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Medical Direction and Practices Board

Minutes
April 15, 2015
DeChamplain

MDPB Present – Dr. Sholl, Dr. Zimmerman, Dr. Pieh, Dr. Beaulieu, Dr. Randolph, Dr. Kendall, Dr. Chagrasulis

Absent – Dr. Busko

Staff – Jay Bradshaw, Jon Powers, Don Sheets

Guests – Julie Ontengco, Dan Batsie, Dennis Russell, Howard Palmer, Rick Petrie, Shawn Evans, Kevin Gurney, Peter Allen, Paul Berube, John Kooistra, Kala Robinson

1. March 2015 Minutes –Dr. Zimmerman motioned to approve with edits formerly submitted, Dr. Pieh seconded Unanimous
2. State/Community Paramedicine Update – Jay Bradshaw
 - a. Revised trauma plan has been accepted by the Maine EMS Board as submitted
 - b. The Medical Director Guidebook is being worked on by an editor currently and members should expect to see a draft for review shortly.
 - c. Many bills have been presented
 - i. TAC has been moved under public safety from DHHS
 - ii. CP Bill has been put through committee as ought to pass with an emergency preamble to move it forward quickly
 - iii. Proposed structure changes to the MDPB would include assistant state medical director, at large physician, toxicologist or pharmacist
 - d. Rules are being presented for revision to the EMS Board in June. Staff is currently drafting recommendations.
 - e. Monday May 18th will be the awards ceremony all are invited to attend
 - f. Muskie school should be presenting information in the fall related to community paramedicine and outcomes.
3. Update re: Capitol Ambulance Pilot Project – Dr. Busko was not present for the meeting to give an update.
4. New Devices – NONE
5. Special Circumstances Protocols – Southern Maine EMS – Dr. Zimmerman
 - a. Request for a solu-cortef for a patient with adrenal insufficiency.
 - i. **Dr. Pieh motioned to approve with removal of the AEMT. Dr. Randolph seconded, unanimous approval**

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- ii. There was discussion about recent protocols and that AEMTs had been included for administration of this medication which is outside the scope and was not originally intended.
- iii. The group felt it was important to go back and correct the language in the previous protocols

6. PEGASUS Update

- a. Houston went live in October with a protocol set very similar to what New England is expecting.
- b. Maine, NH, VT have all been actively working on the project and will go live with protocols over the next couple months.
- c. CT does not have state wide protocols and the hope was this project would help move that process forward. At this time they will put them out as best practice guidelines for regional groups to look at and hopefully adopt.
- d. RI has some funding issues and are on hold due to Medical Director absence
- e. MA is working on rolling this out. Dr. Sholl and Dr. Shah will participate with their MDPB equivalent in June to help propagate this message.

7. Protocol Update –

- a. Education discussion – Don Sheets/Jay Bradshaw/Dr. Sholl
 - i. Discussion about recent recommendation by the Ops committee and the EMS Board’s final decision.
 - 1. The Education committee recommended in a split but majority decision to require all education be completed on MEMSEd.
 - 2. The Operations committee recommended allowing this in other mechanisms such as train the trainers.
 - 3. The Maine EMS Board voted to offer train the trainer sessions at their April Meeting.
 - 4. Regional offices are now working with their medical directors to schedule their sessions.
 - ii. Impact and discussion on MDPB workload
 - 1. Discussion regarding how to ensure messaging sent out is strong and as clear as possible. There was voiced concern from members of the MDPB about the possibility of message pollution and dilution. The MDPB members said as a result it was imperative they remain present and highly involved in this process.
 - 2. The MDPB is committed to reassessing this process for the phase 2 roll out.
 - iii. Availability of medical directors
 - 1. Dr. Sholl has asked Medical Directors to be as present as possible and he will be making every effort to make it to each of the 6 meetings. Don Sheets will be at all of the meetings. The hope is with consistent involvement the message will be uniform.
- b. Discuss Educational Material for Phase 1
 - i. No comments from MDPB members re: the first three papers which are available for distribution.
 - ii. Phase 2 white papers –
 - 1. New considerations around Hypothermia – Dr. Kendall
 - 2. High performance CPR Dr. Busko & Dr. Sholl
 - 3. Pain Control – Dr. Sholl

8. Discussion – Interfacility transfers statement – MDPB Members –

- a. Draft 3 has now been circulated after Jay Bradshaw met with Dr. Diaz for comment. Dr. Diaz is both a CMO of a hospital and is the immediate past chair of the MHA quality council.
 - i. There were some comments that were incorporated that were related to formatting to emphasize some of the best practices.
- b. Dr. Sholl clarified that the intent of this document is not to endorse the development of Critical Care ground transport.
- c. Patients are routinely being moved around the state while being ventilated by BVM. Does the MDPB feel this is appropriate?
 - i. There was discussion about the deleterious effects that can occur even in short movements within a hospital and the strong literature to demonstrate this.
 - ii. **The members of the MDPB felt that a BVM is not best practice when transporting a patient and that patients requiring advanced airway management should be on a transport ventilator.**
 1. There were questions about requiring hospitals to report to Maine EMS when they choose to not transport on a ventilator.
 2. There is not any authority within Maine EMS but the Maine Hospital Association has been receptive to partnering around this and working to set this bar and encourage hospitals to participate. Ultimately, hospitals and sending providers have ultimate responsibility for the choice of transport assets and equipment, however, Maine EMS would like to learn about barriers to best practice and anticipate hospitals will partner around the best care of our collective patients.
 - iii. What is the best crew setup to manage a patient on a ventilator?
 1. Dr. Randolph suggested that some RNs may be managing ventilators in hospitals who would be qualified to manage these patients.
 2. Dr. Pieh discussed this in terms of stable vs unstable vent patient. The stable with no anticipated changes in the management of the ventilator. Unstable who may need constant changes and complex management.
 3. There was a lot of discussion that if there is a situation without an RT then whoever is managing the vent must be well trained.
 4. **Consensus was to allow for multiple mechanisms of moving ventilated patients.**
 - iv. What other adjuncts should be available?
 1. Telemedicine
 2. IStat
 3. OLMC with sending vs receiving hospital.
 4. Dr. Randolph brought up the idea of a physician transport
 5. Dr. Pieh suggested a huddle checklist and signature for the more critical patient that includes the sending physician and service medical director.
 6. There were some questions about shared liability of hospital assets during transport.
 7. Ultimately, will return to this discussion as the process develops and make ultimate decisions on adjunctive equipment in later stages of the program
 - v. There were further suggested edits for clarity that the MDPB asked for.
 - vi. Next steps will include Jay updating the current version and then this will be sent out to a larger body for review.
 1. Jay and Dr. Sholl will be meeting with the Maine Hospital Association quality forum in June for their input.

9. Old Business

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- a. Ops - insert will be coming out with EMS Week.
- b. Education – Changes to the National CEH model is being looked at and Protocols have been taking most of the groups attention.
- c. IFT – Discussion – what defines deterioration?
 1. Re-initiating the IFT committee to discuss this
 2. First meeting May 2015

Adjourned 1209 Dr. Pieh