



**MAINE EMS
Contract Activity Final Progress Report
FY 2013-2014**



Aroostook Region 5 Emergency Medical Services Council Inc.

Region 5 September 30, 2014 Final Report

July 1, 2013 to June 30, 2014

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Cover: Libby Cummings R.N. and Daryl Boucher R.N. BSN, present Troy Blier with the 2014 Dr. Brennan EMS scholarship in June of 2014.

Aroostook Region 5 EMS FY 2013-2014 Work Plan

A. Medical Control and Direction

Providing high quality patient care relies on having an informed and coordinated system. This includes, but is not limited to prehospital, in-hospital, and inter-facility. Medical Control is a critical component of the system, and the goal is to strengthen and improve the role of Medical Control across all aspects of EMS.

- a. Develop and submit to Maine EMS and updated work plan to improve the understanding of EMS for emergency physicians and others who provide Online Medical Control. Throughout the contract period, assess the results of the plans and adjust to show measurable improvement.
- b. The plan shall also include 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,.

Work Plan: Region 5 EMS shall conduct 4 Educational sessions (one per hospital) of the Maine EMS Online Medical Control Program. These sessions are to be instructed by our Regional Medical Director, Peter Goth M.D. and conducted during the FY 2013-2014 year. Our progress reports shall include a table identifying up to date progress of this initiative. Our Regional Services each have a dedicated Service Medical Director who shall sign off all Q/A reports sent to the region as proof that each Medical Director has reviewed and/or consulted the Service as to the findings of the Q/A report. In addition, all ceh pre-approval forms shall indicate if the training is linked to a Q/A issue or deficiency. Tracked response data will be included in our Regional progress and Annual reports.

B. Quality Improvement

Quality improvement is essential to provide ongoing assessment and improvement of patient care. QI involves baseline assessment of performance measures, identification of issues/trends, developing and providing an educational response to issues/trends, re-assessing and adjusting plans as needed.

1. Develop and submit to Maine EMS a regional plan to provide technical assistance to each EMS agency within the designated region. The regional plan shall include development and implementation of an integrated Quality Improvement (QI) program that will: a) evaluate (assess) and b) improve competencies for EMS providers. Local QI plans should include all EMS providers with whom they routinely interact.

2. Service plans should include:
 - a. Identifying QI indicators with benchmark data e.g. MEMSRR to identify service/regional trends
 - b. Developing and proving an educational program utilizing the as a results of QI activities
 - c. Follow-up data to evaluate training/educational programs
 - d. Adjusting plans as necessary

QI plans shall include performance indicators and clinical outcomes. The regional office shall function as a liaison between state and local QI committees.

3. Assist with mutually agreed upon QI data collection and reporting as requested by the MEMS QI Committee.

Work Plan: Aroostook Region 5 EMS shall implement 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. 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.

C. Training Coordination

Support for local EMS education is essential to developing and maintaining providers and services who are able to provide high quality patient care in light of both established and emerging trends in patient care and technology.

1. Coordinate and assist with EMS training programs as identified by:
 - a. EMS services;
 - b. QI activities; and
 - c. Regional needs assessment
2. Work with local EMS services to incorporate education programs that integrate with quality improvement activities.
3. In accordance with the Maine EMS Rules, approve continuing education courses for services within the region.

Work Plan: Aroostook Region 5 EMS shall coordinate and assist it's Services by reviewing all pre-approval requests for ceh trainings held at the Service level and shall

track all requests that are directly linked to Q/A issues or deficiencies and report it's findings in our progress and Annual reports to MEMS. In addition, our Region shall conduct periodic workshops on topics identified by the Services, in our annual needs assessments. Since FY 2013-20014 was a protocol release year, the Region conducted a "train the trainer" Protocol update to roll out changes forthcoming in the December 2013 protocol release.

C. Regional Councils

1. Conduct regional council meetings on a quarterly basis (minimum requirement) to assure representation of the EMS community and the community at large.
2. Expand attendance at Council meetings and information dissemination.

Work Plan: Region 5 EMS shall inject all minutes from it's quarterly meetings in each progress and annual report. In an incentive to expand meeting attendance, each meeting shall be held in a different geographical area of our Region to promote and expand attendance.

D. Public Information, Education, and Relations

Educating the public and positive interaction with media continue to be challenging for most EMS services. The goal of this objective is to have local services able to conduct these activities in an ongoing and proactive manner.

Work Plan: Region 5 EMS shall seek information and data from each of it's Services via our Annual Needs Assessment. All collected data shall be reported in a table that shall be included in our progress and Annual reports.

E. Attendance and Participation in Maine EMS meetings

1. Regional requirements Maine EMS meeting attendance and participation include the following:
 - a. Regional Coordinator at Operations Team meetings;
 - b. Regional Medical Director in Medical Directions and Practice Board meetings; and
 - c. Regional QI representative in MEMS QI Committee meetings.

2. Other projects

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.

Deliverable: Attendance at specified meetings. Unexcused absence from 2 or more meetings will result in a penalty of 5% of the total contract price.

E. Reports

In addition to the previously mentioned reports, no later than December 31, 2013, submit an independently prepared financial report for fiscal year 2013.

Failure to provide all reports in a timely manner will result in a penalty of 5% of the contract price per delinquent report and may affect both the current and future contracts.

This concludes the Aroostook Region 5 EMS FY 2013-2014 Regional Work plan

Medical Control Plans

Certification of Medical Control Providers: This project was initiated in a previous fiscal year (2011) and has continued into this year. Certification of Medical Control providers has continued to be a topic of discussion at the Region 5 Aroostook EMS Council meetings.

