

**Medical Direction and Practice Board**  
**17-June-2009**  
**Minutes**

**In Attendance Members:** Tim Pieh, Matt Sholl, Peter Goth, Colin Coor, Kevin Kendall, Jonnathan Busko, Steve Diaz

**Excused Members:** Anthony Bock

**In Attendance Staff:** Jay Bradshaw, Jan Brinkman, Jon Powers

**In Attendance Guests:** Paul Liebow, Norm Dinerman, Scott Cook, Ginny Brockway, John Brady, Dan Batsie (Ed. Rep.), Rick Petrie (Ops. Rep.), Butch Russell, Joanne LeBrun, Doris Laslie, Lori Metayer, Jeff Regis

<b>Topic</b>	<b>Discussion</b>	<b>Action(s)</b>
1) Introductions and Announcements	Introductions	None
2) Minutes May 2009	None	Motion by Kendall with Second by Coor to accept – Unanimous approval
3) MEMS Update	Legislature is now out of session. MEMS budget probably decreased by about \$20,000 to \$30,000 dollars. Some state shut down days this upcoming year, next day is July 6, 2009	None
4) Vent use and Intra-facility Transports	Initially this was a discussion on vent use in Intra-facility transfers but this blossomed quickly into a much larger and grayer issue. The questions we need to answer are the following: (1) are there situations where dual paramedics may be able to “go beyond PIFT” appropriately to care for a certain subset of patients; (2) could this subset be vented patients; and (3) how would ventilator teaching, QI and dovetailing with hospital expertise be put in place. This is a large gray area in EMS and we need to gather info on statute and protocols and issue clarity to all services and providers. This also dovetails with CCT work (see next item).	Staff to do background work and we will issue letter of clarity sooner if we can, but needs to come back to MDPB.
5) Critical Care Transport Update	Goth <i>et al</i> have worked on a matrix that has been distributed (H.O.). This outlines a 2 X 2 chart of time sensitive mapped against patient stability to help determine crew configuration and transport method. Will look to PIFT survey data to help us mold this discussion.	Comments to Dr. Goth
6) Thoracostomy Needle	Dr. Busko presented the following: Proposal for Establishing a Minimum Length of Needles used by MEMS providers for Needle Thoracostomy in Adults  Although needle thoracostomy for presumed tension pneumothorax is a somewhat common procedure in Maine for critically ill EMS patients, its efficacy has never been demonstrated. Nonetheless, it has been clearly established that most angiocaths used for	Motion by Goth, second by Kendall to accept, with unanimous approval.

	<p>needle decompression are of insufficient length to penetrate the chest wall and reach the pleural space; this assures failure of the procedure. Therefore, we propose that a minimum length of 8 cm (3.25 inch) should be available and recommended for angiocaths or equivalent device to be used in needle decompression for adults.</p> <p>Stevens RL, Rochester AA, Busko J, Blackwell T, Schwartz D, Argenta A, Sing RF. Needle thoracostomy for tension pneumothorax: Failure predicted by chest computerized tomography. <i>Prehosp Emerg Care</i> 2009;13:14-17.</p> <p>Harcke HT, Pearse LA, Levy AD, Getz JM, Robinson SR. Chest wall thickness in military personnel: Implications for needle thoracentesis in tension pneumothorax. <i>Military Med</i> 2007;172:1260-1263</p>	
7) PIFT Survey Update	<p>Handouts distributed regarding the survey data both in raw form and compiled data. Executive summary to be developed by LeBrun and we should map concerns against each other to see the hot topics. Since it is a survey, hot topics or weighted areas of improvement can be identified, but absolute percentages or exact frequency of individual issues will be difficult to quantify.</p>	<p>LeBrun will circulate summary and roll-up of the issues so we can group and stratify the issues.</p>
8) Airway Update	<p>1) Educational components – Busko and Batsie – developed but noted that EMT-I endotracheal tube intubation (ETI) success and skill maintenance may be an issue. We are asking for contemporary data on success on first attempt, second attempt, etc. and the mean number of tries for ETI. We may support a move towards supra-glottic devices for EMT-I, and perhaps we should look at perhaps adopting our system to accommodate supraglottic airways for EMT basic level. Discussion also ranged to medication facilitation for supraglottic airway, and this is still an emerging model.</p> <p>2) Structure and Modeling – Sholl and Petrie – awaiting content from Education components group especially with the discussion under #1 in this section</p> <p>3) QI – Diaz and Bradshaw – working on Image Trend reporting</p> <p>4) Record Keeping – Pieh, Brinkman, and Petrie – Set this in place last month.</p>	<p>Most still in process but we did decide on record keeping to support the unique CEH numbering solution</p>
9) OLMC Update	At MMC	None
10) Specialty Program Update	To MEMS Board next meeting	None
11) QI Committee	Meeting today	None
12) Education Committee	1) TCAP process continuing. MEMS	This is info only presented for

	<p>working through the details of application process.</p> <p>2) MEMS to revise licensure testing procedure. Edcom adding comments.</p> <p>3) Instructor coordinator curriculum revised. Edcom will consider modifying the license level to include two levels.</p> <p>4) AVOC instructor update in progress.</p>	update purposes
13) Operations Committee	<p>Joanne updated the group on the status of the PIFT survey. She had all the raw data now, and Jan, Joanne, and Rick will be getting together to review the data and produce a report. All of the Regions will be integrating the "Transporting Kids Safely in Ambulances" program into their fall Basic EMT programs. Jay reminded everyone that Highway Safety was interested in hearing about EMS –related projects that they could integrate into their plan for this fall. Jay also updated the group on the status of the Budget (see MEMS update above); MEMS proposing to keep base payment to Regions the same but wants to reduce the amount of vehicle and licensing fees paid to Regions from 75% to 25%. Licensing program still having the bugs worked out; NHTSA has sent a survey to all Regional Coordinators about the EMS system; MEMS requested that the instructor or other authority print their name by their signature on the yellow testing forms because the name needs to be entered into the new licensing program.</p>	This is info only presented for update purposes
14) Roundtable	EMT-Initiated Refusals: facilitated by Dr. Busko	Next topic is Minimal Ventilation CPR presented by Sholl and Diaz
15) Summer Break	No MDPB meeting August 2009	
16)		
<b><u>18) Next Meeting: July 15, 2009</u></b>		