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

PAUL R. LEPAGE
GOVERNOR

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COMMISSIONER

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DIRECTOR

Medical Direction and Practices Board
Minutes
July 15, 2015

Members Present – Dr. Busko, Dr. Sholl, Dr. Pieh, Dr. Zimmerman, Dr. Chagrasulis, Dr. Kendall,
Members Absent – Dr. Beaulieu, Dr. Randolph
Staff – Don Sheets, Jay Bradshaw, Alan Leo
Guest – Dr. Tilney, Dr. Dinerman, Seth Ritter, Kevin Gurney, Chip Getchell, Chris Pare, Joanne Lebrun, Dennis Russell, Dan Batsie, Nate Yerxa, Rick Petrie, Dr. Goth, Marc Minkler, John Kooistra

09:30 – MDPB Agenda to Begin

1. June 2015 Minutes –Dr. Busko, Dr. Kendall, Unanimous approval with corrections stated by Don
2. State/Community Paramedicine Update – Jay Bradshaw
    a. Legislative bills are approved but awaiting 90 days post adjournment
    b. Governor has approved filling the position within the EMS office which will allow us to hire a licensing assistant and a licensing agent and filling the Director position
3. Update re: Capitol Ambulance Pilot Project – Dr. Busko
    a. Capitol has asked to withdraw the project as they don't feel time invested is worth the gain. They may revisit this at a later date
4. New Devices – NONE
5. Special Circumstances Protocols – NONE
6. PEGASUS Update
    a. Manuscripts are completed and there should be a supplement in PEC for January.
    b. Protocols have gone live in three states with Massachusetts to follow. Connecticut is hoping that their regional medical directors will adopt the work.
7. Protocol Discussion –
    a. Phase 1 Discussion
        i. Number of providers trained hit levels never before seen with 2800 by July 1 and over 3000 at this time completed on MEMSEd.
            1. In person are much harder to define as there was not a consistent name entered into the system. This will be reviewed for change in the Phase 2 roll out.
        ii. Training feedback to date
            1. Chris Paré shared that there was a request that there be a discussion of major changes at the EMT level in the paramedic training for awareness not necessarily a complete rehash. Don Sheets will attempt to balance this for phase 2.
        iii. Status of the protocols
            1. Discussion re: education of hospital staff and providers on communication surrounding spinal management.
            2. ENA has published a position paper on spinal motion restriction which Dr. Sholl will share with the group

3. Dr. Dinnerman asked if we are still seeing issues with Termination of Resuscitation. The overall feedback has been positive. Most issues that arose after the protocol deployment in 2011 have been resolved through discussion with services.
4. Why are we requiring OLMC for pressors? – reminder that there should be proper fluid resuscitation prior to pressor administration and that there be a deliberate conversation with OLMC as this is a high risk low frequency event.

b. Discussion Phase 2 roll out
    i. Educational process
        1. Feedback from the education committee – The group is proposing that the 6 regional meetings happen as TTTs. With all provider needing to complete the quiz online.
        2. Discussion regarding the value of the regional meetings and the time/effort surrounding these meetings balanced by the low number of participants. There was an ask that Education and the Regional Offices reach out to engage providers.
    ii. Review Phase 2 white papers
        1. Pain control – IM vs. IN etc.
            a. Only minor edits were suggested.
        2. High performance CPR and ICS for Cardiac Arrest
            a. A few edits were suggested such as a key points section but most were minor.
        3. Therapeutic hypothermia – new considerations for EMS
            a. There is a lot of variability in what is being done across systems and there are wishes to make this statement generic in the paper so as to allow for hospital systems to do what they feel is right without impact from the MDPB and EMS. Dr. Sholl also suggested that other mechanisms such as identification of STEMI/aggressive BP control and that TH be down the list.
    iii. Protocol education review for Phase 2 items
        1. The MDPB is content with the direction of Education and will forward any additional comments to Don.
    iv. Discussion re: IN Glucagon this would require a 2 mg dose instead of the 1 mg IM dose. This could be a serious impact on finances of hospitals and services as this is the single most expensive medication in the EMS formulary.
        1. Dr. Sholl pulled the data on how often this is being administered. Concern that Glucagon is being used as a primary treatment and needs to be reeducation for provider that this should be after the attempt to administer D50. Studies available note that the time to peak effect when using IN Glucagon is much longer than the peak effect when placing an IV and using Dextrose. Additionally, the cost of glucagon is much greater than that of dextrose ($4.36 vs. $132.64)
        2. Reviewed the means in which medications are supplied to EMS services. In two regions, hospitals provide medications free of charge. In the remaining regions, services pay for medications. There isn't a consistency across the state about how medications are paid for.
        3. **Dr. Pieh motioned to add an intranasal option for glucagon if available. Dr. Busko seconds unanimous**
    v. Discussion re: Pediatric Arrest protocol language – consensus to clarify that medical control be called for questions.
        1. **Dr. Sholl motioned to make the clarification in language. Dr. Pieh seconded unanimous**

vi. AHA published standards – Dr. Zimmerman, Dr. Pieh, Don, and Dr. Sholl will champion the initial review to bring it back for the October meeting.

8. Discussion re: new MDPB positions – Bradshaw/Sholl – Update
    a. Dr. Sholl and Jay will be contacting individuals who volunteered to help review job descriptions for the new positions.
9. Medical Director Manual Update – Jay Bradshaw
    a. Remains open for comments – reviewing next week for final edits.
        i. Jay is working with the editor to do some final edits and has asked folks to do final edits and recommendations.
10. Old Business
    a. Ops
    b. Education
    c. IFT

Adjourned - 1200