



STATE OF MAINE
 DEPARTMENT OF PUBLIC SAFETY
 MAINE EMERGENCY MEDICAL SERVICES
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Medical Direction and Practice Board
 Jan 17, 2018
 Minutes

Agenda Altered Due to Weather – Amended Agenda:

MDPB Members Present: Tim P, Jonnathan B, Kevin K, Kate Z, Beth C, Bethany N, Tracy J, Seth R, Matt S, Dave S

MDPB Members Absent: Mike B

MEMS Staff: Shaun St. Germain, Don Sheets, Alan Leo, Jason Oko

Other attendees: Rick P, Chris P, Joanne LeBrun, Pete Tilney, Nate Yerxa, Chip Getchel, Steve Smith, Norm D, Tom Judge, Ben Zetterman,

- 1) State Updates from Shaun St. Germain
 - a. CP – meeting held due to holiday
 - i. Delta submitted project and one other project submitted
 - b. Medical Director Project – revamping – but protocol’s and app have been taking up his time
 - c. CARES – No new process re: CARES. Data entry continuing
 - d. Heart Rescue – looking to do training with services. Needed to cancel meeting due to weather and looking to reconvene.
 - e. EMS-C – Submitted grant for the EMS-C position with letters from MDPB and Regional Coordinators – Cautiously optimistic
- 2) Medication Updates and Shortages Notifications from Bethany Nash
 - a. Saline
 - i. National shortage – especially with small volume bags (500 and below)
 - ii. Saline in shortest supply
 - iii. Anything in the medication box can be mixed with D5 (Amio/TXA/epi/etc.)
 1. TXA can be mixed with LR – but smallest volume available is 500 ml
 - iv. Can otherwise switch to LR for infusions and volume resuscitation
 - v. Bethany Recc’s
 1. Resuscitation – LR
 2. Medications – if no NS, okay to use D5 (in 250 cc)
 - vi. This will last months in Bethany’s perspective
 - vii. Matt/Kate/Bethany to work on notification**
 - b. Ketamine – difficulty in obtaining chosen concentration
 - i. Bethany discussed holding until proper concentration available
 1. 100mg/ml concentration starting to come back
 - ii. SR – discussed 500 mg vials in NH – Asks – can multi-dose vials be used? Answer not enough preservative available in the vials and these are produced as single use vials. Second ? – Can these be broken into smaller doses? Answer – would only be good for 4 days – due to sterility issues.
 - iii. **Add in monthly check-ins to the MDPB agenda re: supply - include everyone bringing their status from their hospital/region (specifically surrounding Ketamine but also other shortages – including saline)**
 1. TP asked for a list of specific questions

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2. ND – habituate providers to be alert re: medication shortages and ensure that everyone is aware.
- c. Tylenol clarification from Dave re: max dose – had intended to add a max dose in the protocols with 1 gr max in the weight based
 - i. **Will clarify and consider adding to the protocols/app**
 - ii. **Add in the APAP piece to the FAQ sheet**
- 3) MEMS Protocol App Update - Sheets/St. Germain
 - a. Updating in the next week – no threat to function during the update
 - b. Hoping to improve in the future
 - i. Down load to computer
 - ii. Add in checklists
 1. Pending discussion on cost
- 4) Discussion re: First Webinar - Sheets, Zimmerman, Kendal, Sholl
 - a. KZ – recaps discussion
 - b. DS – discusses positive feedback so far
 - i. Working on larger web presence
 - ii. Revamping website
 - c. KK – asks if the webinars are only for EMS providers? Answer – these are open to all stakeholders – including physicians.
 - d. RP – mentions issues with the RSS Feed – DS asks RP to forward the emails to discover the error message.
- 5) Update re: Survey to Identify the Barriers and Enablers to Volunteerism in EMS - Sholl
 - a. Update
 - b. Status so far – 30%
 - c. Lessons to date
 - d. CS – will come to present in the March meeting if folks are interested – TP/KZ/TJ interested
 - i. **MS invite her to the March Meeting**
- 6) Brief discussion/Lessons Learned from NAEMSP - Zimmerman, Bohanske, Ritter, Sholl
 - a. KZ –
 - i. QI/Safety Talk – offered some ideas about triggers/auditing on a global setting from the state level with categories of events – looking over references surrounding global trigger tools
 - ii. Refractory VF arrest – limiting epi (decrease catecholamine surge) to 3 doses, as well as other protocol ideas. Some discussion re: M-CPR
 - iii. Tactical EMS - interesting
 - b. SR – first NAEMSP meeting since 2010
 - i. Medical Director Course – discussion re: making changes that we made in the recent protocol update – TXA/Ketamine others
 - ii. Discussion re: M-CPR – most others are reaching the same end points that we are – is this useful to bridge to the hospital? What is the use? But also focus on finding the cause of arrest and focusing on that. ECMO discussions interesting
 - iii. Discusses watching others use EMS Charts – since it is so easy to use.
 - c. CP –
 - d. TJ – extensive presentations on Mobile Integrated Health Care
 - e. MS –
- 7) Tim – asks for help with gathering FAQ's – please send his way and he will draft a workable document for the group to review – and ask the group to help summarize the answers.
- 8) Next Webinar – Feb 5
- 9) Next Meeting – Feb 21