



STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
MAINE EMERGENCY MEDICAL SERVICES
16 EDISON DRIVE
AUGUSTA, MAINE
04330

MICHAEL F. KELLY
COMMISSIONER

ANGUS S. KING, JR
GOVERNOR

JAY BRADSHAW
DIRECTOR

Medical Direction and Practice Board Meeting
Maine EMS Conference Room
Wednesday, November 17, 1999
9:30 - 12:30
AGENDA

1. Introductions
2. Review/Approve Minutes of September 15, 1999
3. Old Business
 - A. Medical Control/Direction:
Review of literature, effectiveness of online medical direction (Burton, Smith)
 - B. Cert/Recert/Decert - Tabled until next meeting
4. New Business
 - A. CQI
 - i. Regional Coordinator Presentations
 - ii. MDPB Discussion of statewide CQI indicators/implementation plan
 - B. Interfacility transfers: aggrastat/antibiotics (Rick Petrie)
5. Protocols
6. Devices
7. Other
 - A. NASEMSD Annual Meeting (Bradshaw, Chagrasulis)
 - B. MEMS Rules Update (Bradshaw)
 - C. Central Line Training (Follow-up)
8. Tabled Items
 - A. Certification/Recertification/Decertification
 - B. Alternative Health Care Facilities - definition
 - C. Jackman Area Health Center
- use of PAs in prehospital care
 - D. Transfer of care protocol
9. Next meeting - January 19, 2000



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Medical Direction and Practice Board
Meeting
Wednesday, November 17, 1999
Minutes

Present: S. Diaz, H. Grimmnitz, P. Liebow, D. Stuchiner, M. Schorr, J. Burton, E. Smith, R. Chagrasulis (chair)

Guests: B. Dunwoody (Board of EMS), T. Lonchena and K. Roderick (KVEMS), J. LeBrun (TCEMS), B. Zito and D. Heath (MCEMS), J. Regis (SMEMS), R. Petrie (Capital Ambulance)

Dr. Burton chaired the first part of the meeting in Dr. Chagrasulis' absence.

- 1) Introductions were made and all were welcomed.
- 2) Minutes of September 15, 1999, were approved as distributed.

3) *Regional CQI Presentations*

Southern Maine EMS:

- ✓ Services submit reports based on indicators which are established annually by the Medical Control Committee.
- ✓ Monthly feedback is provided to services.
- ✓ If glaring problems are discovered, all run reports for that provider are reviewed for 6 months. Currently reviewing no transport and refused transport runs. Issues uncovered include inappropriate sign-off, especially with patients who may be under the influence of alcohol. Another common problem is the under use of ALS backup by EMT-I providers.

Tri-County EMS:

- ✓ Based at the service level
- ✓ Requires 100% run review
- ✓ Services send review copies are sent to the Regional QI Coordinator who provides feedback to service reviewers.
- ✓ Services develop plan for corrective action that is submitted for approval to Regional QI.
- ✓ Annual service relicensing review includes a summary of action taken. The regional office then randomly reviews these reports.
- ✓ Use Consent Agreements between provider and medical control to modify license and specify action to be taken.
- ✓ If Consent Agreement is used, 100% of runs are reviewed on a weekly basis.

Kennebec Valley EMS:

- ✓ Focused audits re: system issues as opposed to individual patient care issues.
- ✓ Data collected by services typically for 3 month period.
- ✓ Summary data sent to Regional Offices for presentation to Regional QI Committee.
- ✓ Study to request services to collect data on all indicators with random reports requested of services.
- ✓ Concern about under reporting by services.

Northeast EMS:

- ✓ RN in each of 11 hospitals to conduct chart reviews for local services.
- ✓ Nurses now are looking at specific criteria as established by Regional Medical Control

Current criteria:

- ✓ Inappropriate use of spinal assessment protocol.
- ✓ Under useage of ALS backup
- ✓ Nitroglycerin and morphine administration and vital signs
- ✓ Aspirin and use of 12 lead if available.

Future issues to review include extremity immobilization.

Aroostook EMS:

Copy of their plan is attached to the minutes.

Mid Coast EMS:

- ✓ State hospital licensing laws require officially recorded coordination with EMS.
- ✓ Quarterly medical control meetings at MCEMS
- ✓ QA case numbers assigned - log file with follo-up review.

Dr. Chagrasulis said that the next step is to develop a QA model/matrix for the state.

Action: Dr. Chag and Dr. Liebow to take lead role in developing a draft that will be submitted to Operations and MDPB in the next few weeks.

4) Interfacility Transfer Training

Rick Petrie presented a proposal to add antibiotics and Aggrastat to the medications currently able to be administered by paramedics who have completed the Interfacility Transfer Module. After considerable discussion about the request and the lack of definition for a "stable" patient, the following motion was made:

MOTION: Table until guidelines, proposed protocol, and a specific "2b/3a" medication module can be presented for review by the MDPB. (Stuchiner; second by Grimmnitz). Carried.

5) Other

Dr. Chag will follow-up with Dan Palladino to clarify when central lines can be accessed.

Dr. Grimmnitz announced that he will be stepping down as regional medical director in January and that Steve Diaz will assume this role.

Next Meeting will be January 19, 2000, **9:00 AM - 12:30 PM.**