



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



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J. SAM HURLEY
DIRECTOR

Medical Direction and Practices Board – May 19, 2021
Conference Phone Number: 1-646-876-9923 **Meeting Number:** 81559853848
Zoom Address: <https://mainestate.zoom.us/j/81559853848>

Minutes

Members present: Matt Sholl, Kate Zimmerman, Benjy Lowry, Beth Collamore, Bethany Nash, Dave Saquet, Kelly Meehan-Coussee, Mike Bohanske, Pete Tilney, Seth Ritter, Tim Pieh, Bethany Nash, Rachel Williams

Members Absent: Claire DuFort, Adam Thacker

MEMS Staff: Chris Azevedo, Marc Minkler, Jason Oko, Darren Davis, Melissa Adams,

Stakeholders: Chip Getchell, Don Sheets, Eric Wellman, Jay Bradshaw, Jesse Thompson, Paul Hewey, Paul Marcolini, Shawn Cordwell, Rick Petrie, Joanne Lebrun, Melissa Malo, Daniel Morgan, Shane Bowden, Stephen Sims, Crystal Bagley, Kristina Donnellan, Steve Leach, Stephanie Cordwell

MDPB Agenda – Meeting begins at 0930

- 1) Introductions and roll call –Dr. Sholl – 0930-0935
- 2) April 2021 MDPB Minutes – 0935-0940
 - a. Motion to approve April 2021 meeting minutes made by Dr. Ritter and seconded by Dr. Collamore. Motion is carried.
- 3) State Update – 0940-0955
 - a. Director Sam Hurley
 - i. Thanks Dr. Williams and Marc Minkler for their case review presentation during EMS week.
 - ii. Maine EMS received 4.3 million dollars grant funding, which will go largely towards building and refining community paramedicine. Also, the grant funds will go for hiring a systems of care coordinator. This is a 2-year grant.
 - iii. Beginning rule making process around data. Griffin Bourassa is beginning to draft what the rules would be. This will also facilitate our re-entry into CARES.
 - iv. Monday, we applied for another grant for substance use disorder training and support. This includes \$200K support for Medical Direction in the state. This is a competitive grant and there will only be 20 recipients across the nation.
 - v. Discusses Maine EMS RFP for establishment of QA program in Maine. Looking to standardize QA programming to ensure there is consistency throughout the state. This is money for the RFP to provide a guidance document and training on the process.
 1. Dr. Tilney asks Director Hurley, regarding the QA grant, how this will work for Regions already doing this now?
 - a. Director Hurley- Regions are doing QA at a regional level. But there should also be services doing this locally. Maine EMS's goals are to ensure high quality service level QA programs and to make certain

that local services/leaders have the capability of performing their own QA, versus having a QA plan that relies entirely on the regions. This is especially true when the Regions are only contractually bound to perform 100 QA reviews per year.

2. Discussion around mechanisms for this, approval of submitted RFPs and RFP deliverables.

b. Dr. Sholl

- i. Many clinicians have partaken in the Northern New England Resuscitation Academy (NNE RA), which has historically worked very closely with the Resuscitation Academy (from Seattle) and the Maryland RA from Howard County. NNE worked with Seattle and the Maryland RA to create a training locally in 2019. The event planned in 2020 was cancelled due to COVID. This year, it was decided not to have an event, again due to the pandemic. However, we have received grant monies from Seattle to hold these conferences. Dr. Wolfson (Vermont Medical Director, involved in the NNE RA) received permission to purchase equipment for these purposes to conduct RA training locally. We are working on a plan to be effective and develop a training program with the equipment.

c. Jason Oko from Chat

- i. Maine EMS is pleased to offer an open forum for MEFIRS discussion. Hosted by Jason Oko, this forum is an opportunity for clinicians, service leaders and stakeholders to have a constructive discussion on opportunities to improve MEFIRS, updates to changes that are occurring, and general “how to” of using the State EMS patient care reporting system. Meetings will occur every other Tuesday starting May 25, 2021 from 3 to 430pm. This meeting is virtual, is posted on the Maine EMS website calendar, and zoom information is:

