



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



JANET T. MILLS  
GOVERNOR

MIKE SAUSCHUCK  
COMMISSIONER

WIL O'NEAL  
DIRECTOR

**Medical Direction and Practices Board – May 15, 2024**  
**Conference Phone Number:** 1-646-876-9923 **Meeting Number:** 81559853848  
**Zoom Address:** <https://mainestate.zoom.us/j/81559853848>

**Minutes**

**Members present:** Matthew Sholl, Kate Zimmerman, Beth Collamore, Tim Pieh, Dave Saquet, Rachel Williams, Emily Bryant, Pete Tilney, Benji Lowry, Bethany Nash, Seth Ritter, Kelly Meehan-Coussee  
**Members Absent:** Mike Bohanske, Colin Ayer  
**MEMS Staff:** Jason Oko, Wil O'Neal, Ashley Moody, Robert Glaspy, Soliana Goldrich  
**Stakeholders:** Joanne Lebrun, Rob McGraw, Kevin Kendall, Chip Getchell, David Ireland, Dwight Corning, John Lennon, Michael Renney, Rick Petrie, Rob Sharkey, Denis Russell, Christopher Paré, Donald Sheets, John Moulton, Jonathan Busko, Sean Donaghue, Jeremy Ogden

**Mission Statement:**

*"The mission of Maine EMS is to promote and provide for a comprehensive and effective Emergency Medical Services system to ensure optimum patient care with standards for all clinicians. All members of this board should strive to promote the core values of excellence, support, collaboration, and integrity. In serving on this board, we commit to serve the respective clinicians, communities, and residents of the jurisdictions that we represent."*

- 1) Introductions
  - a. Meeting called to order at 9:33. Dr. Sholl does introductions and the reading of the mission statement.
- 2) Approval of MDPB Minutes
  - a. The group has a backlog of minutes from 2023 and 2024 for approval.
  - b. August 2023
    - i. Motion to approve made by Dr. Zimmerman and seconded by Dr. Collamore. No discussion. Motion is carried.
  - c. September 2023
    - i. Motion to approve made by Dr. Collamore and seconded by Dr. Zimmerman. No discussion. Motion is carried.
  - d. October 2023
    - i. Motion to approve made by Dr. Tilney and second by Dr. Williams. No discussion. Motion is carried.
  - e. January 2024
    - i. Motion to approve made by Dr. Pieh and seconded by Dr. Collamore. No discussion. Motion is carried.
  - f. March 2024
    - i. Motion to approve made by Dr. Saquet and seconded by Dr. Tilney. No discussion. The motion is carried.

- g. The committee offers thanks to Chris Azevedo for the work getting the minutes done.

### 3) State Update

- a. Director O'Neal gives a general update.
  - i. SUD Efforts in Maine - CDC will release overdose data in Maine and we will see a significant decrease in overdose deaths.
  - ii. Pen Bay Medical Center's ED has received a readiness award for pediatric patients. Pen Bay scored 93 in readiness. Marc Minkler is recognized for his efforts to accomplish this as the EMS-C Program Manager.
  - iii. EMS awards will be on 23 May 2024, at noon. Dr. Michael Bohanske will receive recognition. Dr. Beth Collamore will be recognized as Medical Director of the Year.
  - iv. Community Paramedicine update - we are waiting for the rules to come out. There are services that are ready, but the rule is not. Meeting with the State Medical Directors to discuss further.
  - v. Working our way through the stabilization grant - two new staff members and one more being interviewed this week. This will be done by the end of the month.
- b. Director O'Neal gave updates on current Legislative bills
  - i. LD1515 – Part of this called for a 26 - member EMS commission. This section, along with the rest of the bill was tabled. We could see it again in January.
  - ii. LD1742 - reviewing rates for CP reimbursement with an amendment that removed \$18 million from Phase 2 of the sustainability funding to give to MaineCare. It was tabled.
- c. Director O'Neal reviewed the changes coming to the Maine EMS regions moving forward.
  - i. Moving from six regions to four. It is based on the focus of previous recommendations and how to implement them. The change was about money and not performance. The contracts ended because there was no mechanism to continue or extend them.
  - ii. Director O'Neal explains some background regarding reducing the Regions from six to four, and how the funding for six regions was allocated, versus using it for only four regions.
    1. Rules Chapter 15 establishing the 4 Regions had to be written, and then the positions for four regional coordinators had to be obtained. Through the approved supplemental budget, the office received the funding for the four positions, and the regional coordinators will now come under the Office.
    2. The reason this works is because there is a \$300,000 allocation from the legislature to assist regional coordination to six regions. This was not enough money to cover everything that is needed. The bandwidth of the allocation could be expanded if the positions were moved under the state. So, this change takes regional coordination from a contract relationship and moves it to the office, where it's then a salary cost from the Office. This leaves more of the allocation available for use in covering necessities.
    3. The borders for the new EMS regions are along county lines now. A new map was distributed to Dr. Sholl this morning, it is on the Maine EMS website as well.
    4. With only four regions, the \$300, 000 allocation becomes \$75, 000 per region instead of \$50,000, and it doesn't pay for the regional coordinators anymore. It will pay for the office and gives operational budget to the office, as well as the ability to hire an LMS administrator/continuing education support and support from an administrative assistant.
    5. To look towards a sustainable future, one of the solution items is also to use part of the sustainability grant money that goes to regional councils to finance contracts with the medical directors.
    6. Also, we're changing grant options to get a 3-year term for the Regional council. With four regional councils, each will receive \$1,000,000 for the three-

