



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
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

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

- 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.

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

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 – "a device intended to suction the nasal cavity 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. transport to the nearest appropriate facility or as per the 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**

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