

Regional Progress Report

Region: Northeastern Maine 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. Two of our Hospitals are large with busy ED's and it is apparently impossible for the docs to find time on their shift to complete the program, and we have been unsuccessful getting the Hospital to bring them in on their time off to complete the program. We have also not been successful carving out time at department staff meetings, but will continue to try.

We continue to request that the ED Medical Directors encourage Physician participation with local EMS services, with some increasing success, particularly in the Bangor area. EMMC has agreed to contract directly with local services for Medical Direction, but the contract is written by their legal department and is exhaustive, which is off-putting for some services. We are working closely with them to pare this down and make it more palatable for the services. The good news is that the costs are fairly low and EMMC is covering the cost of Liability insurance.

Hospital Name	Number of Physicians, PAs, and INPs	Number who have completed OLMC training	What is the plan for getting and maintaining 100% trained?
EMMC	29	22	Continue relationship with ED Medical Director and periodically check on new hires. Reinforce value of completing program
SJH	22	18	Continue relationship with ED Medical Director and periodically check on new hires. Reinforce value of completing program
PVH	8	8	Continue relationship with ED Medical Director and periodically check on new hires.

MCMH	10	10	Continue relationship with ED Medical Director and periodically check on new hires.
MDI	8	7	Continue relationship with ED Medical Director and periodically check on new hires. Reinforce value of completing program
BHMH	14	10	Continue relationship with ED Medical Director and periodically check on new hires. Reinforce value of completing program
Calais Regional	15	8	Continue relationship with ED Medical Director and periodically check on new hires. Reinforce value of completing program
DECH	6	3	Continue relationship with ED Medical Director and periodically check on new hires. Reinforce value of completing program
Mayo	8	6	Continue relationship with ED Medical Director and periodically check on new hires. Reinforce value of completing program
Millinocket	9	9	Continue relationship with ED Medical Director and periodically check on new hires.
CA Dean	4	4	Continue relationship with ED Medical Director and periodically check on new hires.

Service Name	Medical Director	Regional activities in medical director recruitment/retention
Capital Ambulance	Jonnathan Busko, MD	See Narrative Above
Bangor Fire	Bob Bowie	
Mayo EMS	Elizabeth Dennis	
Orono Fire	Bob Bowie	
Old Town Fire	Finalizing Contract with EMMC	
Brewer Fire	Jonnathan Busko	
Downeast EMS	Cressey Brazier	
Calais Fire	Cressey Brazier	
Pleasant River EMS	Cressy Brazier	
County Ambulance	Dr. Reinke	
Hermon Rescue	Bob Bowie	
Millinocket Fire Department	William Jenkins	
E. Millinocket Fire Department	William Jenkins	
G & H Ambulance	Bob Bowie	
Machais Ambulance	Rod Sparks	
Mattawamkeag Rescue	David Dumont	
Northeast Harbor EMS	Nate Donaldson	
CA Dean	Robert Bowie	
Petit Manaan	Ken Christianson	
Winterport Amb	Tim Canham, PA	
Bar Harbor Fire	Nate Donaldson	
Charlotte Fire	Cressey Brazier	
Lifeflight of Maine (Bangor)	Norm Dinerman	
Dixmont Rescue	Jonnathan Busko	
Castine Fire	Marjorie Olivari	
Veazie Fire	Robert Bowie	
Dennys River EMS	Rodney Sparks	
Bucksport EMS	David Saquet	

Memorial EMS	Thomas Bugbee	
Moosabec EMS	Rodney Sparks	
Cranberry Isles EMS	Julius Crevans	
Etna Rescue	Robert Bowie	
Lee Fire	Theresa Knowles, FNP	
Hampden Fire	Jim Baldwin	
Cherryfield EMS	Kenneth Christian	
Corinth Rescue	Robert Bowie	
Holden Fire	Jonnathan Busko	
Southwest EMS	Nate McDonald	
Peninsula Ambulance	Jane Garfield	
Gouldsboro EMS	Dr. Reinke	
University Ambulance	Finalizing Contract with EMMC	
Howland EMS	David Dumont	

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 performed?	Are clinical performance issues resolved and tracked for trending?	Are clinical performance measures re-evaluated?	Are sentinel events reported and tracked for trending?	Are QI activities connected to training and education?	Are run report reviews conducted?	If yes, how many run reports are reviewed, and how often?
Northeast Harbor Ambulance Service	Review of PIFT transfers and is the supervisor for the MDI Hospital QA/QI team.	N/A	Yes	Yes	Yes	Yes	Yes	100%. A minimum of three times a month, depending on call volume.
Bar Harbor Fire Dept.	Not Involved	QI Officer, Chief, Asst. Chief	Yes	Yes	No	Yes	Yes	Try to do every shift if time permits. Review specific type of calls since last reviewed, i.e. nursing home calls, no transports, med transports, etc.
Charlotte volunteer fire department	Not Involved	George Cross , Dana Hatton	No	No	No	No	Yes	100%

