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 – October 16, 2024
Conference Phone Number: 1-646-876-9923 **Meeting Number:** 81559853848
Zoom Address: https://mainestate.zoom.us/j/81559853848

Members present:	Dr. Matthew Sholl, Dr. Kate Zimmerman, Dr. Seth Ritter, Dr. Tim Pieh, Dr. Dave Saquet, Dr. Beth Collamore, Dr. Benjy Lowry, Dr. Kelly Meehan-Coussee, Bethany Nash, PharmD, Emily Bryant, PharmD, Dr. Rachel Williams, Colin Ayer, Dr. Pete Tilney (0945)
Members Absent:	None
MEMS Staff:	Marc Minkler, Wil O'Neal, Soliana Goldrich, Darren Davis, Amber McCormick, Ashley Moody, Melissa Adams
Stakeholders:	Rob McGraw, Rick Petrie, Dr. Norm Dinerman, Chip Getchell, John Kooistra, John Moulton, Joanne Lebrun, Dr. Kevin Kendall, Rob Sharkey, Eric Wellman, Michael Reeney, David Ireland, Sean Bilodeau, Dr. Jonnathan Busko, AJ Gagnon, Kirsten Chansky, Aiden Koplovsky

"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) Meeting begins at 0930 with a quorum.
2) Introductions
    a. Sholl makes introductions and roll call.

3) Previous MDPB minutes
    a. Motion to approve September 18, 2024 minutes made by Lowry and seconded by Zimmerman with non-substantive grammatical corrections. No discussion. Bryant abstains due to connection difficulties, passes unanimously otherwise.

4) Alternate Devices – None

5) Special Circumstances Protocol
    a. Region 1 special circumstances presentation by Kendall.
    b. Proposal is for a 1 y/o pediatric patient in Waterboro area with food protein induced enterocolitis syndrome (FPIES) and food anaphylaxis syndrome. Worked with Boston Children's, Dr. Kate Zimmerman and Marc Minkler to develop a special circumstances protocol (attached to minutes with redacted PII). Patient's mother also participates in discussion and support of proposal.
    c. Motion by Zimmerman to accept the special circumstances protocol as written, seconded by Pieh

d. Discussion: Minkler adds that this protocol would be kept by parent/guardian with the patient for use. Meehan-Coussee asks about source of the 2mg Zofran ODT tablets, family will supply and have the 4mg ODTs precut for use. Kendall states the hope is that since most patients outgrow this condition, if needed in future years, the normal protocol dose would be usable. **Bryant abstains due to connection difficulties, passes unanimously otherwise.**
e. Sholl will sign after the meeting and provide copies to family and Maine EMS

Dr. Tilney joins meeting at 0945

6) State Update
   a. Office Updates – O'Neal provides update on Chapter 27 (Sustainability Grant) of Rules, High speed internet access on ambulances grant program, on job postings and the office administrator position, Maine stroke alliance, and efforts of staff across Maine EMS system. Update on meeting with Maine Community College system president and work on workforce development and education

7) Pilot Projects
   a. Sanford Ultrasound IV Access Program – Moulton shares devices have been received and initial training has been started and is ongoing. Hoping to complete class work this week and begin clinical training
   b. Jackman Pilot Project – Busko presents on
      i. June: 10 potential telehealth cases, 6 completed (abdominal pain, ear infection, laceration, dental infection, back pain, and heat exhaustion), 9 procedures done (2 suturing, 5 meds administered, 2 local anesthetics given), no unanticipated visits in 30 days per HIN
      ii. July: 11 potential telehealth cases, 8 completed (2 dysuria, 3 sore throats, laceration, cough, hordeolum), 10 procedures (strep test, 2 urinalysis, suture, local anesthetic, 5 medication administrations), no unanticipated visits in 30 days per HIN
      iii. August: 11 potential telehealth cases, 8 completed (rash conjunctivitis, 3 lacerations, 2 embedded fish hooks, cellulitis), 15 procedures (3 laceration repairs, 3 local anesthetics, 2 digital blocks, 7 medication administrations), no unanticipated visits in 30 days per HIN
      iv. Zimmerman asks for insight on the ESI Score. Busko states this was part of the original pilot project proposal and how to determine what an appropriate telehealth case was. Exists as a 5-level triage score:
         1. ESI 1 = (Immediate medical attention) critically ill patient and not appropriate for telehealth
         2. ESI 2 = (Emergency) not critically ill but has a chief complaint and/or findings that require standard EMS care and transport to an ED
         3. ESI 4 = (Nonurgent) complaint that requires something done within the scope of the program
         4. ESI 5 = (Minor) complaint that requires no interventions
         5. ESI 3 = (Urgent) The group of patients that have complaints that may require additional evaluation but no objective findings of significant illness. Physician uses discretion whether appropriate for telehealth
      v. Meehan-Coussee asks about case in June of a topical mucous anesthetic for dental pain – Busko state approved protocols uses a 20% benzocaine spray
      vi. Busko updates that the program was extended for 7 months to collectively review findings and determine next steps. St. Joseph Hospital is no longer providing telehealth related to [DHHS] Bureau of Licensing, Northeast [Mobile Health Services] is not currently doing telehealth but is engaged in conversations with independent physicians to provide this.

