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STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
MAINE EMERGENCY MEDICAL SERVICES
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JOHN E. MORRIS
COMMISSIONER

Medical Direction and Practices Board
Minutes
January 20, 2016

SHAUN ST. GERMAIN
DIRECTOR

IFT Subcommittee – will not meet this month

Present – Dr. Couture, Dr. Sholl, Dr. Zimmerman, Dr. Pieh, Dr. Busko, Dr. Jalbuena, Dr. Kendall

Absent – Region 5 currently vacant

Maine EMS – Shaun St. Germain, Jason Oko, Don Sheets

Guests – Ben Zetterman, Bethany Nash, Marc Minkler, Chris Pare, Theresa Cousins, Rick Petrie, Nate Yerxa, Doug George, Eric Wellman, Dennis Russell, Joanne Lebrun, Kevin Gurney, Chip Getchell, Robert Posick, Maurico Wilson

MDPB Agenda – to begin at 09:30

- 1) Introductions
- 2) December 2015 minutes – Dr. Kendall, Dr. Pieh - Unanimous
- 3) State/Community Paramedicine/Medical Director Manual –
 - a. Medical Director Manual should be completed sometime in May
 - b. Phase 1 has been completed of the Community Paramedicine project and the Muskie school has presented their initial findings.
 - i. There will be a conference presented in South Portland as a two day seminar and discussion.
 - c. Staff meeting to discuss the ASMI review of our State EMS system and what this might look like and what we want to say to them. Three values that we want to keep in the forefront of our minds when making any decisions. “Ensure excellent care of our patients, do our best to resource our providers and services excellently, collaborative coordination of the healthcare system.” Dr. Sholl “it was important to legacize these values”
- 4) New Devices – None
 - a. Not for approval but Dr. Pieh brought a broslow syringe for people to check out. This was a device presented at the NAEMSP conference recently.
- 5) Special Circumstances Protocols – None
- 6) PEGASUS Update – Sholl no new update.
- 7) NAEMSP – Sholl/Pieh
 - a. EMS Compass Project – NHTSA funded program that is being carried out by NASEMSO looking at creating performance measures for EMS. NASEMSO has been interested in ensuring that metrics created are based in evidence to ensure there is meaning to these measures. Time sensitive events, Stroke, STEMI, Cardiac Arrest, some pediatric, and some trauma to look at. The group working has asked folks involved in the evidence based guidelines projects to get involved and assist in the review of literature to ensure that there is appropriate evidence.

- i. Percentage of EMS patients transported have pre-notification to the receiving hospital is one example of what they are looking at.
 - b. Other projects gaining more traction include looking at the amount of fatigue in EMS and the effects on patients.
 - c. A Bill to protect a patient's access to EMS treatment and medications. The goal of this is to amend the current DEA rules to encompass and acknowledge an appropriate way to have EMS provide controlled substances to patients. The current practice of providing medication in Maine does not meet the letter of the current law and this Bill will change how we currently practice and distribute medications but will offer a legal pathway for EMS to continue providing care.
 - i. There was a question about could the state add language to protect agency medical direction from liability. Dr. Busko is going to pull information from Georgia and NAEMSP about states that have legal indemnification. Maine EMS will work with Dr. Busko to investigate opportunities.
 - ii. <https://www.congress.gov/bill/114th-congress/housebill/4365/text?q=%7B%22search%22%3A%5B%22%5C%22hr4365%5C%22%22%5D%7D&resultIndex=1>
 - d. NH is having discussions about how to embrace physician responders. There are many pieces to this and how it will play out is not yet known. NH will be keeping us in the loop on what is happening and what they are doing.
 - i. There was a lot of discussion about what could happen and how. There will be further discussions about this.
 - e. There was a lot of discussion with the CARES registry leadership about Maine becoming involved in the process. There have been many discussions that there needs to be a process to measure, assess, and improve surrounding OHCA. CARES offers an opportunity to do this. Shaun and Dr. Sholl will continue to work on how this is going to happen and will bring updates back to the MDPB.
 - f. Heart Rescue – this is the group out of Seattle running the Resuscitation Academy. They are interested in having Maine get on board and have folks come out and train and bring that message back to Maine.
 - i. Part of Maine's commitment to this project is sending 5 people to Seattle for training and bring this back to Maine. Two positions are going to be filled by Shaun and Don as Heart Rescue has asked for state leadership and education to be present. The ask, is to have folks reach out to potentially interested parties and have names submitted directly to Shaun to fill the other three spots.
 - g. CPR Training in schools is a law that recently passed. There is still a lot of discussion about what will happen and the possibility that there may have been an inadvertent loophole created when the law referenced the training not impacting the curriculum. The MDPB is interested in working to help high schools find creative ways to achieve this.
- 8) EMS-C – discussion St. Germain and Sholl
- a. Maine stepped away from EMS-C in 2010-11 because of funding issues and the deliverables being difficult to meet.
 - b. Shaun is interested in having further conversations about EMS-C and is planning a conference call with them and Dr. Sholl to assess opportunities to bring this program back to Maine.
- 9) IFT Work with MHA – No new information to report.

- 10) Recruitment – The job descriptions have been completed and a cover letter has been drafted. Dr. Busko is going to do a final review to be sent out.
- 11) MDPB Retreat – No new information. The group is interested in holding the retreat after new members have been found.
- 12) February meeting will be held as planned it does not appear that the MDPB will be able to meet in April during their normal meeting time. The group will look at their schedules to try and find another time.
- 13) Old Business –
 - a. Ops – met with Ken Albert to discuss issues with frequent users of the EMS system and how we can partner to reduce the impacts. We continue to discuss other topics such as drug addiction, infection control, etc.
 - b. Education – No meeting this month due to weather.
 - c. QI – will meet today and continues to work on the no transport project.
 - d. IFT – There is no new information. Dr. Sholl would like to get the IFT small group going again possibly in March to discuss the disparate practice surrounding intubated patients.

14) Adjourned 1208 Dr. Pieh

Dr. Zimmerman, Chris, Dr. Sholl, Dr. Jalbuena, Joanne, Theresa, Kevin McGuire, Chip, Marc, Nate, Don

Maine EMS QI Committee – meeting to begin after the MDPB, estimated to be between 12:30 and 13:00 to discuss the **patient sign off** project

- 1) Review QI Letter
 - a. General consensus on the content was that it is fantastic.
 - b. There is some concern about reporting out the number of calls where no criteria was met as we know there is some inappropriate use of disposition which included calls that should have been listed as no patient presented.
- 2) Review progress of Educational project
 - a. Nate has outlined the training based upon conversations with Chris and Don and the last QI meeting.
 - i. Dr. Sholl will work with Nate to define emancipation as it is not a clear cut process and we need to ensure we offer the best guidance possible for providers in these difficult situations.
 - ii. The group was really interested in seeing how the situation recommended for review would play out as they are high risk high stress situations.
 - iii. Folks wanted to address also patients who are bordering or who do not have decision making capacity.
 - iv. We should also ensure that we are covering why we call medical control and how to best script that conversation to maximize results.
 - v. The plan moving forward will be Nate will get the edits out Friday the group will have a two weeks of comment period and we will plan to record during the next meeting. Folks are also asked to identify a scenario they are willing to record for.