



STATE OF MAINE
 DEPARTMENT OF PUBLIC SAFETY
 MAINE EMERGENCY MEDICAL SERVICES
 152 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333



JOHN ELIAS BALDACCI
 GOVERNOR

ANNE H. JORDAN
 COMMISSIONER

JAY BRADSHAW
 DIRECTOR

Maine EMS
 September 15, 2010
 Agenda and Minutes

Medical Directors Present – M. Cormier, T Pieh, P Goth, M Sholl, S Diaz, J Busko, R Chagrasulis, W Randolph

Medical Directors Absent – None

MEMS Staff Present – D White, K Pomelow

Guests – Scott Cook, Joanne LeBrun, Peter Daigle, Matthew Nadeau, Dustin Honey, John Kooista, Chris Pare, Terry Walsh, Chip Getchell, Mike Senecal, Eric Wellman, John Brady, Heather Cady, Mike Choate, Brian Chamberlain, Rick Petrie, Dave Robie

July 2010 Minutes	Reviewed by all	Motion to Accept – Pieh, Cormier seconds Approved - All
ME EMS Update	<p>Bradshaw –</p> <p>Budget for 2012 and 2013 being prepared. To be reviewed by the current administration as well as the future administration. Instructions were for flat funding.</p> <p>Also, time to put bills together. Have yet to hear back if any requests will be approved</p> <ol style="list-style-type: none"> 1) Bill for definition of assistant State Medical Director 2) Amending Confidentiality statement (currently can not release information that may allow for identification of any patient). The language has affected us on many levels – research, collaborating with ME’s office, surveillance efforts of CDC, etc. Hoping to present a package that allows for release of information under 3 steps. 1) MEMS Office approves, 2) MDPB IRB type review, 3) MEMS Board reviews, finally other steps for protection. <p>Received significant equipment grant for purchase of Laptops</p> <p>Update to the MEMSRR software – ensuring that Medical Directors are receiving airway updates (these are released Tuesday mornings)</p>	

<p>Medical Director Introductions</p>	<p>Sholl - Region 2 Announcement – introducing Dr Rebecca Chagrasulis, new Medical Director for Region 2</p>	
<p>Protocol Review Process</p>	<p>Sholl – Status and Agenda/Schedule</p> <p>Steroids for AI pt’s – added to medical shock protocol</p> <ol style="list-style-type: none"> 1) Do we want state state-based protocol? YES 2) How do we identify these patients? – Must be identified as a AI patient (medic alert report from family/self or staff) in order to receive treatment under standing protocols 3) Under what conditions do we wish to treat these patients? – Shock (YES), while medical control needs to be contacted for refractory N/V, profound fatigue, and alterations in mental status. 4) What do we treat them with? Solu-Medrol as this is going to be added to our formulary for 2 other conditions. <p>RP – brings up the question – “What to do if the patient/family insists EMS uses their solu-cortef?” – The protocol will remain as it is listed below with the caveat that the provider can contact OLMC for deviation from the protocols.</p> <p>Current protocol suggestion:</p> <p>7. Additionally, if the patient is found to have Adrenal Insufficiency (via medic alert bracelet, patient records, or family/staff reports), administer methylprednisolone (Solu-Medrol) as follows:</p> <ol style="list-style-type: none"> a. Adults – methylprednisolone (Solu-Medrol) 125 mg IV, IM, or IO x 1 dose b. Pediatrics - methylprednisolone (Solu-Medrol) 2mg/kg IV, IM, or IO x 1 dose 	
<p>New Devices</p>	<p>T Pieh – Device that allows for delivery of CPAP and nebulized medications. (Noted a product that allows for both. Is this a new device?)</p> <p>SD – The reason we have things brought to MDPB is that we vet that these are indeed new and not a variation on an old device AND that the product actually works and does what it says.</p> <p>WR – mentions this device is less expensive and allows for ETCO2.</p> <p>SD – mentions that it is not unreasonable to approve this for use as this is a variation of an approved device AND if services opt to use this, ask for feedback on the success of</p>	<p>Motion – Approve the device (CPAP with in-line nebulizer capability) as a variation of an Approved device under the caveat that services choosing to use this device feedback to their Regional Medical Director regarding success as a CPAP device and success as a nebulizer delivery device. - Pieh</p> <p>Seconded – Diaz</p>

