



PAUL R. LEPAGE
GOVERNOR

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



JOHN E. MORRIS
COMMISSIONER

Medical Direction and Practices Board
Minutes
October 21, 2015

SHAUN A. ST. GERMAIN
DIRECTOR

Members present – Dr. Pieh, Dr. Sholl, Dr. Zimmerman, Dr. Couture, Dr. Busko, Dr. Kendall
Members Absent – Dr. Jalbuena, Region 5 Currently Vacant

Staff – Don Sheets, Jason Oko, Shaun St Germain, Jon Powers,

Guests – Rick Petrie, Nathan Yerxa, Peter Allen, Sam Schools, Joanne Lebrun, Chip Getchell, Kevin Gurney, Marc Minkler, John Kooistra, Bethany Nash, Paul Berube, Judith Greenier

MDPB Agenda – to begin at 09:30

- 1) Introductions
 - a. Shaun St. Germain – Matt introduced Shaun and gave a rundown of his past
 - b. Andre Couture – Joanne Lebrun introduced Andre and gave a rundown of his past
 - c. Tracy Jalbuena – Rick gave an introduction of Tracy and her past.
- 2) September 2015 Minutes – Kate, Tim - Unanimous
- 3) State/Community Paramedicine Update – Shaun St. Germain
 - a. We have received some additional applications and one application to alter an existing program. Jay Bradshaw is working with the two groups and will be taking those proposals to the advisory group for approval shortly.
- 4) New Devices – NONE
- 5) Special Circumstances Protocols – Region 2 Diffuse Cutaneous Mastocytosis Protocol – Sholl
 - a. This is a young patient who lives in region two and requires frequent epinephrine and diphenhydramine to the degree of at least one dose of each daily.
 - i. Dr Busko asked to ensure that there was emphasis on family driven care of this patient.
 - ii. Motion by Dr. Pieh to send Dr. Sholl and Dr. Couture to discuss this with the PCP and get a gap analysis and supporting evidence to suggest the differences. Second by Dr. Busko Unanimous
- 6) NASEMSO – update/discussion – St. Germain, Sheets, Sholl
 - a. Sholl
 - i. Hartford consensus was discussed at great length. The issues with current teaching are based solely on TCCC and military experience which does not appear to translate appropriately to the civilian population. Our patient population is diverse and often has numerous comorbidities.
 - ii. EMS Compass project - is being driven by NHTSA and is looking at evidence based metrics that will impact reimbursement for EMS care in the future.
 - iii. Driver education project - is being worked on by NHTSA. It is not clear how this will differ from the current programs available and if this is an attempt to create a single national standard.
 - iv. Fatigue project is looking at the impacts of fatigue on EMS crews in both a short term and long term format.

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

- v. DEA has still not been clear on what they are going to do with EMS administered scheduled medications. There is both recognition of need and concern for the potential for misuse/abuse.
 - vi. CARES – Is a project seeking to create a national cardiac arrest registry where we could benchmark our system against other systems and process our state data in a meaningful way while creating a collaborative potential with other highly successful systems.
- b. Don Sheets
 - i. Fraud – This is becoming an increasingly concerning topic in EMS with a growing prevalence of investigations and
 - ii. National EMS Education Standards – There was a lot of discussion from the education and professional standards committee
- 7) PEGASUS Update – Sholl – nothing new to report at this time but we are still expecting the companion to be published with the January EPC
- 8) Protocol Discussion
 - a. ECC AHA Updates – Sholl/Sheets/Pieh/Zimmerman
 - i. Review – Matt gave a synopsis of the information that the working group found. See presentation for further information.
 - ii. Impacts on MEMS protocols – The subgroup felt that there was a limited impact on our current protocol with the exception of therapeutic hypothermia.
 - 1. Desire to create criteria of biofeedback devices for the approved equipment list.
 - 2. Remove Therapeutic hypothermia from protocol and change it to targeted temperature management with just cold packs not cold normal saline. Leave the bolus as room temperature for BP management follow. Use ice packs take cold saline off trucks all together follow temp and discontinue pack if temp decreases below 32.
 - 3. Addition of a Pearl in the arrest section about mother and contacting Medical Control regarding perimortem C-section in the ED as definitive treatment.
 - b. Newborn transport changes – Education/Resource Discussion – Busko/Sholl
- 9) IFT work with the MHA Quality Forum – Update Sholl
 - a. There has been no new work as the group asked to postpone the planned meeting to allow more time to consume and process the information provided to them.
- 10) Discussion re: recruitment into currently empty spots on the MDPB and future open spots on the MDPB – Sholl
 - a. The group is still interested in clarifying job descriptions and then pushing out the notification through as many physician forums and groups to get as much visibility in the healthcare system as possible.
- 11) Medical Director Manual – update – Shaun St. Germain
 - a. Jay Bradshaw is currently working on this project and edits which will be forthcoming.
- 12) Old Business
 - a. Ops – The ops team has been working on development of a work plan moving forward.
 - b. Education – Has not met since last meeting.
 - c. QI – Work will continue on the no transport project this month.
 - d. IFT – Nothing new to report

Adjourned - 1233

Maine EMS QI Committee – meeting to begin after the MDPB, estimated between 12:30 and 13:00

- 1) Review status of the patient sign off project
 - a. Region 5 - Houlton Fire did not supply data. All other agencies in region 5 reported. There was some initial confusion whether Calais fire was region 4 or 5. This was clarified and all information had been submitted to Atlantic Partners.

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

- b. Region 2 – 100% reporting Joanne got a lot of feedback that was very positive and that this was a worthwhile project and are interested in doing it again.
 - c. Region 1,3,4,6 – 38 Services have not had any communication with the office. Rick will be supplying a list to the office for follow up.
 - d. Nate suggested that we may need to consider other options for collecting data as there seemed to be a number of issues with folks being able to access necessary software to complete this program. He understands that there may be reasons this is not practical but felt compelled to bring it forward as it was a possible barrier.
- 2) What questions do we want to ask and determine from this data
- a. What percentage of all calls were patient sign offs during this same time period?
 - b. Of the sign offs what percentage had 0,1,2,3,4,5,6,7 of the criteria documented
 - c. Is there a correlation between call type and quality of documentation?
 - d. Does the time of day impact quality of documentation
 - e. Does location impact quality
 - f. What percentage did not get signatures?
 - g. Nate is interested in creating a compliance score based upon a value for each item in our table.
- 3) Marc expressed the difficulty in his service with the elderly population not being able to generate the pressure necessary to sign on a computer so they use paper that is difficult for him track electronically impacting the data he submitted. This information is capture in the billing data but not in the easily pulled electronic data set. Marc is also tracking this information by provider to see if there are individuals who are more prone to poor documentation to offer reeducation.
- 4) Development of education should include some of the common “What ifs” about what qualifies as a patient signoff and what does not.
- 5) Education should include definition of terms and overview of the 7 criteria protocol requires to sign off a patient. Demonstration of bad and good documentation. Possibly include some case law and the liability of poor documentation. Defining emancipation. Interest in trying to figure out how many patients end up being transported within 24 hours.
- 6) How much depth should providers be putting into the discussion on risk.
- 7) There is a lot of discussion about what the format of education should be.
- 8) Don, Chris, Nate, united
- 9) We will discuss timeframe next month.
- 10) Further discussion re: Next Projects including spine management project
- 11) Adjourned 1452