

State of Maine  
Dept. of Public Safety  
Board of Emergency Medical Services  
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152 State House Station  
Augusta, ME 04333-0152

**Atlantic Partners EMS, Inc.**  
***Progress Report***

***July 1, 2013 -December 31, 2013***  
Northeast Regional Advisory Council

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### **Medical Control and Direction**

**Describe activities designed to improve the understanding of EMS for online Medical Control as well as work with services to increase Medical Control involvement at the service level.**

As indicated in our work plan, we scheduled a half-day session at the EMS Conference in November designed create a communication and networking pathway for Physicians and mid-levels in Maine who are involved in providing Medical Control for EMS services. The session was led by Matt Sholl. Attendance at this program was sparse, (3 additional physicians and 3 paramedics) but the group had a good discussion and were able to develop a plan moving forward that included additional meetings and the implementation of a Medical Directors listserv.

In concert with the protocol rollout, we developed an abbreviated version of the update that was intended to be delivered to ED staff. We have delivered this program at Penobscot Valley Hospital and Millinocket Regional Hospital to good reviews. We have also provided the information to the sub-regional QA nurses at Calais Regional Hospital, St. Joseph Hospital and Maine Coast Memorial for delivery at those facilities. Dr. Busko has oriented the physicians at EMMC.

We have attached a spreadsheet showing the number of ED Physicians, PA's, and NP's employed in each of our ED's, as well as how many have completed some version of the online Medical Control program in **Appendix "A"**.

The majority of our transporting services now have Physician Medical Directors. We continue to assist services with the development of their QI Committee with Medical Director oversight/coverage extending to the non-transporting services. A list of Service Medical Directors is also found in **Appendix "A"**.

### **Medical Control Work-Plan:**

For the FY 14 contract with Maine EMS, we will do the following to improve the understanding of EMS for emergency physicians and others who provide Online Medical Control.

- a. Continue to work in conjunction our Regional Medical Directors and Matt Sholl to improve Medical Director Communication.
- b. We will schedule another round of meetings in the spring of 2014 as follow up to the fall protocol meetings.
- c. We will continue to push the development of EMS service chief/leadership sub-regional quarterly meetings as a way of increasing communication between EMS services and the Hospitals. We have had reasonable success so far piloting this concept in Bar Harbor, Millinocket, Bangor, Camden, and Augusta.
- d. We will continue to encourage Sub-regional ED physicians to partner with local EMS services, and continue to encourage EMS services to establish a relationship with a Medical Director.

### **Quality Improvement**

**Describe the regional plan for providing technical assistance to their EMS services in developing an integrated quality improvement plan. Assist with QI Data collection and reporting as requested by the Maine EMS QI committee**

Our revised APEMS and NERAC QI system is partially integrated in that each hospital holds quarterly QI meetings with the EMS services in their catchment area, Hospital contact list found in **Appendix "B"**. This program is well established in the NE Region, and we have been able to increase participation in the meetings by using wider distribution e-mail system to advertise the meetings.

During these meetings they discuss the results of the quarterly QI audit, interesting calls that had occurred during the previous quarter, and other relevant issues. CEU's are awarded for attendance at these sessions, and each service was required to send one representative to 3 of the 4 QI sessions each year. For services that fail to participate with the Regional EMS QI system, we established the following procedure:

1. Non-compliant services will receive a letter from the Regional Medical Director and Regional Coordinator reminding them of the participation requirements.
2. If the service remains non-compliant, we will request a letter from the State Medical Director and State EMS Director reminding them of their responsibility to participate.
3. If the service still refuses to participate, we will refer the service to the Maine EMS Board for investigation.

As previously mentioned, we continue with an agreement with Capital ambulance in Bangor to contract with their Quality Manager (Kerry Pomelow) to provide QI services to the Services throughout the APEMS service area. The goal of this arrangement is to have this person work to further develop the regional QI system and continue the work with our EMS services on the development of their Regional Quality Improvement committees and encouraging the inclusion of transporting and non-transporting services on the respective committees. They will also serve on and coordinate the NERAC APEMS QI Committee and represent APEMS (NE RAC) on the State QI Committee.

