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 – March 20, 2024
Conference Phone Number: 1-646-876-9923 **Meeting Number:** 81559853848
Zoom Address: https://mainestate.zoom.us/j/81559853848

Minutes

PLEASE NOTE: This meeting is IN PERSON and will start at 0900 and end at 1400 to offer the MDPB an opportunity to debrief the 2023 protocol process.

Members present:	*Matt Sholl, Beth Collamore, Emily Bryant, Bethany Nash, Mike Bohanske, Kate Zimmerman, Kelly Meehan-Coussee, Tim Pieh, Pete Tilney, Colin Ayer, Seth Ritter, Dave Saquet*
Members Absent:	*Benjy Lowry*
MEMS Staff:	*Chris Azevedo, Marc Minkler, Jasn Oko, Anthony Roberts, Alex Gibson, Victoria Clyde, Ashley Moody, Taylor Parmenter, Jason Cooney, Rob Glaspy, Anna Massefski*
Stakeholders:	*Michael Reeney, Don Sheets, Brian Langerman, Dr. Norm Dinerman, Seah Donaghue, Cecily Swinburne, Aiden Koplovsky, Joanne Lebrun, Chip Getchell, Eric Wellman, Rob McGraw, AJ Gagnon, John Moulton, Patrick Underwood, Phil MacCallum, Dr. Kevin Kendall, Rick Petrie, Dennis Russell, Amy Drinkwater*

1) Introductions – 0900-0905 –Sholl
2) Previous MDPB Minutes – 0905-0910 – Sholl
    a. Pending August, Sept, Oct, Jan, Feb
    b. Approval of February Minutes.
        i. Motion by Kelly, seconded by Beth. No discussion. Motion is carried.
3) State Update – 0910-0925 – Deputy Director Roberts
    a. Deputy Director Roberts gives the state update.
        i. Work continues on distribution of stabilization funding.
        ii. Deputy Director Roberts introduces two new Maine EMS staff members. Both have been brought on board to assist with stabilization funding and management of other grant funds. Victoria Clyde is the new grant manager, and Alex Gibson is the new grant specialist.
    b. Dr. Zimmerman gives and update on LD 2156
        i. LD 2156 – An act to effect canine EMS protocols was passed in the house yesterday and will hopefully pass the senate today, before going to the Governor for signature. If passed by the Senate and signed by the Governor, the canine protocols could potentially come back into effect in mid-July 2024.
    c. Deputy Director Roberts discusses the coming transition from six EMS regions to four.
        i. This has passed. At this time Maine EMS and the Board are working on the plan for transition.

ii. The four proposed positions are awaiting funding by the legislature. If we get the positions funded, then we will proceed with transition.
    1. Dr. Meehan-Coussee asks, if the assumption is that if positions are not funded, will we continue delay in moving forward with transition? Deputy Director Roberts discusses that they will proceed forward with transition and are working on a back-up plan. At this time there is no deadline regarding decision-making for MDPB composition as affected by the region transition.
    2. Dr. Pieh asks regarding regional staff duties and responsibilities. Deputy Director Roberts and Dr. Sholl discuss with the group.

4) Special Circumstances Protocol Review – 0925 – 0945 – M. Bohanske/Sanford Fire Department
    a. Chris Azevedo shares his screen and John Moulton discusses the Special Circumstances protocol for Sanford Fire department.
    b. Discussion amongst the group.
        i. Dr. Pieh asks regarding Sanford's paradigm for access to the ED. Dr. Meehan-Coussee responds and discusses.
        ii. Dr. Zimmerman discusses IV fail rate and asks how many needed an IV, how many needed an ultrasound to obtain the IV how many were successful at the hospital?
            1. John Moulton replies and discusses support for the need for the skill.
            2. Dr. Zimmerman discusses the need for data that supports the need for the skill, i.e., alternate sites, need for medication administration, etc. It would be helpful for a pilot project to establish indications and contraindications for the skill. It would also help to see the education model as well as the credentialling process.
            3. Dr. Pieh adds the use of simulation might be valuable.
            4. Dr. Tilney discusses the issue of provider hyperfocus vs skill prioritization
            5. Dr. Saquet recommends setting on-scene time parameters.
            6. Dr. Ritter discusses need to maintain standard IV practice, as it's faster and requires less maintenance.
            7. Marc Minkler asks if there is going to be age parameter and discusses reasoning.
        iii. Dr. Sholl discusses role of ultrasound in EMS and expresses concern for possibility of adaptation of the skill resulting in unnecessary on-scene times. It would be helpful to see a protocol – indications, contraindications, stopping points regarding use of the skill on scene. Dr. Sholl discusses some recommended QA items and processes.
        iv. Dr. Pieh discusses narrowing timelines for credentialling – 1 year to quarterly.
        v. Dr. Sholl discusses the need to be mindful of workload and current number of pilot projects ongoing, and ability to be able to effectively review and monitor them.
        vi. Dr. Sholl asks John Moulton for a timeline for his service to complete needed items discussed and return for a second review.

