MAINE
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JOHN E. MORRIS
COMMISSIONER

JAY BRADSHAW
DIRECTOR

BOARD OF EMS MEETING
OCTOBER 5, 2011
DECHAMPLAIN CONFERENCE ROOM

MINUTES (FINAL, INCLUDES CORRECTIONS MADE 4/4/12)

Members Present: Tim Beals (chair), Judy Gerrish, Steve Leach, Ken Albert, Joe Conley, Laura Downing, Paul Knowlton, Nancy Jackson, Kalem Malcolm, Lori Metayer, Jeff Rowe, Mike Schmitz, Percy Thibeault, Roy Woods (via videoconference), Matt Sholl (ex-officio)

Staff: Drexell White, Jay Bradshaw (via-teleconference) Dawn Kinney, Alan Leo, Kerry Sousa Pomelow, Jon Powers,

Regional Coordinators: Steve Corbin (via videoconference), Joanne LeBrun

Office of Attorney General: Laura Yustak Smith, Assistant Attorney General (AAG), Lauren LaRochelle, AAG

Guests: Dan Moore, Chris Pare, Shaun St Germain, Dan Batsie, Scott Cook, Kevin McGinnis (via teleconference)

NOTE: The order of the meeting was changed from the agenda to accommodate other scheduling obligations, but is listed below in agenda-item order.

The meeting was called to order at 9:32 a.m.

1. Introductions

Laura Yustak Smith introduced Lauren LaRochelle, AAG, to the Board. Ms. LaRochelle will be work with Yustak Smith and will be assuming EMS (legal) duties, in light of Yustak Smith’s other commitments.

2. Approval of the August 3, 2011, minutes.

The word “time” needs to be added into the August 3, 2011 minutes - “Chief Moore also assured that this will be the only [time] his department makes...”

MOTION: To approve the minutes of the August 3, 2011, meeting as corrected. (Thibeault; second by Leach). Unanimous

3. Public Comments

Chief Dan Moore thanked the Board for Maine EMS’ support to Southern Maine EMS Council during its re-organization.

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He also requested, in follow-up to the “12 lead waiver” granted to Wells Fire Department by the Board at the August 3, 2011, to take the Board up on its offer to provide written support for Wells Fire Department’s 12 lead program, addressed to the Wells Town Council.

Mike Schmitz summarized last meeting’s action concerning the Wells Fire Department waiver request and the circumstances leading up to today’s request by Chief Moore.

MOTION: That, on behalf of the Board, Drs. Sholl and Schmitz draft and forward a letter to the Wells Town Council in support of the Wells Fire Department 12 lead program and the procurement of necessary equipment for the program (Thibeault; second by Albert) Unanimous

4. Old Business

a. Unlicensed practice sub-committee report

Ken Albert reported that the committee has not met since the last Board meeting. He recapped the steps that have been considered or taken to address the unlicensed practice issue, including:

- Notifications on the electronic run reporting system (MEMSRR) about impending license expirations.
- Educating training centers about licensing requirements
- Instructor Coordinator training about licensing requirements
- Licensing information programs will be conducted by Maine EMS staff at the annual Samoset EMS conference.
- Development of a matrix for staff handling of certain unlicensed practice incidents

The subcommittee and staff will meet prior to the next Board meeting to develop the aforementioned matrix for presentation to the Board.

b. Personnel Committee report

Chairman Beals stated that the personnel committee had met but since Director Bradshaw was not present, there would be no report or action.

5. New Business

a. Investigations Committee

Alan Leo reviewed corrections to the September 7, 2011 minutes submitted to him by Chair Beals:

Case 11-036 – in Aggravating Circumstances, change the sentence from “...Dispatcher inquired if the caller had any transport to the hospital.” to “...Dispatcher inquired if the caller had any means of transportation to the hospital”.

Case 11-039 – in the motion, change “The Committee, recommends, however, that the Board find that the violation does not rise to the level to warrant disciplinary action.” to “The Committee, recommends, however, that the Board finds that the violation does not rise to a level warranting disciplinary action.”

Case 11-032 – in the mitigating circumstances, change “Mitigating Circumstances: has taken...” to “Mitigating Circumstances: Licensee has taken...”

Cases 09-31 and 10-68 – in the summary section change “Onon...” to “On...”