Current action to achieve the goal of having 100% medical control providers certified included:

1. The regional coordinator has talked to each of the directors of credentialing at each of the four hospitals in our region, to determine who in their ED staff have taken the Maine EMS On-Line Medical Control program.
2. The regional coordinator has worked to deliver cd's to the four Emergency Dept. Managers to support and encourage their ED providers in taking the OLMC course. Medical Control includes Dr.'s, PA's, Locum Physicians and FNP's.
3. In May 2014, another assessment was made to each service and hospital to encourage 100% goal for providers.
4. The Aroostook Medical Center has recently made the MEMS OLMC Course a credentialing requirement for all non-locum ED Doctors. Peter Goth M.D. is spearheading this new requirement.
5. Despite continued technical difficulties encountered, a review of the 2014 completion list and the self reporting of physicians show that 18 regional physicians have completed this program.

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.

Future plans include:

1. Continue to market CME value as a promotional tool.
2. Schedule future meetings with other credentialing staff to gain future support for the OLMC program, as a requirement in their facilities.

Service Level Medical Directors

All region five Services have clearly identified medical directors for their services (100%). Most of these services also provide Paramedic Interfacility Transport Services to their local hospitals. EMS Rules requires each PIFT service to have a service medical director. The involvement and activities of these directors varies, but most medical directors are very active with service level Q/I, education and provider evaluation. Job descriptions remain to be implemented at the service level, with the exception of Caribou Fire, we still have a lot of work to pursue in seeking written agreements between the Services and their respective Medical Directors. Since our last report, Patten Ambulance now has a written job description for their provider and ASI is in progress. Several smaller services have opted to verbal agreements vs. written. Our strategy to promote future compliance is to hold a workshop for Service Directors that will focus on best practices that include creation of written job descriptions for the services that have yet to do so.

<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 & 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 & CEH</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*

Dr. John Beaulieu M.D. has begun to provide support, education and oversight to all regional EMS activities. He now serves as Medical Director for our Region. Our future plans are to add an Asst. Medical Director to augment his work.

Some roles of a service level medical director include

- Completion of the Maine EMS Online Medical Control Program (OLMC) to familiarize with MEMS Medical Control expectations.
- The Service Medical Director reviews each and every PIFT transport for errors plus provides quality assurance (Q/A) consultations for calls submitted in the Service Summary Reports. Data and information gleaned in these processes are used to educate EMS field providers in providing improved patient care.

Quality Improvement

Describe activities to date and plans for the remainder of the contract period for providing technical assistance to hospitals and EMS services in developing and integrated quality improvement plan.

Hospital Support: As the primary EMS contact for our four regional hospitals, we assist all four hospitals with EMS QI issues and follow up.

At Cary Medical Center, EMS staff assisted with the annual JCAHO disaster drill, in addition to participating in Medivax resourcing for immunization efforts and trauma review for the MEMS TAC group in May of 2014.

At Houlton Regional Hospital, EMS staff coordinated with facilities management, to help reconfigure local communications infrastructure to insure Medical Control coverage to all inbound EMS services, as well as distribution of the OLMC cd in hopes of gaining new participants. AREMS also will be an active participant in the Sept. 27 large scale disaster exercise.

At Northern Maine Medical Center, EMS staff assisted Emergency Dept. in conducting annual disaster drill in Dec. of 2013 and assisted with the field triage area for the World Acadian Congress held in August 2014. AREMS and NMMC also collaborated to insure all drug boxes were prepared for the Dec. 2013 Protocol update.

At the Aroostook Medical Center, EMS staff continue to support the annual “Survivor Aroostook” weeklong camp, by providing on scene moulaging services, as well as providing logistical support to this event. In addition, both moulaging services and EMS evaluation are annually provided to the J.M. Huber/Casualty Exercise in conjunction with Crown Ambulance. We have also worked collaboratively to include Grand Rounds CEH credit, under the new MEMS CEH categories. AREMS also will be assisting TAMC in the Active shooter drill slated for Sept. 30th.

Hospital	Contact	Activity	Action Plan
Cary Medical Ctr.	Karen Woodall	Quarterly Mtg.	Statewide plan in use
TAMC Presque Isle	Daryl Boucher	Quarterly Mtg.	Same as above
Houlton Regional	Trish Murray	Quarterly Mtg.	Same as above
NMMC –Ft. Kent	Alain Bois	Quarterly Mtg.	Same as above

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). 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. Sample Quarter: 2014-01 1/1/14 thru 3/31/14

Q1. During the sample dates above, how many patients did your service transport for "Diabetic Emergencies".

Q2. Of those calls, how many patients received blood glucose monitoring prior to arrival at destination hospital.

Service	Q1	Q2	Performance indicator
Ashland	0	0	N/A
ASI	6	6	100%
Caribou	2	2	100%
Crown	19	19	100%
Houlton	8	8	100%
Island Falls	1	1	100%
Madawaska	0	0	N/A
Oakfield	0	0	N/A
Patten	1	1	100%
Van Buren	2	2	100%
Totals	39	39	100%

Clinical outcomes: All reporting services with data were 100% compliant to protocols.

Region Quality Assurance Benchmark Data Report (measurable)
 Sample Quarter: 2014-02 4/1/14 thru 6/30/14

Q1. During the sample dates above, how many patients did your service transport for "Chest pain".

Q2. Of those calls, how many patients received a 12 lead EKG prior to arrival at destination hospital.

