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

JAY BRADSHAW
DIRECTOR

Medical Direction and Practices Board
Minutes
February 18, 2015
DeChamplain

Present: Dr. Sholl, Dr. Zimmerman , Dr. Beaulieu, Dr. Randolph, Dr. Busko, Dr. Chagrasulis

Absent: Dr. Pieh, Dr. Kendall

Staff: Jay Bradshaw, Alan Leo, Jon, Powers, Heather Mckenney, Don Sheets

Guests: Dr. Tilney, Dr. Dinerman, Kevin Gurney, Shawn Evans, Joanne Lebrun, John Kooistra, Rick Petrie, Marc Minkler, Butch Russell, Howard Palmer,

Called to order 0935

1. December 2015 Minutes – **Dr. Zimmerman motioned to approve the minutes, Dr. Randolph seconded, Unanimous**

2. Maine EMS Update

- a. Jay explained to the group that the NEMSIS Vs 3 update to Elite has been delayed to ensure the quality of the system maintains moving forward
- b. Legislative updates – additional proposals and alterations are frequent
 - i. The TAC has been discussing proposed change to the seatbelt law. Jay explained that this was being assigned to another public safety agency but the group was welcome to comment as individuals.
- c. Jay discussed other bills proposed by our office to remove the cap on CP pilot projects and the expansion of the MDPB with 3 positions Assistant state, Pharmacist, At large

3. Update re: Capital Ambulance Pilot Project

- a. Project is in transition with some staffing and leadership changes in the organization. Dr. Busko will circle back with Capital

4. New Devices – NONE

5. Special Circumstances Protocols – NONE

6. PEGASUS Update

- a. There have been some changes to the protocols implemented in Houston similar to what is being planned in Maine

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- i. Dr. Shah will have a model of education available for Maine to utilize and build upon.
7. LifeFlight of Maine – Discussion and New Protocol Review – Doctors Dinerman and Tilney present to review information.
 - a. Review of how protocols have been developed by LFOM
 - b. Review of Airway and Respiratory treatments
 - c. Review of Cardiac Treatments
 - d. Review of Medical
 - e. Review of Trauma
 - f. Review of Misc
 - g. Review of Procedures
 - h. Review of Peds
 - i. There were some questions about specific elements from the MDPB that were addressed by the Doctors Tilney and Dinerman
 - ii. Dr Tilney was willing to share the presentation with individuals if they wanted it.
8. Protocol Review –
 - a. Discussion re: Steps moving forward
 - i. PEGASUS, Spine management, Adult SOLUCortef, BLS Narcan admin will be rolled out in the first roll out.
 - b. Review of Change Documents
 - i. All the docs felt comfortable with the changes captured the master change documents.
 - ii. Yellow section review of the suggested language around the BLS Narcan administration. All other language was accepted
 - c. Discussion about the inclusion of a statement of EMR scope and protocol use. Don outlined the current scope of practice approved by the State and used as the teaching standard.
 - i. The MDPB reviewed the proposed language and agreed to move forward. Dr. Busko and Dr. Sholl will work to edit this to be more formal and bring it back to the group for final approval.
9. Highlights from NAEMSP & NASEMSO Mid Year meetings – Dr. Sholl
 - a. Noted increase in the involvement of physicians in the group nationally which has led to more positive discussion and sharing of ideas.
 - b. Considerable discussion about developing national layperson education on Narcan to ensure that this is happening appropriately.
 - c. CAN BREATH pilot project to develop training for lay persons that could hopefully be incorporated by organizations such as the AHA and Red Cross
 - d. DEA is releasing updated regulations in the fall of 2015. Current regulations do not account for EMS. There is big concern from national stakeholder groups about the possibility of diversion in our current EMS systems (Nationally). This could have impact on how we acquire and administer controlled medications. Updates to continue as the DEA process proceeds.
 - e. AHA has adopted the GRADE system for reporting draft recommendations and have moved away from the class they have used in the past.

- i. They are also publishing their recommended protocols early for review these are not final but give a good indicator of what is happening.
 - f. Maine EMS has a contracted with Sue Smith to do the edits to the protocols. This will get edits into a format to go to the app developer and for publishing on the MEMS website.
 - i. Dr. Sholl laid out a plan of the first week of April for education to be available for the first roll out and September 1st for the second roll out.
 - ii. There was a lot of discussion about the format for training. The general consensus was online with regional trainings guided by the MDPB members.
 - iii. White papers Dr. Sholl has been tracking are the overview of PEGASUS , Spinal Management, Therapeutic Hypothermia, and High Performance CPR, and Anaphylaxis
 - 1. Phase 1 white papers will include PEGASUS Overview, Spine Management, and Anaphylaxis with the remainders being available in Phase 2
 - iv. Podcasts will be put together with the group to roll out early information to providers.
10. Medical Director Manual Update – Dr. Kendall
- a. Dr. Kendall has compiled all of the changes and Jay will be working with folks to do final review/edits.
11. Old Business
- a. Education - National Continued Competency Program is the new model the NREMT is utilizing to recertify providers. This will have an impact on Maine and its continuing education process. The education committee is looking at this and will be drafting a recommendation for Maine EMS and The Board. The committee will also be reviewing the protocol education at their upcoming meeting.
 - b. IFT – Dr. Busko is interested in better defining the valuation of low risk, moderate, and high risk based upon statistical analysis of patient conditions.
 - i. Dr. Busko recommends the use of 5% and 15% for low and moderate respectively
 - ii. **Dr. Busko motions to set % of expected deterioration at the low and moderate level and to revisit this for statistical analysis in the future. Dr. Sholl Seconded Unanimous**
 - 1. **There was discussion about what the numbers should be but it was determined that this should be held for a later meeting with more discussion as time was short.**
 - c. Adjourned Dr. Zimmerman 1249