



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



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Medical Direction and Practices Board
 June 20, 2018

Members Present: Dr. Opacic, Dr. Kendall, Dr. Ritter, Dr. Bohanske, Dr. Nash, Dr. Tilney, Dr. Kendall, Dr. Saquet, Dr. Sholl, Dr. Zimmerman, Dr. Pieh, Dr. Collamore

Members Absent:

Staff: Shaun St. Germain, Don Sheets,

Stakeholders: AnnMarie Lattanzi, Rick Petrie, Stephanie Cordwell, Nathan Yerxa, Butch Russell, Ben Zetterman, Debbie Morgan, Damian Walston, Edward Doughty, Claudia Fitzgerald, David Mejia, Chip Getchell, Joanne Labrun

MDPB Agenda – Meeting begins at 0930

- 1) Introductions –Sholl – 0930 - 0935
- 2) May 2017 MDPB Minutes – Zimmerman – 0935-0940 Dave, Kevin Unanimous
- 3) State Update – St. Germain – 0940 – 0950
 - a. Community Paramedicine – There is continued work on trying to get reimbursement for care and ensuring we are collecting the necessary data to aid in demonstrating value. The group is discussing levels of CP
 - i. Dr. Opacic informed the group that Lincoln health is looking to work on finding
 - b. CARES – Claire Dufort is continuing to do great work and 2018 is being worked on contemporaneously.
 - c. EMS-C – There will be interviews next week for a coordinator.
 - d. NASEMSO Annual Meeting Debrief – St. Germain/Zimmerman/Sholl – Dr. Zimmerman discussed how the states are not unique that we all really do deal with the same issues.
 - i. Maryland, Colorado, and Florida are leading a charge on confronting the difficulties of standalone EDs and closing hospitals.
 - e. SOMA – CONTOMS – Dr. Saquet, and Dr. Zimmerman attended, it was a great class that helped to define the role they serve in and that much of their work is preparation and ensuring the teams are healthy.
- 4) PEGASUS Update - NONE
- 5) Special Circumstances Protocols – NONE
- 6) New Devices – NONE
- 7) UPDATE –Medication Shortages – Nash/Sholl/Zimmerman/All – 0950 - 1000
 - a. Ketamine – Concentration Shortages – check in MMC is now distributing.
 - b. Saline Shortages– Pieh/Nash/Sholl
 - i. This continues to resolve
 - c. Other Shortages
 - i. D5W – NS is exchangeable though not ideal

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- ii. Magnesium – This is becoming short but no major reports locally. This is a packaging issue and its possible we may see different types.
 - d. Impact and Alternate Protocols
- 8) 2018 Protocol Update Process – Sholl/All – 1000 - 1030
 - a. FAQ Discussion – Pieh/Sholl/All
 - i. Review and finalize the 2018 FAQ’s for publication
 - ii. There was discussion about the refractory VF piece consensus was to leave it as written and not introduce new information around beta blockers and max doses.
 - iii. Discussion about termination of resuscitation – some corrections around the medications listed and peri-partum arrest. Dr. Pieh will bring it back for review and final approval if appropriate.
- 9) 2019 Protocol Update – Zimmerman/Sholl/All – 1030 – 1200
 - a. Timeline review – Dr. Ritter was intended to review in July the gold section with large piece on Large Vessel Occlusions(LVOs)
 - b. Recap progress
 - i. Purple/Brown/Grey/Black Section
 - c. Blue Section review – Sholl/Zimmerman
 - i. Review changes including new protocol
 1. Airway Checklist addition of ear to sternal notch in positioning, this will be cleaned up and brought back as a draft.
 2. Removal of pediatric Airway Management to consolidate with Adult but add pearl about managing the pediatric with BVM
 3. Strike 9a of Respiratory distress with bronchospasm.
 4. Ubiquitous removal of 1:1000 or 1:10000
 5. Was the intent to get rid of OLMC for Albuterol at the AEMT level? This will be reviewed
 6. Add Mag for peds resp distress. 50mg/kg max dose 2g
 7. Addition of surgical cricothyrotomy
 - a. General discussion and consensus to move forward
 8. Tracheostomy Care Protocol addition.
 - a. Addition of pearls around hemorrhage around tube
 - b. Add ETT size in the chart of common trach tubes presented.
 - c. Add pearl about the patient who is less than two weeks out and risk of complications of pulled tube.
 9. VL devices will be attached and rolled out with airway management training not protocol training.
 - a. There was a lot of discussion about making this routine use if you are going to have it.
 - b. Joanne reminded the group that we should focus on standards for airway management and not necessarily creating PowerPoints.
 - ii. Airway White Paper – Discussion
 1. Consensus was to move forward with this.
- 10) Discussion Regional DATA Access
 - a. Dr. Sholl gave a recap of the discussion at the Board meeting and discussions he has had with service leaders. Dr. Sholl asked the Regional Medical Directors to discuss their