Service	Q1	Q2	Performance indicator
Ashland	11	11	100%
ASI	14	12	93%
Caribou	7	7	100%
Crown	47	45	95%
Houlton	DID NOT REPORT		N/A
Island Falls	1	1	100%
Madawaska	10	10	100%
Oakfield	0	0	N/A
Patten	12	12	100%
Van Buren	12	9	75%
Calais	2	2	100%
Totals	116	109	93%

Region 5 was also a participating partner in the Maine EMS 2013 Cardiac Study and met the deadline for data submission to the State Committee.

QA Activities by Service for 2013-2014

The following is a compilation of Summary Q/A reports for the calendar year to date, to show compliance by Service in providing the region with required data. (Summary Report) Y=Submitted N= Not yet received N/A= Future timeframe

SERVICE	JUL-SEP	OCT-DEC	JAN-MARCH	APR-JUN
Ambulance Serv. Inc.	Y	Y	Y	Y
Ashland Amb.	Y	Y	Y	Y
Caribou Fire & Amb.	Y	Y	Y	Y
Crown Ambulance	Y	Y	Y	Y
Houlton Amb.	Y	Y	Y	Y
Island Falls Amb.	Y	Y	Y	Y
Madawaska Amb.	Y	Y	Y	Y
Patten Amb.	Y	Y	Y	Y
Van Buren Amb.	Y	Y	Y	Y

In addition: Regional Medical Director, John Beaulieu M.D. continues to monitor all Airway data submitted through MEMSRR and reports such findings, to the Regional Coordinator. Cary Medical Center continues to monitor 3 of its receiving services for accuracy to the MEMS protocols. A goal of less than 5% has yet to be achieved, However, quarterly discussions during the Aroostook Ambulance Directors Assoc. meetings may help to improve percentages for future samplings.

Educational Programs (leading to licensure) BLS Level

Program Title	Date	Where	Student #		# from region	Result of Regional Assessment	Result of Request?	Result of QA/QI?
EMT-B	Aug. 2013	Houlton	11		11	No	Yes	No
EMT-B	Jan. 2014	Houlton	8		8	No	Yes	No
EMT-B	Mar. 2014	AEMS	17		17	Yes	Yes	No
EMT-B	Aug. 2013	UMFK	13		13	Yes	Yes	No

EMS Training Programs

This Regional office approved 177 CEH programs from July 1, 2013 to June 30, 2014. This has resulted in 555 hours of training for approximately 245 EMS providers. These figures reflect an increase in hours over our previous year, which we attribute to the implementation of the new NREMT CEH category and minimal hours increase scheduled for May of 2016.

With respects to EMS training coordination, services annually receive a copy of our needs assessment form that is used to guide the training and service needs of the services in our Region. Our Regional Medical Director also recommends educational needs, based on deficiencies found in our Q/A summary reports. As a result of the 2013-2014 Regional needs assessment*, the Region was able to identify all reported data and was able to convey the results of the survey at the Sept. 2013 quarterly meeting.

Trainings conducted as a result of Q/A activities

1. Cardiac Monitor review Madawaska Ambulance Feb. 2014
2. Spinal Immobilization Madawaska Ambulance Feb. 2014

Regional Council Meetings

The membership of our Regional Council includes all EMS services, all area hospitals & emergency depts., and the area community college. In addition EMS consumers are represented as well. And in 2013, the US Border Patrol also began to attend regularly.

Aroostook Region 5 holds quarterly Regional Council Meetings on the second Mondays of Sept., Dec., March, and an Annual Meeting in June of each year. We presently have 23 Directors. Our regular council meeting minutes are sent to the State EMS Director.

**REGION V EMERGENCY MEDICAL SERVICES COUNCIL
2013-2014**

Present Composition of Terms of Appointments

Area	Term Expires	Nomination Term	Representative Group
<u>Northern</u>			
Peter Laplante	2016 March	3 Year	At Large
John Labrie	2017 March	3 Year	Ambulances
Percy Thibeault	2015 March	3 Year	Consumers
Alain Bois R.N.	2015 March	3 Year	Hospitals
Ben Zetterman	2016 March	3 Year	Field Provider
<u>North Central</u>			
Karen Woodall	2016 March	3 Year	Hospitals
Jeff Ashby	2015 March	3 Year	Consumers
A.J. Gagnon	2015 March	3 Year	At Large
Scott Dow	2015 March	3 Year	Ambulances
Tim Guerrette	2016 March	3 Year	Field Provider
<u>South Central</u>			
Perry Jackson	2017 March	3 Year	Ambulances
Denys Cornelio	2016 March	3 Year	At Large
John Graves	2017 March	3 Year	Consumers
Daryl Boucher	2016 March	3 Year	Hospitals
<u>Southern</u>			
Lisa Mooers	2016 March	3 Year	Hospitals
Glen Targonski	2017 March	3 Year	Ambulances

Dan Soucy	2015 March	3 Year	Consumers
Mark Boutlier	2015 March	3 Year	At Large
Vacant	2016 March	3 Year	Field Provider
Libby Cummings	2016 March	3 Year	Health Center
Leah Buck	2016 March	3 Year	Adult Education
Scott Michaud	2015 March	1 Year	I/C Rep
Pat Long	2015 March	1 Year	ADA Rep.
John Martin	2016 March	3 Year	At Large (elected)
Jennifer Rairdon	2016 March	3 Year	At Large (EMD) Manager
<u>Name</u>	<u>Term Expires</u>		<u>Office Held</u>
John Labrie	2016 June	2 Year	President
Glen Targonski	2016 June	2 Year	Vice President
Percy Thibeault	N/A	2 Year	Treasurer
Tim Guerrette	2016 June	2 Year	Secretary
Vacant	2016 June	2 Year	Past President
John Beaulieu Ex-Off.	2017 March	3 Year	Medical Director

Public Information, Education, and Relations

Aroostook Region Five maintains a high level of integration with Maine EMA, Aroostook EMA, The Aroostook County Police & Fire Chiefs Associations, Maine CDC, and Healthy Maine Partnerships.

