

Medical Direction and Practice Board
21-May-2008
Minutes

In Attendance Members: Tony Bock, Steve Diaz, Jonnathan Busko, Kevin Kendall, David Ettinger

In Attendance Staff: Dawn Kinney, Jan Brinkman, Alan Leo

In Attendance Guests: Ginny Brockway, Joanne LeBrun, Dan Batsie (Ed. Rep), Joe LaHood, David White, Doris Laslie, Rick Petrie (Ops Rep), Lori Metayer

Topic	Discussion	Action(s)
1) Bill Jermyn	Dr. Jermyn passed away unexpectedly last week. He was the Missouri Medical Director for EMS and physician champion for EMS in general and worked on the national level	Moment of reflection
2) April 2008 Minutes	No discussion	Motion by Bock with second by Ettinger to accept; unanimous approval
3) Legislative and Budget update	No update per Dawn Kinney	None
4) PIFT QI discussion	<p>Dr. Busko brought the concerns that certain intra-hospital transfers have had some issues. Patients are being transferred as per the PIFT system but receiving hospital feels that they would have been more appropriate for a higher level of transfer – 2 cases in the last 6 months he has noted. This segued into the whole discussion around MEPARS (Medical Error Prevention And Reporting System)) and whether this would help in these cases? Suggestion to drill down on these statements to be able to address them:</p> <p>(1) Are there really issues with the PIFT system as designed? Open discussion of participants found that most felt there were not issues but some education to sending physicians needs to occur—Lori Metayer offered that Norm Dinerman is working on such a letter to address how decisions are made on how to transfer patients.</p> <p>(2) Hospital to Hospital Issue: the MDPB does not oversee physicians or hospitals and issues such as put forth with sending physicians perhaps not using the right resources is best dealt with hospital Chief Medical Officer to hospital Chief Medical Officer if collegial intervention does not work- always have the option to involve MHA if not</p>	<p>(1) Will have a letter drafted to reflect the patient transfer decision-making and resource use that should occur—Petrie will start with this and Diaz will Vette and will also bring to June 2008 Maine ACEP meeting.</p> <p>(2) This is a hospital to hospital issue—not in the MDPB purview</p> <p>(3) Paramedic competency and support: PIFT licensure is a requirement through MEMS office and requires a service medical director; service medical directors need to be supported on how they address these issues and hopefully we can supply education around this issue with upcoming course and letter</p> <p>(4) MEPARS presentation to be set up by Busko for July 16, 2008</p>

	<p>resolved to your satisfaction</p> <p>(3) Paramedic competency issue? If a paramedic is in err in taking a patient, need direct feedback from medical director. If paramedics are refusing and are then somehow “bullied” into taking a transfer, we need to support them in their decision-making—again, need medical direction support. Suggestion of letter in the journal to address this concern of inappropriate use of PIFT and really need to build strong service medical directors (upcoming course on Medical Direction Orientation class this fall at MaineGeneral Medical Center Waterville Campus on October 11 that Busko and Bradshaw are working on). Question of PIFT FAQ’s and educational decision-making tree are on the MEMS website—they are. Busko is making himself available if paramedics feeling pressured</p> <p>(4) MEPARS: this is a revisit from an earlier discussion and at that time, question of whether the reporting for Maine centric concerns was robust enough—decision to bring this to an MDPB meeting and learn what they could provide—July 16, 2008 meeting.</p>	
<p>5) Annual Goals</p>	<p>We will discuss 2008-2009 at our July 2008 meeting of the MDPB. We had the following 2007-2008 annual goals and will recap how we did: (1) 2008 Protocols and we worked most on this and made significant improvements and have vetted through many groups—would mark this as a success; (2) Specialty Program Protocols—in process; (3) Disaster Protocols – we met sparingly around this and still in process—we do take the lead from MEMA and ME CDC in this area, but do need to somehow bring together all EMS centric issues here; (4) OLMC: about done, will rollout at Maine ACEP June 2008 meeting; (5) Process of re-evaluation: this is linked to licensure and is a deliverable much beyond the MDPB alone—would ask the board to look at how they want to resource this with MEMS staff; (6) Blood Products as component of PIFT- spent little time on this as survey indicates not widespread support for this concept—Diaz questions</p>	<p>Will probably ask the MEMS Board to look at the process of re-evaluation from a higher perspective than the MDPB since this does not entirely live with us; and will ask to forgo any more work on blood products in PIFT.</p>

	utility of this piece given the resources needed to even bring this to a common group—Metayer commented that in LOM experience, rare and lots of processes around this—may wish to not pursue this further; (7) HART—much meaningful discussion and progress this year—will continue this collaborative; and (8) Immunization project—we accomplished this.	
6) Specialty Program Update	At Ops committee	None
7) MEMS QI Update	Mental Health Transfer group still working on their piece and Airway QI at a standstill—issue with services getting data in and how to deal with compliance. Diaz suggested publish what we have—showing data that is not glowing is one effective way to change behavior.	Regional Offices will give MEMS the data they have on Airway, we will run our metrics, and Diaz and Regis will write an article on this and it will be widely disseminated.
8) Education Committee Update	(1) Training Standards Document: (a) Sponsors of Licensure Programs; (b) Move this to the State; (c) How does this affect the IC process; (d) behavioral/clinical objectives	None
9) Operations Committee Update	(1) Joint meeting with Education on Course Approval Process; (2) NREMT – anybody taking Paramedic exam in 2012 will have to be a graduate from an accredited agency; (3) LOM – update on Human Simulator Program: only on request now and the charge now - \$25 per EMS provider and \$50 per hospital provider; (4) New AED contract – negotiations still pending; (5) Escape hoods and protocol books are out; (6) Busy with protocol updates	None
<p>10) Next Meeting: June 18, 2008 11) July 16, 2008 Meeting to concentrate on 3 items: MEPARS, Annual Goals, and final CPAP pilot project presentation.</p>		