



PAUL R. LEPAGE  
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JOHN E. MORRIS  
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**Medical Direction and Practices Board  
 Minutes  
 November 21, 2018**

MDPB members in attendance

Matthew Sholl, Kate Zimmerman, Tim Pieh, Seth Ritter, Bethany Nash, Michael Bohanske, Pete Tilney, Matthew Opacic, David Saquet

Maine EMS staff in attendance

Shaun St. Germain, Jason Oko, Timothy Nangle

Audience members in attendance

Richard Petrie, Jay Bradshaw, Joanne LeBrun, Steven Smith, Chip Getchell, Christopher Pare, Brian Martin

**MDPB Agenda – Meeting begins at 0930**

- 1) Introductions
  - a. Review sign in sheet
- 2) October 2018 MDPB Minutes
  - a. ***Motion to approve the October minutes by Dave Saquet, Second Tim Pieh, unanimous***
- 3) IRB of two projects. MDPB joined by their outside reviewer, Jo Horn from Maine General Hospital.
  - a. Project #1 – “An Atlas of Opioid and Non-opioid Cardiac Arrest Incidence and Outcomes in Northern New England” - To review cardiac arrest cases to assess the impact on the opioid crisis. The review will look at causes, review location and geography, create a heat map of cases, teasing out where overdose related cardiac arrests are occurring
    - i. Three other new England states are participating
    - ii. Maine Med has approved the IRB
    - iii. The Maine EMS board has approved the release,

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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

- iv. A review of the way Maine EMS can release data
    - 1. They may read the narratives if they cannot tell from the initial data
    - 2. **Tim Pieh proposed they approve, Dave Saquet seconded, opportunity for discussion, vote unanimous with Matt Sholl abstaining**
  - b. Project #2 – “Maine EMS Protocol Changes Affect Prehospital Treatment of Bronchiolitis” review how a protocol change affects providers at the street level. Bronchiolitis –
    - i. Matt advised the group that he is involved in this project.
    - ii. Looking at a before and after snapshot of how bronchiolitis cases are treated. Did we affect how nebulizers are used?
    - iii. There will not be identifiable information
      - 1. Tim said this could be handled under a FOAA request.
    - iv. The number should be around 100 to 200 per year for under two-year-old patients.
    - v. **Motion by Tim Pieh to approve, second by Matt Opacic**
      - 1. **Unanimous, with Matt Sholl abstaining**
  - a. Mike Bohanske is working with a Med Student to review the implementation of the TXA protocol, through Fiscal year 2018, then through the trauma registries to see which patients got it in the field, and which ones would have been an appropriate candidate for TXA administration in the field.
- 4) State Update – St. Germain
- a. Medical Director’s Resources
    - i. Nothing to report
  - b. Heart Rescue/RA
    - i. Meeting was postponed due to weather
  - c. EMS-C
    - i. Marc is trying to build the EMS-C Advisory committee
  - d. Regional deliverables for FY 20
    - i. Looking to have a focus on QI, discussion on how to quantify this.
    - ii. Data on what is being looked at right now, numbers wise.
    - iii. Want to leave it open for the different regions, possibly randomizing the studies.
    - iv. Keep it separate from anything punitive.
    - v. Seth Ritter – we would rather have 12 well reviewed charts rather than 100 quick glances.
    - vi. Dave Saquet, MEFIRS is clunky, he has had some help, do we look at a different system?

1. Matt, multiple ways to get this done. Should we spend more time learning about the system?
  2. Folks would like to review if this is the best system, and what the state requirements are determine if MEFIRS is the best tool.
  - e. Rules update is going through the review process, we will have public meetings when we get to the public comment period.
- 5) Special Circumstances Protocols – NONE
- 6) New Devices – NONE
- 7) UPDATE –Medication Shortages
- a. Bethany Nash Reported that Diphenhydramine supplies are vulnerable,
    - i. Discussion re: a PO option for diphenhydramine as an alternative medication protocol.
    - ii. mag sulfate, sodium bicarb, adenosine syringes supplies are vulnerable, but most services have vials
  - b. Bound Tree Recall-
    - i. Rick Petrie – Background - Recall notice from bound tree requiring the removal of all the Epi Safe syringes, the issue was that they were only marked 0.15 and 0.3 and this had not been approved by the FDA, there is nothing wrong with the syringes at all, except the markings.
      1. These are the same dose of an EPI pen,
    - ii. Seth, Bethany and Kate will discuss this further – off line and bring back to the MDPB for a more informed discussion
      1. Rick will share the information when they get it from the FDA and Bound Tree
- 8) Follow Up - Discussion re: re-arrest in route to the hospital
- a. Long term discussion has been occurring with the Office of the Chief Medical Examiner
  - b. Region 1 had questions about not being able to move a patient once they have deceased in the back of an ambulance, this was incorrect
  - c. Hospitals can register a deceased individual, and they must due to Licensing requirements from the state of Maine. Discussion with DHHS brought up the a concern re: EMTALA in this role.
  - d. Maine Hospital Association is taking the letter drafted by the MDPB putting it on their letter head to reinforce that it is appropriate to accept deceased patients, this will be followed up by the MDPB Statement.
- 9) 2019 Protocol Update
- a. Timeline review
    - i. Discussion re: rolling protocols out on the 1<sup>st</sup> of the year – Timothy Nangle