Regular regional attendance of these meetings ensures that local EMS representation is at the forefront of public health activity in Aroostook County. Service enhancement is achieved via information ascertained at these meetings. Our 2013 goal was to slowly integrate Service level representation at these same meetings to better enhance the relationships between the Services and their own communities. **Region 5 continues to be the only “Heartsafe Region” in the State of Maine.** All Services in our region continue to maintain “Heartsafe” designation. In addition to the above, the Region also provides EMS Representation to the Aroost. Domestic Violence Task Force, American Heart Assoc., Local LEPC, County Healthcare Emerg. Planning Committee, DCC, Regional CISM Team and the Aroost. Amb. Directors Association, and the Maine Cardiovascular Health Council. And as of January of 2013, our office is now the distribution point for all requests and procurement of medical equipment purchased by the Meahgan Bradstreet Transport Fund, for the Maine Community Foundation.

Our participation also helps to ensure that these organizations understand the challenges faced by services in providing quality and cost effective EMS.

Another added service to our membership includes “on site” moulaging services for all NREMT PSE’s as well as disaster exercises and some local special events that have need.

PIER Activity

Our member Ambulance Services continue to work in their communities in areas such as blood pressure screenings and glucometry testing (free of charge) for the citizens in their communities. Example: Caribou Fire & Ambulance continues to offer its citizens the “Tommy Trauma” program, and was awarded the "Service of the year" for 2013 in recognition of their activities.

Regional Services continue to play a vital role in their communities regarding activities of community integration. Some of these examples include participation in Rotary Clubs, membership in non-profit boards, and actively demonstrate their organizations in local job fairs.

Maine EMS Meetings

Operation Team Meetings: Regional Coordinator, Steve Corbin attended 100% of scheduled meetings held by Maine EMS from July 1, 2013 to June 30, 2014. Attendance at this meeting benefits EMS providers, services and hospitals as contemporary information is shared, ideas are exchanged, new information is learned, suggestions for improvements in the system are made, and relationships among regional staff and central office staff are strengthened. This allows the regional coordinator to give correct, current information to other regional staff, EMS providers, services, hospitals and others in the region.

A few examples of the benefits of recent Operations Team meetings are outlined below:

EMS Week Supplement was a collaborative project sponsored by the six EMS regions and Maine EMS. Our current publication was published May 16th of 2014. This supplement, which is distributed statewide in the daily newspapers, highlights key components of our EMS system, while showcasing 6 EMS services statewide (Ashland for our region). The supplement also provided education to the public about what to do in a medical emergency, and informational system components.

Maine Cardiovascular Stakeholders Meeting: Steve Corbin has been nominated to the committee overseeing the 2014 HERSA AED Statewide grant for FY 2014, 2015 & 2016. He will also be participating in the Sept. 2014 Stakeholders meeting in Augusta.

EMS Protocols: As Maine EMS and the Medical Directions and Practice Board begin the next update to the EMS protocols for 2016, the operations team continues to seek ongoing input relative to those protocols as well as the newly adopted 2012 Rules updates. A public hearing was conducted in Nov. 2012 seeking comment for the proposed rules changes.

Medical Direction and Policy Board (MDPB): John Beaulieu M.D. has been an active participant in the protocol review, which has been the major project of MDPB.

Regional involvement in the MDPB is important for it allows regional staff to gain knowledge of issues and the context in which they are discussed. Minutes of a meeting cannot accurately reflect all that happens at a meeting. Dr. Beaulieu has been an excellent resource for the work currently undertaken by the MDPB. The information is shared with EMS providers, Instructors, Services, hospitals and emergency physicians in a timely fashion.

Maine EMS QI Meetings: Our Regional Q/A Manager, Scott Jackson, has attended most MEMS Q/I meetings held since July of 2013. Current participation includes working with other committee members on the Maine EMS statewide QI handbook. This group also initiated the 2013 MEMS Cardiac study.

Participating in the statewide QI committee benefits the Aroostook County Region as it provides an opportunity to hear how others are approaching QI and aids us statewide in the goal of developing a more uniform approach to QI. A more uniform system will help improve our overall EMS system by comparing our regional activities, successes and weakness with those of the others regions and to look for opportunities to improve.

Aroostook EMS also attends the bi-monthly **Board of EMS meetings** to extract systematic changes in the State EMS System, for its Services and members. In addition, Steve Corbin has routinely delivered the Operations Team report to Board members.

Other EMS Projects: (This is not a complete list, but includes some of the routine projects and tasks of the Aroostook Region 5 EMS office and MEMS)

1. Participation in the 2014 Maine EMS awards ceremony in Augusta.
2. Collection of new Benchmark criteria and integration of the 2013 Maine EMS Quality Assurance Program & Cardiac study.
3. Participation in the Q/A Public Hearing in October of 2014 for proposed rules changes regarding Quality Assurance.
4. Active participation in the 2014 World Acadian Congress EMS activities.

Misc. local projects: This office has spearheaded preplanning activities to insure EMS coverage for the 2014 World Acadian Congress. Meetings were held in Feb., April, and May, July and August of 2014 to continue public safety pre-planning for this event..

Public Health Initiatives: Regional Coordinator continues to support local public health officials. As a member of the District Coordinating Council, and two local Healthy Maine Partnerships, Our role is to foster local EMS integration with public health projects currently underway in their communities.

Example: Ambulance Service Inc. attends UMFK open house each year. EMS recruitment and vital signs station provide students with a unique opportunity to see what the EMS field is all about.