Case 11-035 – in the summary section change “...intoxicated and stuck...” to “...intoxicated and struck...”

Laura Downing indicated that she has a professional acquaintance with the subject of case#11-032, but that she has not received any information about the case outside of the Board meeting and that the acquaintance will not affect her vote on the matter.

Steve Leach indicated that he had a professional acquaintance with the subject of case#09-31 and case #10-68, but that he has not received any information about the case outside of the Board meeting and that the acquaintance will not affect his vote on the matter.

MOTION: For the Investigations Committee to approve the minutes of the September 7, 2011, meeting as corrected. (Leach; second by Knowlton) Unanimous

MOTION: For the Board to ratify the Investigation Committee minutes of the September 7, 2011, meeting as corrected. (Albert; second by Rowe) Unanimous

Staff presented a case heard by the investigations committee earlier in the day. Minutes of the investigations committee were not available for ratification.

Case #10-42 - Unlicensed practice:

Summary: The complaint alleged that a Licensee provided emergency medical treatment with an expired license. Specifically, he provided treatment to two patients on September 1, 2011, when his license had expired on August 31, 2011.

Aggravating Circumstances: None

Mitigating Circumstances: The Licensee has been licensed for 17 years with no other disciplinary action, had sufficient training to renew his EMT-P license at the time of license expiration, self-reported to Maine EMS and was cooperative, remorseful and accepted responsibility.

MOTION: That the Board resolve case # 11-042 by offering the licensee a Letter of Guidance to remain in the Licensee's file for three years. The Board finds that there is sufficient evidence to support a finding that the Licensee violated Chapter 11 § (1)(30), Providing treatment at a level for which a person is not licensed or for which a service is not licensed or permitted. The Board finds that the violation does not rise to a level warranting disciplinary action due to the mitigating circumstances. (Leach; second by Thibeault) Unanimous.

b. Legislative Update

Drexell indicated that there was no Legislative update, but echoed Jay Bradshaw's 9/30/11 email that EMS is the pilot bureau for DPS to work with the templates provided by the Budget Office as part of the Zero Based Budget project. The Bureau volunteered for this role for the opportunity to better understand the process and help clarify the reporting tools that will be used by all agencies.

c. Southern Maine EMS

Jeff Rowe reported that the Southern Maine EMS Council has scheduled six "town hall" meetings in the region to inform the EMS community about what happened in the regions and the reorganization efforts under way. Two of the four meetings have been completed.

Chief Rowe also announced that Mark Minkler, a thirteen-year Paramedic with the Portland Fire Department has been appointed as the new executive director for Southern Maine EMS. Mr. Minkler has over twenty-two years of EMS experience, holds a business degree from St. Michaels College in Vermont and is an active EMS educator.

Mr. Minkler will assume his new role on November 1, 2011.

d. Committee Action Items

i. Education

Kerry Pomelow requested that the Board approve the updated version of the *Continuing Education Program Guidelines*, a document that has been revised to include Maine EMS Authorized Training Centers. The revisions clarify the role of Training Centers and also more clearly delineate Continuing Education (CE) categories.

One change made since the document was sent to Board members was that language referring to what entity will issue CE certificates for state test participation has been struck in order to provide more flexibility in the issuance of the certificates.

The document has been reviewed by the Education Committee and the Ops Team.

Discussion ensued about timelines for CE approval submittal and safeguards in place to ensure that Training Centers respond to CE requests in a timely manner.

Motion: To approve the updates to the Continuing Education Program Guidelines document as presented by staff (Malcolm; second by Downing) Carries 12-1-0 – Woods opposed

Kerry also provided information on the upcoming protocol rollouts and train-the-trainer programs.

Work continues on completing printing of the protocols. The current schedule has delivery to Maine EMS in the first week of November.

ii. Data

Jon Powers presented a request from the Data Committee requesting a moratorium on the approval of new software vendors until the National EMS Information System (NEMSIS) has upgraded to version 3 of the data system. He expressed concern for services that may contract with a vendor that could not meet NEMSIS V.3 standards and would be forced to switch vendors.

Ken Albert expressed concerns about Maine EMS interjecting itself between a vendor and buyer (i.e. a software company and a Maine licensed EMS service). Powers indicated that he is almost always involved in a vendor/buyer relationship in that the service looks to him to deal with the technical aspects of integrating the software with the Maine EMS Run reporting System (MEMSRR).