We have established a link on the APEMS website to QI documents that can be used by the EMS services to develop and improve their QI programs.

We have been working with a software programmer with EMS background (AFD Paramedic) to integrate a program he developed into our process. The program allows us to mine data from MEMSRR and easily review calls that apply to the audit. Included in **Appendix B** are the audit criteria that we have established for this year and will be inputting into the program once we have it established.

We remain active with the MEMS QI Committee, and are currently involved with the development of the Cardiac Arrest study which takes place early in 2014.

Additionally, we conducted the following QI activities:

1. We integrate the MEMSRR program into our EMS programs and use the report entry system by the students in order to improve data collection for the QA and data collection system.
2. We continue to follow up with services regarding timely completion of the Maine EMS Run Report through education and QI audits when indicated.
3. We continue to work with EMS services and hospitals on the creation and implementation of a written summary report for use by the EMS services.

### Quality Improvement Work Plan:

During the FY 14 contract with Maine EMS, APEMS will:

- a. Continue to employ a part-time QI Coordinator who will provide QI program development assistance to regional EMS services as requested.
- b. Add resource QI documents to the APEMS webpage for use by EMS services.
- c. Continue to encourage service participation in the sub-regional QI process
- d. Work with a local EMS provider/computer programmer to expand the use of a data mining program connected to MEMSRR that will enhance the production and evaluation of QI reports.
- e. Review the data from the following regional QI indicators and develop educational programs as appropriate:
  1. Spinal Assessment
  2. Patient refusal
  3. Time to 12-lead
  4. Stroke

Work with EMMC to evaluate the effectiveness of the Regional Stroke program, particularly in regards to field code stroke activation vs. hospital stroke diagnosis

### **Training Coordination**

APEMS continues with its licensure and specialty/continuing education agenda with the NE RAC areas. Scope of work completed includes all three objectives called for as well as fulfilling all work plan goals. In addition to programs offered within the NE RAC central locations, we are often asked to provide specialty education in remote areas and have been available to do so.

### EMS Training Work Plan:

- a. Conduct our annual education needs assessment and develop our licensure and training schedule based on the feedback received. Regional licensure needs are assessed through a variety of mechanisms. First, all existing classes are evaluated both at the midterm point of the semester and by the accrediting community college at the conclusion of the semester. Both of these assessments include evaluation of program strengths, weaknesses and necessary changes. In addition to class evaluations, feedback is obtained through regular meetings of the regional education committees (comprised of local faculty and staff) and program advisory committees (comprised of local stakeholders including employers, graduates and representatives of our various communities of interest). These meetings allow us to hear from not only the instructors teaching classes, but from the end user of our educational product. Program and curriculum recommendations are made and overseen by these committee members. In addition, regular surveys of our membership are done by Kelly Roderick as a “needs assessment” tool for licensure courses as well as specialty training. A Licensure Level and Specialty Education Survey for the NE RAC as well as a Service Level Education Survey are included in **Appendix “C”**. In addition, we regularly announce course

offerings with brochure attachments through emails, post education program solicitation on the website, and Facebook.

- b. Continue to approve CEU requests as well as enter the rosters/scan appropriate outlines into the Maine EMS licensing program under the pilot program with Maine EMS.

All CEH requests from any agency in the Northeast EMS RAC catchment area are approved through the NE RAC office in Bangor through the process aforementioned. We approved 294 total CEH program requests for Northeast between July 1 and December 31, 2013

- c. Continue with our program of Licensure/specialty/CE training programs as requested /needed for the members of the APEMS regions. A listing of all Licensure Programs and Specialty Training opportunities are in **Appendix C**. A Training Center summary report relative to these goals is included following this work plan section.
- d. Continue with the annual EMS seminar offered at the Samoset resort in Rockport; see the MCRAC Report for a complete listing of programs.
- e. Work with Maine Ambulance Association to sponsor management/leadership training programs around the region.

