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

PAUL R. LEPAGE
GOVERNOR

JOHN MORRIS
COMMISSIONER

JAY BRADSHAW
DIRECTOR

Medical Direction and Practice Board
May 18, 2011
9:30 am – 12:30 pm
Minutes

Medical Directors Present – Marlene Cormier; Tim Pieh; Jonnathan Busko; Whitney Randolph; Matt Sholl; Steve Diaz

MEMS Staff – Jay Bradshaw; Dawn Kinney; Alan Leo

Regional Coordinators – Joanne LeBrun, Rick Petrie

Guests – Jeff Regis; Dan Batsie; Ginny Brockway; Don Sheets; Eric Wellman; Nathan Yerxa; Shawn Evans; Jessica Blomerth; Norm Dinerman; Thomas Ryan

April 2011 Minutes		MOTION: Cormier to accept, second by Busko, unanimous approval
ME EMS Update	Dept bill LD 1489 work session – fast pace, and one committee member concerned about releasing patient information without direct patient consent at the time of release – IRB process discussed and it looks like this will proceed in a positive direction. Dinerman with question if need for constituency support. Annual EMS awards this afternoon – at the Blaine house at 2:00 pm Also, EMS week newspaper insert out this week, some copies available here.	
New Devices	No new devices submitted for proposal	
Special Circumstances Protocol	Delta Ambulance has a proposal under special circumstances protocol – Delta has been approached by the wind turbine farm in Freedom, Maine, and asked them about protocols for suspension trauma. Lots of discussion, including addition of Calcium infusion, diuretics, and insulin.	MOTION: by Busko to accept with deleting D10, adding selective lower extremity tourniquets with slow release in the OR if clinically

		warranted and acceptable, and adding to companion book when that is available. Second by Pieh. Ensuing discussion around the use of tourniquets. Document updated with points made during discussion. Shawn Evans from Delta will create a white paper and push to TAC.
Protocol Review	Hypovolemic Shock Update presented – consensus to keep as is. Hemorrhage protocol update presented– proofing as appropriate – otherwise consensus to keep as is Narrow Complex Tachycardia – proposal to make it look like the wide-complex tachycardia protocol in formatting; discussion on many of the points of the protocol, including adding fluid challenge, defining PSVT, hemodynamic resuscitation outside of cardioversion. Global Preamble: if concerns on defining a process or if difficulty in distinguishing which protocol is perhaps applicable to a certain situation, then call OLMC – and in this case, perhaps to get help distinguishing between sinus tachycardia and PSVT. Unanimous consent to add OLMC line high up and fluid challenge language (motion by Pieh, second by Diaz, unanimous approval). Wide Complex Tachycardia update presented – attempt to align ourselves better with AHA. Presentation allows for defibrillation on unstable patients without OLMC, and also added undifferentiated rhythm to column 1. Motion by Diaz to approve, Second by Pieh, unanimous approval. VF/VT update presented – effective chest compressions and post-resuscitation therapeutic hypothermia presented. Motion by Diaz, Second by Cormier, all unanimous to accept. Broselow Type Chart in protocols update presented – most recent AHA on NRP had changes around oxygen and use room air on term newborns needing PPV. If after 30	All motions carried is noted under discussion, and all documents available thru Dr. Sholl on request