5) Alternate Devices – NONE

6) Pilot Projects – 0945 – 1000 – Sholl/All
    a. Delta – Monthly Report
        i. Dr. Sholl shares his screen and Chip Getchell discusses the monthly pilot report out.
            1. Case #1 discussion
        ii. Chip Getchell discusses Case #2
            1. Chip Getchell passes out a handout for discussion of analgesia and sedation.
            2. Specific QA discussion of the case by Dr. Pieh and the group.
            3. Due to need to cover items and limited meeting time for discussion of this case and the handout, Dr. Sholl asks that the handout be reviewed first by MDPB and be brought back to the May meeting.

4. Additional discussion by the group.

b. MMO – Quarterly Report – *Due April 2024*

c. Jackman – Quarterly Repot – *Due April 2024*

7) UPDATE – Medication Shortages – 1000-1010 - Nash/All
   a. Dr. Nash reports that there are still difficulties getting prepared syringes for emergency medicines. D50 is in very short supply. Lorazepam is still very short. The shortage has not yet affected midazolam supplies yet.

8) Emerging Infectious Diseases – 1010 – 1045 – Sholl
   a. Tabled to May meeting.

9) Review of Maine EMS Naloxone Training for Non-EMS Public Safety – R. Glaspy – 1045 – 1100
   a. Dr. Sholl introduces Robert Glaspy from Maine EMS.
   b. Rob Glaspy discusses the new law enforcement training program for naloxone administration.
   c. Dr. Nash advises that she has some recommendations regarding some of the medication content and would like to get together offline to discuss.
   d. Dr. Pieh discusses differences in repeat dosing and time intervals to eliminate ranges and employ definite doses.
   e. Dr. Pieh asks to add delineation between "children" vs "infants." Discussion by Dr. Sholl regarding the need to do so.
   f. Discussion by the group.
   g. Dr. Meehan-Coussee asks, should mention of the recovery position be added? Seizures should be its own bullet point.
   h. Rob Glaspy asks if there should be a slide with guidance regarding knowing what type of administration device the user is employing? Discussion amongst the group. Dr. Nash notes that the CDC recently recommended the use of commercially available 4 mg atomizers for all patients.
   i. Dr. Sholl recommends edits discussed should be made to the presentation by Rob Glaspy and his team, and that the revised training presentation then be reviewed by the MDPB.
   j. Dr. Pieh makes the motion that the presentation should be approved with the changes discussed. Motion seconded by Dr. Nash. Discussion. Motion carried.

10) Lunch – 1130 – 1200
   a. Upon return from lunch, Dr. Sholl notes to the group that the meeting is falling behind on the agenda and recommends prioritizing and taking the next two items in order

11) PIFT Update Review – 1100-1130 - Tilney/Saquet/Sholl
   a. Dr. Sholl discusses the PIFT Program Manual revision document.
   b. Due to time constraints, Dr. Sholl suggests focusing on medications and formulary items and having the MDPB give their feedback. Then, Dr. Tilney could have an editing team in the background doing the editing.
   c. Dr. Sholl suggests that whatever is reviewed and approved will be a tentative approval to ensure Maine EMS leadership and applicable staff members have had a chance to set eyes on the document. Discussion of the importance of conference review of regulatory items such as this.
   d. Dr. Tilney discusses that the document is at a point where the group can decide what medications should be on the list. Considerations included current protocol formulary and other meds outside of it. Discussion regarding maintaining medication inclusion by drug classification.
      i. Some specific medications should be included as medications do not change as much as has been normally thought.
      ii. It is decided that the group should review the medication list presented.

