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Medical Direction and Practices Board  
Minutes  
March 18, 2015

MDPB Members Present: Dr. Zimmerman, Dr. Pieh, Dr. Sholl, Dr. Randolph, Dr. Busko, Dr. Beaulieu  
Absent: Dr. Kendall, Dr. Chagrasulis

Guests: Howard Palmer, Kevin Gurney, Shawn Evans, Joanne Lebrun, Ben Zetterman, Pete Allen, Paul Berube, Dennis Russell, Dan Batsie, Rick Petrie, Mark McAllister, Miranda Taylor, John Kooistra, Mark Minkler, Dr. Tilney, Christopher Pare, Dr. Dinerman, Julie Ontengco

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

1. February 2015 Minutes – **Dr. Randolph, Dr. Zimmerman motion to approve, Unanimous**
2. State/Community Paramedicine Update
  - a. Update on legislative bills - Jay has asked that if individuals want to be added or removed from the distribution list to let him know. There is a public health bill that is a concept proposed with no information on why EMS is included.
  - b. Community Paramedicine – Data is being worked on by the Muskie School but will not likely be available for another 6-9 months.
3. Capitol Ambulance Pilot Project
  - a. Dr. Busko reports there has been a request to limit the pilot project to the transfer piece and remove the outlying services for now. There have been a number of leadership changes in the agency
4. New Devices – NONE
5. Special Circumstances Protocols – Southern Maine EMS – Dr. Zimmerman Brought forth a previously discussed protocol with all the appropriate documentation and signatures
  - a. **Dr. Busko, Dr. Pieh motion to approve as written, unanimous approval**
6. PEGASUS Update
  - a. Protocols have been live in Houston since October with outcome data being tracked with the patients in that locale. Dr. Sholl gave an update for individuals new to the room. Manuscripts should be published at the next NAEMSP meeting and will be published in a special supplement in PEC.
7. Protocol Review –
  - a. Review Steps moving forward and Timeline – Maine EMS has a contract with an editor who will work all the changes into the document that will be sent to the app developer. Dr. Zimmerman has sent in her comments for the medical section already but at this time

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Dr. Sholl has asked for group consensus that the remainder of the sections we will use the editor to complete this process.

- b. Questions that remain re: Protocols
    - i. EMR Statement – Drs Busko and Sholl – There was consensus to accept the EMR statement for the phase two roll out
    - ii. IM vs. IN Fentanyl in Peds – Dr Busko – Dr. Sholl reflected the history of why IM was taken out originally. There was a lot of discussion about what is best. There was a lot of discussion about putting more education out and continued emphasis on IN. There was consensus to add IM back with language to deemphasize the route and encourage the use of IN. This will be reflected in the education. Dr. Busko will work to pull a white paper together on this.
    - iii. Section authors to review each section for “AEMT, in consultation with OLMC, may alter ALS transfers...” statements to add in clarification statements
      - 1. **Chest pain Suspected Cardiac – consensus was to remove this from protocol**
      - 2. **Chest Pain Uncertain Etiology – consensus was to remove this**
      - 3. **Anaphylaxis – Stays in**
    - iv. Spine management final questions – Don Sheets
      - 1. Do we block the head? –
        - a. **No, patients should lay flat on the stretcher be securely strapped and should be directed to keep their head still.**
      - 2. What is the proper position of the head of the stretcher?
        - a. **Consensus was to prefer flat then treat the patient as needed. There was discussion to add specific cases to the education that it would be appropriate to deviate from this.**
      - 3. Do we routinely offer alternatives of a collar in both peds and adults?
        - a. **No, adults should routinely have collars applied except in exceptional situations**
    - v. Bronchiolitis –
      - 1. Educate on the use of epinephrine nebulizers in the under 2 age category to treat for bronchiolitis, not asthma. There was consensus to include the draft comment as a pearl with some small edits.
  - c. Discuss Educational Material for Phase 1 – MDPB Members – materials were distributed to the MDPB prior to the meeting for review with a request that any grammar or spelling changes be sent directly to Don electronically.
    - i. Follow up with Ops committee Phase 1 education and interest in directed spine discussions. The Ops committee will meet in two weeks at their next scheduled meeting to discuss the education roll out in more detail.
    - ii. The MDPB had no major content change suggestions. Some minor edits will be forwarded to Don for updates.
  - d. White Papers –
    - i. Overview of PEGASUS – Dr. Sholl (Phase 1)
    - ii. Spine Changes – Dr. Pieh (Phase 1)
    - iii. Anaphylaxis — Dr. Zimmerman (Phase 1)
      - 1. There were no major content suggestions to be made.
      - 2. Dr. Busko and Dr. Sholl will be working on ICS for Cardiac Arrest
      - 3. Dr. Kendall will work on changes to the Hypothermia
8. Discussion – inter-facility transfer statement – MDPB Members – please review draft statement (sent separately).
- a. Dr. Sholl gave an update on the project and how we got to where we are today.
  - b. There was a lot of discussion about the section on the transport of the critical patient by standard EMS. How we are going to get to the hospitals to report to MEMS? The hope is

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to get the MHA to comment on this and also to ensure that this is a QA process to make this non-discoverable or hospital/clinicians don't get caught in a trap.

- c. There was more discussion about the reporting mechanisms
  - d. Dr. Sholl has asked the MDPB to review the document and look at section critically especially those relating to EMS Ventilators, Intubated Patients, and Critical Care patients.
  - e. Medical Directors will send information back to Dr. Sholl, Jay, and Don
9. Medical Director Manual Update – Nothing New to report at this time
10. Old Business
- a. Ops – Nothing new to report
  - b. Education – work has been centered on protocol education and upcoming changes with the NREMT and recertification.
  - c. IFT – Follow up re: Risk of deterioration
    - i. Discussed thresholds based on other accepted risk stratification in Medicine PE/TIA/etc.
      - 1. Risks 2% Low, 2-10% medium, >10% is high
      - 2. The consensus was to work with these numbers.**
    - ii. Discussion – what defines deterioration? Dr. Busko will come back in May to the IFT subgroup.
    - iii. Next steps – education
    - iv. JMB to build some education around this with Don
11. Dr. Busko motioned to adjourn. 1238