year grant period. This amounts to \$250,000 per region for the three-year period.

- a. \$33,000 goes to fund the office.
  - b. \$50,000 for contracts to be split between regional medical and associate regional medical directors - \$25,000 each, in each of the four regions.
7. By doing that, the \$300,000 of the allocation that is now \$75,000 per regional office goes into that office budget.
  8. The regional coordinator salary goes under the Office, and the medical director and associate medical directors go to the grant funding for the next three years.
  9. This takes some pressure off the regional councils and gives them time to save or use the monies for items needed.
  10. The current regional assessment fees for EMS services go away.
  11. It also gives the EMS Director the opportunity to work with the legislature to see how we can continue to move forward with this model.
  12. We have found a solution from the state to offer a six-month bridge contract for regional coordination. If we are unable to sign a contract, we will be able to hire in July.
  13. We have looked at the key functions the regional coordinators play and how to handle those items in their absence.
- iii. Dr. Pieh - There will be a medical director and an associate medical director, but only one will have a vote at the MDPB. Is there a way to open that up in the future so it keeps them engaged and accountable?
    1. Director O'Neal - Our concept is that they each receive the same amount of funding. We will have a discussion with the rules committee and Dr. Sholl. The regional councils will play a big part in this plan, and we will communicate with those councils to see how this plays out.
  - iv. Dr. Saquet - What is the plan going forward from June 30 to January 1st?
    1. Director O'Neal - The risk is, how do we maintain the current regional medical directors? The gap will only exist if we are unable to contract with the existing regional coordinators. This will be a six-month extension of the current contract. We have discussed how we would mediate the change if we were unable to extend the current contracts.
  - v. Dr. Collamore - Thank you to the current coordinators for their incredible work over the last several (many) years, especially during the pandemic.
    1. Director O'Neal - We want the relationships to be appropriate and meaningful. I appreciate your perspective and their work is nothing short of amazing.
    2. Dr. Sholl - Can we make this a standing agenda item for the foreseeable future?
      - a. Director O'Neal - Yes.

#### 4) Special Circumstances Protocol Review

- a. John Moulton discusses the pilot project proposal from Sanford Fire/EMS with the group.
- b. Sanford Fire EMS - Ultrasound -Guided Vascular Access Pilot Project.
  - i. Review of the slides summarizing a few of the updates.
  - ii. Written Protocol to include indications, contra indications, anatomic locations, after call action sheet.
  - iii. Protocol based on NH Ultrasound guided IV access protocol.
    1. Proposed protocol in the slide set.
- c. After-call Data Sheet - Built into MEFIRS as a worksheet.
- d. IV success rate data
  - i. Removed students from the previously reported data. The success rate is now 74% as opposed to the previously reported 46% success rate.

- e. Education Plan
  - i. LifeFlight of Maine training program
  - ii. Clinical rotations in the ED for live attempts
- f. Review skill competency quarterly - 3 successful insertions per quarter or demonstrate proficiency.
- g. QA Plan
  - i. Storage of images, images should be imported to the ePCR.
  - ii. Review of 100% of POCUS cases by agency medical director and the QA group at the agency
- h. Questions
  - i. Dr. Saquet - QA question. Do you plan on capturing the images after completion for medical director review?
    - 1. John Moulton - Not sure how operational this will be, but we want to be able to review things moving forward. Some images might be more applicable to diagnostic scanning.
    - 2. Dr. Saquet - Should capture an image with the vein cannulated.
  - ii. Dr. Collamore - age cut off at adult, you should put a number on that, will it be 16 or 18?
    - 1. John Moulton - We were looking at 18 and up, but we are open to putting a different number based on consensus.
    - 2. Dr. Sholl - We need a defined age.
    - 3. John Moulton - we will go with 18.
  - iii. Dr. Collamore - Is the population you feel this will be most useful for, the substance use disorder community?
    - 1. John Moulton - Combination of SUD and the cancer treatment facility in our community.
  - iv. Dr. Zimmerman - Think of entering in the QA, if the line placed was for medication administration and there was an alternate route available, documenting why the alternate route was not used, i.e., IN, IM, or orally.
- i. Motion made by Dr. Collamore to accept Mr. Moulton's presentation and project as a pilot project. Motion is seconded by Dr. Saquet. No discussion. Motion is carried with one opposed.
  - i. Dr. Sholl discusses the need to review the data
    - 1. A reporting frequency interval will be required on a monthly basis until the group feels comfortable extending that to every other month or every quarter. That decision should be data driven.
    - 2. This pilot will now be built into the MDPB monthly pilot project reports.