	<p>the device as a CPAP device and as a delivery mechanism for nebulized medications.</p>	<p>Approved - All</p>
<p>Special Circumstances Protocols</p>	<p>Sholl - CAH Patient Protocol Presentation – Sholl</p> <p>JB – notes requests to review the high user, low acuity EMS patient population. Notes a program from the EMMC/St Joe’s ED that allows for collaborative decisions on care. Has been asked to consider these same plans (ie” Pt approved circumstances for no transport) for EMS services in NEEMS.</p> <p>SD – what if the plan says “no matter what, I do not want to be transported” but at the time of care requests transport?</p> <p>JB – In those conditions, the patient is transported</p> <p>SD – What in the occult presentation of disease? Currently, this is not directed by a care plan.</p> <p>PG – Perhaps putting this into place in the ED first is appropriate. EMS may not be the appropriate place for this.</p> <p>Further Discussion ensues and decision - Step 1 – run review to assess the scope of the problem.</p>	<p>Action –</p> <p>1) JB to review the data to review the scope of the problem</p> <p>2) If interested in pursuing further, Matt S and Jay Bradshaw to present this question to the AG’s office and the DHHS</p>
<p>Drug Shortages</p>	<p>Sholl -</p> <p>Epi – Nate Contreras’ presentation and SMEMS’ protocol on www.mainehealth.org/ems</p> <p>D50 – RP’s current plans – One hospital is completely out of D50 supplies – followed by another. At this point, putting 250 bag of D10 or Bags of D5 on the truck and using this instead. Attempting to warn providers of this proactively.</p> <p>MEMS procedure for hospital and regional medical director/state medical director to adopt special protocol in the short term until the Medical Director Practice Board next meets and officially vets the alternate procedure.</p>	
<p>Portland Fire Department Pilot Project</p>	<p>Demo of EMD Software – D White (Falls, Poisoning without priority symptoms, Obvious Death, ASA Protocols demonstrated)</p> <p>Deputy Chief Terry Walsh/Lt. Peter Daigle – City of Portland, Portland Fire Department/MEDCU</p> <p>Have been discussing amending responses in the city of Portland for the last 2 years. Intention, to have an engine company with a basic EMT attending some of these calls DESPITE the department’s level of license. In the last 2 years, have added 2 positions that allow for EMD QI and</p>	<p>MOTION – Approve Portland Fire Department/MEDCU’s Pilot Project to amend response for listed calls (including falls (without priority symptoms or injury), CO Alarm (without symptoms), Poisoning (without priority</p>

	<p>MEDCU/PFD QI. Currently, sending ambulances to calls for uninjured falls who sign off. Numbers of calls are low – on the order of 200 public assists a year.</p> <p>Training all the firefighters in the program (assessment, documentation, and QI measures). The department will require 100% QI of all these calls, including EMD and Patient Care – ensuring that EMD impression and EMS impression are the same. Have plans to contact the local hospitals to query if the patients have been admitted within a 72-hour period.</p> <p>Presented a flow chart for providers to use. Intended to walk the providers through the process and when to call for ambulance response. (see attached)</p> <p><u>Process for this Project</u> – Sholl. MDPB reviews and accepts or rejects pilot project. If accepted, the program returns to MEMS Board for final approval.</p> <p><u>Discussion</u> – R Chag – Is it a pilot if approved? YES Also, is this a pilot or a Special Protocol? PILOT – as this is generalizable to the state. J B – What time period? Based on the numbers presented by the department (200/year), MDPB approved this for a 6 month time period and then review. S D – Need 100% QI and Medical Director involvement</p> <p>Next, the Board must approve the waiver of response.</p>	<p>symptoms), and Obvious Death (unquestionable)). – T Pieh</p> <p>Seconded – R Chag</p> <p>Approved – All</p>
<p>Maine Cardiac Arrest Survival Project</p>	<p>Update and Information – Sholl</p> <p>Next proposed meeting – Oct 26th 3-5</p>	
<p>Inter-facility Transport</p>	<p>Sholl – Introduces the concept of a Inter-Facility transport committee to discuss the findings of RP and JB’s PPIFT survey as well as strategizing the care of critical patients.</p> <p>At least 10 present were interested</p> <p>Time Frame – likely after the airway subcommittee work wind down</p>	
<p>Old Business</p> <p>(Updates)</p>		
<p>HART Update</p>	<p>Next meeting in Nov 17, 2010 – agenda is to hear from the PCI centers regarding outcomes data.</p> <p>2% get reentry arrhythmia in route (usually VF/VT) – posed a question to the</p>	

	interventionalists – should these patients Amiodarone? They answered that YES, these patients can receive Amiodarone in these circumstances.
MEMS Education	Kerry Pomelow – ED Com has discussed PIFT update and new CEH categories and hours. Conducting Training Site evals for all 9 training sites.
MEMS Operations	Rick Petrie – discussed wrap up items – end of year reports and draft reports. Feedback from the board. Transporting Children Safely – Susan Grace (Falmouth Fire) developed a program with DOT money on transporting children safely. Time now to update and revisit this program
PIFT Teaching to Hospitals	Currently, this is ongoing through the Regional “Town Hall Meetings”. In the future, this will take place through the Inter Facility Transport Sub Committee. RP – mentions that this committee needs to involve the Maine Hospital Association. RP discussed process of Town Hall meetings – presentation goes approximately 1.5 hours with another 1 hour for review. Had positive comments after the program. Did have good attendance – including physicians from across the region.
MEMS QI	MS – Continuing to hear from regions/sub-regions/Services on QI practices around airway management Any service/region/sub-region with effective airway or 12 lead QI programs, please send description to Matt Sholl (shollm@mac.com) for inclusion in the QI resource manual
Airway Subcommittee	Tim P – Met earlier today – reviewed Pediatric Protocol and discussed the “pearls” section. Current thoughts on the “pearls” is to place a very brief and succinct statement in the protocol section.

Next Meetings – Oct 20, 2010

- 1) Airway Subcommittee – 8:30 – 9:30
- 2) MDPB - 9:30 – 12:30
- 3) Maine EMS QI – 1:00 – 3:00