



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

SHAUN A. ST. GERMAIN
DIRECTOR

Medical Direction and Practices Board
Minutes
November 18, 2015

Members Present – Dr. Sholl, Dr. Couture, Dr. Zimmerman, Dr. Pieh, Dr. Jalbuena, Dr. Busko, Dr. Kendall

Staff – Shaun St. Germain, Jason Oko, Katie Boynton

Guests – Marc Minkler, John Kooistra, Matthew Libby, Bethany Nash, Joanne LeBrun, Ben Zetterman, Nathan Yerxa, Rick Petrie, Chip Getchell, Kevin Gurney, Dr. Tilney

Called To Order: 9:38 AM

- 1) Introductions
 - a. Dr. Tracy Jalbuena briefly introduced herself.
- 2) October 2015 Minutes
 - a. There is discussion around adding Judith to the Guests section of the minutes.
 - b. **Motion to Approve as Amended;** Dr. Zimmerman motions, Dr. Pieh seconds, motion passes unanimously.
- 3) State/Community Paramedicine Update
 - a. Shaun St. Germain reports that Jay Bradshaw will be heading up the Community Paramedicine program once his contract is approved. The Medical Director Guidebook is still in progress with no known completion date at this time. There is a plan to do a new EMSSTAR-type Report, which is a top down look at the system as a whole. It will be done by ASMI.
- 4) Special Circumstances Protocols –Diffuse Cutaneous Mastocytosis
 - a. Dr. Couture made a presentation regarding the updated protocols which have been worked on with the family and PCP. There was discussion around administering medication via a G-Tube and it was emphasized that the protocol needs to be kept within the general scope of practice. Discussion revolving editing some of the language occurred.
 - b. **Motion to Approve as Amended;** Dr. Zimmerman motions, Dr. Pieh seconds, motion passes unanimously.
- 5) Special Circumstances Protocols – Generalized
 - a. Dr. Pieh asked whether or not any special protocols expire and if there are special protocols out there that aren't being given to the providers how the providers would know the special protocols exist.



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- b. Dr. Sholl stated that there is a level of patient responsibility surrounding the special protocols and some responsibility rests with the individual in regards to maintaining and providing the protocol as well as making available medications or materials outside of the typical EMS formulary.
 - c. Dr. Busko recommends putting a preamble on each section of the protocols explaining that it's the patient's responsibility to bring to the providers attention. Dr. Sholl asks Dr. Busko and Dr. Pieh to create the language and return it to him.
- 6) PEGASUS
- a. Dr. Sholl reports that the anticipated January completion date will not happen. Dr. Sholl also gave brief overview of what the Pegasus program is about.
- 7) Protocol Discussion
- a. Update
 - i. Jason Oko informs the group that so far 2,219 providers have taken the online testing.
 - ii. Dr. Sholl reminds everyone that this is the last meeting before the protocols go live. All of the in person training has been completed.
 - iii. Dr. Zimmerman asks if we can create a standardized summary of change document for hospitals and/or nursing staff in a clean format like a presentation. Dr. Pieh agrees.
 - b. ECC AHA Updates
 - i. Biofeedback
 - ii. TTM versus TH versus Nothing
 - 1. Dr. Sholl reports that as most hospitals are moving towards targeted temperature management, we should not address temperature management in the field. He cites Dr. David Setter's input and experience regarding cardiac arrest treatment; we are ahead of the curve on blood pressure management, we should focus on other methods of cardiac arrest management.
 - 2. Dr. Sholl presents the changes to the cardiac protocols and suggests adding in upper limits in the places we have minimum requirements. It is recommended to add in information stating that most patients managed by the EMS system do not suffer hyperthermia post-arrest in the time frame that EMS providers encounter the patient. Dr. Busko notes that in circumstances of delayed transport, EMS providers should be aware of hypothermia and check temperatures, reporting elevated temperatures to OLMC to discuss management. All Agree. .
 - iii. Peri-partum Cardiac Arrest and Peri-mortem C-sections
 - 1. There is discussion to add language to clarify that no EMS agency has a scope of practice for a peri-mortem C-section.

Meeting Breaks: 10:55 AM

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Meeting Returns: 11:06 AM

- 8) IFT work with the MHA Quality Forum
 - a. Dr. Sholl reminds everyone that the MHA meeting is on December 10th.
 - b. Shaun St. Germain reports that he has been receiving calls from legislators and Senator Collins office for constituents concerned that this has gone into effect.
 - i. Shaun and Dr. Sholl will work together to create a statement stating that this is a draft and nothing is concrete at this time.
- 9) Follow Up and Discussion regarding Recruitment
 - a. Dr. Sholl reports that Ben Zetterman has a plan to fill the Region 5 position.
 - b. All members of the committee are interested in the interview process for the three new positions. Dr. Sholl asks that everyone submit 2-3 questions and he will compile them, remove duplicates, and send everyone the list. Dr. Zimmerman asks if there will be a time limit on the interview and Dr. Sholl says that they will set one.
- 10) Medical Director Manual
 - a. Dr. Sholl states that this was discussed earlier. Shaun St. Germain says that he has a note stating it will be completed by February 2016.
- 11) Discussion – Samoset Seminar
 - a. Rick Petrie reports that there was a significant improvement in attendance. Over 100 students attended the cadaver lab. Randolph Mantooth received very positive reviews as the banquet guest speaker. It's been recommended to add a Medical Director track for next year.
- 12) Discussion – MDPB work plan and MDPB retreat
 - a. Dr. Sholl reports that with an anticipated 6 new members, it would be a good idea to hold a retreat to discuss the roles and responsibilities of MDPB and its place within the system. He states that his main project idea is to get a cardiac arrest registry in Maine.
 - b. Dr. Busko recommends that Dr. Jalbuena and Dr. Couture keep notes on anything that is new to them about Maine EMS and the Board so that an orientation manual can be produced.
- 13) Discussion – New England Council Meeting
 - a. Dr. Sholl reports that this meeting is on Monday and there will be more to report at the December meeting.
- 14) Old Business
 - a. Ops
 - i. Shaun St. Germain brings up the big concern about inappropriate/frequent use of the EMS system. Rick Petrie discusses a case within his region. There is



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discussion around a continuity system using PCP/ED/EMS/EMD etc. so that there is a process in place.

- b. Education
 - i. Shaun St. Germain brings up the military to civilian transition process.
 - ii. Dr. Sholl reports that the Board is wrestling with the impact of the NREMT going to a competency based practice and the effect it will have on the Maine 3-year license versus the NREMT 2-year certification.
- c. QI
 - i. Dr. Sholl reports that the QI committee is meeting this afternoon and will be discussing the patient sign-off project.
- d. IFT
 - i. Dr. Sholl reports that IFT didn't meet this month but that the majority of the concerns were discussed earlier in today's meeting.

15) Final Thoughts

- a. Dr. Zimmerman brings up the idea of increased vigilance. She reminds everyone that Newport, Rhode Island was on the ISIS hit list.
- b. Shaun St. Germain says that he will talk with MEMA about making the next drill be terrorism based.
- c. Dr. Sholl reports that the majority of the response in Paris was every day providers, not SWAT based. He says we need to keep our systems aware of the potential of an active situation; pre-event coordination with partner agencies prior to events is crucial.

Meeting Adjourned: 12:18 PM