

PAUL R. LEPAGE GOVERNOR STATE OF MAINE DEPARTMENT OF PUBLIC SAFETY MAINE EMERGENCY MEDICAL SERVICES 152 STATE HOUSE STATION AUGUSTA, MAINE 04333



JAY BRADSHAW DIRECTOR

## Medical Direction and Practices Board Minutes June 17, 2015

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

Individuals present – Dr. Sholl, Dr. Pieh, Dr. Busko, Dr. Dinerman, Dan Batsie, Kevin Gurney, Chip Getchell, and Don Sheets

- 1) Dr. Sholl did a review of the most common patients transported and the most common medications they are receiving.
- 2) Most common transfers and complications
  - a) Cardiac
    - i) Post lytic Tachy-arrhythmias
    - ii) VT/VF Requiring electrical intervention(1) Cardiac arrest
    - iii) Lytic failure
    - iv) Re-infarction
    - v) Cardiogenic shock/flash pulmonary edema
    - vi) Hypotension with NTG
    - vii) Unexpected hemorrhage
  - b) Trauma
    - i) Shock
    - ii) Progression of underlying injury(1) Head injury
    - iii) Loss of airway
      - (1) Vent failure
    - iv) Medication allergies
    - v) Blood products
      - (1) TXA
      - (2) DIC
    - vi) Unstable findings on a CT
    - vii) Acute chest tube placement and conversion of pneumothorax to hemothorax
  - c) Stroke
    - i) Post lytic
      - (1) Hemorrhage
        - (a) Intracranial Hemorrhage
          - (i) BP changes
          - (ii) Changes in glucose
        - (b) Other Hemorrhage
      - (2) Angioedema
    - ii) No lytic
      - (1) Recurrent/Progressive Event
        - (a) MS changes
        - (b) Loss of airway

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- iii) Large vessel
  - (1) MS Changes
  - (2) Loss of airway
- iv) Hypertension uncontrolled(1) Hypotension on meds
- v) Seizure
- d) Stroke Hemorrhagic
  - i) Blood Pressure Control
    - (1) Hypertension
    - (2) Hypotension
  - ii) Progression of disease
    - (1) MS changes
    - (2) Airway Management
    - (3) Seizure
- 3) Dr. Sholl, Dr. Dinerman, Dr. Busko are going to create a spreadsheet and provide it to LFOM Norm felt that he and Dr. Tilney could utilize it while doing QI to help us map out some of these patients.
  - a) Cancer
    - i)
  - b) OB
  - c) Sepsis
    - i) Shock
    - ii)
  - d) Abdominal Pain
    - i) Progression of sepsis
    - ii) Medication reactions
  - e) Respiratory
    - i) BIpap
      - (1) Dr. Dinerman mentioned that the experience with LFOM has been very difficult and has not worked well long term
      - (2) Their experience includes a number of failed cases that ended in RSI of the patient.
    - ii) Cpap
- 09:30 MDPB

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

Staff – Alan Leo, Jay Bradshaw, Don Sheets

- 1. May 2015 Minutes Dr. Sholl
  - a. Dr. Busko, Dr. Kendall to approve as submitted Unanimous
- 2. State/Community Paramedicine Update Jay Bradshaw
  - a. Protocol App development is underway and should be available July 1
  - b. Heather has left to pursue nursing school, Jay is retiring sometime in August, and Karen is leaving to take a position with Maine DEA
  - c. Legislative
    - i. Budget has been sent to the governor for his signature
    - ii. All Maine EMS Bills have gone through at this time
    - iii. CP work continues from the Muskie School they have just received some cost analysis to compare to CP work and see what the real cost savings may be.
    - iv. Mainecare and Maine EMS have met to discuss the reimbursement of CP and this has been a positive conversation that is believed to be moving forward.
    - v. Jay is expecting a formal report from Muskie school in September.