#### On Line Registration utilized for Specialty Training

APEMS continued the on line registration process to include all Specialty programming for the NERAC areas using an Event Management Program. A complete listing and registration information can be found on the APEMS website [www.apems.org](http://www.apems.org). This program continues to provide easier, 24-hour registration availability, payment processing, confirmations, and program tracking / reporting. A listing of programs made available to the NE RAC providers is in **Appendix "C"**. Where possible, Specialty Training classes are scheduled remotely at various EMS host agencies as requested if minimum registration numbers can be met.

#### Licensure Programs / Training Centers

Although the relationship of educational oversight is slightly different at each college, APEMS is ultimately responsible for the application of training center policies and for the enforcement of Maine EMS guidelines for all licensure students in our 3 regions. Even though specific policies vary slightly between colleges, all training center guidelines are uniformly enforced for all APEMS students and instructors. In 2013, we introduced standardized student handbooks, syllabus templates and clinical handbooks for all students regardless of the college affiliation.

With an Educational Agreement in place, APEMS and Eastern Maine Community College, offer licensure courses throughout Penobscot, Piscataquis, Hancock, and Washington counties.

#### *Accreditation*

APEMS has submitted its self-study for CoAEMSP accreditation of the Eastern Maine Community College Paramedic program, and have received our Letter of Review. We are currently awaiting dates for the onsite review.

### Maine EMS Protocol Rollouts

To assist with the transition to a new set of Protocols, APEMS offered the first open session NE RAC Protocol Roll Out on Oct. 15 at EMCC in Bangor which included a Train the Trainer segment and also offered throughout the region per request as follows:

8/29 – Bangor

11/11 – E. Machias

11/21 – Calais

### NREMT Transition Courses

APEMS continues to offer a series of NREMT/Education Standards transition courses. Starting last spring and continuing into 2014, these courses are offered for both continuing education and as approved MEMS transition courses to fulfill the NREMT re-registration requirement. Course offerings for the past six months are listed in the Specialty Programming table in the **Appendix “C”**.

### Tactical Combat Casualty Care Program Courses (TCCC)

TCCC programs have been offered through our on line website open to all services as well as specifically designed to meet local needs in the NE RAC area upon request.

### AHA Training Center

APEMS provides services as an “Approved American Heart Association Training Center” - including the Kennebec Valley RAC area and carries forth and maintains Emergency Cardiac Care / Chain of Survival initiatives as per AHA guidelines / curricula updated to the new 2010 standards. The Training Center Coordinator, Sally Taylor, also serves on the AHA Regional Faculty and is involved with ME-NH-VT regional committees, recently completed regional faculty training /updates. The Center supports all APEMS public safety / hospital activities as requested. Annual certification involving all AHA levels exceeds 5,000 students per year.

### On Line/Distributive Training Programs

Offered through the APEMS website currently includes:

- Code Stroke Rollout Program
- Bath Salts & EMS
- Global Harmonization
- FEMA Public Information Officer

### Rural Trauma Team Development (RTTD)

We continue to offer the Rural Trauma Team Development (RTTD) program to our Rural Hospitals as an additional enhancement to the Maine EMS Trauma System and to increase communication between our Hospitals and EMS providers.

### **Regional Councils**

**Conduct Regional Council meetings on a quarterly basis and expand attendance at council meetings to increase information dissemination**

### Atlantic Partners EMS, Inc.

Minutes from APEMS Board meetings and a membership listing are in **Appendix “D”**. We continue to utilize Regional Advisory Council meetings, Web Page, and Facebook to communicate Regional Activities. We will also be implementing a regional listserv in order to increase information dissemination.

Regional Council Work Plan:

1. Continue to schedule quarterly Regional Council meetings and offer alternative ways to participate (Teleconferencing) for those who request it.
2. Develop the utilization of a Regional Council listserv for individual providers in the region as a means to more widely distribute information from the Regional Office as well as provide a forum for providers to seek additional information.
3. Continue to seek representation from an elected official, educator and the general public on the RAC. Membership included in [Appendix "D"](#)

**Public Information, Education, and Relations**  
**Activity/Progress Report**

We have been actively encouraging services to designate a member to be the public information office and develop a PIER program for their department. We have encouraged these individuals to take the basic online public information program and are working with Mike Grant from MEMA to schedule advanced Public information programs for the spring. We also have a meeting set up with the American Red Cross in January to talk about helping services develop local partnerships with the ARC on community preparedness.