Dedham/Lucerne Fire Dept	Not Involved	Kalem Malcolm, Craig Shane	No	Yes	Yes	No	Yes	I try to review all run sheets on a monthly basis. Chief Shane reviews my runs.
Kenduskeag Rescue	Not Involved	Paramedic Hired on the service for that purpose specifically.	Yes	Yes	No	Yes	Yes	100% review beginning 01/05/2014
Lifeflight of Maine (Bangor)	Reviews run reports, Monthly Case Critical care Transport Care Review with crew	Peer Review Committee	Yes	Yes	Yes	Yes	Yes	100% are peer reviewed and medical director reviewed
Dixmont Fire/Rescue	Not Involved	Our QI officer	Yes	Yes	No	No	Yes	90% - 100%
Castine Fire Rescue	Dr. Olivari is available for involvement in the QI process, but we have not needed to involve her thus far.	Tom Gutow reviews the run reports, and we cover items that might need improvement on an individual basis or as a group when appropriate at our regular meetings.	No	No	Yes	Yes	Yes	Most of the reports are quickly reviewed and the responding personnel queried. Of the reports, about 25-30% are actually completely reviewed.

Veazie Fire/Rescue	Not Involved	Right now it's internal but it's very weak. I would like to use or work with our ambulance provider. My goal is to start fresh at the first of the year	No	No	No	No	No	
Dennys River Volunteer Ambulance		Service QI Committee. Regional QI process	Yes	Yes	No	Yes	Yes	All run reports Every monthly meeting
Bucksport Ambulance	Involved with run sheet review and QI Training	QI Committee	Yes	Yes	Yes	Yes	Yes	Monthly 70%+
Memorial Ambulance Corps	Acts as a reference	QI Committee	Yes	Yes	No	Yes	Yes	100%, monthly
Machias	Addresses problems with documentation	QI Committee	Yes	No	Yes	Yes	Yes	All paramedic calls 50% of non-medic
Capital Ambulance	Reviews all cases that are identified by peer review and all cases that are brought into the QI process by inside or outside request including PIFT. Does quarterly QI education/ case reviews. Helps to steer	QI Supervisor	Yes	No	Yes	Yes	Yes	Not sure

	the medical practice to conform with best practice.							
Moosabec Ambulance Service	Dr Sparks is active with our Paramedic reports.	Starr is very active in QI with our reports. Renee Gray is as well during the billing process.	No	No	No	Yes	Yes	100%
Old Town Fire Rescue	TBD. Contract with New Medical Director Pending	Fire Chief and QI Officer	Yes	Yes	No	Yes	Yes	100%
Cranberry Isles Rescue Service	Not Involved	QI Officer	No	No	Yes	Yes	Yes	I read all reports, quarterly.
Etna Volunteer Fire and Rescue	He checks run sheets on a routine basis and provides training	Department Chief and QI members	Yes	Yes	No	Yes	Yes	100%
Lee Fire Rescue	She reviews all run reports		Yes	Yes	Yes	No	Yes	90%
Winterport Volunteer Ambulance Service	Not Involved	Phil Higgins, Director	Yes	Yes	No	Yes	Yes	100 % and the review are completed prior to the submission to our billing agent.

Charles A Dean Hospital	Review all run reports flagged by QI officer	QI Officer	Yes	Yes	Yes	Yes	Yes	100%, Daily-billing, tracking, QA/QI/PI
Orrington Fire-Rescue	Not Involved	The QA/QI committee	Yes	Yes	No	Yes	Yes	100% monthly
Brooklin volunteer fire dept.	Not Involved	The QI board	No	No	No	Yes	Yes	All monthly
Hampden Fire Dept.	Yes, but only when an issue is escalated by QI officer.	QI Officer	No	No	No	Yes	Yes	Monthly, approximately 30%.
Hermon volunteer rescue and first aid squad	Medical Director reviews all of the PIFT transfer and also reviews any other runs that we ask him to do.	QI Committee	Yes	Yes	No	Yes	Yes	25 percent, quality
Southwest Harbor Fire	Not Involved	Jeff Reed	Yes	Yes	No	Yes	Yes	100%, Once per month
Hancock fire/ems	Not Involved	Jeremy Ogdon	Yes	Yes	Yes	No	Yes	100% every month
Cherryfield	Review and monitoring	QI Committee	Yes	Yes	No	No	Yes	75% or more. Monthly review

