

MDPB Minutes January 19, 2005

Members In Attendance: E. Smith, B. Collamore, K. Kendall, D. Ettinger, D. McKelway, S. Diaz

Maine EMS Staff: J. Bradshaw

Guests: P. Marcolini, L. Metayer, J. Lahood, R. Chase, J. Regis, D. Palladino, D. Stuchiner, R. Petrie, K. Marston, N. Dinerman, D. Ciraulo, J. Ontengco

- I. Last meetings minutes: Motion to accept by McKelway, second by Kendall, unanimous acceptance.
- II. Legislative, EMStar, and Budget update: nothing new, works in progress; still looking for community chairs for EMS report
- III. Protocol change: final protocols have an error—proparacaine for eye pain is a medication that needs refrigeration—Diaz asked if it is possible without opening the whole document to discussion, to simply change this to tetracaine eye drops (which do not require refrigeration); tetracaine is pennies cheaper than proparacaine. Motion by McKelway, second by Collamore, unanimous acceptance.

RSI Discussion: Diaz opened this discussion with the observation that this subcommittee is composed of several agendas which are prioritized differently by different participants, and thus no forward progress has been possible. The development of a medical director's course is paramount to the state system, and is also an integral part of the RSI project. Diaz suggested he back away as chair of the RSI subcommittee and let another member chair this who may be able to pull together the disparate issues, or at least be able to further something more tangible by their individual expertise/desires. This would allow Diaz to focus on the medical director project. This was met with conversational acceptance, and then a motion put forth by Petrie that perhaps he and other (any willing) RSI subcommittee members could put forth a proposal that is a pilot project in the sense that only willing and interested services would need participate. Yet not a pilot project in the sense of not trialing an unproven product. Whatever is put forth would need validation from a similar type service somewhere else in the US, has a developed initial and ongoing educational program, has a QI program which is appropriate and robust and validates the benefit of RSI in such a system, and is transferable to Maine. There was discussion about MDPB members voicing what they envision such a program having as its specific components, but other than the general components listed above, it would be difficult to know what specifics would be currently seen in other states. We also discussed the assessment numbers for need for RSI that have been generated, but recognizing that these are severely limited and that only a prospective QI project through the state could really answer this question—we are working on this. Finally, we reviewed the previous document which was generated regarding pilot projects, and here it is:

1. Pilot advocates gather material and present concepts to MDPB. If MDPB says "go forth" - they do. If not, they save a lot of wasted time.
2. Pilot advocates go forth and develop concept/program - needs assessment, financials, protocols, training, education, etc....and

especially what the outcomes assessed will be and how/when progress/conclusions will be presented to the MDPB.

3. #2 is presented to MDPB in its entirety. If still afloat after this meeting, revisions are made with MDPB suggestions. We now enter into a "comment" period for at least a month to allow circulation to other mdpb members not present and the EMS community at large.

4. Re-convene at next meeting and Vote the proposal or make more changes/amendments pursuant to feedback at this point and then Vote the proposal.

The regional medical directors were polled regarding their interest in having the RSI subcommittee consider the above motion, and all supported this although Kendall favored placing his efforts in the medical director arena and did not overtly support or oppose the notion. The action plan at this point is as follows: Petrie *et al* develop a proposal, this goes to the RSI subcommittee to see if it meets the concepts of the pilot project proposal and any other fine tuning that is needed, and is then brought back to the MDPB. Those proposing this feel that they can report back in two months to the MDPB, but this may take longer and has been noted. The RSI subcommittee has the role of being sure any proposal put forth to the MDPB would be a good fit for Maine, can advise the MDPB as to integral components of the medical direction program (especially as pertains to airway issues), and makes any other recommendations regarding airway management which they find germane to Maine EMS (with the obvious caveat of weighing the risk/benefit with any recommendation).

- IV. PIFT: next meeting will have formal update of medications, criteria for taking the program, QI form and a skeleton of the educational program (if available).
- V. OLMC/Med Direction course: will present the skeleton of such a program at the next MDPB meeting
- VI. Disaster Protocols: John Bastin is working on this
- VII. Airway Protocol Change: Batsie is trialing this and it works and is less than four hours. If a paramedic takes this and does not pass, what is their license level—this was forwarded to Jay Bradshaw. Are all LMA's equal—no—
Motion by Kendall and seconded by Smith that our airway algorithm is for non-intubating LMA's, unanimous acceptance. Of note, combitubes are not latex free.
- VIII. This meeting was held at the Cross Building and kept brief so that we as EMS representatives could meet with State Legislators on this Fire/EMS day at the State House.