	seconds you are still resuscitating, move to 100% oxygen (leap of faith here, making NRP work in the field). Another component is the LMA component, in the setting that meconium suctioning of the trachea is not indicated based upon the amount of meconium, but on responsiveness of infant, so LMA use may be more appropriate based on this and based upon the technical skill of ETT placement versus LMA placement in neonates. Motion to accept by Randolph, second by Cormier, unanimous. Manual Bag-Valve-Mask ventilation versus mechanical Bag-Valve-Mask ventilation – during resuscitations, no one does BVM well. Paucity of evidence that studies the use of transport ventilators, but use of mechanical BVM ventilation is supported. Motion to insert this in the definitions (current purple 8) and to add to device list (by characteristics of what we are approving) by Busko, second by Pieh – unanimous approval.	
Discussion on Protocol Process	This update took 18 months, and 2014 is slated as the next scheduled update year. The book is also maximized in its ability in current format to hold information, and we struggle with protocols versus teaching versus education in this book. Our dialogue as a group has been productive and non-malignant – very collegial discussions. The group is respectful of each other. Breaking the work up into sections and having subcommittees to work offline was also very helpful. Cormier believes this needs to be an ongoing process, and begin looking at these again this fall, perhaps. Randolph teed up the application discussion, and whether the format could be expanded and changed to accommodate some changes. This type of change to the schedule does impact many other people, though, such as services needing to update equipment, educational components, other MDPB business. Would an annual update work, and thus less work but just package the salient pieces? Other states do this. Other suggestion to perhaps even change the grouping from categories of disease to categories of patient symptoms. Process now with many good points, need to keep track of our changes and the evidence or critical decision-making which was made – this may make discussions easier going further. Also, to take these working documents and push them out to our educators so everyone can follow what we do (trail of breadcrumbs). Having MDPB members available to educational endeavors also is helpful.	For next month per Sholl: 1) what is the proper cycle length for protocol review (next month) – also asked regional coordinators and others to poll their constituents, and bring us this info 2) Top 3 changes you would like to be responsible for – Blue; Red; Green; Yellow; Gold; Pink; or Brown, Black, Purple, Grey (these last four treated as one section)

	Everyone has a responsibility to their section. Busko teed up the idea of formatting how service level medical direction may take place or should take place. Busko also took the responsibility piece a step forward, and that we should publish who is responsible for which piece. Also, think now about what you would want to be responsible for in the future. Pieh suggested to take our current protocols and look at format changing/updating/model. Per Sholl: 1) what is the proper cycle length for protocol review (next month) – also asked regional coordinators and others to poll their constituents, and bring us this info 2) Top 3 changes you would like to be responsible for – Blue; Red; Green; Yellow; Gold; Pink; or Brown, Black, Purple, Grey (these last four treated as one section)	
Community Paramedicine	Bradshaw updated us - Starting the process of looking at this model, which is in place in Alaska, Minnesota, and Colorado, for example. Symposium last week to discuss this more openly with other partners – home health, insurers, nursing, hospital administrators, primary care representatives, and state agency representatives. The concept is having EMS working within their community and within their scope to help meet an unmet community and patient need. Task force of about 30 people in place to help take this discussion to the next step. Goal to find two pilot sites in the next year to see how we could develop this (five year project). Lots of info available, lots of web info (communityparamedic.org), conference calls, and Kevin McGinnis is helping us create this concept for Maine – we are very early in this process.	
Old Business		
MEMS Education	Looking for help in how they will approach the roll out of the protocol update, and specifically looking for help from MDPB members; some early ideas of what the education committee might recommend to accomplish the update from an educational perspective- next meeting June 8, 2011, 9:30 am at Maine EMS	

MEMS Operations	Thank you from Sholl to Petrie and Lebrun on Interfacility Transport project; Petrie reported on implementation date discussion for new protocols; this is EMS week and he has extra newspaper inserts	
MEMS QI	Last meeting we discussed looking at the format of the draft from Petrie, and Sholl, Petrie and LeBrun looking at this , and they will distribute more widely once they have completed their review – also looking at some more specific appendices to be added, such as MEMSRR.	
31st Annual EMS Seminar at the Samoset this November 2011	Looking for MDPB member participation; also, could the Thursday of that week focus on medical direction (Wednesday is the MCOT day, conference begins in earnest on the Friday). Perhaps a train the trainer for active medical directors in the State of Maine.	

Next meetings – June 15, 2011

IFT Subcommittee 8:30 -9:30

MDPB 9:30 – 12:30

QI meeting 1:00 – 3:00