Corinth rescue	Not Involved	Ed Goodwin Paramedic	Yes	Yes	Yes	Yes	Yes	100 % monthly
Waltham Volunteer Fire Department	Not Involved	We do this in house	No	No	No	No	Yes	100 % annually
Brewer Fire	Not Involved	Brent Melvin	No	No	No	Yes	No	50%
Levant Rescue	Not Involved	Tim Rankin	Yes	Yes	No	No	No	Try as best I can to review 25-50%
Milford Fire Department	Not Involved	Department Chief	Yes	Yes	Yes	Yes	Yes	75% of all run reports get reviewed.
Petit Manan Ambulance	Not Involved	Nancy Parritt, Board of Directors	Yes	Yes	Yes	Yes	Yes	100%, every month
Mayo EMS	Review of numbers, patient contacts, random selection of runs to review	Majority of QI performed by CMHS coordinator, CMHS coordinator visits done by Mayo EMS QI supervisor.	Yes	Yes	Yes	Yes	Yes	100% reviewed at this time, daily
Southwest Harbor-Tremont Ambulance	Too new for us to know his participation but he sounds interested	QI Officer	Yes	Yes	Yes	Yes	Yes	100% weekly
Osborn Municipal Fire Department	Not Involved	Service Chief	No	No	No	No	No	100% Monthly
Holden Fire/Rescue	Not Involved	John Goulet	No	No	No	Yes	Yes	100% of all EMS calls once

Aurora Fire	Not Involved	Bill Cook, Chief	No	No	No	No	Yes	100%
Peninsula Ambulance Corps	Reviews all PIFT records as well as any records sent to her for comment.	Service Chief, Asst Director	Yes	Yes	Yes	Yes	Yes	100% of records are at least reviewed superficially. All records for newly licensed and recently upgraded providers are reviewed for performance issues. 100% of PIFT records are reviewed.
G&H Ambulance Inc.	Reviews all PIFT runs and stays in tune with service operations.	QI Committee	Yes	Yes	Yes	No	Yes	Every run is reviewed for newer members; every 5th is reviewed for seasoned members. All codes are reviewed and documented.
County Ambulance	If we need him too	We have a few select crew members. Scott Parsons, Myles Block, Tom Gutow, Tessa Byard, Bob Peterson, Dale Mims and Eric Mailman	Yes	Yes	Yes	Yes	Yes	100% of our calls. Every day

Gouldsboro	Not Involved	Service Chief, QI Committee	No	No	No	No	Yes	All of them, every month
Washington County EMS	Review of all paramedic calls. Review of process and staff clinical.	QI Committee	Yes	Yes	Yes	Yes	Yes	20%
UVAC	Not Involved	Committee involving every license level and all of the officers as part of our weekly officer meetings	No	Yes	Yes	Yes	Yes	90% weekly
Howland Fire & EMS	We do a quarterly area QA/QI of run sheets with Dr. Dumont and the other 3 transporting services	QI Committee	Yes	Yes	Yes	No	Yes	30-50% once a month

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.

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 239 of those occurring in the KV 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 Accelerated (Summer)	EMCC			X
AEMT (Summer)	EMCC			X
EMT evening (Summer)	EMCC			X
AEMT (Fall)	EMCC			X
Paramedic (Summer/Fall)	EMCC			X
EMT (Fall)	EMCC			X
EMT	UMO	X		
EMT	East Millinocket	X		
EMT	UTC	X		
EMT	Somesville	X		
EMT Hybrid	Vinalhaven/Deer Isle	X		X

4) Regional Councils

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

We continue to maintain a consistent attendance at Regional Council meetings, and are looking for ways to increase participation. We have used the polycom system with Washington County with some success. 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 of weather, and December is typically a bad time to hold meetings resulting in low attendance. I also think we will reinstate the blog section of our website with an RSS feed to help improve communications.

Date	Type of Meeting (Board, Council, etc.)	Date minutes sent to MEMS
09/10/14	Council Meeting	09/22/2014

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 KV 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

08/27/14	UPS Brewer – Seatbelt Convincer	
09/19/14	Indian Township Health Fair- Distracted Driving Simulator	
09/30/14	Penobscot Job Corp- Seatbelt Convincer	
10/15/14	General Electric-Bangor	
12/17/14	EMCC-Distracted Driving	
07/01/14 – 12/31/2014	Multiple Drivers ED. programs	

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

Date	Meeting description (Ops, MDPB, QI)	Attendee(s)
07/16/2014	MDPB	Busko, Petrie
07/16/14	MEMS QI	Busko, Petrie
08/06/14	MEMS Board	Petrie
09/10/14	MEMS Education	Batsie, Chamberlin
09/17/14	MDPB	Busko, Petrie, Batsie, Chamberlin
09/17/2014	MEMS QI	Busko, Petrie
09/30/2014	MEMS OPS	Petrie
10/01/2014	MEMS Board	Petrie
10/15/14	MDPB	Busko, Petrie
10/15/14	MEMS QI	Busko, 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	Busko, Petrie
11/19/14	MEMS QI	Busko, 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	Busko, 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-the-trainer	Increased awareness and preparation of EMS services/personnel

Date submitted: 12/30/2014

Signed:  _____

Name Printed: Richard Petrie