Dr. Sholl explained the importance of ensuring that data sets are able to communicate in order to provide accurate data for quality assurance and oversight.

Laura Yustak Smith discussed the legal aspects of Maine EMS being involved in the middle of a contractual arrangement between the vendor and service.

Extensive discussion ensued about data quality, and how best to address the issue.

Motion: That the current list of software vendors is approved and that no additional software reviews will be conducted until such time as NEMSIS Version 3 has been released, in recognition of Maine EMS staff resources required to conduct reviews vs. staff resources needed to complete the NEMSIS V.3 conversion (Leach; second by Malcolm) Carries -10-2-0,- Albert and Rowe opposed

iii. Exam

Drexell reported that the Exam Committee is recommending that the Maine EMS Board approve a change to its Exam Administration Manual to not require re-testing of a (successfully completed) practical or cognitive exam component, in the case of an exam candidate who passes one of the components but fails three attempts at the other component, provided that:

- The candidate receives MEMS –approved refresher training making him or her eligible to re-test the failed component; and
- That successful re-test of the failed component is completed by the candidate within one year of the test component that was successfully completed by the candidate (prior to the refresher training).

He indicated that changing the Maine EMS re-test process to the model recommended above will:

- Alleviate a disparity with the National Registry of EMT (NREMT) re-test policy, which allows single component re-tests, within one year of the completed component. Currently, a person could re-test only the failed component with NREMT and receive NREMT recertification, without re-testing the component that had been successfully completed during the candidate's initial attempts (as currently required by Maine EMS).
- Provide an incentive for a candidate to complete testing within the year following the course. Experience has shown that the farther from the course completion date, the less likely the candidate will successfully test.
- Remove a perceived penalty in the testing system in that a candidate must re-test a component even though he or she may have successfully completed it during the initial test sequence.
- Establish a reasonable cut-off date for completing the failed component only. The proposed process would still require a new psychomotor and cognitive exam beyond the one year time limit.

To approve the Exam Committee's recommendation concerning licensing exam re-tests, as presented (Leach; Second by Thibeault) Unanimous

e. Other – Operation Team Report

Joanne LeBrun reported on behalf of the Operations Team:

- The Ops Team discussed the protocol roll-outs and steps necessary to complete them
- The last Legislature passed a resolve concerning the promotion of automatic external defibrillators (AED) in health clubs and fitness centers and that Maine EMS should be improved in the process. The Ops team discussed integrating the initiative with the Heart Safe Program, in place in many communities in Maine.

Ken Albert encouraged that the regions incorporate the AED project into their annual reports.

6. Staff Reports

a. MEMS Report

Drexell reported that Jay had sent out correspondence about forming a Rules committee to begin the process of addressing 2012 rules changes. The intent is to have the committee meet after the December Board meeting.

Chairman Beals solicited volunteers, with the following Board members stepping forward:

Roy Woods
Ken Albert
Kalem Malcolm
Dr. Sholl
Dr. Schmitz
Judy Gerrish

b. Medical Director Report

i. Community Paramedicine

Jay Bradshaw and Kevin McGinnis joined the meeting at 10:30 a.m. to co-present the Community Paramedicine Program along with Dr Sholl. Jay Bradshaw provided an introduction of Kevin McGinnis and a bit of the history the Community Paramedicine Project. About a year ago, the Community Paramedicine Project was written into the flex grant from with the Office of Rural health to develop and pilot test a community paramedicine project. Kevin McGinnis was contracted as the Community Paramedicine Project Coordinator.

Since that time, a task force and focus groups have met, resulting in the draft document provided to the Board for this meeting.

Kevin McGinnis provided

- An overview of the community paramedicine (CP) concept;
- A history of CP in Maine and elsewhere
- Information contained within the *Maine EMS Community Paramedicine Program Pilot Project Applicant Process and Requirements* document, to wit;
 - Definitions;
 - The Implementation Process. An initial meeting was held in spring 2011 and established the task force that subsequently endorsed the concept. The concept was also endorsed by the Maine EMS Medical Directions and Practices Board.
 - Community Paramedicine Program Project Types;
 - Pilot Applicant Requirements, and
 - Pilot Project Quality Markers.