In addition, we changed the award recognition criteria for the EMS Conference this year to recognize services in the State that had active community outreach programs. We have a listing of these programs in [Appendix E](#).

Public Information, Education, and Relations Work Plan:

1. Continue to support the involvement of the Executive Assistant with the injury prevention inhalant abuse education program and the program she conducts, meeting "Project Aware" goals, and Drug Overdose programs through the Task Force. Kelly continues to be one of two Inhalant abuse educators to teach statewide and conduct train the trainers when needed for the Office of Substance Abuse. We offer this program to services for utilization in their communities, but participation has dwindled. APEMS maintains 2 Inhalant Training Kits located in the NE RAC office.
2. Continue to encourage service to promote "Hands Only CPR" programs in their communities.

AHA Training Center

As previously mentioned within the education section, APEMS with the three RACs provide support and resources for all levels of CPR training and advanced life support AHA education throughout our communities, within our hospitals, as well as with our EMS services. APEMS provides a Team of AHA Instructors, including regional faculty, coordination, instructor trainers, instructors, and support staff. APEMS staff continues work on the re-introduction of a Community Outreach project which would be able to provide the "Hands Only CPR" 2-step program to the public, as promoted/recommended through their local EMS through open houses, advertised availability, or as a co-sponsored community event. APEMS provides the initial training and resources for the project(s). In addition to increasing survivability in their community, this is a valuable tool to increase their exposure within their community other than within an emergency setting.

3. Partner with Maine EMS, Maine Communications Bureau, and the other EMS Regions to publish our fourth, statewide, EMS week supplement that will be inserted in every daily newspaper in the State of Maine on the Friday before EMS Week.  
(Spring 2014)

4. Continue to support and administer the Seat Belt Education program in Maine through a sub-grant with the Bureau of Highway safety.

APEMS carried forth Occupant Restraint Safety Education programs through a Sub-grant with the Bureau of Highway Safety. These are available upon request to assist EMS services in the NE RAC area with enhancing the awareness and importance of use of safety belts throughout their Communities, as well as increasing the visibility of the EMS services in the community:

The Sub-grant description of goals included the following which can be utilized in concert with EMS Community projects:

- to enhance awareness of the importance of occupant safety devices
- to provide education on the types of occupant restraints and correct usage
- to educate the public about the results of injury and death as a result of nonuse of safety restraints
- to educate the public about safety restraint statutory requirements for all age groups
- to increase the usage rate (law compliance) of occupant protection devices

Curricula and resources include the following:

- Convincer demonstration units. A portable display/charting is also utilized.
- PowerPoint and other educational aides that are directed toward elementary, middle school, and high school students and adults, including Air Bag Safety

This project received the the following requests for Occupant Safety Awareness programs at an EMS/Fire sponsored event from July – December for the NERAC area:

- 10-12-13 – Orrington

5. Work with Regional Services to encourage members to take the online NFA PIEO training program. Information has gone out to services via the listserv, email notifications, discussions at all regularly scheduled meetings, and provided as a resource on the APEMS website.
6. Finalize the schedule for 2 – 3 Advanced PIEO programs within the APEMS Region

#### Community Outreach through safety training.

This is a new course APEMS IS offering with two programs held recently for a total of 25 students. BLAST! (Babysitter Lessons and Safety Training), Second Edition is an important training program for potential babysitters and parents considering hiring a babysitter. The BLAST! Program is exciting and interactive, providing extensive training in pediatric first aid, household safety, and the fundamentals of childcare. APEMS has been recognized and approved by ECSI (Emergency Care and Safety Institute) as a training center. And Kelly has become a certified BLAST Instructor through them.

#### Maine EMS Memorial

We have also continued our support of the “Maine EMS Memorial and Education Site” by actively participating in the generation of donations. We were able to collect another \$15,000 at our auction in November, which has made it possible to continue with Phase II of the project.