By computer/tablet: <https://mainestate.zoom.us/j/85622407877>

One tap mobile: +13126266799,,85622407877#

By phone: 1-646-876-9923

Meeting ID: 856 2240 7877

- 4) Special Circumstances Protocol Review – NONE
- 5) New Devices– NONE
- 6) UPDATE – Medication Shortages – Nash/All – 0955-1010
 - a. Dr. Nash
 - i. None to report
 - b. Clinical Bulletin re: Pumps
 - i. This was discussed last meeting, regarding desired features of any approved pump. This is still in progress.
- 7) COVID-19 – 1010-1030
 - a. Discussion re: Pandemic Response Protocol: Low Risk Patient Disposition
 - i. Dr. Sholl discusses with the group “are we ready to retire this section of the Pandemic Response Protocol?” Discussion centers around number of times implemented, current environment, vaccination, and immunity status in the state, and current hospital care capabilities.
 - ii. Dr. Sholl motions to retire this section of the protocol, adding that this will require issuance of a clinical bulletin. Dr. Collamore seconds the motion. No discussion. Motion carried.
- 8) 2021 Protocol Update –All – 1030-1240
 - a. Review Timeline

- i. Dr. Sholl shares timeline spreadsheet with the group and discusses progress.
- b. Protocol Discussion Forums
 - i. Dr. Sholl discusses the past discussion forum held via ZOOM. Jason Oko distributed the ZOOM invite using the same distribution list as the bi-weekly COVID updates. Significant increase in attendance. There were some questions, but the forum ended up largely an awareness event. This was felt to be beneficial and useful.
 1. There will be no more forums in the future for this protocol update. The next public meetings regarding the protocols will be the educational meetings and train the trainer meetings.
 2. Dr. Zimmerman
 - a. There were questions of metrics being associated with the protocols for QI purposes? Questions regarding how we reach out to various medical control for education on protocol updates. Also, equipment list questions were put to the forum.
 3. Dr. Pieh
 - a. Perhaps the section authors might propose their own QI metrics to assist in this?
 - b. Dr. Sholl agrees this is a good idea. Discusses. Asks that if authors have ideas, they be forwarded to himself to forward to the QI committee.
 - c. Dr. Pieh discusses educating the various medical control entities. Suggests this may be possible with zoom.
 - ii. Discussion – White Papers – Sholl/All
 - i. Dr. Sholl describes white paper process.
 - ii. EPIC and the Updates to the Head Injury Protocol – Pieh/All
 1. Dr. Sholl shares paper with the group, on screen, while Dr. Pieh discusses the paper with the group.
 2. Approach was a Q&A format. Hyperlinks for deeper information are also included. Paper breaks into action points for clinicians. Also covers lessons learned from each item in the original Arizona pilot. Finally, the protocol is summarized.
 3. Dr. Bohanske compliments the background info in the paper that is not contained in the protocol.
 4. Dr. Saquet motions to approve the document, with Dr. Meehan-Coussee seconding. No discussion. Motion carries.
 - iii. 2021 Maine EMS Protocols and the 2019 National EMS Scope of Practice – Sholl
 1. Dr. Sholl discusses the paper.
 2. Highlights considerations for scope of practice at federal level. Discussed how those national agenda items are developed and how MDPB addresses them.
 3. MDPB has spend great amount of time considering the EMT scope of practice. This is the scope which has had the greatest number of changes to it.
 4. Motion made to accept the paper made by Dr. Meehan-Coussee and seconded by Dr. Lowry. No discussion. Motion is carried.
 - iv. Annex #1/K9 Protocols – Zimmerman/All
 1. Dr. Sholl discusses that these protocols are going to be specific to a certain EMS services. Discussion on timeline for finishing this protocol section.
 2. Dr. Zimmerman discusses her remaining process. Can try for June or July meeting to have work completed.
 3. This topic is tabled for further work and report next month.
 - v. Oral and Parenteral Analgesics at the EMT and AEMT Scope of Practice – Meehan-Coussee/Nash/All

