BOARD OF EMS MEETING
JUNE 7, 2017
9:30 AM
DE CHAMPLAIN CONFERENCE ROOM
MINUTES

Members Present: Mike Senecal, Scott Susi, Matt Sholl, Kate Zimmerman, Judy Gerrish, Tim Beals, John Martell, Joe Conley, Greg Coyne, Carolyn Brouillard, Joe Kellner, Lori Metayer, Lori Downing

Members Absent: Jeffrey Rowe, Julie Ontengco (participating by phone)

Staff: Shaun St. Germain, Alan Leo, Don Sheets, Jason Oko, Tim Nangle, Katie Boynton

Office of the Attorney General: Katie Johnson, AAG

Regional Coordinators: Rick Petrie, APEMS; Ben Zetterman, AEMS; Joanne Lebrun, TCEMS

Guests: Dennis Russell, Nathan Yerxa, Jim MacDonnell, Curtis Rapplege

Meeting Called to Order: 9:34 am

1. Introductions are made.

2. Minutes April 7, 2017
   a. **MOTION:** Motion to approve the minutes as amended; Joe Kellner/Greg Coyne; motion passes unanimously

3. Public comments
   a. Jim McDonough Lisbon EMS
      i. Jim asked the Board to consider moving the July 1st change in the Med Box policies at Maine Medical Center and Midcoast Hospital back as there are insufficient standards surrounding this change. Rick Petrie provided the Board with context for the change including that it is a Region 1 change that has been in the works for three years.

4. Maine EMS Update
   a. Budget – Shaun St. Germain reports that we are now approaching the end of Fiscal Year 2017 and that will be ending under budget due to lower staffing. FY18 is still being worked on in the Legislature/Governor’s Office. If a budget is not passed before July 1st, there is a possibility of a State Shutdown.
b. Legislation – Shaun St. Germain gave the Board an update on the current status of some legislation.
   i. LD1427: This bill is to remove the pilot project status from the Community Paramedicine statute. The governor had added Part 2, which kept state funds from being used to fund CP. The committee unanimously voted to pass the bill with an amendment striking the Governor’s Part 2. The bill is currently with the Governor for approval or veto.
   ii. LD1462: This bill was submitted by Senator Thibodeau and would create a pilot project for “community responders”. This would entail a 10-30 hour course and subsequent apprentice under a licensed provider. The pilot and apprenticeship program would last until 2019.

c. Community Paramedicine – Shaun St. Germain informed the Board that Jay Bradshaw’s contract with the office has ended. Shaun will be taking over all of Community Paramedicine at this point. Much of the continuation of the program hinges on the results of LD1427. Shaun questions whether or not going forward CP should be convened as a Board committee versus the steering committee it is now. The discussion surrounding this concludes that once the Pilot status is revoked a committee of Board members and interested parties should be formed.

d. Ops – Joanne Lebrun shares information from the Ops meeting. The work plan was discussed. Infection control is a priority. CISM training and suicide prevention training is occurring this month June 21-23rd.

e. Staff Update – Shaun informs the Board of the changes in the staffing duties. We are applying for an EMS-C grant which would provide a grant funded FTE staff who would solely work on EMS-C.

5. Medical Director Report
   a. MDPB – Matt Sholl provides the Board with updates on several MDPB projects.
      i. MDPB needs to finish Brown, Gray, one more piece of Yellow and a few loose ends to complete the Protocol update. They have been transitioning everything from one platform to another web-based program. The goal is to have the completed update in the hands of the Education Committee soon, so that they have a 3-month roll-out period to create the education surrounding the new updates.
      ii. Carfentnlil deaths are raising concerns for exposure. MDPB is working on drafting a consensus statement with NNEPCC and CDC.
      iii. Drug shortages have impacted EMS with D50, cardiac epi and bicarb all in short supply. The MDPB is working on training for alternate means of deliver for these medications.
      iv. Maine is joining with NH/VT to bring a “check and inject” program to EMTs for IM Epi to replace auto-injectors.
      v. For the last 6 months or so, the group has been working to start a Stroke work group in a similar fashion of the TAC.
      vi. Research project updates:
          - Impact of pre arrival oDT ondansetron on pediatric Emergency Department length of stay
          - Reviewing spine management since the 2015 protocol change. In the process of getting that off the ground with student help
- John Martel - another medical student re: Pedi airway; manuscript draft. Presented at 2 conferences. With introduction of CPAP, the intubation numbers decreased.