CISM Training and support: Our Regional office continues to participate in CISM training and support of our Critical Incident Stress Management Team. Our team provided demobilization and defusing services on several occasions during the past fiscal year. We have a very active team and continue to offer our services to all public safety professionals in our area. Our future goal is to add two to three team members this year.

Assisting providers with EMS questions: Our offices act as a local resource for EMS providers who may have a question regarding protocols, rules or CEH status. Our goal is to provide prompt accurate information to assist them with finding the answers to their questions.

Assisting EMS Services: On a daily basis the regional coordinator and the regional staff assisted EMS Service chiefs, QI coordinators, training officers, EMS providers, prospective providers and EMS students. Assistance was provided in areas such as answering questions on the EMS Rules, reciprocity, licensing, NREMT, continuing education, PIFT, inter-service relationships, training and education, protocol questions, medical control issues, QI issues, hospital interface, equipment resources, vehicles, questions about Maine EMS, its committees, etc. During the past two months Dr. Beaulieu and Steve Corbin hosted three protocol reviews and input meetings to provide EMS services and providers the opportunity to discuss the proposed EMS protocols and provide Dr. Beaulieu input to aid him with feedback to the MDPB group.

Public Concerns: The Aroostook County EMS office staff answers questions from the public about concerns they have about EMS issues & local course offerings. Occurrence reports are locally reviewed, and information is disseminated to Maine EMS.

Website: The home page of our website is updated monthly. The web page provides information to our services, providers, and the public. (<http://www.reg5ems.webs.com>)

Financial Report: Aroostook Region 5 has submitted its financial report by the 12/31/2013 deadline.

Appendix A – Medical Control Plans – supplemental information - NONE

Appendix B – Quality Improvements – supplemental information

Hospital	Contact	Service(s)
Cary Medical Center	Karen Woodall RN	Caribou, Crown, Van Buren
North. Maine Med. Ctr.	Alain Bois RN	ASI & Madawaska
TAMC	Daryl Boucher RN	Crown & Ashland
Houlton Regional	Trish Murray RN	Houlton, Island Falls, Patten & Downeast EMS Danforth

Each area hospital must now sign off on each benchmark report to show proof that data is exchanged between pre-hospital & ED. In addition, our 12 Lead EKG Q/A forms also provide the receiving hospital's feedback regarding the EMS providers interpretations of each cardiac event. All collected data is kept on file by each service.

Appendix C – EMS Training Programs – supplemental information

Our data shows that there were 245 licensed personnel as of 6/30/2014
 EMR's = 4, Basics = 112, AEMT's = 34, Crit. Care = 1 EMT-P's = 82 EMD's = 12

Appendix D – Regional Council Meetings – supplemental information

Aroostook Region V EMS Council Minutes September 9, 2013

The Aroostook Region V Council held its quarterly meeting on September 9, 2013. The meeting was held in the downstairs meeting room at the Aroostook EMS office, Caribou, Maine and was called to order at 12:00 pm by President John Labrie with the attendance being as follows:

Staff: Steven Corbin, Regional Coordinator, April McIsaac, Administrative Assistant. John Labrie, Tim Guerrette, John Martin, John Graves, George Ferland, Boyce Spencer, Peter LaPlante, Leah Mitchell, Dan Soucy, Daryl Boucher, Scott Dow, Libby Cummings, Perry Jackson, Denys Cornelio, Scott Michaud, Karen Woodall.

Guests: Dawn Kinney – Maine EMS, Jonathan Cote, Scott Susi, Ben Everett - Guest Speaker

Excused absences were given to: Percy Thibeault, Pat Long, Mark Boutlier, Glen Targonski, Eric Cyr, Jennifer Rairdon, Ben Zetterman, Dr. Peter Goth.

Call to order by John Labrie. Steve Corbin began the meeting by welcoming all in attendance and asked the Council to introduce themselves. Guest speaker Ben Everett from Crown Ambulance was introduced.

Mr. Everett presented the Community Paramedicine program to the Council. This is an outreach program to patients at risk for using the emergency room or in-patient health care system for primary care services. The program is designed to help the patient find appropriate resources for their specific needs. This expands the role of the paramedics. TAMC is currently running a pilot project. 14% of 10,000 people in Aroostook County have no primary care and there is a lack of qualified physicians or specialists in the area. TAMC has three certified paramedics and there is a growing base of patients. The goal is to supplement home care services. More information can be obtained for this program at the website; http://www.naemt.org/about_ems/CommunityParamedicine.aspx. A questions and answer discussion followed the presentation.

- 1. Annual Needs Assessment Tabulations.** Steve reported the Needs Assessment survey results to the group. Steve stated that mid November will be the protocol rollout. Dawn Kinney added that the rollout will be broken down this year. A staff shortage throughout the region is an issue. Steve reviewed other issues concerning the services that responded to the survey.
- 2. Review of June 2013 Meeting Minutes.** John asked if there were any changes to the minutes. None were noted. A motion was made to approve the September 2013 meeting minutes by Dan Soucy, seconded by Perry Jackson. Motion passed.
- 3. Financial Report and 2013-14 Budget:** John tabled the report until the December meeting due to Mr. Thibeault's absence.

Old Business:

- 1. Bylaw correction for I/C and Central provider reps:** Steve explained there was a slight issue in the compensation of the council in that Tim Guerrette was representing IC and Scott Michaud was the new field provider. The positions need to be inverted. Motion made by Dan Soucy to approve that Scott Michaud represents IC and Tim Guerrette represents the field provider, seconded by Perry Jackson. Motion passed.
- 2. August 2014 Acadian World Congress:** Steve stated they met in August to identify resources in the affected areas. That committee has identified how many EMR, EMT, AEMT and Paramedics are in the Portage Lake, Fort Kent and ASI, Madawaska and Van Buren areas. Those are the communities to be most affected. Also identified are ambulance units that are available.

