

Regional Progress Report

Region: Mid-Coast RAC

Report period: July 1, 2014 – December 31, 2014

1) Medical Control Training and Direction

Executive summary of work plan activities regarding medical control training and direction (narrative)

APEMS routinely communicates the importance of the On-line Medical Control training through the sub-regional QI meetings and regular contact with the ED Medical Directors. We have had very good success in the MC Region, thanks to the support of the ED Medical Directors and sub-regional QI RN's.

We continue to request that the ED Medical Directors encourage Physician participation with local EMS services, with limited success. According to Dr. Pieh, one of the obstacles appears to be the issue of Liability. We believe that there is very limited liability for participating Physicians in the manner we are requesting, but it is a hard sell. Liability insurance is expensive for services, and the Hospitals are unwilling to add this to a Physicians' existing coverage.

Whit Randolph has announced his decision to step down as Regional Medical Director to pursue his musical career. We are actively working with PBMC to recruit a new Regional Medical Director

Hospital Name	Number of Physicians, PAs, and INPs	Number who have completed OLMC training	What is the plan for getting and maintaining 100% trained?
Miles Memorial Hospital	17	17	
Waldo County General Hospital	10	9	Continue relationship with ED Medical Director and periodically check on new hires. Reinforce value of completing program
PenBay Medical Center	10	10	

Service Name	Medical Director	Regional activities in medical director recruitment/retention
Belfast	Al Blackadar	See narrative above
CLC	Tracy Tippie	
Northeast MH	Matt Sholl	
Rockland	David Ettinger	

Searsport	Al Blackadar	
St. George	Chris Michalakas	
Union	Whit Randolph	
Vinalhaven	Stuart Damon	
Waldoboro	Dr. Li – Lincoln County Healthcare	
Warren EMS	Whit Randolph	
North Haven EMS	Whit Randolph	
Bremen Rescue	Peter Goth	
Boothbay Region Ambulance	Tracy Tippie	
S. Thomaston EMS	Whit Randolph	

2) Quality Improvement

Executive summary of work plan activities regarding quality improvement (narrative)

APEMS polled our services to gather the information requested by Maine EMS and the results are listed below. We will follow up with those services that did not reply and add to the report as the information becomes available.

APEMS was an active participant in the collection, evaluation, and dissemination of the information from the MEMS QI committee Cardiac Arrest study. We have pushed out the data to all of our services, and are actively promoting community hands-only CPR and Resuscitation academy training to introduce and reinforce high-performance CPR

Because of the work we did with the Cardiac Arrest study, we decided to utilize our existing studies for the fall that focused on appropriate documentation of ASA, Blood Glucose Testing, and Advanced Airway. We disseminated this data to each service and conducted education sessions through the sub-regional QI meetings, and will re-run the reports in January.

Additionally, we will update our QI manual based on feedback that we received from the QI survey (information that was gathered in addition to the MEMS-requested data), including sample performance indicators and templates for tracking and trending performance issues. We will also add new audits for the spring.

Service Name	Describe involvement of Medical Director in QI	If no service level medical director, how is QI	Are clinical performance issues resolved	Are clinical performance measures	Are sentinel events	Are QI activities connected	Are run report reviews	If yes, how many run reports are reviewed, and
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		performed?	and tracked for trending?	re-evaluated?	reported and tracked for trending?	to training and education?	conducted?	how often?
Belmont Vol. Fire and rescue	Not Involved	We meet at the Waldo county Hospital for the quarterly review	No	No	No	No	No	
Nobleboro first responders	Not Involved	Ryan Gallagher	No	No	No	No	Yes	Once a month
Matinicus Island Rescue	Not Involved	MIR at this point only has one licensed member--Eva Murray.	Yes	Yes	Yes	Yes	Yes	All, as there are very few. I re-read at some point after the call to think about improvement to service.
North East Mobile Health Services	100% of PIFT, sentinel events review, weekly phone conversations, monthly sit down and review	QI Coordinator	Yes	Yes	Yes	Yes	Yes	Approximately 5%/1500-2000 PCRs
Central Lincoln County Ambulance Service Inc.	Will answer and review any run requested and any they deem necessary	QI Off/ Chief as designee	Yes	Yes	Yes	No	Yes	100% of PIFT / Critical care " sick people"
Cushing Rescue	Not Involved	QI committee.	Yes	Yes	Yes	Yes	Yes	100%, monthly.
Liberty Volunteer Ambulance Service	Not Involved	QI director	No	No	No	Yes	Yes	100%, Monthly
Warren Rescue	On a case by case basis		Yes	Yes	Yes	Yes	Yes	All cardiac arrest; most ALS runs. Random samples of BLS runs

