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Medical Direction and Practices Board/Maine EMS Education Committee  
Minutes  
April 13, 2016

- 1) Introductions
- 2) IRB – Dr. Sholl gave a review of the requirements and process for the IRB. Jon Powers gave a description of the program and what
  - a. Maine Health Info-net – The goal of this is to connect all EMS patient care reports to MHI linking to their hospital or other healthcare medical charts.
    - i. **Motion to approve Dr. Zimmerman, Dr. Couture Unanimous**
  - b. CARES Registry – this will allow us to participate with the registry and track better data on our cardiac arrests here in Maine and compare them to national data.
    - i. **Motion to approve Dr. Jalbuena, Dr. Busko unanimous**
  - c. Pediatric Airway Management – Dr. John Martel, Dr. Nate Mick. This project will look at all pediatric airways managed by EMS. The need for identifiable information is based on the need to look at the complete chart.
    - i. **Motion to allow access to the database for the purpose of this project with a signed MOU with Maine EMS – Dr. Zimmerman, Dr. Kendall Unanimous Dr. Sholl recused himself as he is named on the project.**
- 3) Joint MDPB/Education Agenda – Batsie/Sheets
  - a. Current state of education – Dan explained the process by which education occurs in Maine.
    - i. Initial licensure and continuing education are the two education pathways
    - ii. Initial licensure occurs through licensed training centers of which many are tied to the community college system.
    - iii. CEH must be preapproved and is done by regional offices and training centers.
  - b. Structure – training center standards/accreditation at medic level vs. other scopes of practice – Don and Dan expressed some of the limitations of the Training

center standards and challenges faced by programs including resources. Medical Direction.

- i. Questions arose about the license cycle and the minimum standards for education courses. It was explained there are limitations to this process and that the original standards were based upon the accreditation standards, which lack some of the legal backing that a regulatory document needs. This is balanced with the desire to allow Training Centers to be innovative and try new things.
  - c. Update on the PIFT Education and CARES Registry
  - d. Relationship between the Education Committee and the MDPB –
    - i. MDPB involvement in initial and continuing education is a need. This can be local QI reviews, joint meetings with the MDPB and the education committee to discuss minimum competencies and education standards.
    - ii. Historic = Ed Comm considers educational impact of MDPB protocol changes
  - e. Medical Director education – how to reach toward physicians across the state
- 4) March 2016 MDPB Minutes – Dr. Zimmerman, Dr. Jalbuena Unanimous
- 5) State/Community paramedicine – St. Germain
  - a. Medical Director Guidebook – Final revisions are being undertaken currently and should be completed by 4/22/16
  - b. CP – The office is working on legislation to move CP out of pilot and into a permanent status.
    - i. There will be a meeting in South Portland in May. Dennis would appreciate a headcount of Medical Directors and Staff who will be in attendance for the meeting.
- 6) New Devices – Sholl - None
- 7) Special Circumstances Protocols – Sholl - None
- 8) PEGASUS Update – Sholl
  - a. No new information
- 9) Recruitment Update
  - a. There was legislation approved last year that created 3 new positions on the MDPB. The job descriptions were published and there have been multiple applicants to the positions. Dr. Sholl has recommended that the afternoon of the June 15<sup>th</sup> meeting. The final deadline is May 11<sup>th</sup> for applicants to apply. The applicants will be sent out to the MDPB after that date for pre-reading before the June 15<sup>th</sup> interviews.
- 10) CARES/Heart Rescue Update – St. Germain, other attendees
  - a. Shaun gave a synopsis of how the program ran and the excitement that this has generated amongst the participants. They are all working on how they can implement some of the training locally to help spread the message state wide.
  - b. CARES – we are working on a go live date to start sharing information with CARES.
- 11) Protocol Review Process
  - a. Dr. Sholl gave a presentation on the protocol review process for the MDPB to remind them of the purpose and method by which we do the protocol review.
    - i. What is the “Motivation” for the proposed change

- ii. What is the “Purpose” for the proposed change
    - iii. What is the “Evidence” for the proposed change
    - iv. What is the “Impact” for the proposed change
  - b. How do we capture the core of the discussion that leads to the final protocol revisions? Dr. Busko suggested that we update the change document to include the outcome intended by the change and the rational for outcome. Dr. Sholl will send all of the change documents to the group for review.
- 12) Old Business
  - a. Ops – EMS week is coming up and we will be doing a ceremony at the capitol building and memorial.
    - i. We met with the NEOB and have an educational product that we will be working on.
  - b. Education – nothing new
  - c. QI – Education for the patient sign off project is underway and we should be able to roll this out soon.
  - d. IFT – June will be the initiation of the IFT restart.
- 13) Motion to adjourn 1225 Dr. Couture