1. Roll out on January 1 makes the data cleaner, so you have a calendar year of data to review.
  2. Kate, what about a wash out period when you introduce something new.
  3. If we accept there is a washout period, we need to be consistent on that period, and some of the “n’s” are so small would the washout period be contributory?
  4. Starting on a holiday weekend is also a challenge.
  5. Looking at data does not need to be viewed on a calendar year basis,
  6. Is there the ability to give services a roll out period? Meaning Protocol education has been completed, and the agency has the required medications and supplies, can they go live with the protocol update early?
  7. ***Matt Sholl made a motion to stay with December 1 protocol roll out date, Tim Pieh seconded it, unanimous.***
    - ii. The change protocol document is available, and the current versions of the protocols. If by April, the education committee had 90 percent of the protocol, could they have the remainder done if they got the last 10 percent in May. Education committee interim chairperson Chris Pare said it could happen, however, he would like to discuss this with the education committee.
- b. Conference Call reviews – 1030 -1035
- i. November conference call – review major themes that arose – Zimmerman
    1. Four callers in attendance no major suggestions
      - a. Review of where the MDPB was in the protocol review process
    2. Discussion with consistencies with online medical control
      - a. Regional medical directors will need to some training with online medical control providers in their regions.
- c. Protocol TO DO List/:
- i. Gold Section Review Ritter/All
    1. Follow Up Epi Discussion – Oko
      - a. Not a required medication
      - b. 106 responses
        - i. 47 carry epi pen
        - ii. 47 carry check and inject
        - iii. 12 do not carry

- c. We have shared the survey with the regions, Rick, Ben, and Joanne, to send the survey out to their Agencies for a larger response
- d. Look to drill down on the 12 not carrying.
- e. The group discussed adding Epi for anaphylaxis to the EMR scope of practice,
  - i. We should make sure it is available on all EMT apparatus first, then discuss the scope.
- 2. Discussion re: White Papers for 2019 protocol changes
  - a. What has changed big enough in each section to deserve a white paper? To educate and inform why the decision was made, and to provide background to the change.
    - i. Mechanical CPR white Paper
    - ii. Medical directors for each section should provide this list to Matt and Kate
- 3. Follow up - Scene time in stroke
  - a. Addition agreed upon
- 4. Ondansetron at AEMT vs Isopropyl Alcohol – Ritter
  - a. Discussion re: Updated National Scope of Practice Model
    - i. Came from island service who transports on a boat quite frequently, could they give an ODT tablet.
    - ii. Would this be a big lift for education?
    - iii. Seth Ritter made a motion that AEMTs can give 4 mg of Zofran ODT once after going through the checklist., Kate Zimmerman seconded the motion**
      - 1. Pieh and Tilney were not in favor, the rest were in favor.**
      - 2. Discussion Pieh – the times it is required is low, the indication that brought this up, was motion sickness, which ODT is not effective for.**
      - 3. The motion passed**
    - iv. An alcohol prep pad being sniffed can aid nausea, the literature is available to support this.
      - 1. Matt Sholl made a motion to hold on this, Bethany Nash seconded, no discussion, Seth Ritter opposed.**

## **2. Motion passed**

- ii. Yellow Section Review – Collamore/Zimmerman/All
    - 1. Kate reviewed the poisoning overdose protocol
    - 2. Hypothermia update by Beth Collamore
      - a. Updated from Alaskan guidelines
      - b. Hypothermia 2 pearls to emphasize patients need to be handled gently, do not massage the extremities to rewarm.
    - 3. Adding the mark 1 kit for force protection.
    - 4. Hyperthermia
      - a. Use simple evaporation techniques
      - b. If available, use an ice bath?
    - 5. Considered moving ophthalmology to green, as we are adding dental as well.
  - iii. No proposed changes to agitated excited delirium
    - 1. Seth Ritter recommended removing half dosing
    - 2. ***Tim Pieh made a motion to remove the half dosing for suspected or known alcohol, or sedatives present. And to address the education regarding the use of the full dose, Seth Ritter seconded – unanimous, Dave Saquet not present.***
    - 3. The remainder of this discussion was put on hold.
- 10) Discussion – Feb 2019 and April 2019 MDPB meetings
- a. These meetings fall into school vacation weeks
    - i. Send out a doodle poll and address this at the next meeting.
    - ii. Kate Zimmerman will send out the poll

## **Old Business 1220 -1230**

- 1) Joanne Lebrun Discussed the Operations Team Meeting
  - a. Ems week 2019 was discussed
  - b. Maine EMS looked at the AED Contract
  - c. Suspicious substance policy was reviewed
  - d. Spoke about emerging infectious diseases
  - e. EPI Safe syringe recall was discussed
  - f. VL/DL training and/or purchase guidelines
    - i. Direct view with a camera and non-hyper angulated
  - g. Mechanical CPR purchase guidelines
    - i. Device must meet AHA recommendations
- 2) Education

- a. Finished reviewing the draft of the comprehensive airway review program and the VL project
  - b. How to do an interim update for PIFT
  - c. MEMSEd interim problem, Maine EMS is working with Muskie to update MEMSEd.
- 3) QI
- a. Discussing ongoing metrics from MEFIRS, naloxone, and stroke score documentation
  - b. Looking at OHCA for last quarter as well as
- 4) Community Paramedicine update
- a. Jason Oko reported that the committee was meeting to discuss designations.
- 5) *Motion to adjourn by Tim Pieh, second by Kate Zimmerman, unanimous***