Union Ambulance	Helps QA medics runs and once or twice a year comes in to have a grand round about calls		Yes	Yes	No	Yes	Yes	100%. The service chief reviews medics, while the QA person reviews everyone else
North Haven EMS	Not Involved	Each of our crew members, (including our two NPs) are members of our QI team. We review our calls together. Our NPs (Sue Ferra and Dorie Henning) and Service Director lead the QI.	Yes	No	Yes	Yes	Yes	We review every call except in the summer, (when our call volume rises dramatically). In the summer we review approximately 60%-70% of our calls monthly.
Searsmont Rescue	Not Involved	Chief and Assistant Chief	No	No	No	Yes	Yes	100% monthly
Bristol First responders	Not Involved	Service QI Committee	No	No	No	No	Yes	100% review every 3 mos.
Thomaston Ambulance	Not Involved	Service QI Committee	Yes	Yes	No	Yes	Yes	100%
Bremen Rescue	Not Involved	No one	No	No	No	No	No	
St George EMS	Community Paramedicine QI Only	Service Chief and QI RN	Yes	Yes	No	Yes	Yes	100% service chief reports reviewed by QI nurse in ED at PBMC
Alna First Responders	Not Involved	Marcia Lovejoy and Dan Averill	No	No	No	Yes	Yes	varies
Wiscasset Ambulance Service	Not Involved	Wendy Williams	Yes	Yes	Yes	Yes	Yes	100%

Stockton Springs Ambulance	Not Involved	Charles Hare Director	Yes	Yes	Yes	No	Yes	100%, monthly
Westport Volunteer Fire Department	Not Involved	Roger Quandt	No	No	No	Yes	No	
Boothbay Region Ambulance Service	They review all PIFT calls as well as review calls of questionable practice as referred by the QI Committee.	Steve Lewis, Scott Lash, QI Committee	Yes	Yes	Yes	Yes	Yes	First 200 calls plus 10%. 100% PIFT and any focused audit. They are done on an ongoing basis.
South Thomaston Ambulance Service	When we need to go over a specific call or have questions.	We also have a Paramedic come and go over some calls for us	Yes	Yes	No	Yes	Yes	once a month for most calls and any calls that personnel have questions on
Searsport Ambulance	Not Involved	Cory Morse	Yes	No	Yes	Yes	Yes	100% Reviewed every two weeks
Waldoboro EMS	All PIFTS, All Codes, Questionable calls and meets with the entire crew twice a year to speak about questionable calls, documentation and provide a training session on the same evening. Also available for phone conferences when we have immediate questions.		Yes	Yes	No	Yes	Yes	100% weekly
Belfast Fire/EMS	Review of any protocol problems/Training/review of information		Yes	Yes	Yes	Yes	Yes	100% Weekly
Islesboro Ambulance Service	Not Involved	Our QA/ QI committee. All levels of licensure	Yes	Yes	Yes	Yes	Yes	Monthly with committee We review all runs

		is represented on committee						
Arthur Jewell Health Center Ambulance	Not Involved	QI committee	Yes	Yes	Yes	Yes	Yes	100%
Rockland Fire & EMS	Not Involved	QI Committee	No	No	No	Yes	Yes	100% of our EMS calls are reviewed. This is a process that is continually done on the QA personnel's duty shifts.
Vinalhaven Ambulance	Senior provider and clinical director at ICMC, Jennifer Desmond, review about 10% of the runs, monthly. In actuality, she did this for 3-4 months, stopped during the summer, and then was locked out of MEMSRR.	QI Committee supplements the work done by the Clinical Director at ICMC	Yes	Yes	No	Yes	Yes	100%, usually within 48 hours

Regional QI performance indicator	Clinical Outcomes	Plans for improvement
100% documentation in Medication Section when ASA given for Chest Pain of Suspected Cardiac Origin	45% successful documentation	Education through service outreach at Council meetings, Sub-regional QI meetings, and Service Chief Meetings
100% documentation in Procedure Section when blood glucose level obtained with an Altered Mental Status Patient	52% Successful documentation	Education through service outreach at Council meetings, Sub-regional QI meetings, and Service Chief meetings

Success for all advanced airway procedures as marked YES or NO by field provider	82% Success Rate	Encourage review by service chiefs/service QI on success/failure to track trends by provider; education.
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3) Training Coordination

Executive summary of work plan activities regarding training coordination (narrative)

APEMS continues to maintain an active education and outreach program. In addition to the licensure programs listed below:

