

## Aroostook EMS FY 2014-2015 Work Plan

### 1) Medical Control Training and Direction

- a. Improve the understanding of EMS for emergency physicians and others who provide Online Medical Control.
- b. Ongoing assessment of the above plans and adjustments to show measurable improvement.
- c. Working with EMS services to assure that each service receives medical control input, to include at a minimum: input/involvement with the service's quality improvement program and integration of the QI program with continuing education programs.

#### **AREMS Work Plan for FY 2014-2015 (MEDICAL CONTROL)**

- a. To improve understanding of OLMC, AREMS will strategically recommend to the E/R Managers that all physicians, physician assistants and independent nurse practitioners complete the MEMS OLMC program.**
- b. AREMS shall remit in it's progress reports, activity and adjustments to show assessment of the above plan and subsequent measurable improvement made.**
- c. AREMS shall identify any continuing educational program(s) that are a result of a Q/A indicator, and report such results to the Regional and Service level Medical Directors and Maine EMS.**
- d. Work plan requirement data:**
  - i. Northern Maine Medical Center has 6 Emergency physicians, 3 physician assistants and no independent nurse practitioners.  
The Aroostook Medical Center has 6 Emergency physicians. 5 physician assistants and 1 independent nurse practitioner.  
Houlton Regional Hospital has 9 Emergency physicians, no physician assistants, and no independent nurse practitioners.  
Cary Medical Center has 3 Emergency physicians, 1 physician assistants, and no independent nurse practitioners.
  - ii. The total of those who have completed an OLMC program is currently 18.
  - iii. Our plan in the upcoming year is to collaborate with the Emergency Dept. Managers to offer hard copy cd's to the identified medical control staff so that the MEMS OLMC program can be conducted at their own pace and schedule. Previous strategies have been somewhat successful but the feedback we have received indicates that this new strategy may increase the number willing to voluntarily complete the program.
  - iv. Listing of Services/Medical Directors and regional assistance offered.

<i>Service</i>	<i>Medical Director</i>	<i>Assistance offered</i>
<i>Ashland</i>	<i>Dr. Roger Pelli</i>	<i>OLMC program introduced</i>
<i>ASI</i>	<i>Dr. Erik St. Pierre</i>	<i>OLMC program introduced</i>
<i>Calais Amb. Danforth</i>	<i>Dr. Brazier*</i>	<i>Assisted by Region 4</i>
<i>Caribou Ground/Air</i>	<i>Drs. Boma &amp; Collamore*</i>	<i>Recruitment assistance</i>
<i>Crown Ground/Air</i>	<i>Dr. Peter Goth*</i>	<i>CEH development</i>
<i>Houlton Amb.</i>	<i>Dr. Brian Griffin</i>	<i>OLMC program introduced</i>
<i>Island Falls Amb.</i>	<i>Dr. Brian Griffin</i>	<i>OLMC program introduced</i>
<i>Madawaska Amb.</i>	<i>Dr. Erik St. Pierre</i>	<i>OLMS program introduced</i>
<i>Oakfield Fire</i>	<i>Dr. Brian Griffin</i>	<i>CEH development</i>
<i>Patten Amb.</i>	<i>Dr. Martin Hrynich</i>	<i>Rules interpretation &amp; CEH's</i>
<i>Van Buren Amb.</i>	<i>Dr. Samuela Mananges</i>	<i>OLMC program introduced</i>
<i>US Border Patrol</i>	<i>Dr. Peter Goth*</i>	<i>CEH development</i>

*\*denotes OLMC completed*

## 2) Quality Improvement

- a. Submit the region's QI plan to provide technical assistance to each EMS agency within the designated region. The regional plan shall include an integrated Quality Improvement (QI) program that will: a) evaluate (assess) and b) improve competencies for EMS providers. The regional QI report will include:
  - i. Describing the involvement of the medical director in QI
  - ii. If a service does not have a service medical director, how is QI being performed?
  - iii. How are performance issues resolved and tracked for trending?
  - iv. How are sentinel events reported and tracked for trending?
  - v. How are QI activities connected to training and education? Are performance measures re-evaluated?
  - vi. How are run report reviews conducted?
  - vii. Reporting on trends sent to all services and to Maine EMS
- b. Service QI plans should include at a minimum:
  - i. Identifying QI indicators with benchmark data( e.g. MEMSRR to identify service/regional trends).
  - ii. Assist with identifying and assisting the service to develop and provide educational programs that utilize the as a results of QI activities.
  - iii. Use follow-up data to evaluate the effectiveness of training/educational programs
  - iv. Working with local EMS providers with whom they routinely interact.
  - v. Adjusting QI and education plans as necessary.
- c. Regional QI plans shall include performance indicators and clinical outcomes.
- d. The regional office shall function as a liaison between state and local QI committees and assist with mutually agreed upon QI data collection and reporting as requested by the MEMS QI Committee.