New Business:

- 1. Maine DOL "Global Harmonization Program":** Steve stated he has received information that Maine Department of Labor is requiring all employees in the State of Maine to undergo Global Harmonization program. This is a revamping of the MSDS system. The training must be completed and

documented by December 12, 2013. More information is available on the MDOL website.

2. **MEMS Board Report:** Dawn Kinney stated inspections will be done for the region. The new licensing program will go live. All licenses will eventually be done online. Testing is in progress for this. For individuals for renewing their provider licenses there is no fee for individuals but there will be a fee for service licenses.
3. **Education Committee Update:** Leah Mitchell stated they are working on the protocol update.
4. **AHA 50/50 Match AED Program:** Steve reported he is working with Rick Petri. They have identified fifteen units that would be funded in part by the American Heart Association. It is a 50/50 match, totaling \$345 to the recipients. Steve reviewed the list of those they are working with to receive the AEDs.
5. **December 2013 Protocols release update:** Steve stated the protocols will be available as applications with Iphones and android. A printout can be obtained from the website. Tri County EMS is researching printing the pocket guides for a fee. Steve asked if anyone was interested in a pocket guide to let him know. Dawn informed the group you should download the new application to replace the old one. The applications are free.

Daryl Boucher stated that in October Huber will be doing their disaster drill. In March 2014 volunteers are needed for the US Jr. Biathlon. This is a thirteen day event.

John asked if there was any further business. There being none John asked for a motion to adjourn. Dan Soucy motioned to adjourn, seconded by Perry Jackson. The next meeting will be December 9, 2013. Meeting adjourned at 1:10.

APPROVED BY: John Labrie, President.

**Aroostook Region V EMS
Council Minutes
December 9, 2013**

The Aroostook Region V Council held its quarterly meeting on December 9, 2013. The meeting was held in the downstairs meeting room at the Aroostook EMS office, Caribou, Maine and was called to order at 12:00 pm by Treasurer Percy Thibeault with the attendance being as follows:

Staff: Steven Corbin, Regional Coordinator, April McIsaac, Administrative Assistant, Judith Greenier, Fiscal Manager, Karen Woodall, Libby Cummings, Dan Soucy, Pat Long, Percy Thibeault, Leah Mitchell, Tim Guerrette, Scott Michaud,

Guests: Jonathan Cote, Scott Susi – Guest Speaker, Tim Larrabee, Eric Cyr, George Ferland.

Excused absences were given to: John Labrie, Glen Targonski, John Graves, Jennifer Rairdon.

Absent: Peter LaPlante, Jane Rioux, Jeff Ashby, Andrew Gagnon, Scott Dow, Ben Zetterman, Perry Jackson, Denys Cornelio, Daryl Boucher, Lisa Mooers, Mark Boutlier, Leah Buck, John Martin.

Call to order by Percy Thibeault. Steve Corbin began the meeting by welcoming all in attendance. Guest speaker Scott Susi from Caribou Fire and Ambulance was introduced. Chief Susi presented to the Council the Ambulance billing options for Regional Services, with a handout of the ambulance claim processing flow chart. Chief Susi stated there are 6,000 calls per year for the billing department, averaging 79% reimbursements. The department does exact coding to billing. A question and answer followed the presentation.

- 1. November 2013 Region 5 Samoset “Service of the Year” award:** Steve informed the Council this years award recipient was Caribou Fire and Ambulance. The group congratulated Chief Susi.
- 2. Review of the September 2013 quarterly meeting minutes:** This item was tabled until the next meeting due to lack of quorum.
- 3. Financial Report:** Percy reviewed the financial report with the Council. There were no questions from the group.

Old Business:

- 1. Houlton EMT-B Pilot project update:** Steve stated the Houlton PSE was on November 18th, with 100% pass rate on the day of testing. Steve stated he was impressed with the maturity level of the students. The next step in the written test (CBT) with the National Registry.
- 2. August 2014 Acadian World Congress Update:** Steve reported to the group that Edmundston paramedics attended the last meeting. They shared a population surge chart that was done for the upcoming event. The next meeting for the EMS subcommittee will be January 15, 2014 at the Madawaska Safety Complex building. Percy updated the group of the mutual agreement with services, stating the crossing of the border is covered. Steve stated the publication is available at all Hannaford stores, listing all activities with the World Acadian event. The group discussed dispatch and the concerns with an event this large.

New Business:

- 1. FY 2014 Assessment adjustments/cost analysis:** Steve presented the cost analysis, requesting to raise the amount which has not been increased in five years. Steve reviewed the expenses incurred with the towers, regional trainings, etc. Percy stated the purpose of the increase which could be explained to hospital administrators. Dr. Goth asked about more training and the costs incurred with that. Steve explained all training hours are increasing in 2016. More regional trainings are going to be required and there are not many sources out there. Mr. Ferland stated there is no skills training available for Border Patrol due to schedule conflicts. The group discussed the various topics that will be required in the near future. Ms. Woodall suggested focusing the increase on an educational level and the costs of the instructors. Motion made by Dr. Peter Goth to approve the increase of the FY 2014 Assessment increase, seconded by Scott Susi. All in favor, motion passed.
- 2. MEMS Board Report:** Percy reported the I/C 2014 standards will change and some of the CEH's can be done online. The Protocol Rollout had some issues with clarity on who could teach the classes, which must be done by I/C's at the paramedic level.
- 3. Education Committee:** Leah Mitchell reported the Protocol Rollout November 6th deadline was completed. Services have utilized the online availability. Leah discussed the I/C candidate standardized training stating NMCC is running the last one for the state this year. There are currently eight active I/C's in this Region. Dr. Goth suggested to tie in the need to increase this with the hospital and train the trainer needs.