e. Dr. Sholl discusses patient stability and risk, and asks the group to consider stability now, stability later, and risk of deterioration, while reviewing the medication list. Dr. Sholl suggests the group should find ways to build in nuances when considering each medication.
    i. Dr. Meehan-Coussee discusses the ability of an EMS clinician to accept the transport based upon their comfort level and judgement regarding their ability to handle the patient and possible/likely patient need situations.
    ii. Dr. Ritter discusses issues with known patient deterioration and delay in transport.
    iii. Dr. Tilney discusses the paradigm that PIFT care is different than a 911 response. It is continuation of hospital level care.
f. Dr. Sholl shares his screen with the group and discusses a proposed rider for the PIFT document
    i. "The determination of which patients are appropriate to be managed by a PIFT paramedic is based on at least THREE factors:
        1. Patient stability at the time of transfer,
        2. Risk of deterioration(low, medium, high) and,
        3. Equipment, medications and therapies the patient requires. "
    ii. "A final consideration is the comfort of the transferring PIFT clinician which will be managing the patient throughout transport. Only these EMS clinician understand their system's capabilities and their personal capacity to manage patients throughout the course of their transfer and based on this understanding, may defer the transfer if they feel the patient requires additional therapies."
    iii. "All of these features should be weighed equally in determining patients appropriate for PIFT transfer. EVEN IF THE PATIENT IS RECEIVING AN APPROVED MEDIFATION OR THERAPY, they may NOT be appropriate PIFT patients if they are unstable OR have a high risk of becoming unstable. Please recall the PIFT system staffs paramedics with additional training, BUT NOT critical care training, and only provides ONE clinician in the rear compartment with the patient."
g. Dr. Sholl discusses the summary of approved medical devices and equipment with the group. Discussion is a close examination of items, use, and how their use might figure in decisions about level of care, and potential for instability at any given point.
    i. Specific discussion by the group around concerns that practices of cutting and pasting specific selections of documents may be used in creating hospital or other transport policies. Concerns are expressed that use of this practice does not account for nuances which may be important in decision-making and may not be obvious by reading the end cut-and-paste policy.
h. Dr. Sholl discusses the summary of approved pharmacological medication classes with the group.
    i. Rider is added, "Most of the following medications will be initiated by the sending facility, rather than initiated by the transferring PIFT paramedic."
    ii. Other riders are added to specific medication classes regarding transport considerations for various medications/classes on the list. .
    iii. Dr. Dinerman discusses various other considerations for transport, which are added to rider at the beginning of the PIFT document.
    iv. Work is paused on the medication list.
    v. Dr. Sholl will send the items in the document that were worked on today to the group for review independently. These sections will also contain edits that Drs. Sholl and Tilney have been working on themselves.
i. Due to time constraints, it is agreed by the group to transition to the protocol process debrief and continue PIFT review via shared document online.

12) 2023 Protocol Debrief – 1200 – 1400 – All
    a. Dr. Sholl acknowledges and discusses the amount of work the group has done on the 2023 update.
        i. Dr. Sholl reviews and discusses the changes implemented for the 2023 review cycle process.
            1. Added a member to the executive team
            2. Revised and updated format for change documents
            3. Set goal to have updated change documents after section review
            4. Set goal to post change documents online for protocol review awareness
            5. Set goal to follow a process for updating a protocol: Motivation > Purpose > Evidence > Outcome
            6. Set goal to parallel process education
            7. Set goal to maintain a timeline.
        ii. The group discusses what worked during the protocol review.
            1. Dr. Nash –
                a. Change documents are extremely helpful in trying to capture the medication changes. There were some medication changes that did NOT get captured. So, there's still some room for improvement there.
                b. Colin Ayer and Emily Bryant would be great to have involved with medication changes, so they have time to give input regarding how changes affect practice on the street. .
            2. Dr. Collamore
                a. The stakeholder input process was the best it's ever been. We actually tracked the number of them that we received. They were received in the format that we asked for. The communication loop for the stakeholders submitting input was closed.
            3. Dr. Meehan-Coussee – echoes Dr. Collamore's points. The presentations were well done. That we split up ALS/BLS content was fantastic.
            4. Dr. Bohanske adds that the education was a highlight. Dr. Pieh adds that there was a lot of good feedback on streets regarding the quality of the presentations and the content split. Discussion by the group.
            5. Colin Ayer
                a. There were good questions during the protocol forums that were lost when people were doing the MEMSEd program later on their own. I got a lot of emails with questions that would have been answered if those people had been able to attend the forums. Suggestions for the future include cataloging the questions from the protocol update forums and putting them on the web (need resources). Get stakeholders involved in developing the education.
                b. Dr. Sholl asks for a reminder that we should return to this question later in the review process when we get to "what could be better?"
            6. Dr. Nash discusses that having the protocol page mock-ups each displayed, with the changes, made it easier to review and work through.
            7. Dr. Sholl reviews attendance figures for the webinars and enrollment figures for MEMSEd program. Discussion of statistics versus number of EMS clinicians licensed. The webinars seem to be one of the most preferred training modalities. Only 33 people showed up for the single live event. Discussion regarding efficacy of maintaining live, in-person delivery.
        iii. The group discusses what can be done better during the next process.
            1. Dr. Sholl discusses his proposal to appoint an official coordinator for the protocol update work that is separate from being the Maine EMS staff member with the group. Discussion by the group.
            2. Dr. Pieh discusses a "budget of changes."