- SIREN project: NIH funded program. 12 different hubs and 1-2 super hubs. EMS-EM research. MMC is a super-hub (Tufts, Baystate, MMC etc). The Maine EMS Board is likely to be approached about using state EMS data for future projects.

- MD/MPH Student is interested in studying barriers and enablers to volunteer recruitment and retention in EMS. She is drafting her IRB, this will come back to MEMS and MDPB for review.

b. QA/I – There is no current update. With ELITE implementation, the collection of data from a former and current platform would be problematic. The QI Committee is pausing data collection until all services have implemented the ELITE Platform.

6. Investigations
   a. May Committee Minutes and Recommendations
      i. No May meeting was held. Most likely no meeting will be held in July either. Investigations are down 50% from last year at this time. September should have a meeting.

7. Old Business
   a. Work Plan Update – Shaun St. Germain updates the Board on the work plan for the regional offices. The new plan was given to the regions and they have sent back their thoughts. The new contracts will be issued within the next couple weeks.
   b. Northern New England Resuscitation Academy – Matt Sholl tells the Board about the Heart Rescue Program, which Maine has joined. We are partnering with NH at their EMS conference in October. The focus will be on the science of resuscitation, 10-steps to improve survival, pathophysiology, and importance of high-performance CPR.
   c. REPLICA – Shaun St. Germain informs the Board about the current status of REPLICA in New England. A lot of the resistance has been regarding the fingerprinting federal background check, which is only a requirement of new applicants. Shaun would like to move forward with the legislation in the next session. In order for the compact to exist 10 must sign on, 11 have so far. The earlier we get on board the more say we can have with the development. Tim Beals requests the 60,000 foot level view of what REPLICA does. It allows for providers (not services) to operate under their home-state protocols in other REPLICA states – i.e. a hurricane, or when NH hosts a big NASCAR event and brings in hundreds of extra providers. This does not replace reciprocity; it is episodic in nature. The state must require NREMT for initial licensure, which we meet those requirements. Lori Metayer thinks it would be great to get in and help build the program.
      i. **MOTION:** Motion to direct Shaun St. Germain to write legislation to adopt REPLICA; Tim Beals/Lori Metayer; motion passes unanimously
   d. Draft Rule Changes
      i. Sub Committee Report – Jason Oko informs the Board that the process is coming to a close. Looking to implement in early 2018.
e. ASMI Group Report – Shaun gives an update on seeking facilitators. He would like to keep momentum going on this project. Joe Kellner gives update on the last meeting. For facilitators Shaun is reaching out to system leaders throughout the state and has received interest. Shaun is attempting to gain facilitators from all areas of the system – EMS/Fire/nursing.

8. New Business
   a. Region 2 Medical Director – Seth Ritter
      i. **MOTION: Motion to approve Dr. Seth Ritter as the Region 2 Medical Director; Greg Coyne/John Martell; motion passes unanimously**

9. Committee Reports.
   a. Education – Don Sheets provides the Education update. They met last month and discussed the work plan. There are vacancies which need to be filled.
   b. Data – Tim Nangle has voiced interest in resuscitating this committee. Tim gives report on MEFIRS. The last of the services have begun on June 1st. Many support calls have diminished – likely due to providers working for multiple services. There are some importing services which are still in the process of moving to MEFIRS.
   c. Exam – The exam committee has not met.
   d. EMD – Jason Oko gives report on EMD. This group meets quarterly and met in February. They will be meeting again at the end of June.

10. Other
    a. Next Meeting will be August 2, 2017 at 9:30 AM

11. Meeting adjourned at 11:07 AM

12. **MOTION: Motion to reopen the meeting; Joe Conley/Greg Coyne; motion passes unanimously**

13. Meeting is reopened at 11:08 AM.

14. Other, continued:
    a. Tim Nangle gives update on outside systems which need access to MEFIRS. We need official approval to authorize access to the MEFIRS system.
    b. **MOTION: Motion to continue the authorization of information from MEFIRS to CDC/BHS/Trauma Coordinators as was done in the MEMSRR reporting system; Joe Kellner/Tim Beals; motion passes unanimously**
    c. **MOTION: Motion to table the motions which were carried over from the April meeting to the August meeting; Joe Kellner/Judy Gerrish; motion passes unanimously**

15. Meeting adjourned at 11:20 AM