1. Dr. Nash discusses scope of the paper- why IV form of meds added and why availability was made to lower license levels.
2. Dr. Sholl shares the paper onscreen with the group. Suggests info regarding need for vented tubing with glass bottles and other smaller details.
- vi. Updates to the Medical Shock Protocol – Saquet/All
 1. Dr. Saquet
 - a. Discusses initiation of levophed without medical control aspect of the paper.
 - b. Group discussion regarding dosing, measurements, and volumes.
 - c. Paper tabled for other improvements.
- vii. OB Emergencies and the Changing Resources Surrounding Ob Care in Maine/Saquet
 1. Dr. Saquet discusses.
 2. Awareness that the protocol is there and consistent with national standards.
 3. Dr. Collamore suggests including references for peds care centers for clinicians.
 4. Paper tabled for further work.
- d. Discussion: Items for review from Protocol Review Process
 - i. Glucagon Dosing and Pediatrics – Sholl/All
 1. Dr. Sholl discusses an issue with listing exclusively adult dosing, but in dose calculator in the app, pediatric dosing is listed. Change suggested to add pediatric dosing to protocol Gold 6. This issue was brought to Dr. Pieh via Stephanie Cordwell (Paramedic Program Director at KVCC) as a result of a student's question during discussions in class.
 2. Discussion on dosing.
 3. Dr. Sholl motions to amend protocol dosing as listed in the protocol itself. Motion is seconded by Dr. Saquet. No discussion. Motion carried.
 - ii. Agitated Delirium/Ketamine and alcohol intoxication – Sholl/Zimmerman/Bohanske/All
 1. Dr. Sholl discusses issues resulting from QA at MMC, where cases resulted in patient intubation.
 2. Suggests asking Education Committee to revisit AMSS scale in their coming protocol education regarding this. Agreement from the group.
 3. Do we want to be more deliberate about the potential effects of ETOH and Ketamine?
 - a. Suggests learning more about specific cases before protocolizing ketamine anything additional. Strengthen language in PEARLS.
 - iii. Blue 7 and the ordering of Magnesium and IM Epi – Sholl/All
 1. Dr. Sholl
 - a. Currently it is stated in EMT/AEMT placing CPAP. It's stated in those cases, give magnesium sulfate first, epi listed second. This seems clinically awkward. Suggests changing order of epi and mag sulfate so that Epi is first. Discussion.
 - b. Dr. Bohanske- States that in his own practice, he is using magnesium sulfate first and then epinephrine second. In AEMT level, where they don't have magnesium sulfate, it made sense for them to do epi first. But paramedics do have magnesium sulfate.
 - c. Dr. Sholl- It's odd that we have stronger literature on value of Epi, than on magnesium sulfate. Dr. Sholl makes the motion to remove Blue 6/7 language prioritizing magnesium sulfate. Seconded by Dr. Williams. No discussion. Motion carried.
 - iv. Epi in Croup and OLMC vs. standing protocol – Saquet/Williams/All
 1. Dr. Williams summarizes. Dr. Sholl shares the paper with the group.
 - a. Giving steroids for croup without medical control- approved. Discusses proposed criteria for epinephrine.

