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

JOHN ELIAS BALDACCI
GOVERNOR

ANNE H. JORDAN
COMMISSIONER

JAY BRADSHAW
DIRECTOR

Maine EMS
March 17, 2010
Minutes

Medical Directors Present – Diaz, Sholl, Cormier, Goth, Coor, Busko Medical Directors Absent – Kendall, Pieh Staff Present – Jay Bradshaw Guests – Rick Petrie, Eric Michaud, Joanne LeBrun, Brian Chamberlin, Mike Choate, Scott Cook, Myles Block, Bob Peterson, Dan Pugsley, John Kooistra, Ginny Brockway, Norm Dinerman, Chris Baker, Vivian Silva, Adam Mantell, Dan Batsie, John Brady, Butch Russell, Jeff Regis		
Feb 2009 Minutes	Reviewed -	Motion to Accept – Cormier Seconded – Coor Approved – All
ME EMS Update	Bradshaw – legislature in session. Budget has not been finalized. Maine EMS has re-Posted the training officer position. Steve announced that July 1, 2010 will be a transition. Matt Sholl will become the state medical director for MEMS, and Steve Diaz will become the assistant state medical director and the ME ACEP representative to the MDPB.	
Hospital Hand Off Forms	S Diaz – when a patient is delivered to the ED – what information needs to be delivered to the hospital in what fashion. Ultimately, we would like to be able to deliver a run report but sometimes this is not possible. HAND OFFS are the most common place for error in medicine. Any paper does not replace the verbal sign off or a completed run report but is a supplement to these other communications. This is not in lieu of the electronic medical record. Earlier this year –	**Jay is going to mock up a form with the critical elements**

	IOM re-iterated the dangers of patient hand-offs. Jay – This was a discussion amongst the No East State directors. Something quick to fill out, and quick to pass on… J Busko – mentions that Lincoln created its own hand off form D Batsie – what are the key elements – If we can identify these and post examples, we could then allow for local variations…. <u>Elements</u>: List of Patient Meds, Vital Signs, Service, Phone Number for the Crew, Demographics (Patient Name and Address), Narrative Summary, Allergies, Treatments (Meds and Procedures) Peter – mentions the SOAP format Is this a discoverable record and should it be saved into the medical record? J Busko and S Diaz – both suggest no, this does not substitute for the PCR and therefore should not be included into the patient's medical record	
H1N1 Update – Protocol 36	Placeholder – Maine EMS and Ops committee have met with Kris Perkins. Steve and Matt to meet with Dora – After the retreat…	
2010 Retreat	Review the readings, protocol 36, team building – will take place of the regularly scheduled MDPB	
New devices	P Goth – to review the S-SCORT Suction device in his lab on April 29th Sholl – Reminder of the process for approval of new devices vs. variations on old devices New Devices 1) Service presents to Regional Director, Medical Director and Regional Council – three items focused on – Why the device is needed (Expected Impact), Literature behind its safety and efficacy, Impact on the system from a financial, educational, and operational stand point 2) If accepted at the regional level, then the Regional medical director and the service	

	representative bring the device to the MDPB with the same focused discussion Variations of Accepted Devices 1) May be brought directly to the MDPB with similar focus of discussion OR brought the Regional office first The MDPB will not review devices that are brought forward by vendors and will not allow vendors to present to the MDPB	
IRB Process and Training – Reminder	Will receive a certificate that should be sent to Steve. Here is the website: http://phrp.nihtraining.com	
Protocol Assignments	Need to Set Dates for Protocols to be reviewed: 1) Allow interested parties to sit in on the review Process 2) Keep us on Track – missed Jan, March and will miss April due to retreat Following Sections – Blue - Tim June Red – Marlene July Gold – Jonnathan May Green – Peter July Yellow - Kevin June Pink – Colin May (Colin to tee up his discussion at the retreat and we will bring this to the group in May) Proposal – to extend the time of the MDPB and to do two sections per month. (MDPB 9:30 – 13:30 starting in May)	
Review of Protocols – Grey	See Addendum regarding the proposals and discussion…	A master excel spread sheet is being developed, and MDPB members are working to make it appropriate and non-confusing; will send out to larger audience at end of April and end of June this year, and the final document should come out August 2010 once we have closed the process.
Definition of "Stable" post thromboysis in stroke	Busko – mentions that there has been interest in his region in defining stability in the post thrombolysis for stroke patient. His proposal	**Peter and Jonnathan to connect regarding this.**

	1) Normal Vital Signs 2) Normal Mental Status 3) Infusion complete 4) Meets all other criteria for stability Steve – mentions Peter's project concerning stability for inter-facility transfer	
Specialty Program Approval Process	Petrie – would a ground transport – critical care transport program go through this process Steve D - YES	
Old Business		
Airway Subcommittee	Did not meet today	
HART Update	No major changes from the last update Reviewed common hospital data points Will discuss 12 lead QI in May (19th)	
MEMS QI	Meeting today to discuss addition of Quality Markers into protocols	
MEMS Education	Focusing on IC curriculum and will be presenting to the board Discussing skill verification – looking to define this for the state and adopt some standard of this in the future Large placeholder is the protocol update	
MEMS Operations	Met earlier in the month – reviewed the exam process. Discussed CDC document on training guide to field triage Discussed 12 lead data – most of the regions are having good results with services' 12 lead programs Hospital based ambulance services – doing transports and language in the law allows hospitals to dictate their our protocols – have just begun to review this and caution providers to be very careful. Current recommendation is to not do this… Steve mentions – on a hospital's property, this may be true but once the ambulance has moved off the hospital's property, this is not the case and	

	there may be EMTALA precedent sent. Discussed the licensing program and getting it ready for the next step Finished the day with a discussion of the RRC's and their interactions with the Regional offices.	
PIFT Teaching to Hospitals	See below – Steve has drafted a presentation to be used at the regional round tables – this will be presented at the retreat…	
Maine EMS Round Table Discussions	Jay/Matt/Steve will be visiting the regional offices Will include PIFT – Steve to review this with the regional medical directors	

Next Meetings – May 19, 2010 – 9:30 – 12:30

Maine EMS QI – 1pm – 3pm

HART Committee – 3pm – 5pm