4. **Final AHA 50/50 match AED program awards:** Steve stated the units AHA approved have been shipped and are available for pickup after the meeting for those in attendance receiving one. The AMA matched almost \$5,000 to place twelve new units throughout Aroostook County.

5. **MEMS March 2014 I/V pump waivers:** Steve stated MEMS may grant a waiver until March 2014 for services. Services that will need a waiver need to submit quickly as the deadline was December 1, 2013.
Dr. Goth discussed with the group ideas of how to get the pumps that are now required. Rick Petrie should be contacted for further information. Percy stated services should go thru their regional coordinator for uniformity.

Percy asked for new topics for the next meeting. Percy asked the Council if there was any further business, none was noted. Motion made to adjourn by Chief Susi, seconded by Dan Soucy to adjourn. Meeting adjourned at 1:25 pm.

APPROVED BY: John Labrie, President

**Aroostook Region V EMS
Council Minutes
March 10, 2014**

The Aroostook Region V Council held its quarterly meeting on March 10, 2014. The meeting was held in the downstairs meeting room at the Aroostook EMS office, Caribou, Maine and was called to order at 12:00 pm by Treasurer Percy Thibeault with the attendance being as follows:

Staff: Steven Corbin, Regional Coordinator, April McIsaac, Administrative Assistant, John Labrie, Percy Thibeault, John Martin, Libby Cummings, AJ Gagnon, Perry Jackson, Daryl Boucher, Mark Boutlier, Lisa Moore, Scott Michaud, Scott Dow, Tim Guerrette, Jennifer Reardon, Dr. Peter Goth, Ben Zetterman.

Guests: Roland Joy, Scott Susi, Darren Woods - Guest Speaker.

Excused absences were given to: Leah Mitchell, Jeff Ashby, Dan Soucy, John Graves, Karen Woodall, Glen Targonski, Peter Laplante.

Absent: Denys Cornelio, Leah Buck.

Call to order by Percy Thibeault. Steve Corbin began the meeting by welcoming all in attendance. Guest speaker Darren Woods, EMT-P and Director of Aroostook County Emergency Management Agency gave a presentation of the highlights of what EMA has been working on since he became Director. He stated radio equipment has been updated between Maine and Canada. Tower capacity has been increased from Fort Kent to Sherman and licensing is in progress. His office has also been working with state inspectors for dams in the Easton and Fort Fairfield areas.

Mr. Woods stated new areas they have been working on is ham radio operators for when phones and radios do not work in case of an emergency. Another new area is creating animal rescue teams to know what emergency shelters are pet friendly.

Increasing the outreach side to include areas that cannot attend meetings is being put in place using the Adobe Connect for net meetings. The entire County could be reached using this system.

Mr. Woods presented to the Council the work EMA has made progress in.

Following the presentation a question and answer followed. The group thanked Darren for his presentation.

1. **Review of the September 2013 and December 2013 quarterly meeting minutes:** Steve stated Perry Jackson and John Martin needed to be added to the December minutes as excused. Motion made by Tim Guerrette, seconded by Scott Michaud to accept the minutes with the correction. Motion passed.
2. **Financial Report:** Percy reviewed the financial report with the Council. Mr. Thibeault stated the hospital stipend was increased this year and was well received. Percy expects to be in the black at the end of this fiscal year. Motion

made by Tim Guerrette, seconded by Scott Dow to accept the financial report as presented. Motion passed.

3. MEMS 2013 Cardiac Study Results: Steve reported the data has been compiled into regional data with 157 total patients. Of the call reported there were 33% female and 67% male patients. Steve reviewed the data gathered with the group. Discussion followed of how data was entered into the system. A question and answer discussion followed the presentation.

Old Business:

- 1. Maine EMS OLMC Program Update:** Steve reported the medical control doctors of TAMC in Presque Isle meet the 100% goal. Steve asked if a CD could be made available to the hospitals for the doctors who provide medical control. Steve stated per the MEMS state contract it is mandatory that the region work with doctors to comply with this policy. Dr. Goth offered his services to contact the doctors who need to complete the test.
- 2. August 2014 Acadian World Congress Update:** Steve stated there will be a public meeting on March 11, 2014 for those who would like to attend. A proclamation will be shared with the public. Percy stated the schedule is completed of the events to be held. A plan for a budget is in progress. Darren asked if services were going to be ramping up for the event. Darren stated he will offer EMA services if necessary. Percy will let the Council know of the needs as the event gets closer. A discussion followed for concerns and needs for this large event.

New Business:

- 1. MEMS EMS Week Bangor Daily News Insert:** Steve reported Ashland Ambulance will be featured in the insert which will be out the second or third Friday of May.
- 2. MEMS Board Report:** Percy stated the meeting in February was cancelled due to weather and rescheduled for March 5th. An EMS administration bill is in the legislature for **NARCAN**. If passed basic LEO's may be able to administer.
The Board discussed waivers for IV pumps. The Board is reconsidering continuation of the pump waivers.
The Board is looking into changing Maine EMT from a three year to a two licensure to follow the National EMT, which is two years.
Percy stated the Board will be looking into how much money is being paid to each region. They may be looking at decreasing the amount of monies to each region. Percy stated he will be attending that meeting of the EMS subcommittee.

