



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
May 16, 2018

MDPB Agenda – Meeting begins at 0930

Present: Dr. Saquet, Dr. Kendall, Dr. Nash, Dr. Collamore, Dr. Bohanske, Dr. Zimmerman, Dr. Jalbuena, Dr. Pieh, Dr. Sholl, Dr. Ritter

Stakeholders: Ben Zetterman, Rick Petrie, Joanne LeBrun, Dr. Shmitz, Dr. Tilney, Nate Yerxa, Butch Russell, Sam Schaab, Christopher Pare, James L, Stephen Smith, Tyler Hinckley, Chip Getchell, David Mejia

- 1) Introductions –Sholl – 0930 - 0935
- 2) April 2017 MDPB Minutes – Zimmerman – 0935-0940 – Dr. Zimmerman sent to edits to Don and reviewed them with the group;
 - a. Dr Pieh motioned to approve with edits, Dr. Jalbuena seconded- accepted
- 3) State Update – St. Germain – 0940 – 0950
 - a. Community Paramedicine – Continues to fill out spots on the committee; have not had a meeting this month
 - b. Medical Director’s Resources – a work in progress...hoping to have something by next meeting
 - c. CARES – Dr. Sholl shared the report that was forwarded to him; it is in the dropbox in the red (PowerPoint) Dr. Jalbuena brings up geography, age of state, etc. What can we do? AED (link EMD to AED), bystander CPR, arrests are happening in the home. Dr. Pieh talks about action steps that we can pull from these. Dr. Sholl brings up rurality in cardiac arrest (Theresa May, DO – she is writing the IRB now) – discussing with NH and VT as well.
 - d. Heart Rescue – Don reviewed the survey – Dr. Pieh discussed would want to set up plans for the regions. (Works closely with CARES), resuscitation academy comes out of the Heart Rescue group. Resuscitation academy offers scholarships to HR members.
 - e. EMS-C – Program is moving forward to staff the positions.
 - f. MDPB At-Large Position – interviews start at 1 pm, every half hour on the clock x 3
 - g. NASEMSO Annual Meeting – next week – Shaun, Tim, Katie, Don, Drs. Zimmerman and Sholl will all be in attendance. EMS Week, EMS ceremony at hall of flags at 1 pm; please come.
- 4) PEGASUS Update - NONE
- 5) Special Circumstances Protocols – NONE
- 6) New Devices – NONE
- 7) UPDATE –Medication Shortages – Nash/Sholl/Zimmerman/All – 0950 – 1000 Did not receive any reminders.

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- a. Ketamine – Concentration Shortages – this should not be an issue, MMC and York are still not distributing medication to EMS services.
 - b. Saline Shortages– Pieh/Nash/Sholl – Dr. Pieh states his NS is coming back
 - c. Other Shortages (?i.e. Zofran) IV Zofran is an issue; recommendation = ODT
 - d. Impact and Alternate Protocols
- 8) 2018 Protocol Update Process – Sholl/All – 1000 - 1030
- a. FAQ Discussion – Pieh/Sholl/All
 - i. Review and finalize the 2018 FAQ's for publication – Dr. Pieh distributed a handout for review
- 9) 2019 Protocol Update – Zimmerman/Sholl/All – 1030 – 1200
- a. Timeline review Blue section today & June (gold is next, but Dr. Ritter out of town next month); will be discussing mechanical CPR next month as well.
 - b. Recap progress
 - i. Purple/Brown/Grey/Black Section – posted on MEMS website (change documents and a draft of the lucid chart in .pdf form)
 - c. Conference Call reviews
 - i. May 7th conference call recommendations
 - Creation of a drug list by level of provider
 - Esmolol – discussion; limit epi in refractory VF continued work will be done to clarify this
 - CPAP at BLS level – seeing this in the books at that level now. National EMS Scope of Practice Model is being reviewed
 - Increase education re: continuous CPR in Red 8
 - FAQs are coming out
 - Paramedic programs re: sepsis considerations – anecdotal reports of folks not providing fluids in Maine
 - Calais:
 - feedback re: the use of DSD in Maine: a number of folks reached out to us to be added, but acknowledged that there is not a lot of evidence as well as lack of insurance by manufacturers. Added as an option. Feedback that we have received is that services will not be doing this.
 - CPAP vs BiPAP (2h trip to EMMC) for transport them. They do not do as well when are being moved from CPAP to BiPAP. They often have one RT on duty and they have one medic on duty. They have discussed purchasing a BiPAP machine that they could use; they are costly. Then Lifelight has to be called for BiPAP.
 - NH starting to transfer over to BiPAP as an option...transport ventilator that can be used as CPAP/BiPAP
 - d. Blue Section review – Sholl/Zimmerman
 - i. Dr. Sholl reviewed the GAP analysis (slide with NH, VT, NASEMSO guidelines)
 - ii. Feedback re: the conference call: Guideline for crich etc.
 - iii. VL/DL: looking at pilot project, needed to work on fundamental skills in airway management.
 - 1. If we move forward with VL/DL.... how do we ensure proficiency in intubation and airway management?

- a. How do we maintain the skill set after initial licensure education
 - i. Should we talk about a state QI project? Should we talk about state resources from an educational standpoint that folks take? Should we require education re: airway management? Not just the skill but the decision-making.
 - 1. Joanne reminded the group that this had been done for several years when Dr. Diaz was the medical director and Tri-County has continued this work.
 - ii. Dr. Pieh: Suggested that there has been skill degradation as we have had new options such as CPAP. There should be a requirement to have at least annual proficiencies in airway management but more would be better.
 - 1. Don discussed the limit of requiring education currently but there may be opportunities in the future. This should not stop the MDPB from suggesting a model to services and providers.
 - iii. MDPB can recommend annual training at the provider level. We should leverage existing resources such as Dr. Goth. Looking at existing hospital resources though we know this is limited through our training centers currently.
- b. What does the initial training look like? What criteria do we established for approved VL devices such as standard view vs hyper angulated.
- c. What is the Role of the Service-level medical director?
 - i. Have we thought about credentialing at the service-level?
- d. Are folks in favor of VL?
 - i. General Consensus was in favor of adding VL to the skill set with further education and renewed effort to better support airway practices across the state.
 - ii. Dr. Tilney is a little worried about adding a skill where others are not mastered but feels that we should do this

2. Crich Protocol

3. Trach Care Protocol

10) Research from critical care at MMC re: cardiac arrest and opiates – geography/opiates/cardiac arrest. Can we use MEMS data to do that? Starts June 6th. CARES can code to address or county. Want zip codes, opiate association (would need the MEFIRS narration), age/gender, survival. Recognize that this is off process – starting in June 6th. Right now, work is under the area of QI.

- a. In general folks are ok if it does not cause significant increase on office staff.
- b. They understand if they do go to IRB that we would need to come back to this officially
- c. Yes – all in favor

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Old Business 1215 – 1230

- 11) Ops did not have meeting yet – EMS week next week
- 12) Education has not met this month (due to Board retreat)
- 13) QI not meeting today due to the interviews for at-large position

Please Note: The MDPB will be interviewing for the At-Large position after the MDPB Meeting this month and therefore there will be **no QI Meeting this month.**

12:21 adjourned