a. Too many slides for discussion of small changes that aren't significant content changes. We make too much work for ourselves. Perhaps we do budget ourselves for a specific number of changes.
b. Dr. Sholl discusses the concept and determining what is essential and what is not essential.

3. Dr. Meehan-Coussee discusses the concept of sectioning out the protocol updates by doing "x" sections per year for a full review/update cycle of 5 or so years. Discussion by Dr. Sholl and the group.

b. Dr. Sholl discusses continuing the protocol update process review discussion at the next MDPB meeting, as the meeting time is up.
   i. Dr. Sholl asks the group to consider the following for the next meeting:
      1. What worked?
      2. What can we do better?
      3. What didn't work?
      4. What do we change?
   ii. Dr. Sholl reviews highlights of today's process review.
      1. Individual versus team protocol work – what works best?
      2. Stakeholder engagement – we did better, but still struggle with some groups.
      3. We need to be better about preparation materials, preparation of the members, and delivery of review materials.
      4. Change documents have been highlighted by many EMS system leaders, instructors, and clinicians of having tremendous value. These are of specific help to instructors as they are considering their EMS education classes.
      5. Needs for delivering material slides, protocol mock-ups, etc.
      6. Timeline – did we allot enough time? Not likely.
   iii. Dr. Sholl shares his screen and discusses a proposal for proceeding onward.
      1. Deliverables can be put together in different groups.
         a. Clinical Pharmacist – ALS/BLS Representatives
            i. Function as peer conduit for peer protocol suggestions – collecting a small select group of peers to review protocols prior to going live.
            ii. Provide perspective pertinent to member's specific scope of practice, in addition to the small review panel.
            iii. Function as a formulary SME and maintain the Maine EMS formulary
            iv. Support the educational process.
      2. Dr. Sholl discusses timeline revisions with the group.
      3. Dr. Sholl discusses streamlining presentations.
         a. Grammatical edits do not need to come from section authors, but the big protocol changes do.

13) Request – MDPB member participation in the EMD Committee
    a. Tabled to the May 2024 meeting.
14) Reminder – NO April meeting due to kid's spring break
    a. Dr. Sholl reminds the group and all attending in-person or virtually, that there will not be an MDPB meeting in April as decided in the February meeting. The April meeting coincides with school breaks.
15) Dr. Sholl asks for any parting thoughts.
    a. Joanne Lebrun reminds the group that 23 May 2024 at 11:00 am will be the memorial remembrance at the EMS Memorial. All are invited. Afterward, we have permission to show the film, "Honorable But Broken." We will be showing that in the State Capitol, and they will have lunch provided.

b. Dr. Sholl asks that anyone wanting to discuss Dr. Bohanske's soon-to-come departure to please stay after the meeting.

Old Business – 1400 - 1415

1) All Old Business items tabled to the May 2024 MDPB meeting:
    a. **Ops** – Deputy Director Roberts/Ops Team Members -
    b. **Education/Exam Committee** – A Koplovsky/C Azevedo –
    c. **QI** – C Getchell/J Oko –.
    d. **Community Paramedicine** – B. Lowry/S Goldrich –
    e. **EMSC** – M Minkler, R Williams –
    f. TAC – A Moody
    g. **MSA** – K Zimmerman, A Moody – NONE –
    h. **Cardiovascular Council** - A Moody
    i. **Data Committee –** D. Davis/K Meehan-Coussee –
    j. **EMD –** M. Adams -
    k. **Maine Heart Rescue** – M Sholl, C Azevedo
2) Motion to adjourn.
    a. Motion to adjourn made by Dr. Nash and seconded by Dr. Saquet.
    b. Meeting adjourned at 1409