8) Medication Shortages
    a. Sholl discusses 2 recent hurricanes that impacted IV fluid availability and supply chain issues. A clinical bulletin was drafted but ultimate impact seemed less than anticipated. Would like to review and approve bulletin should it be needed off cycle.
    b. Nash reports there was some hoarding of IV fluids in the nation, but the impact seems to not be very severe - with conservative use and awareness will avoid a complete shortage. Feels that current messaging is probably enough so official clinical bulletin likely not needed, Bryant agrees. Sholl does ask for review should it be needed in the future. **Collamore makes a motion to release the bulletin at the discretion of the state medical director. Ayer seconds.** Pieh suggests changing hurricanes to the driving cause at the time / events to leave it more generic for future use. **Collamore and Ayer agree to amendment. Passes unanimously.**
    c. Nash reports no other significant concerns or shortages, with ketamine having some intermittent shortages.

9) Emerging Infectious Diseases
    a. Status of COVID – Sholl states August had rising numbers that look more like numbers from 2022, but this seems to have leveled off and, in some areas, decreasing. Still remains concerns about other emerging ID Threats – WNV, EEE, Pertussis, TB, Marburg, etc. CDC is funneling travelers from any impacted countries into specific ports for screening.
    b. Williams report increase in Mycoplasma pneumonia in peds world, creating long coughs and infiltrates on chest x-ray

10) Protocol updates
    a. Sholl reminds all section authors to be thoughtful about changes and impact of time and efforts, and to budget these changes related to the work to do around any proposed changes. Zimmerman reminds authors to get change documents to her as soon as possible when completed. Collamore states she has been sending authors any suggestions that came form last protocol cycle that had not yet been addressed.

11) Blue Section Updates – Saquet presents
    a. Continuing updates from last MDPB meeting
    b. Suggests removing OLMC requirement for anxiolysis post intubation, Pieh concurs. Goal is to reduce pain and prevent self extubation. Nash expressed concerns if this may be perceived as automatic for all, when they may not need the extra medications, but does support making patients comfortable. Saquet states most of the calls he has received were straightforward and related to movement, Pieh agrees that calls he has received were for patients bucking the tube and movement as well. Supports protecting the tube and making the patient comfortable. Nash states protocol gives good guidance and this may work to just remove OLMC as long as we provide guidance of evaluation before administration of these meds. Pieh is comfortable just removing the OLMC part with no other changes. Meehan-Coussee is comfortable with this but would like to remind clinicians that we are starting with pain control (fentanyl first before ketamine) and if ketamine is aimed to be first line, a closer look is needed. Saquet is fine with going offline to retool language, Ayer suggests adding a Pearl to assist with this. Sholl feels that the indications and contraindications clearly listed may be helpful if OLMC is removed. Sholl/Saquet/Nash will work on this offline and bring back to the group.
    c. Blue 8 suggestion is to not have a child get a needle unless absolutely necessary, and to change dexamethasone to PO as first line before IM/IV/IO by switching b.i. and b.ii. order. Discussion on this, Williams supports PO as first line if they are stable. Sholl and Zimmerman will craft the flow to emphasize PO as preferred route in stable patient and bring back for final review. Group concurs with this. These changes would be carried through all protocols that use dexamethasone for peds.

12) Old Business
    a. Ops – O'Neal - no additional update
    b. Education Committee – Koplovsky – Continuing work on IC license recommendations and stakeholder input on improvements for IC
    c. QI – Getchell – QI this month is cancelled, future is to look at possibility for statewide QI markers
    d. Community Paramedicine – Lowry – public comment period for Chp 19 has closed and comments are being reviewed, working on ways to onboard physician medical directors, and any opportunities to assist with unmet needs in the pediatric population
    e. EMSC – Williams – MHMMC Biddeford and MHMMC Sanford have achieved recognition as "Always Ready for Children" Hospitals
    f. TAC – Moody – Meeting next Tuesday in person in Augusta
    g. Data – Davis – 30% of transport data now has outcome data from hospitals, change in PCR on validation rules on PPE from required to recommended field, meeting this afternoon at 3pm
    h. EMD – Adams – Tomorrow is the EMD Quarterly meeting, working on a new protocol 41 (1st party callers in crisis) to expand integration with 911 and 988 services.

13) Good of all
    a. Adams discusses some visibility issues for services and medical directors for those agencies. If there are challenges or cannot see the medical director information in service licensing, please contact the licensing team for a workaround and resolution.

14) Next meeting to do
    a. Sholl/Zimmerman will work on Post Intubation/BIAD pain control and the dexamethasone language in Blue 8
    b. Green section to be covered

15) **Regular meeting adjourned to LifeFlight of Maine Clinical Practice Committee at 1115**

16) Next MDPB meeting will be November 20, 2024, at 0930.

Minutes by Marc Minkler.