



PAUL R. LEPAGE  
GOVERNOR

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



JOHN E. MORRIS  
COMMISSIONER

JAY BRADSHAW  
DIRECTOR

Medical Direction and Practices Board  
Minutes  
May 20, 2015

IFT Subcommittee will begin at 08:30 – to discuss definition of “deteriorate” and standardization across the state for QI purposes.

IFT discussion on Risk and Deterioration

- 1) 0835 Reviewed Dr. Busko’s thoughts on classifications of risk
  - a) Discussion aiming to ensure that the following are identified - clear classifications with an additional set of patients that should be red flags where we have goal directed therapy to guide providers about long-term effects of treatment.
  - b) Concern about who applies the risk analysis
    - i) This spawned the discussion to create a cadre of physicians (EM) who would be the transport experts to apply this.
  - c) Action items
    - i) What are “red flag” events?
    - ii) Define the common reasons for patient transport
    - iii) Next meeting we should be able to discuss this information and develop a checklist for use to decide on risk and a tool to QI the call with.

09:30 – MDPB Agenda to Begin

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

Absent – Dr. Beaulieu

Staff – Jay, Don, Alan

Guests – Peter Allen, Francis Branden, Chip Getchell, Kevin Gurney, Shawn Evans, Joanne Lebrun, Howard Palmer, Dr. Dinerman, Rick Petrie, Marc Minkler, Jon Kooistra, Dennis Russell, Sephen Lackey, Michael Holcomb, Mark McAllister, Ben Zetterman

- 1. April 2015 Minutes – Dr. Randolph motioned to approve the minutes, Dr. Pieh seconded, Unanimous
- 2.
- 3. State/Community Paramedicine Update – Jay Bradshaw
  - a. Bills are still being presented to the Legislature
  - b. All Maine EMS bills have been presented
  - c. CP Bill has now gone into effect. Maine EMS Community Paramedicine Steering committee will need to reconvene
    - i. There are several services that will need to come back to renew their pilot projects
    - ii. Future work with various stakeholders to seek reimbursement for CP

PHONE: (207) 626-3860

TTY: (207) 287-3659

FAX: (207) 287-6251

With offices located at the Central Maine Commerce Center, 45 Commerce Drive, Suite 1, Augusta, ME 04330

- d. LD 818 passed several technical changes
    - i. Goes into effect in September.
    - ii. There was a question from Dr. Dinerman about the role of an Air Medicine medical director on the MDPB. Jay Bradshaw answers - At this time it is too late to specify that in statute but they could certainly serve as the Assistant or at large representative.
  - e. FirstNet program discussed. FirstNet is an initiative for dedicated broadband for public safety
    - i. Goal to increase access to technology and interoperability amongst services.
    - ii. Firstnetme.gov is the website
    - iii. Devices designated as FirstNet would have priority connection over broadband and cellular networks to improve consistency of operation.
  - f. Maine EMS will be advertising two openings. Jay has announced he is retiring and Heather McKenny is moving on to go to nursing school.
4. Update re: Capitol Ambulance Pilot Project – Dr. Busko
    - a. There is no new information on this. Dr. Busko will circle back with new leadership to examine use in the IFT stage of patient care.
  5. New Devices – NONE to approve – Pediatric Nasal Aspirator – Dr Busko
    - a. This device was brought up during the bronchiolitis discussion last month. Dr. Busko brought this in to share with the group as one device that may help with treatment.
    - b. Dr. Busko and Dr. Sholl will create an elements list and discuss at which scope of practice to employ this for next month.
  6. Special Circumstances Protocols – NONE
  7. PEGASUS Update
    - a. Manuscript writing phase has been completed.
    - b. Other New England states are working through their individual roll out plans currently.
    - c. Companion manual with the PEGASUS Protocols and manuscripts come out in January of 2016 with EPC
  8. Discussion – inter-facility transfer statement
    - a. Feedback to date
      - i. Two comments have come back from APEMS related to staffing (two licensed providers).
        1. One question, would hospital to nursing home would require two licensed providers on the truck?
        2. The MDPB discussed at length the ramifications of this proposal. Discussion regarding CMS regulations dictating the medical conditions necessary to qualify for ambulance transport (independent of patient destination). CMS requires patients to be “bed confined” or suffering from a condition such that transport by means other than an ambulance would be contraindicated. Given these features, the MDPB discussed the NEED to have two medically trained providers to move, manage, secure and care for the patient during transport. While not all areas current abide by CMS regulations, some services are currently being audited and expectations that these regulatory requirements will spread across the state.
        3. Marc Minkler discussed the impact of moving a patient to and from the stretcher and truck. That this takes skill, practice, awareness of the medical condition and how to protect yourself and the patient.