needs for the group to better understand the work that is intended to come from the approval.

- i. Rick reviewed the Board decision
- ii. Dr. Bohanske wants access and support for QI projects, Meta data at regional level this doesn't include PHI, the area he needs support is things that reach to the office for QI issues at the service level that the regional staff could triage for the Medical Director. When there are issues of where patients should be moved/transported and looking at transport decisions and this is a labor-intensive process. It's also helpful when a level rises to the RMD the staff can pull information from multiple agencies if they work for them.
- iii. Dr. Ritter – would like to have the process of first pass review they used to have with airway etc. of Paul and Joanne pushing things to him if they rise to that level.
- iv. Dr. Collamore – most complaints or questions are initially handled by Ben and prepped so Beth has can maximize the use of her time for the actual review.
- v. Dr. Saquet – the support from the office to identify issues as he randomly reviews runs. Wants the group to not be beholden to
- vi. Dr. Pieh – The support of regional staff is a force multiplier and it allows him to maximize the benefit and use of his time. Many simple questions can be answered by regional staff doing a review that don't require his involvement. There is also a benefit of a regional PI coordinator not representing the regulatory office when a service is looking for advice about a possible problem.
- vii. The group all made it clear they don't want to take lightly the protection of this information but that from a functional standpoint they need the human support. If there is a perceived or real breach of confidentiality they want to know and should be held accountable to this.
- viii. Rick discussed his perspective in the importance of the access and how this benefits the local service and has at times benefited the state when dealing with frequent users of our system which was a project Maine EMS and Maine CDC/Medicaid were engaged in.
- ix. Dr. Pieh has a drafted grade system that they use in the hospital and how that may translate to an EMS system and reporting to the state office vs keeping things locally.
- x. Dr. Bohanske motioned to give access to data including patient Identifiable information to the Regional Medical Control quality improvement committee to carry out the regional medical control quality improvement plans. Dr. Ritter seconds.
 1. Discussion about what is data what is access etc.
 2. Unanimous 9-0 approved

Old Business 1215 – 1230

11) Ops – no meeting

12) Education – met and discussed work around NREMT, Airway Management, and IFT

13) QI – Did not meet as interviews were being done for the at large position on the MDPB.

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Please Note: The MDPB will be meeting to discuss direct contracting with the Regional Medical directors after the MDPB meeting. This meeting will go no longer than 1430. Unfortunately, due to the need to finalize these contracts promptly, the QI Committee will be canceled.

Dr. Sholl gave a recap of the conversations that the MDPB has had around this and concerns that were shared. The time is not available today to bump up against the bigger conversations we need to have. Matt is excited about the idea of direct hiring of medical directors by Maine EMS because this has opportunity. He wants to ensure that as we do this we don't break the good work and process that has existed.

1: Butch Russell asked what isn't working today that this idea of contracts with the state would fix.

Dr. Pieh discussed that there has been expressed concern about the APEMS scope within the group and that it has created a subgroup within the MDPB that is supposed to be a collaborative unbiased group. He does not feel this is the case but we shouldn't have a system built on the current personalities involved. He explained they need to be sensitive to the perception.

Butch was concerned that if the medical director is contracted with the state this means that there is no separation between QI and investigations.

Dr. Pieh wants to ensure that he doesn't lose the approachability he has worked so hard to develop and he needs to keep that in mind as we discuss transitions.

Joanne reminded the group that when we are an armada of ships headed to the same destination we are most powerful.

There will need to be more discussion in the future about this topic.

Motion to adjourn Dr. Bohanske, Second Dr. Zimmerman 1500