- b. Motion to accept is made by Dr. Meehan-Coussee and second by Dr. Saquet. No discussion. Motion carried.
 - v. DNR protocol and DNR Jewelry – Sholl/All
 - 1. Dr. Sholl- Sam Hurley brought to attention some concerns around DNR jewelry. Reads language passage specifying current jewelry requirements. Discusses suggested additional verbiage and asks for comment from the group.
 - 2. Motion to accept verbiage changes made by Dr. Collamore and seconded by Dr. Pieh to accept. No discussion. Motion carried.
 - e. Discussion – remaining steps in the protocol review process – Sholl/All
 - i. Dr. Sholl
 - 1. Education Committee – Outreach to colleague Education Committee members
 - 2. Maine EMS Formulary and Facts Sheets
 - a. We are considering where this should live.
 - 3. Protocol Editing Process
 - 4. Summary Change Document
 - a. Hopefully will get to this at end of month.
- 9) Discussion re: Committee Assignments – Sholl/All – 1240 - 1250
- a. Data Committee Position
 - i. The Data Committee is looking for MDPB member representation on the committee.
 - ii. Dr. Saquet has expressed interest in this, but also want to see if there is also interest in this by others. Dr. Sholl suggests nomination of Dr. Saquet to Data committee. Motion made by Dr. Zimmerman to nominate Dr. Saquet for the position. Motion is seconded by Dr. Collamore. No discussion. Motion carried.
 - b. IFT Committee Position Dr. Sholl-
 - i. The Interfacility Transport Committee is also looking for representation by the MDPB on this committee.
 - ii. The EMS Board has decided to re-initiate that committee and has had conversations regarding the committee membership. It's been proposed to include high-level hospital management on this committee. Board offered to provide two positions to MDPB after input by Dr. Sholl.
 - iii. Have heard from Adam Thacker. Dr. Sholl also interested, as well as Drs. Tilney and others. Discussion regarding process that should be used by the group to fill the two positions.
 - 1. Dr. Meehan-Coussee comments that though she has interest, she may not be as qualified as others with regard to IFT in Maine.
 - 2. Dr. Pieh adds Drs. Tilney and Sholl would be most qualified.
 - 3. Concerns expressed regarding past participation by Adam Thacker, not sufficient so far to support his nomination to the committee.
 - 4. Motion by Dr. Collamore to nominate Drs. Sholl and Tilney to represent MDPB on the IFT Committee. Discussion. Seconded by Dr Pieh. Motion carried.
 - c. PIFT
 - i. Dr. Tilney discusses PIFT education
 - 1. Approached by the Education Committee, who gave first-pass info on education updates. Discusses material presented.
 - 2. Committed to them that it is understand updates need to happen quickly. However, there needs to be conversations regarding how we do oversight. Medical direction and oversight was, in the past, an area of mixed success.
 - 3. Would like to bring some suggestions to the IFT committee.
 - 4. Has penned a letter, with revisions from Dr. Sholl stating we hear there is a need, we are working diligently. At the same time, we are working with the IFT committee on several sub areas.
 - 5. Would like to send this to MDPB members for review. After review, send this to EdComm.

6. Dr. Sholl adds the Maine EMS community would like to send this out to also include hospitals and ACEP, to create open dialogue around PIFT to improve and update this system. There are difficult issues, such as determination of stability, but are working to address these. PIFT is transport of a stable patient and not sure this is recognized by the hospitals and medical directors throughout.
 7. Dr. Tilney asks if he can get feedback in 3-4 days, once this letter is sent out to the group? Group agrees.
 8. Dr. Meehan-Coussee adds that at last ACEP meeting, one area of needed focus was IFT. So, MDPB is not the sole group looking at this.
- d. Dr. Sholl discusses usual time off for August and that the group should consider.

Old Business – 1250 - 1300

- 1) Ops
 - a. Rick Petrie
 - i. Much work centered around EMS week resulted in getting full page ad in every daily newspaper. We weren't able to get the supplement done.
 - ii. Discussed activities for recognition going on this week for EMS recognition. One is highlighting role of EMS in vaccination.
 - iii. Press conference on Friday that Director Hurley is putting together.
 - iv. Regional contracts have gone out for RFP. Due one week from today.
- 2) Education
 - a. Chris Azevedo discusses efforts to keep Education Committee update presentation authors up to date on MDPB materials that have been approved. All the latest protocol update change sheets have been posted on the website and are available to education authors.
- 3) Community Paramedicine
 - a. Jason Oko
 - i. The Committee has things going on as a result of the grant received by MEMS.
 - ii. QI committee meeting today. Working actively on trauma newsletter. Also reviewing open positions on committee.
 - iii. MEFIRS open forum is next Tuesday.
- 4) EMS-C
 - a. Marc Minkler
 - i. National readiness for hospitals survey currently underway
 - ii. Advisory committee meeting tomorrow at 1p
 - iii. Finishing up a pediatric vital signs card.
 - iv. There is an effort to allow RNs to insert LMAs into newborns.
- 5) Trauma Advisory
 - a. Dr. Zimmerman
 - i. TAC met last month. Approved bylaws
 - ii. Working on state trauma plan. Feedback next week.
 - iii. Mild TBI project. Have written guidelines. Maine Health has guidelines that we'd like to try to bring into alignment.
- 6) Maine Heart Rescue
 - a. Already covered.
- 7) Motion to adjourn made by Dr. Bohanske and second by Dr. Nash.
- 8) Meeting adjourned at 1311 hrs.
- 9) Next meeting is 4th Monday of the month for bi-weekly COVID update.