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DEPARTMENT OF PUBLIC SAFETY
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JOHN E. MORRIS
COMMISSIONER

JAY BRADSHAW
DIRECTOR

BOARD OF EMS MEETING
DECEMBER 5, 2012
DECHAMPLAIN CONFERENCE ROOM

MINUTES

Members Present: Judy Gerrish (chair), Jeff Rowe (chair-elect), Tim Beals, Nate Contreras, Laura Downing, Nancy Jackson, Paul Knowlton, Kalem Malcolm, Lori Metayer, Mike Senecal, Michael Schmitz, DO, Matt Sholl, MD (ex-officio), Brian Stockdale, Percy Thibeault

Staff: Jay Bradshaw, Dawn Kinney, Jon Powers, Don Sheets, Drexell White

Office of Attorney General: Lauren LaRochelle, AAG

Regional Coordinators: Joanne LeBrun, Steve Corbin, Marc Minkler, Rick Petrie

Guests: Dan Batsie, Sarah Jackson, Tim Hamilton, Christopher Paré, Richard Zarachy Poshea, Frank Roma, Bruce Washburn, Cliff Wells

1. Introductions made.
2. Approval of October 3, 2012, minutes

MOTION: To accept the minutes of the October 3, 2012, meeting as revised. (Beals, second by Thibeault) Unanimous.

3. Public Comments – none
4. Old Business
 - a. Rules Changes (please refer to supplemental summary)
 - b. Report from MDPB on LifeFlight of Maine policy review – Dr. Sholl that he met with Tom Judge and Dr. Norm Dinerman about the LOM policy that appears to permit personnel to deviate from protocols without contacting online medical control. In response, LOM is rewriting its policy and including language that QI process must be transparent. Dr. Sholl will provide an update at the February meeting.
 - c. Community Paramedicine – Jay Bradshaw reported that Delta Ambulance and North East Mobile Health have received approval for their Community Paramedicine pilot projects. Delta will be working with MaineGeneral Medical Center and the Belgrade Regional Health Center to identify patients who meet the parameters of the project, but may not qualify or have already used their allotment of visiting nurse home visits. The North East project will be working with Dr. Rob Anderson (Maine Medical Center) and others on a fall prevention and follow-up program.

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Both services received the approval of the CP Steering Committee and are working on their staffing, training, and data submission plans while they work to establish a start-up date. These remaining details must be submitted to MEMS at least 45 days prior to implementation; and implementation must be within 6 months of approval (April 30, 2013).

Dan Batsie, CP Coordinator, continues to work with other services interested in participating in the CP pilot project. He is also drafting an update on CP activity for the CP Task Force and Legislature.

- d. Personnel Committee – the Committee is planning to meet in January and will have a report for the February Board meeting.
- e. Board By Laws – report postponed until February meeting.

5. New Business

- a. Investigations Committee

MOTION: For the Investigations Committee to approve the minutes of the November 15, 2012, meeting with corrections provided by Dawn Kinney. (Beals; second by Knowlton). Unanimous

Dawn Kinney reviewed the cases presented during the November 15, 2012, meeting.

MOTION: For the Board to ratify the Investigations Committee minutes of November 7, 2012, as corrected. (Beals; second by Senecal). Unanimous

- b. Legislative and budget updates – Jay Bradshaw reported that the office is awaiting details about the impact to EMS from the upcoming curtailment order. As information becomes available, he will provide updates to the Board and Ops Team.
- c. Committee reports
 - i. Education – Don Sheets reported that the Committee is completing work on the Clinical Behavioral Objectives and anticipates having that ready for Board review/action in February.
 - ii. Data – No report. Committee has not met since previous Board meeting.
 - iii. Exam – Drexell White reported that the committee is working on process to compile experiences with new PSE process. Exam expenses are currently running higher than anticipated, which may decrease as administrators and examiners gain experience with the process.
 - iv. EMD – Drexell White presented a request on behalf of the Committee to require all PSAPs to use determinate codes starting May 1, 2013. He explained that some centers are already doing this and the Committee submits that this will help both dispatchers and providers get familiar with this information. Concern from some Board members was expressed that providing determinate codes to services that do not have an approved alternative response plan will be confusing and potentially harmful. After extensive discussion, the following motion was made:

MOTION: To table discussion/action on requiring use of determinate codes until a future meeting. (Thibeault; second by Beals). Approved with 9 in support; 3 opposed.

MOTION: To approve Priority Dispatch Standards version 9, effective May 1, 2013. (Beals; second by Contreras). Unanimous.

- v. Ops Team – Joanne LeBrun reported that at its meeting on December 4, the Ops Team discussed the 2013 EMS week insert and several other business matters.
 - d. Other
6. Staff Reports
- a. MEMS – Jay Bradshaw reported that MEMS is working with the Bureau of Highway Safety to develop a contract with the University of Southern Maine Muskie School to develop a methodology for data analysis and evaluation.
 - b. Medical Director report
 - i. Dr. Sholl reported that the six New England medical directors met at the New England Council for EMS annual meeting to discuss the merits of and process to develop a single set of NE protocols. The benefits include distribution of the review process and share educational and evaluation resources. It was agreed that the format used by NH will be the model template. Maine will begin using this format with the 2013 revision.

Dr. Sholl also reported that he is a Co-Principal Investigator on a NHSTA-funded grant to NASEMSO to develop an evidence-based guideline for protocol development and implementation.
 - ii. Agitated patient pilot project – Dr. Sholl reported that there have been no new cases where the protocol was used and that anecdotally, there seems to be fewer cases of bath salts patients. The treatment used during the pilot project is being incorporated into the 2013 protocol revisions, and the recommendation from the MDPB is to allow services who have been trained in this protocol to continue using it, but not expand it beyond those services until the revision is released.

MOTION: To extend the agitated patient pilot protocol for services currently participating in the pilot project until December 31, 2013. (Malcolm; second by Jackson) Unanimous.
7. Other – Judy Gerrish thanked the Board for the commitment and thoughtful discussions at today’s meeting and throughout the past year. She also thanked those in the audience for their participation in Maine’s EMS system and extended holiday greetings to all.
8. The next scheduled Board meeting will be on Wednesday, February 6, 2013 @ 9:30 AM
9. Meeting adjourned at 12:55 PM.