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

PAUL R. LEPAGE
GOVERNOR

JOHN E. MORRIS
COMMISSIONER

SHAUN A. ST. GERMAIN
DIRECTOR

Medical Direction and Practices Board
Minutes
May 18, 2016

Members Present – Dr. Sholl, Dr. Jalbuena, Dr. Busko, Dr. Zimmerman, Dr. Couture, Dr. Pieh
Members Absent – Dr. Kendall, Region 5 currently without representation

Staff – Shaun St. Germain, Don Sheets

Guests – Dr. Seth Ritter, Dr. Bethany Nash, Rick Petrie, Joanne Lebrun, Eric Wellman, Leah Mitchell, Marc Minkler, Butch Russell, Chris Pare, Ben Zetterman

1) April 2016 MDPB Minutes – Dr. Busko motioned to approve, Dr. Couture seconded- Unanimous
2) State Update – Shaun St. Germain – Expressed his excitement to be here and sharing in the experience of the CP conference.
    a. The Maine EMS office will be working on legislation to remove CP from pilot program status
    b. The Medical Director Guidebook has been completed and will be rolled out shortly.
    c. CARES – there has been an initial discussion about how to automate the reporting process to the registry to alleviate the need for manual entry by the office or services. This will take time but will not stop forward movement as there have been internal discussion about how to manage the process until such time.

3) PEGASUS – Dr. Manish Shah and Evidence Based Outcomes Consortium(EBOC) are meeting to edit the finished manuscripts and expect they will be completed within the next week. Once all are complete – sending to the entire writing group for final review. Once the review is complete – they will be submitted and expect the submission to be in early June. Grant technically ends in August this year but one-year extension to complete additional work – including research surrounding implementation and best practices for implementation as well as data collection to support benefits to EBG's (this last part should be completed by end of August but may not be reviewed until after)

4) Recruitment Update/Discussion – Dr. Sholl distributed the applications to the MDPB for review. Interviews will be held on the afternoon of June 15th following the MDPB meeting.
5) Protocol Review Gold Section – every change made at the level of the protocols has an impact – most of those impacts are positive, but even positive impacts require significant effort when applied at the population level. All changes made MUST BE in the best interest of the patient – some of these will be applied at the side of the patient while others will be system designs. When thinking about all of our proposed protocol changes this year (similar to other years) we would like to apply the following change matrix:
    a. What is the MOTIVATION of the change?
        i. All of our changes should be patient centric. Remembering that, from our vantage, our entire means of reaching patients is through our providers, provider benefit is a secondary goal.
    b. What is the PURPOSE of the suggested change?
        i. What gap does the suggested change fill?
        ii. If no gap is present, how does this change IMPROVE what we are currently doing?
    c. What is the EVIDENCE behind the suggested change?
        i. How does this change compare to what we are currently doing?
        ii. How strong is the level of evidence? Recall, strong level evidence suggests low to no risk with proven benefit and SHOULD be performed (almost uniformly). Weak level evidence suggests either less certain benefit OR risks that approach the level of benefit and therefore MUST be weighed based on local values and preferences.
    d. What is the IMPACT of the suggested change?
    e. Gold 1 - Dr. Busko expressed concern about continuing IM dosing of epi 1:1000 and that we should just move to the epinephrine auto injector.
        i. There were a number of comments regarding safety and potential measures to ensure safety. Dr. Pieh, Dr. Busko, Dr. Couture, Bethany Nash will be working together to come back in June with options.
    f. Recommendation to use all generic names of medications throughout the protocol and only list the trade name in the medication chart in the end of the protocols (gray section) This would be consistent with intent. Don will work on correcting this as he updates protocols.
    g. Motion by Dr. Pieh to say defer IN dosing of Midazolam, Dr. Jalbuena –
        i. Discussion discussed the potential risks of under dosing pediatric patients with a 5-1 concentration and that the risk in these cases outweighs the potential risk to providers of a needle stick. There was a lengthy discussion about what risks existed and the treatment difficulties. There will be information produced by the MDPB about the final decision and WHY this decision is made.
        ii. Motion fails

h. Group consensus was to table the discussion to pediatrics and do research between now and then and come up with a recommendation.
   Dr. Pieh's tasks:
   i. What concentrations are being provided throughout the state and how variable is the provision of different concentrations
   ii. What data shows bioavailability of IN Midazolam vs IM or IV?
   iii. What is the IN dose equivalent to 10 mg of midazolam IM and what is the time to peak concentration
   iv. Dry non-bloody and non-congested nasal canal – are we clear that you cannot deliver through that route.
   v. How much of the volume are we loosing through the atomizer or through a needle?

i. Stroke education should include the emphasis on gathering information when available on scene. Dr. Pieh is going to be doing a New England consensus on stroke care and the group will circle back when he has done his work.

j. SEPSIS checklist should have a lot of education

k. The checklist proposed by Dr. Couture for SEPSIS was adopted unanimously with the caveat posed by Dr. Busko
   - Suspected Source of Infection – PLUS 2 of the following:
     - Hyperthermia >100 or Hypothermia < 95
     - Hyperglycemia >120
     - Hypotension SBP <90 or MAP <65
     - Tachycardia >100
     - Respiratory Rate > 20
     - Evidence of Hypoperfusion: Delayed Cap Refill, Cyanosis, Diaphoresis
     - Altered Mental Status

l. Dr. Pieh motioned not to include back or flank pain in standing orders. Dr. Busko seconds – friendly amendment from Dr. Busko suggesting a single pain management protocol and remove it from all other places. Dr. Pieh accepts the amendment Dr. Busko made. Unanimous.

m. Adjourned 1215