## **AREMS Work Plan for FY 2014-2015 (QUALITY IMPROVEMENT)**

a. Aroostook Region 5 EMS has implemented a benchmarked based quarterly Q/A reporting system that will identify a specific benchmark each quarter. Each Service shall use the Maine EMS Electronic Run Reporting System as it's tool for extracting data and reporting back to the Region, the compliance rate for each benchmark. If needed, each benchmark will be re-reviewed in 6 months to establish a secondary compliance rate. If the secondary compliance rate fails to indicate service improvement, a continuing education training will be conducted, and a third review will be initiated to assess improvement in 3 months following the training. Should the second review indicate progress, it will be notated in the Regional progress and annual reports and Services will have completed that benchmark. In addition, Region 5 EMS shall provide technical assistance to services with respects to their local internal run reviews. (ie; occurrences identified via summary report) Performance issues and sentinel events shall be reported to MEMS and services, via our progress and annual reports. A sentinel event has been defined as an unexpected occurrence involving death or serious physical or psychological injury. Reports shall include performance indicators and clinical outcomes for each identified study. Each Service level Medical Director shall review all PIFT data and summary reports to consult service for resolution, if trends are found, an educational program shall be conducted by the service(s). All Region 5 services presently have designated service Medical Directors. The Regional Q/I committee consists of a Q/I representative from each service, the Regional Q/I Manager, as well as the Regional Coordinator who is the liaison between all parties. Aroostook Region 5 has been active with all MEMS Q/I committee collection and reporting, and will continue to do so in the future.

### **3) Training Coordination**

#### **AREMS work plan for FY 2014-2015**

a. AREMS shall coordinate and assist with EMS training programs as identified by our services, Q/I activities and our annual needs assessment.

### **4) Regional Councils AREMS work plan for FY 2014-2015**

AREMS shall conduct regional council meetings on a quarterly basis to assure representation of the EMS community and the community at large.

In addition, AREMS shall continue to expand attendance at Council meetings and disseminate information to our members and services.

AREMS will send minutes of meetings to Maine EMS within 30 days of meeting or sooner if available.

## 5) Public Information, Education, and Relations

- a. Provide PIER related training for services in order to help services build local community awareness/support.

**AREMS work plan for FY 2014-2015 will include a workshop to address PIER activities to be held in the fall of 2014. Attending services will collaborate and share ideas designed to increase community awareness/support at the service level.**

## 6) Attendance and Participation in Maine EMS meetings

- a. AREMS shall attend and participate in the following required meetings:
  - i. Regional Coordinator at Operations Team meetings;
  - ii. Regional Medical Director in Medical Directions and Practice Board meetings; and
  - iii. Regional QI representative in MEMS QI Committee meetings.

***AREMS is aware that unexcused absence from 2 or more meetings will result in a penalty of 5% of the total contract price.***

## 7) Other projects

- e. Require the Regional Coordinator or a council representative to participate in EMS development and support projects when requested by Maine EMS and when consented to by the Regional Coordinator or council representative.

### **AREMS work plan for FY 2014-2015**

- e. **As was evident in several projects in the FY 2013-2014 contract year, AREMS participated in the Protocol implementation, overhaul of the CDC All Hazards Plan and locally in the collaboration of the Acadian World Congress 2014 EMS subcommittee. AREMS will continue to work on such projects in the upcoming contract year.**

## 8) Reports

**AREMS agrees to submit all reports as itemized below**

- a. Submit an annual activity report for FY 14 to Maine EMS no later than 4:00 PM on September 30, 2014.

- b. Submit an independently prepared financial report for FY 14 to Maine EMS no later than 4:00 PM on December 31, 2014.
- c. Submit a progress report for FY 15 to Maine EMS no later than 4:00 PM on December 31, 2014.
- d. Submit an annual activity report for FY 15 to Maine EMS no later than 4:00 PM June 30, 2015.