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

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Medical Direction and Practices Board
April 16th, 2014
DE CHAMPLAIN Conference Room
Minutes

MDPB Present – Dr. Zimmerman, Dr. Pieh, Dr. Goth, Dr. Sholl, Dr. Randolph, Dr. Chagrasulis, Dr. Busko
MDPB Absent – Dr. Kendall,
MEMS Staff – Jay, Jon, Don, Alan
Guests – Rick, Chris Pare, Dan Batsie, Butch Russell, Nate Yerxa, Myles Block, Joanne Lebrun,

March Minutes **– Motion to approve with edits by Dr. Chagrasulis, Second by Dr. Zimmerman Unanimous approval**

1. State Update –
    a. The Legislature is scheduled to adjourn today or tomorrow with continued work on the budget and we should have news shortly on any cuts being made.
    b. The legislation on Narcan passed revised in the house and has been sent to the senate. It is expected to be amended in the senate to remove language about EMS providers but adds language about the MDPB creating protocols for Police and Fire. Dr. Pieh asked if there was a plan for how to handle this process if it goes through. Jay offered to the MDPB that there are a variety of ways to handle this including simple language about training courses. There has only been anecdote about whether or not there have been truly positive outcomes from other states with this type of program. Dr. Sholl has been following Narcan shortages nationally and expressed that there may be an increase in the shortages as layperson access increases.

2. Community Paramedicine Update
    a. 11 of 12 programs have started seeing patients. The Muskie school is working on data collection and reporting with Maine EMS.

3. New Devices – No new devices presented

4. Special Circumstances Protocol
    a. Dr. Pieh provided background - A patient with pulmonary hypertension with home care. Remodulen is the medication of choice; it is a pulmonary vasodilator and platelet aggregate inhibitor. These patients ultimately end their lives with congestive heart failure. The half-life of this medication is roughly 4 hours allowing for some time to correct patient treatment issues. These patients tend to be brittle and can be high anxiety for EMS and ED clinicians. The purpose of this protocol is to triage the patient

to the appropriate hospital depending on condition and stability. The goal is to send the patient to their treating facility in southern Maine if they have condition related complication and are stable enough for the prolonged transport.

i. Discussion was had about relative contraindication and medication

1. **Motion By Dr. Randolph to accept the protocol as written Dr. Busko second Unanimous approval by group**

5. PEGASUS Update
   a. Dr. Sholl received the draft guidelines this morning for review. This review period is intended for stakeholder input. The MDPB and TAC have been identified as key groups to review this. Dr. Sholl will be sending out the draft guidelines to the group for review at the end of the meeting today. Dr. Sholl asks that any questions be sent to him and he will answer them copying Dr. Manish Shaw so he can track them or will forward them to Manish for comment. Comment needs to be received by May 11th. Dr. Sholl and Dr. Pieh will be presenting to the TAC at their next meeting.
   b. Jay will also send out the Model Guidelines from NASEMSO for review.
      i. This is a complete list of protocols for EMS some of which are beyond what we currently have.

6. Protocol Discussion
   a. Finalize Process for stake holder input
      i. Input from Jon Powers on electronic capture – May is likely the earliest a system could be put up. The concern Jon expressed was that this could become a mechanism where people felt they could be ignored.
         1. Jay is concerned with the idea of making this a forum as it could become very burdensome; Dr. Sholl backed this as it would be nearly impossible to keep up with commenting back to everyone individually.
         2. There is a mechanism to place a hyperlink to email our office and we would forward information on to the appropriate Medical Director.
            a. **The MDPB had consensus to use the hyperlink and email process.**
      ii. Other technological Capture
         1. Dr. Chagrasulis discussed making sure that there is a two-step approach to collect comment before the scheduled meeting and then again after the change document is created. This would offer the opportunity to hear any possible operational impact decision may have on services. The regional office has a go to meeting account that they use to allow for direct comment to the regional office. It was a scripted discussion. It happened twice each time to allow for schedule variance in providers. This does have the potential to take a significant amount of time in the Medical Directors schedule and regional office staff.
         2. Dr. Zimmerman and Dr. Pieh suggested that if they could have a larger group access the section Medical Director could actually host the individual section and discussion. Dr. Sholl suggested that they should include inclusion criteria requiring them to bring evidence if they want to effect change.
            a. **There has been consensus to try this as a MDPB project Joanne has agreed to use her go to meeting account.**
         3. Other regions have and will continue to use word of mouth and email lists to get additional word out.

