

Medical Direction and Practice Board
17-October-2007
Minutes

In Attendance Members: Matt Sholl, Steve Diaz, Jonnathan Busko (for Paul Liebow), David Ettinger, Tony Bock, Kevin Kendall

In Attendance Staff: Jay Bradshaw

In Attendance Guests: Rick Petrie (Operations Rep), Dan Batsie (Education Rep), Norm Dinerman, Tom Judge, Lori Metayer, Joanne LeBrun, Patrick Underwood, Mike Senecal, Ginny Brockway, John Brady, Jeff Regis

| Topic | Discussion | Action(s) |
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| 1) Introductions | None | None |
| 2) Minutes from September 2007 | None | Motion to Accept by Sholl, second by Ettinger, with unanimous approval |
| 3) Legislative and Budget Update | Bradshaw reported that budget still looking at some cuts; nothing new in legislature | None |
| 4) Cyanokit | Verbal presentation by Sholl, with discussion of indications and education needed. He will bring it back for presentation with distributed protocol. | To come back here for formal presentation. |
| 5) Annual Goals Update | 2008 Protocols have been ranked by MEMS board: Annual Goals Ranking for MDPB _1_ A) Completion of 2008 Protocol Updates in a timely and cost effective manner _2_ B) Develop an approval process for Specialized protocols that are not going to be applicable to all the services of Maine _3_ C) Disaster development with MEMA and MECDC (incl. Pan Flu) and the folding in of the immunizations program begun last year _8_ D) Seasonal Influenza program for Immunization, and link this to mass inoculation if needed _6_ E) Follow-up blood products and PIFT _7_ F) Continued work with HART Committee to have goal of 100% use of 12-lead EKG and look at efficacy of pre-hospital cath lab activation _4_ G) Partnership with Maine ACEP to develop Maine EMS Medical Director Training (2 year project) _5_ H) Process of re-evaluation—how does this happen and what is the monitoring plan? | We will start with the top 4 and then begin moving down the list. To achieve number 4, will need to look to ACEP for about \$20,000 and perhaps a chapter grant to fund this project. |
| 6) MEPARS | Medical Error Prevention and Reporting System presented by Busko with some handouts distributed. This came from QI discussions around PIFT and question of | Asked Busko to arrange for a formal presentation with reports that are possible to us and we will invite other |

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| | <p>overall oversight. This is based on the FAA model with an anonymous system of reporting for “near misses.” This system has forms submitted to MEPARS in Ohio. This system may help in PIFT and other venues to help us capture QI beyond the forms. Region IV has agreed to do this whatever the outcome here. This system would cost about \$1,000.00/region/year. Regional Council of region IV has agreed to pay for this. An educational piece is being developed. A question of whether grants, rural health monies, or Dirigo support could help with this. MEMS is under budget constraints but the question of MEMS paying for all of this was also put forward. If not by entire state, the question of how we use reports from one region alone if other regions are not participating? The current system in place by MEPARS is that everyone gets one “get out of jail free card” per year. If this is a statewide initiative, then how does this work in policy—what if a near miss is really a QI issue that is not a system problem, and what if someone has a near miss in different regions per year? The globalization of this QI benefit really suggests we should do this as a state. This would allow the end product of influencing appropriate protocol changes, redundant systems, and perhaps other benefits we are not yet aware of. This would really help us identify system issues versus negligence. Suggestion to draft a letter to Josh Cutler, Trish Riley, and John Baldacci for the funding here--\$6,000.00 per year and we report back to you. Noted that we probably first need a better presentation of this system and its reporting and invite stakeholders, such as Josh Cutler, Commissioner Jordan, etc.</p> | <p>stakeholders as noted.</p> |
| <p>7) Lifeflight of Maine Update</p> | <p>Presentation by Judge (attachments available) to address three issues: what has happened since the last presentation 2 years ago by LOM; how are we doing with overtriage/undertriage and how does this benchmark against national metrics; and lastly, are there any protocols that require vetting by the MDPB, such as the post-resuscitation hypothermia protocol. Very complete presentation with some of the studies LOM has participated in. LOM has an appropriate amount of overtriage given the span noted from other services and undertriage is chronically difficult to study. LOM uses a multi-layered triage system. They do quality review and utilization review which is available. They have a 4-6% hospital discharge within 24</p> | <p>Will bring post-resuscitation hypothermia to MDPB December 2007 meeting and annual reports to MDPB.</p> |

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| | hours of all their flights. LOM is geared up now for isolettes and balloon pumps and continuing post-resuscitation hypothermia that the three referral centers are doing with an agreed upon protocol. They will bring the hypothermia protocol here to the MDPB (December 2007). They continue to work on the continuum of care that includes flight infrastructure needs and ongoing education. Dinerman noted that MEMS may need to evolve into a transport medicine type of oversight | |
| 8) OLMC | Update by Busko, who deferred to Bradshaw who deferred to Sholl. We will see if ACEP can help with monies for the audio recording. | Re-present next month. |
| 9) MEMS QI | Diaz—spent our last meeting on the Mental Health Transfer issues and hopefully have a plan of action that will be effective. | Ongoing evaluation and outreach on this issue. |
| 10) MEMS Education | Batsie presented continuous work on protocol updates and accreditation piece | No action |
| 11) MEMS Operations | Petrie and Bradshaw reported that they will be looking at the immunization piece once education is done with it and they have spoken to Dora Mills about doses for the influenza vaccine; and working on the course approval update from the education committee. | No action |
| 12) NNEMMRS | Diaz reported that this is up and running with John Bastin as the commander, and hopefully we can perhaps use this group to bridge the disaster preparedness with MEMS, ME CDC and MEMA | No action |
| 13) CPAP Update | Batsie presented Saint George and Portland Fire as requesting to join this project and they are appropriate for this project. Also, County Ambulance was not reflected in last month's minutes and was re-presented for inclusion. | Motion by Kendall with second by Sholl to accept St. George and Portland Fire to CPAP project—unanimous endorsement. Motion by Ettinger with second by Kendall to accept County Ambulance to CPAP project—unanimous endorsement. |
| 14) Protocol Process | Dr. Kendall queried the protocol process because he feels that Quik Clot Sponge may be useful. The process is MDPB to Education to Ops (with parallel process of pharmacist review) and then back to MDPB in case anything egregious found. | Dr. Kendall to bring to TAC the quik clot sponge idea. |
| 15) Next Meeting November 21, 2007 | | |