1. *We approved a total of 573 Continuing Education programs, with 184 of those occurring in the MC Region*
2. *We conducted 80 specialty training programs around the state, attended by 395 students, not including the annual seminar*
3. *During the annual EMS seminar, we offered 105 classes attended by 508 students. We also assisted with the MCOT conference attended by 94 participants, the Maine Cardiovascular Conference attended by 98 participants, and the Maine Ambulance Association seminar attended by 24 students.*

We also successfully completed a hybrid EMT class involving students from Deer Isle and Vinalhaven that was very well received and will serve as the model for future distance learning programs to enhance delivery to remote locations

Name of Program	Location	Requested by EMS Service?	Result of QI activities?	Result of regional needs assessment?
EMT	Waldo County Tech			X
EMT	Mid-Coast Tech			X
EMR	Waldoboro	X		
EMT	Newcastle	X		

4) Regional Councils

Executive summary of work plan activities regarding regional councils (narrative)

Attendance at Regional Council meetings continues to improve, but we are still looking for ways to increase participation. When asked about attendance, most members' state that time is a factor, and that they are able to get their information through the e-mail notifications, website, and newsletter. We moved the

December meeting to January because the regularly scheduled meeting would have fallen on Christmas Eve, and December is a difficult time to hold meetings anyway. I also think we will reinstate the blog section of our website with an RSS feed to help improve communications.

We are also seeing increased interest in sub-regional chiefs meetings, with the Knox County Chiefs scheduling a meeting for January.

Date	Type of Meeting (Board, Council, etc.)	Date minutes sent to MEMS
09/24/14	Council Meeting	10/14/2014

5) Public Information, Education, and Relations

Executive summary of work plan activities regarding PIER related training for services (narrative)

We continue to maintain our PIER Community outreach section of our website that contains links and ideas for services to conduct community education. We are actively promoting hands-free CPR training by services in their community, and this concept appears to be gaining momentum. In January, we will announce a competition for all of our services surrounding hands-only CPR training.

APEMS was awarded the occupant-protection grant from Highway safety again this year, and Rick remains very active with his programs. He conducted a total of 60 programs during this time frame attended by more than 2500 people. Demonstration specific to the MC region are listed below

Our plan is to offer PIER-related training at the March Regional Council meetings.

Date	Program description	
11/12 through 11/16/14	Samoset EMS Conference	Several programs designed to promote outreach and improve communications: Resuscitation Academy, CPR Instructor, Human Trafficking, Death Notifications, Domestic Violence, Enhancing Dialogue between EMS and the ED, Helping the returning veteran
09/27/14	Lowes Kids Safety Day-Thomaston	Seat Belt Convincer
10/12/14	Islesboro Community Center Festival	Seat Belt Convincer
11/13 – 11-15/14	EMS Seminar	Distracted Driving Simulator
12/12/14	Boothbay YMCA	Distracted Driving Simulator
12/20/14	Damariscotta YMCA	Distracted Driving Simulator
07/01/14 – 12/31/2014	Multiple Drivers ED. programs	Seatbelt convincer/Distracted Driving Simulator

6) Attendance and participation in Maine EMS meetings (Executive summary narrative not necessary)

Final version FY 15

Date	Meeting description (Ops, MDPB, QI)	Attendee(s)
07/16/2014	MDPB	Petrie
07/16/14	MEMS QI	Petrie
08/06/14	MEMS Board	Petrie
09/10/14	MEMS Education	Chamberlin, Batsie
09/17/14	MDPB	Randolph, Petrie, Batsie
09/17/2014`	MEMS QI	Randolph, Petrie,
09/30/2014	MEMS OPS	Petrie
10/01/2014	MEMS Board	Petrie
10/15/14	MDPB	Petrie
10/15/14	MEMS QI	Petrie
11/04/14	OPS Team	Petrie
11/12/14	Education Committee	Chamberlin
11/18/2014	Joint Exam/Education Meeting	Petrie, Roderick. Taylor, Damren
11/19/14	MDPB	Randolph, Petrie
11/19/14	MEMS QI	Randolph, Petrie
12/2/14	OPS Team	Petrie
12/3/14	MEMS Board	Petrie, Batsie
12/10/14	MEMS Education	Batsie, Chamberlin
12/17/14	MDPB	Randolph, Petrie
12/17/14	MEMS QI	Petrie

7) Other Projects requested by Maine EMS and consented by region

(Executive summary narrative not necessary)

Description	Activity	Outcome
MEMS Cardiac Arrest Study	Collating data, outreach education	In Process
Ebola Preparations	Regular meetings (Phone conferences), Regional Meetings, regular communications with EMS services, development of template policies/procedures, research, N95 fit testing train-	Increased awareness and preparation of EMS services/personnel

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Date submitted: 12/30/14

Signed:  _____

Name Printed: Richard Petrie