## **Attendance and participation at Maine EMS Meetings**

APEMS staff actively participates in the Maine EMS system meetings. The Executive Director is an active participant in the Operations Team, MDPB, MEMS QI Committee, HART Committee (when applicable), and MEMS Board Meetings. The NE RAC Medical Director participates in the MDPB meetings as well as subcommittees of the MDPB. The Education Director is the chair of the MEMS Education Committee and the Clinical Coordinator for APEMS is also a member of this Committee. The Education Director and the Clinical Coordinator also actively participate in the MDPB, MEMS QI Committee, and MEMS Board meetings. The Executive Director, Specialty Training Coordinator and Executive Assistant for APEMS are members of the MEMS Exam Committee. In addition, we require all ALS students to complete an 8-hour Leadership component of their class, and many have satisfied their requirement by attending MEMS Board or MDPB meetings.

### **Maine EMS Meetings Work Plan:**

1. Continue to actively participate in local, regional, and state EMS committees as well as work cooperatively with Maine EMS and APEMS/Regional staff to provide support to EMS providers in Maine. All obligations of participation and related work tasks have been completed.
2. Ensure that staff, volunteer committee members, and the Medical Directors notify us if they cannot attend a meeting so that we may secure an excused absence. Notifications successful prior to meeting times to ensure appropriate attendance.

## **Other EMS Projects Activity Report**

### **Other Project Work Plan:**

Continue our support of the Maine EMS system by participating in additional requested projects where possible and authorized by the APEMS Board when necessary.

- APEMS works with Maine EMS and the CP Steering Committee on the development and implementation of the Community Paramedic Pilot Project(s) as the Coordinator chosen for the project from July 1, 2012 – June 30, 2014. To date, there have been 12 pilot programs either approved or nearing completion. Dan Batsie (primarily) and Rick Petrie continue to meet with the CP steering committee and work with those agencies seeking to participate in the program.
- APEMS works with the Maine Committee on Trauma (MCOT) and provide assistance and technical support for the Maine Trauma Advisory Committee (TAC) on the refinement and ongoing delivery of the Maine Trauma System, specifically as the Trauma System Manager (Rick Petrie) chosen to administer such services from July 1, 2012 – June 30, 2014.
- APEMS maintains / updated website resource for information, orientation and introduction to EMS, documentation resources, on line training, course registration, and communication.
- Assist hospitals/EMS with any issues related to medication shortages. (website and RAC meetings)
- CISM: The NE RAC supports the CISM program historically provided through SJH.
- Coordinate the offering of PSE's for all students attending Community College licensure programs throughout the nine counties served by APEMS.

- Assisted NE RAC with the transition to, and understanding of the Dec. 2013 Maine EMS Protocols.
- Stroke Project -We continue to support stroke criteria and education for EMS providers, encouraging services to develop public outreach programs in their communities on stroke recognition as well as risk factors. We do not have a process in place to determine how many services use the resources we provide to them, but will attempt to establish a mechanism for future programs. The APEMS staff participates on the EMMC stroke committee as well as the NE Prehospital Stroke Committee, and may serve as a resource for NE RAC hospitals and EMS agencies.
- APEMS took a lead role in the group purchase of IV pumps to assist EMS service with meeting the Maine EMS requirements in an organized and financially reasonable manner.

## Appendix A – Medical Control Plans – supplemental information

### *Hospital Provider Count and OLMC Training*

<b>Hospital</b>	<b>Region</b>	<b>MD</b>	<b>PA</b>	<b>NP</b>	<b>Complete OLMC</b>
EMMC	4	25	4		22
SJH	4	14	6	2	18
PVH	4	8			8
MCMH	4	5	2	3	10
MDI	4	1	5	2	7
BHMH	4	14			10
Calais Regional	4	14	1		8
DECH	4	6			3
Mayo	4	3	5		6
Millinocket	4	1	8		9
CA Dean	4	3	1		4