b. How are we going to roll out PEGASUS?
    i. Dr. Sholl reflected on the timeframe we discussed at the last meeting related to overall protocol role out.
    ii. There had been a request that regional directors go back to services and discuss the idea of a two part protocol role out.
        1. Joanne did reach back to services and through the QI process and had no pushback from services about doing this. Rick and similar results.
c. Mapping out the Timeframe
    i. Start in June with Review
    ii. Dr. Randolph will start with Blue in June
    iii. July will be Gold with Dr. Zimmerman
    iv. Pediatrics will be scheduled for September - Dr. Chagrasulis
    v. October – Trauma with Dr. Pieh
    vi. November – Dr. Kendall - Red
    vii. December – Dr. Goth - Yellow
    viii. January – Brown, Purple, Gray, and Black – Dr. Busko
d. Joanne will work with the individual medical directors to plan out a schedule for the year. This will be shared with MEMS office

7. 8) QI Committee was held during the regularly scheduled MDPB meeting for increased input on the cardiac arrest survival data.
    a. Dr. Sholl reflected for the group on the mission and status of the QI committee. There was a review of the Aspirin QI project and the lessons we learned at the system level such as the need for both clinical education as there is a need for documentation training.
    b. The current project is looking at the state of Cardiac arrest in Maine and the survival rate. This is to include the survival to discharge. We are currently missing part of one regions data as there have been some delays in the hospital providing the necessary feedback to conclude the data set. There were also some questions left unanswered that Dr. Sholl has been working on.
    c. Reviewof the 4 additional reports from the dataset – Dr. Sholl
        i. There was some difficulty in codifying the total cardiac arrests in the state due to reporting mechanisms and overlap of agencies.
        ii. There was a 3.22% survival rate for all rhythms in Maine
        iii. There was discussion about where there are known flaws in the data from possible overlap of first responder services and transferred patients were hard to track. Rick reflected on the data and that roughly half of the known cardiac arrests there was no attempt to resuscitate.
        iv. When looking at just VF arrests there were 215 reported with 35 saves making the rate 16.28%
        v. Survival vs rhythm was predominantly VF/VT 63.64% PEA was just over 27.27 and a small percentage 9.09%of Asystole arrests.
        vi. One interesting report was that there is roughly 50% of bystander CPR in all survivals which is likely not accurate. This may have had been due to reporting arrests that occurred in front of EMS would not have had bystander CPR but may have survived.
        vii. Of the 55 survivors 44 were basic airway management, 6 were King or LMA and 4 ETT. Tim reflected that this represents what the OPAL study recommended that basic airway measures work.

viii. There was discussion about how to update this report when we re-measure to wash unnecessary data and ask a few other questions that will not change what we look at in terms of success.
ix. There was discussion about how so much of our data is still representative of many of the studies that have been published and that it is exciting to see how these are implementable in our State.

d. Update on Region 2 data – Joanne Lebrun is still working on the documents

e. The was a presentation and review of education to assist agencies in possibly improving survival of patients.
   i. Rick asked to have us discuss what places get filled within the triangle of life first
   ii. Remove slide 17 , 18, and piece on oxygen use as these are inconsistent with current practice
   iii. Rework the section on CPR vs Defib first to be more clear about the intent
   iv. Remove reference of 10:1 ventilation rate
   v. Epinephrine can be administered every other cycle to ensure the 3-5 minute interval of administration

f. Review work to date on documentation education
   i. Nate walked through a PowerPoint he and Butch created which will be turned into a screenflow presentation upon acceptance by this group. Nate discussed the removal of abbreviations from run reports. This was quickly echoed by the members of the MDPB in the difficulty of discerning what was being put into run reports. This was a comprehensive presentation that was designed to be based on a made up patient case. Nate walked through the individual pieces of the report and what type of information is necessary and how it related to the patient case.
   ii. This is an interesting situation where we could start documenting prior to arrival as a state initiated role out. Jon, Butch, and Nate are going to break out some of the information on the appropriate place to document interventions. Dr. Sholl has asked that they spend some time and attention on the use of dropdowns.

g. John Kooistra is working on a Video to demonstrate pre and post training on pit crew cardiac arrest management.

h. Don will be working with John K, and Eric Wellman to record a table top discussion on where they have found success within their respective departments.

8. 9) Old Business
   a. Education – Both Course and NREMT Pass and retention rates are still being discussed for publication on our website
   b. Operations – Safety works came to the last meeting and did a walkthrough of what they can do to aid EMS including a walk through their training room with demos set up.
      i. 300 AEDs are being distributed by Medical Care Development over the next three years
      ii. Maine EMS awards will be held on the 22nd of May
   c. IFT – Did not meet
   d. QI – was covered during the regular MDPB meeting
9. Adjourn 1253
   a. Dr. Busko
   b. Dr. Pieh

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