Mr. McGinnis indicated that the Maine EMS Board is being requested to:

- Approve the CP Concept;
- Delegate Maine EMS staff to fill in the details about the pilot project approval process; and,
- Delegate staff to approves CP pilot project applications received by Maine EMS

Following are questions raised by Board Members, a synopsis of the response and any follow-up required;

Question:	Answer:	Follow-Up
Who has been involved in the Process?	Overview of participants provided by Kevin McGinnis (KM)	KM to provide a list of participants to the Board
Which entity within Maine EMS has been “carrying the water” on the task force?	Task Force, MDPB and Staff according to Jay Bradshaw (JB)	
What’s the projected budget amount for staff initially in this program?	Rural Health grant provided funds to contract with KM to do the majority of the work	
No cost to the office?	Jay Bradshaw is involved – JB	
Is this going to pull EMS workers off emergencies?	Intent of program is to augment existing EMS response in accordance with local EMS resources and policy decisions – JB	

Will Community Paramedic be employed by a service vs. a health system or payer?	Intent is that the Paramedic will be paid by a service. - KM
What type of education will be required?	Course content and delivery overview. The updated course is being developed. – KM
Additional training in the episodic model would be defined by the primary care physician?	Yes. Training defines by physician and service. – KM
Is there a timeline for the program?	Timeline for implementation provided. Pilot project will not extend beyond three years – KM
How are results of the pilot reported back to the Board	On an annual basis – KM
Does staff have time to do the project	Yes. – JB

Laura Yustak Smith questioned whether the practice being proposed in the CP document is within the parameters of emergency medical care as defined by the Legislature in the EMS system's enabling legislation. She recommended that she review the situation along with her colleagues who represent the Boards of Medicine and Nursing to determine issues of whether EMS providers have the authority under the Maine EMS statute to legally practice within the CP model and to determine if such practice would be affected by statutes governing medical practice and nursing in Maine. Ultimately, she will be able to advise the Board whether the current law provides for practice envisioned in the CP project or whether the Board will need to seek Legislation to facilitate such practice.

Concerns expressed by the Board:

- The scope of practice in the CP model could be strengthened by having specific information on the educational program for CP, to more clearly define scope of practice.
- The Board has not been kept well informed about the progress of the CP project up to this point.
- Is this really a function of EMS providers?

Dr. Sholl discussed the need for CP in Maine and indicated that the resources are available within the State to provide it. He stated that CP is poised to help align EMS with the rest of the medical community.

Ken Albert summarized that the project as having merit, but that more information is required before an informed decision can be made, and that the legal questions posed by the AAG be answered prior to action on the CP Pilot request.

Motion: That the Board approves continued development of the Community Paramedicine Project subject to Attorney General review to determine if (1) the project fits within Chapter 3 §10 of the Maine EMS Rules and (2) whether the Project falls within the legal scope of EMS practice(in Maine); that the Board approves the concept of the Community Paramedicine Project, but that the Board is not yet prepared to authorize approval of applications until the legal questions have been answered, a report is made back to the Board and the Board takes subsequent action on the proposal. (Albert; second by Leach) Unanimous

Board members asked that this be a standing agenda item for future meetings and that a curriculum presentation be provided at the December 2011 meeting.

ii. MDPB QI

Dr. Sholl indicated that he, Jay Bradshaw and others have been discussing Maine EMS' Quality Improvement Committee. He outlined their vision for re-structuring and building the State's QI committee and its activities, including identification of specific committee tasks:

- Create and vet quality markers
- Receive the results of quality markers
- Provide a feedback mechanism to services
- Publish and update a QI manual
- Work with regional offices to endorse the merits and importance of QI with EMS services

Board members supported the concept as a way to improve the quality assurance/quality improvement system statewide.

Ken Albert suggested that the Board be presented with a QI Committee Charter at next month's meeting that includes membership requirements and missions as outlined by Dr. Sholl. Dr. Sholl indicated that he has a document that he will share with the group in December.

iii. Other

Dr. Sholl thanked the Education Committee for its work on the protocol roll-out education.

MDPB and Education Committee members will be involved in the roll outs.

7. Other

- a. Next Meeting - Wednesday, December 7, 2011, at 9:30 a.m. at Maine EMS

8. Adjourn – The meeting adjourned at 1:23 p.m.