### *Service Medical Control Resource*

<b>NE RAC – Services</b>	<b>Contact</b>	<b>Medical Director</b>
Capital Ambulance	Chuck McMahan	Jonnathan Busko, MD
Bangor Fire	Rick Cheverie	Bob Bowie
Mayo EMS	Judy Gerrish	Dave McDermott
Orono Fire	Rob St. Louis	Bob Bowie
Old Town Fire	Steve O'Malley	Bob Bowie
Brewer Fire	Brent Melvin	Jonnathan Busko
Downeast EMS	Steven Welsch	Cressey Brazier
Calais Fire	Janet Purton	Cressey Brazier
Pleasant River EMS	Courtney Hammond	Cressy Brazier
County Ambulance	Scott Parsons	Ken Christianson
Hermon Rescue	Shawn Ryder	Bob Bowie
Millinocket Fire Department	Andy Turcotte	William Jenkins
E. Millinocket Fire Department	Les Brown	William Jenkins
G & H Ambulance	Eric Strout	Bob Bowie

Machais Ambulance	Lois Libby	Rod Sparks
Mattawamkeag Rescue	Robert Powers	David Dumont
Northeast Harbor EMS	Joanne Robbins	J.R. Krevans
CA Dean	Kevin Springer	Lawrence Dubien
Petit Manaan	Nancy Parrit	Ken Christianson
Winterport Amb	Phil Higgins	Tim Canham, PA

**Appendix B – Quality Improvement – supplemental information**

**Hospital QI Resource**

<b>NE RAC Hospital</b>	<b>Contact</b>	<b>Activity</b>	<b>Action Plan</b>
Blue Hill Hospital 374-3400	Tonya Astbury 374-3400	Support of Quarterly QI Meetings	Encourage participation in collaborative QI committees with EMS services
CA Dean 695-5200	Lisa Worster 695-5200	Support of Quarterly QI Meetings	Encourage participation in collaborative QI committees with EMS services
Calais Regional 454-7521	Lee Seelye 454-7521	Support of Quarterly QI Meetings	Encourage participation in collaborative QI committees with EMS services
Downeast Community 255-3366	Lucy Coxton 255-0224	Support of Quarterly QI Meetings	Encourage participation in collaborative QI committees with EMS services
Eastern Maine MC 973-7000	Mary McCarthy 973-7010	Support of Quarterly QI Meetings	Encourage participation in collaborative QI committees with EMS services
Millinocket Regional 723-5161	Julie Nason 723-5161	Support of Quarterly QI Meetings	Encourage participation in collaborative QI committees with EMS services
Maine Coast Memorial 664-5311	James Johnson 664-5311	Support of Quarterly QI Meetings	Encourage participation in collaborative QI committees with EMS services
Mayo Regional 564-8401	Judy Gerrish 564-3078 (Transition)	Support of Quarterly QI Meetings	Encourage participation in collaborative QI committees with EMS services
MDI Hospital 288-5081	Vickie Eaton 669-4231	Support of Quarterly QI Meetings	Encourage participation in collaborative QI committees with EMS services
Penobscot Valley 794-3321	Lisa O'Connor 794-3321	Support of Quarterly QI Meetings	Encourage participation in collaborative QI committees with EMS services
St. Joseph Hospital 907-1000	Tonya Brown 852-0090	Support of Quarterly QI Meetings	Encourage participation in collaborative QI committees with EMS services

# 12 LEAD EKG

\*\*\*QA VERSION OF MEMO\*\*\*

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Who needs a 12 Lead EKG done?

Any complaint that could be caused by a STEMI. Examples include:

- Chest pain
  - QA: non traumatic
  - QA: greater than 18 yo
- Shortness of breath
  - QA: drop bronchospasm (asthma, COPD)
  - QA: >40 yo
- Syncope or presyncope
  - QA: syncope (defined as LOC <5 min and return to baseline LOC in <5 min)
  - QA: drop dizzy, lightheaded, unresponsive, seizure
- Upper abdominal pain (in people > 40 years old)
  - QA: non traumatic
- Your clinical suspicion warrants it be done
  - QA: drop this for QA

Please mount 12 Lead EKGs on EKG form and submit with other run report attachments. Please fill out every line on the form.

NOTE: The intention of narrowing cases to be reviewed is to make the process of QA more efficient and objective. These changes do not reflect best clinical practice. For example, a 12 Lead EKG is clinically warranted and should be obtained in cases of traumatic chest pain and presyncope. Just because we are not reviewing these does not mean they should not be done...