3. **Education Committee:** This item tabled in the absence of Leah Mitchell.
4. **Annual Meeting Nominations:** Steve updated the Council of the vacancies that would be seeking nominations. The Nominating Committee was not present. Percy asked if anyone was interested on serving on the Committee to let him know.

Megan Bradstreet Transport Fund Requests: Steve stated currently they are not accepting requests. He is waiting to hear from them, on when this years funding will be available.

John asked if there was any other business. Steve stated Dr. Goth has agreed to continue to be the Medical Director for Aroostook EMS for \$1.00 a year. Dr. Goth discussed getting others involved with the Council, as other hospitals needs to get involved. Steve suggested looking into the states model. Steve would like to get an assistant medical director appointed to the Regional Council.

Steve announced he's been appointed to a State committee to purchase 300 AED units as long as funding doesn't get pulled. This is for rural areas. Steve asked the Council to let him know of areas that would be interested in obtaining an AED unit. Steve stated the Dr. Brennon scholarship letters would be sent out to the high schools this week. There being no further business, motion made by Scott Michaud, seconded by Ben Zetterman to adjourn. Meeting adjourned at 1:40 pm.

APPROVED BY: John Labrie, President

***Aroostook Region V EMS Annual Meeting
Council Minutes
June 9, 2014***

The Aroostook Region V Council held its quarterly meeting on June 9, 2014. The meeting was held at the Jade Palace, Caribou, Maine and was called to order at 12:20pm by John Labrie, President with the attendance as follows:

Staff: Steven Corbin, Regional Coordinator, Judith Greenier, Fiscal Manager, Karen Woodall, Daryl Boucher, Ben Zetterman, Scott Michaud, Percy Thibeault, John Labrie, Peter Laplante, Perry Jackson, Tim Guerrette, Libby Cummings, Scott Dow, Peter Goth, M.D., John Graves, Denys Cornelio and Leah Buck.

Guests: Darrell Crandall, Troy Blier, Jonathan Cote, Darren Woods and George Ferland.

Excused absences were given to Dan Soucy, Lisa Mooers, Pat Long and Glen Targonski.

Unexcused absences were Jeff Ashby, A.J Gagnon, Mark Boutilier, John Martin and Jennifer Rairdon.

Call to order/Welcome Members, Staff and Guests: The meeting was called to order by John Labrie, President. Introductions were made of all in attendance. Afterwards the Dr. Brennan Scholarship for 2104 was presented to Troy Blier by Steve Corbin, Daryl Boucher and Libby Cummings.

A presentation was given by Darrell Crandall, Chief Deputy from the Aroostook County Sheriffs Office. He presented information on the “friendly caller” program and discussed Law Enforcements involvement in “blue papered” psychiatric transfers.

1. Annual Council Elections w/ballots to be distributed at mtg: Ballots were handed out and then tabulated by the Election Committee. Steve Corbin gave the results.

2. Review of March 2014 meeting minutes: The minutes were reviewed. A motion was made to accept by Tim Guerrette and seconded by Percy Thibeault. Motion Approved.

3. Financial Report and 2014-2015 Budget – Percy Thibeault: Percy reviewed the financial report with the Council. He also reviewed the 2014 -2015 projected budget. A motion was made to approve both by Tim Guerrette and seconded by Peter Laplante. Motion on both approved.

Old Business:

1. Bangor Daily News 2014 EMS week insert – Steve Corbin: Steve Corbin handed out the Bangor Daily News 2014 EMS week insert and reported that information is

consumer based and showcases a service from each region. Ashland was highlighted for 2014.

2. August 2014 Acadian World Congress – Steve Corbin: Steve Corbin gave an update on EMS responsibilities at this event. He stated that they have identified all the local resources and providers. Each service has given a budget from the local standpoint. They are looking at having another meeting in July. Steve also mentioned that he had a meeting with Northern Maine Medical and Cary Medical just to heighten their awareness to the potential of patients coming to their facilities and being prepared. He clarified what our providers can do and how we can assist our neighbors in Canada. Darren Woods also briefed about being prepared, order extra supplies, etc.

New Business:

1. Presentation of the 2014 Dr. Brennan Scholarship: Presented at the beginning of the meeting. This years recipients were Troy Blier and Mike Osgood.

2. MEMS Board Report – Percy Thibeault: Percy mentioned that the board had met last week. There are proposed rule changes (Chapter 18) in draft form for QA/QI. Public hearings will be held in fall of 2014.

3. Education Committee Update – Leah Mitchell: Tabled – No Report.

4. Region 2 Technology Center collaboration for SY 2014-2015: Steve stated that they would be doing a course beginning in September 2014 and ending in February 2015.

5. MISC: Steve mentioned that this is Dr. Peter Goth's last meeting. He thanked him for all his service over the past several years. A new Medical Director will be identified soon and a recommendation will be provided to the MEMS Board for approval.

There being no further business, a motion was made by Tim Guerrette and seconded by Ben Zetterman. The motion approved. The meeting adjourned at 1:20pm. The next meeting will be on September 8, 2014 at 12noon.

APPROVED BY: John Labrie, President

Appendix E – Public Information, Education, & Relations – supplemental information: None

Appendix F – Maine EMS Meetings – supplemental information

Appendix G – Other EMS Projects – supplemental information

Aroostook EMS also has been proactive in supporting local "Bath Salts" trainings of which four sessions have been held to date

MEMS conducted a webinar in May of 2014 to receive feedback on the proposed 2016 protocols. AREMS was an active participant in this event.

Appendix H – Financial Report – Filed in December 2013 as required per contract.

END OF FINAL REPORT

Disclaimer: This document has been reviewed and approved for submission by the Executive Committee for the Aroostook Region Five Emergency Medical Services Council Inc.