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- 3. Update re: Capitol Ambulance Pilot Project Dr. Busko
  - a. Dr. Busko has discussed this and this pilot is not happening at this time. He is going to meet with them with intent to have an answer about whether it is going to continue at all or if it should be cancelled.
- 4. New Devices NONE to approve Pediatric Nasal Aspirator Dr Busko
  - a. Elements for Pediatric Nasal Aspirator <u>"a device intended to suction the nasal cavity</u> using less than 100 cm water pressure suction. Such devices should have a limiting feature so that the suction device will only access the anterior nasopharynx."
    - i. Motion to approve Dr. Pieh, Dr. Zimmerman Seconds Unanimous
    - ii. MDPB approved at all levels of practice
- 5. Special Circumstances Protocols NONE
- 6. PEGASUS Update no update from the last meeting as work is being finalized on the manuscripts and rollouts within states has continued.
- 7. Protocol Update
  - a. Phase 1 update
    - i. Number of providers trained in person 300-400
    - ii. Number of providers trained on line 1800
    - iii. Training feedback to date generally positive lots of feedback that this has been the best we have put up yet.
  - b. Discussion Phase 2 roll out
    - i. Educational process
      - 1. Feedback from the education committee the education committee feels that there has been a lot of effort put out by a few people with limited benefit.
      - 2. MDPB Felt that there was a need to control the message and balance the amount of the effort it takes to pull off all of these trainings.
      - 3. We need to ensure that protocols are available before education goes live
    - ii. Review 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
    - iii. Final Protocol review for Phase 2 items June 2015 meeting
      - 1. Discuss any items from the MDPB member review
        - a. Stroke transport
          - i. MHA has asked that there be an acknowledgment of stroke centers in Maine.
          - ii. Dr. Sholl has pulled protocols from states that have state wide protocols and language about stroke centers.
          - iii. <u>transport to the nearest appropriate facility or as per the</u> regional destination policy on stroke.
            - 1. This allows hospitals to engage at the regional level and opt in or out as appropriate
            - 2. Motion to approve by Dr. Kendall second by Dr. Pieh Unanimous

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- b. Benzos in Seizure There was inconsistency in the pediatric dosing of Benzodiazepines as it is currently written provider would need to call for any repeat dosing. It was not believed that this was the intent of the MDPB but was not clear in the language.
  - i. Dr. Busko motioned to clarify Dr. Kendall seconded unanimous.
- c. Red Section to reformat and make consistent the need for medical control and ALS
- d. Dr. Zimmerman moved that staff have editorial license Dr. Busko seconded. Unanimous approval.
- 2. Patient centric medications Dr. Busko would like to clarify in the brown section that a patient who is prescribed a medication and can administer it themselves or by their family could be allowed to do that by OLMC or sending physician and that this would not require a medical director. "After consult and approval with medical control or on order from the sending physician, the patient may take their chronic medications, unless contraindicated. Providers are encouraged to become familiar around these medications using available medication resources."
  - i. Education should include advising providers to utilize drug resources to become familiar with common side effects
  - ii. Providers should weigh the condition of the patient and the reason for transport and the safety of the patient to manage their own medications.

## 1. Dr. Kendall motioned to approve Dr. Busko seconded unanimous

- 2.
- 8. Follow up inter-facility transfers statement -Sholl/Bradshaw
  - a. Discussion re: ME Hospital Association meeting
    - i. Steve Diaz is going to be the liaison from that group to work with the MDPB and MEMS
    - ii. Regulatory language from the federal level was asked to be put back in by the CMOs of the committee as it gave some insight for providers and hospitals that are less frequently involved in this process.
    - iii. Other items they were curious to see was data for their hospitals specifically and to really get granular in this process. We are currently seeing a 10% increase in the number of critical care transports year to year since 2011. The committee anticipates this will grow at a steeper level as regionalized care increases.
  - b. Follow up from last meeting
    - i. Required Elements for EMS transport -
      - 1. Dr. Sholl reviewed the medical necessity form that MMC now must use after an audit by CMS. This includes the reasons and attestation of need for an ambulance.
    - ii. Numbers of services transporting with 1 licensed provider
      - 1. Jon Powers pulled the number of calls that had only one licensed provider. He removed all no transports and the numbers worked out to roughly 4% of all call types that had a single provider.
      - 2. Dr. Busko felt that this should be endorsed as a rules change across the board and not necessarily done as just a white paper on IFT
      - 3. Jay expressed concern that if this is attempted through rules as a first draft we could end up with nothing in the end and that this may be best done in a phased process of white paper to rule.

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- 4. Dr. Sholl recounted that there seemed to be consensus from the MDPB that at very least in medical transport 2 providers should be on every transfer.
- 5. Multiple ideas were discussed about how to get services to buy in and engage in this process.
  - a. Consensus was to require two licensed providers on medical transports in the IFT white paper.
- c. Discussion re: Next steps
  - i. Maine Hospital Association September 2015
  - ii. Call for stakeholders for development of Education/QI/Medical Director expectations plans/guidelines/etc.
- 9. Discussion re: new MDPB positions Bradshaw/Sholl
  - a. Consideration of Steering/Search Committee Dr. Kendall, Dr. Sholl, Jay, and Dr. Zimmerman will review existing job descriptions and work on new job descriptions for the new positions. The process of this group vetting applications and then making a recommendation to the Board will be taken in august. If they approve the process we could potentially take new members names to the Board at their October meeting.
- 10. Medical Director Manual Update Jay is still waiting for comments and will circle back in the next week or so to update the draft.
- 11. Old Business
  - a. Ops no new business
  - b. Education no new business
  - c. IFT Red flags are being worked on and there will be a small QI project done to help guide some of the patient populations and research any indicators of deterioration.
  - Dr. Kendall motioned to adjourn 1206