# STROKE

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**If you suspect possible stroke, document all of the following:**

- **Last Time Normal**
- **Blood Glucose Level**
- **Cincinnati Stroke Scale**
- **Glascow Coma Scale**

**Call Code Stroke. It is critical to communicate these four details to the emergency department as soon as possible as they will help determine if thrombolytics are indicated.**

# SPINAL ASSESSMENT & TREATMENT

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Who needs their spine cleared?

Any mechanism that could lead to a spinal injury. Examples include:

- Axial loading (diving)
- Blunt trauma (particularly to head and neck)
- MVC or bicycle
- Falls greater than 3 feet
- Falls of adults from standing height (syncope)
- Patient “found down”

In order to clear a patient’s spine, we must document **\*ALL\*** of the following:

1. PATIENT IS “CALM, COOPERATIVE, NON-IMPAIRED, AND ALERT”
  - a. “non-impaired” = no slurred speech, answers questions appropriately, not intoxicated
2. NO DISTRACTING INJURIES
3. NO NUMBNESS, TINGLING, OR WEAKNESS
4. NO NECK/SPINE PAIN OR TENDERNESS
  - a. Any pain/tenderness along the entire spine requires immobilization
5. NORMAL MOTOR AND SENSORY EXAM
  - a. “Normal motor exam” is equal bilateral strength distally, upper and lower extremities
  - b. “Normal sensory exam” is equal bilateral sensation in all four distal extremities to sharp and soft sensation

# PATIENT REFUSAL OF CARE

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**\*\*EMS should never initiate a patient's refusal of care/transport\*\***

**In order to completely record a patient's refusal of care/transport, we must document ALL of the following:**

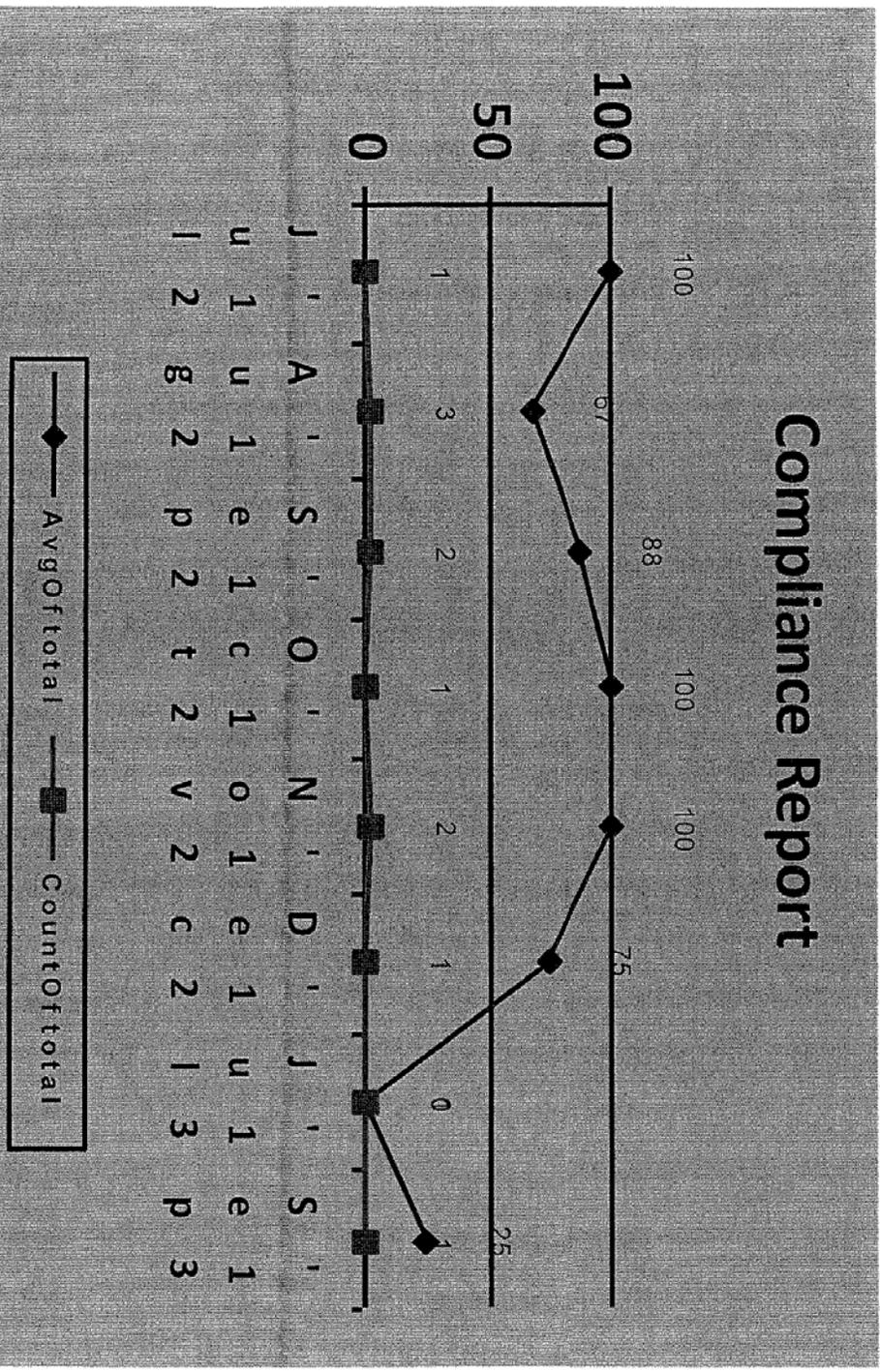
1. List specific treatment refused (i.e. transport to the hospital)
2. List patient's/guardian reason for refusal
3. List patient's alternative plan
4. Who (family/friends) is with patient now
5. Patient oriented to person, place, time, and event
6. Patient unimpaired by drugs or alcohol
  - a. "UN-impaired" = no slurred speech, answers questions appropriately, not intoxicated
7. Patient is competent to refuse care
8. Patient has been advised that they can call 911 to be reassessed
9. Discuss risks and complications of refusal of care/transport
10. Patient is greater than 18 years old or emancipated (or contact made with guardian)
11. Patient's signature or statement that the patient refused to sign



