



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



PAUL R. LePAGE
 GOVERNOR

JOHN MORRIS
 COMMISSIONER

JAY BRADSHAW
 DIRECTOR

Medical Direction and Practice Board
 February 16, 2011
 10:00 am – 12:30 pm
 Minutes

Medical Directors Present – R Chagrasulis, M Cormier, P Goth, M Sholl, J Busko, T Pieh, S Diaz, W Randolph

Medical Directors Absent – none

MEMS Staff Present – K Pomelow, D Kinney, J Powers, J Bradshaw, A Leo

Guests – J Regis, D Batsie, N Dinerman, M Schmidt, M Block, K Bean, A Turcotte, M Senecal, D Robie, J LeBrun, S Evans, T Nangle, H Cady, J Ontengco, D Sheets, D Cirasulo

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| December 2010 Minutes | Reviewed by all | Motion to Accept – Cormier Second – Randolph Approved - Unanimous |
| ME EMS Update | Bradshaw/MEMS Staff – legislature in session, Governor LePage has released his budget recommendations for coming year – MEMS flat funded. Some issues to still work out regarding items that need to be solved financially. Had hoped for additional staff person, and not approved. Six hundred bills have been printed and only two being followed by MEMS: LD 64 act to repeal primary seatbelt law (have it as secondary enforcement, not primary) and Public safety testifying against this change; bond issue LD 399 in the amount of \$640,000 for Lifeflight of Maine for weather reporting equipment. Senator Rector presenting department bill that would make technical changes to EMS law that would allow for sharing of our run report information – issue in sharing information for clinical purposes, with ME office, or Maine CDC. One thousand to Fifteen Hundred bills to come. John Morris is the new commissioner for the Department of Public Safety. | |
| New Devices | None | |
| Special Circumstances Protocol | LVAD – worked on in the Fall of 2010 in Region 2, now for MDPB perusal. Dr. Chagrasulis presented that patient in region 2 had LVAD device, and should patient have any problem, patient to be delivered directly to the attending cardiologist. If patient blue and not breathing, then to local hospital – otherwise to the cardiologist. (Dr. Sholl read the list of items that had patient centric findings for destination determination: <i>Any Device-Related Issues as: Device Malfunction; Device Alarms;</i> | |

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| | <i>Device Power and Utilization or Loss of Backup Systems and Redundancies. ANY Medical Issue that would require Emergency Transportation.</i> LeBrun noted no hand back up device to maintain the pump. | |
| Cardiac Monitoring and Advanced EMT Level | <ol style="list-style-type: none"> 1) What are the educational impacts? (Education Committee). Batsie and Pomelow reported that difficult to give black and white answer. The additional resources to the EMT-I level would be more robust A and P, and would need to be added back into EMT Advanced (new model). Single lead ECG monitoring would increase the class time by about 48 hours (able to then interpret the 5 significant arrhythmias). Current class is about 150 hours, (130 to 190 hours is the new EMT Advanced recommended class time). MEMS exam committee has ECG monitoring as part of our test, but moving forward, national registry not to have this going forward. Many variables to how to both do this also given the variability in current EMT-I education. 2) What are the operational impacts if EMT-I's do not interpret rhythms? (Jon Powers and the MEMSRR Review) – intrafacility transports and EMT-I's only using this skill. Total IFT for 2010 was 36,000, only 198 had intermediate as highest license level who were doing cardiac monitoring. Thus, 200 transfers in 2010 used this skill set. Omits United and Capital, but thought was that they would use paramedics for these transfers. Obviously, we do not have the firm data and IFTs daily to their offsite campus center (EMMC) uses EMT-I's. | |
| Hypothermia Protocol | Will address when we review Yellow section. | |
| CPAP and PIFT Question | <p>“Can a PIFT medic transport a patient on CPAP? Or does the presence of CPAP make the patient unstable by definition?” Sholl gave us a vignette of a patient who physiologically was not stable and a vignette of someone who he was weaning off CPAP who was improving – CPAP is not the question, it is a question stability question. We discussed this a bit, on question 1 I would answer yes, and on question 2 I would answer no – need to have the sending physician determine patient stability. We discussed the patient’s unique physiology and their response to therapy to opine on the patient’s individual determination of stability. Caution raised about sometime our decisions have unintended consequences, as the front line providers may see these type of answers as all or none type answers, and not weigh in the patient stability. Need to be sure we advocate for ongoing medical direction, QI, and EMS knowledgeable physicians.</p> | |
| Protocol Review | <p>Today: Purple, Brown, Grey (Blue if possible and time allows): refer to the spread sheet by Dr. Sholl (working document and updated during the meeting). We did finish the Purple, Brown, Grey and Blue section reviews, with wordsmith work agreed to be addressed by MEMS staff and Dr. Sholl.</p> | |

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| | <u>Proposed Schedule for Protocol Review:</u> 1) Red, Gold and Green – March 2) Yellow and Pink – April | |
| Deceased patients in the back of the ambulance (add-on and for next month MDPB Agenda) | Destination options, although a mixed patient group a) Patient coded (active CPR) and then pronounced deceased without the ambulance having left the scene b) Patient coded (active CPR) and pronounced enroute to the hospital c) Patient brought into the ambulance for assessment purposes due to environmental issues – pronounced deceased without any active CPR taking place and ambulance has not left the scene | |
| Interfacility Transport Committee | | |
| Maine EMS Regional Meetings | Have met with Regions 1, 3, 4 and 6 thus far. We are also willing to visit the other regions if they have interest (2 and 5). We visit protocols, PIFT and medical direction during the discussions on our visits. | |
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| Old Business | | |
| MEMS Education | Working on Protocols Update | |
| MEMS Operations | No meeting, cancelled last meeting | |
| MEMS QI | No meeting, cancelled – will be meeting this month. Structure around QI and QI plan discussion. | |
| HART Update | No meeting, looking to reconvene this committee | |
| Other | Busko and Sholl to discuss convening medical director subcommittee. | |

Next meetings – March 16, 2011
IFT Subcommittee 8:30 -9:30
MDPB 9:30 – 12:30
MEMS QI 1-3