#### 5) Alternate Devices – NONE

#### 6) Pilot Projects

- a. Delta – Monthly Report
  - i. Dr. Sholl shares his screen presentation with the group and Chip Getchell gives the monthly report for February and March of 2024.
  - ii. The group expressed concerns regarding appropriateness of the transport team level of care for some patients discussed. The group then entered into executive session for case reviews, due to concerns regarding patient confidentiality. The breakout session was not recorded. The breakout session ended at 11:53.
- b. The group takes a 5-minute break before continuing with pilot project reports.
- c. Jackman – Quarterly Report at 11:59
  - i. Dr. Busko gave a report for December through February. He answered any questions MDPB members had.
- d. MMO – Quarterly Report at 12:11
  - i. Chief Donaghue gave an update on the Portland Fire Department's Mobile Medic Outreach program and answered questions the members of the MDPB had.

- 7) Alternate Devices – NONE
- 8) UPDATE – Medication Shortages
  - a. No updates to report since the last meeting.
- 9) Emerging Infectious Diseases
  - a. No updates to report.
- 10) 2023 Protocol Debrief
  - a. Tabled until the next meeting.
- 11) Update/Announcement - CARES Data
  - a. Ashley Moody gives a presentation on the Maine EMS 2023 CARES summary data and answered questions presented by the MDPB members.
  - b. Ashley Moody notes data indicating a predominant lack of AED availability in cardiac arrest events.
  - c. Data shows 8.7% survival rate to discharge and 7.5% of successfully resuscitated patients were discharged with good or moderate cerebral performance.
  - d. Improvement strategies
    - i. Bystander engagement – CPR education, AEDs
    - ii. Documentation
      1. Drop-down versus narrative
      2. OLMC – significant deviation from protocols in medical direction
      3. NEDS - notification or lack thereof
  - e. Discussion of data by the group.
- 12) Other Updates
  - a. Dr. Sholl discusses a list of updates for other items not otherwise covered in the agenda
    - i. PIFT – Much work and review on the PIFT update document. Many thanks to those who provided feedback on the document. We are still in the process of compiling those comments and reviewing. We will continue work over the next month and hopefully, be able to bring the document back to the group for the June MDPB meeting.
    - ii. Discussion – June MDPB meeting and Juneteenth
      1. The June MDPB meeting coincides with this national holiday. June 18<sup>th</sup> is a possible alternate date. Dr. Sholl queries the group as to the date and will send an email for offline discussion and a possible doodle poll. The group will also need to make an appropriate notification of a meeting date change.
  - b. Reminder – May 23rd – 11 am – EMS Memorial Service – Celebration Afterward at the State Capitol
  - c. Discussion of Bromazolam as an emerging substance being used in overdose situations. More to come, potentially a clinical bulletin.

## Old Business

- 1) Ops
  - a. No report.
- 2) Education and Examinations Committee
  - a. No report.
- 3) QI
  - a. Chip Getchell – meeting today at 1330. Membership, regional boundaries and the strategic plan will be topics for discussion.

**4) Community Paramedicine**

- a. Dr. Lowry – continuing to work with rulemaking process. Polling pediatric providers within the state, looking for gaps in care. Looking at creating an onboarding mechanism for new CP clinicians.

**5) EMS-C**

- a. Dr. Williams – We are working on resources so that PECCs can have a website for use as an education resource.

**6) TAC**

- a. No report.

**7) MSA**

- a. No report.

**8) Cardiovascular Council**

- a. No report other than the presentation on 2023 CARES data by Ashley Moody.

**9) Data Committee**

- a. Jason Oko – Meeting today. Discussion involves outcome data that we've been getting into the system and discussion of "alternate home address" field in ePCRs.

**10) EMD**

- a. No report.

**11) Maine Heart Rescue**

- a. Dr. Sholl – Thanks to Chris Azevedo for his connectivity to the Maryland Resuscitation Academy and having them sponsor some Maine Instructors in becoming Resuscitation Academy instructors.

**12) Adjournment**

- a. Motion to adjourn made by Dr. Nash. Meeting adjourned at 1307 hrs.