4. Dr. Busko asked to see the number of patients transported without two licensed providers on the truck. (Jon Powers will be asked to pull these)
5. **Consensus was to keep this language in as there should be an expectation for these services performing a voluntary service.**
  - ii. Questions regarding the go live date this paper and in particular for requiring vented patients. Dr. Sholl has been discussing that it was a placeholder in the draft with the intention being to work with hospitals and services to ensure we roll this out in a functional manner.
  - iii. Question about the purpose of the paramedic getting education about medications and what the statement meant. This was clarified that medics receive initial overview education and if a provider is not familiar with a medication, it is imperative to obtain contemporary exposure to the medication prior to leaving the hospital.
  - iv. Question about the PCA pumps and if we intended their use with an underlying rate. There will be some language clarification that these are intended to be patient centric – meaning that the patient controls the delivery with or without a basal rate programed based on orders from a physician. Providers will not be providing additional medications through the PCA
  - v. There will be a clarification of NIPP to allow for BiPap not just CPAP
  - vi. Question about the definition of unstable and where it came from and its application. Consensus was not to change this for now as we still need this strong language to be a tool to providers and services to push back against pressure from hospitals and their clinicians.
  - vii. Dr. Dinnerman recommended that we capture some of these discussions as a preamble to the white paper such as the expectation that interfacility transport raises to a higher level and there is expectation of treatment. He has offered to do an initial draft that he will share with Dr. Sholl, Jay, and Don

b. Discussion re: Next steps –

- i. Maine Hospital Association – June 2015 Dr. Sholl and Jay Bradshaw will be going to the quality council meeting and have 15 minutes to discuss this document.
- ii. Call for hospital stake holders for development of Education/QI/Medical Director expectations
  1. Further discussion to work on getting stakeholders involved and having an in person discussion with them.

9. Protocol Update –

a. Phase 1 update

- i. Number of providers trained in person – 45 to date at 3 train the trainer sessions
- ii. Number of providers trained on line – 1151 to date through MEMSEd
- iii. Upcoming in-person training – Aroostook May 27<sup>th</sup> at NMCC at 12, SMEMS May 29<sup>th</sup> 9 at the dana center, June 9<sup>th</sup> at 9 at CMMC.
- iv. Clarification of intent that EMT services have Narcan
  1. Dr. Busko feels that services should have the medication
  2. Dr. Pieh echoed this
  3. Dr. Zimmerman feels this as well as this is best practice.
  4. Consideration to allow a phased approach for EMT services to obtain Narcan. Will ask services to work with the regional offices and implement this as soon as possible after July 1<sup>st</sup> with the deadline to implement this on December 1<sup>st</sup>.
  5. **Unanimous consensus to require Narcan at the EMT level and to use the phased approach.**
- v. Status of the protocols

1. Draft version complete and reviewed the PDF will be on the web shortly and off to the app developer for a July 1<sup>st</sup> roll out in app stores.
  - b. Discussion Phase 2 roll out
    - i. Dr. Sholl has asked that MDPB have all final edits and thought ready for June meeting.
    - ii. Educational process
      1. MEMSEd
      2. Educational committee considerations re: additional training the education committee has asked that all material be ready ASAP for development. The intent is to have education ready for review in July.
    - iii. Phase 2 white papers –
      1. Pain control – IM vs. IN etc. - Dr Busko
      2. High performance CPR and ICS for Cardiac Arrest – Dr’s Sholl and Busko
      3. Therapeutic hypothermia – new considerations for EMS – Dr Kendall
    - iv. Final Protocol review for Phase 2 items – June 2015 meeting
10. Dr. Steve Diaz has been appointed to the NEMSAC board which is the National EMS Advisory Council some other friends Carol Cunningham and Manish Shah have been appointed as well.
11. Medical Director Manual Update – Jay Bradshaw
- a. Jay has sent out a near final draft for review which will then go back to the editor for a final version.
12. Old Business
- a. Ops –positive feedback about the EMS week insert. This was pushed to a 20 page insert this year.
  - b. Education – NCCP and Protocol updates have consumed most of their time.
  - c. IFT –met for the first time today to discuss risk classification and outstanding work and how we move forward. Dr. Busko clarified that these discussion are intended to be a global not individual provider experience.

Dr. Busko motioned to adjourn 1207