# Region 4 Stroke Report

Wednesday, September 11, 2013  
9:40:39 AM

## Compliance Report



**QI Minutes**  
**APEMS – NE RAC**  
**QUALITY IMPROVEMENT COMMITTEE**  
Wednesday, December 11, 2013  
*Meeting Minutes*

Attendance: J. Busko (Phone), T. Brown, J. Johnson, K. Bailey, B. Melvin, J. Gerrish, L. Seeley, L. O'Connor, K. Mims  
Staff: Rick Petrie, K. Pomelow

**I. Called to order at 1:42pm**

**II. Approve minutes** No minutes to approve, September meeting cancelled

**III. Old Business**

A. MEMS Protocols

Protocols went into effect December 1, 2013. We have done several rollouts around the region, and the program is available online (MEMSEd). We also have an abbreviated program that we can deliver to each of the hospital ED staff if interested. Lisa O'Connor stated that Rick had come to PVH to do the program and it was very well received. We have also delivered it at Millinocket Regional Hospital.

B. Statewide QA Aspirin Study

All of the information from the study has been sent out and Maine EMS is getting ready to implement their new study.

C. Run Sheet Compliance

Services are beginning to get notices from Maine EMS if they are non-compliant with timely submission of the run reports. This will hopefully encourage them to meet the requirement.

**IV. MEMSRR Updates**

Jon was not available to attend the QI meeting today and asked if there were any issues that they be given to Rick and he would forward them to Jon. No issues noted by the group.

**V. Regional/State QI Initiatives**

A. We are working with Jon Powers and the programmer to work out the bugs for the new program that will make mining the MEMSRR data for information easier. Once ready, we will begin processing the spinal, 12-lead, Stroke and documentation audits. We are also trying to develop the audit for patient refusals.

B. Based on feedback from the subregional coordinators, we will update the documentation educational program and make it available for the 1<sup>st</sup> quarter case reviews.

C. The state QI committee is developing the criteria for a statewide Cardiac Arrest study. The goal will be to gather information on Maine out-of-hospital Cardiac arrests and identify areas we need to target in order to improve cardiac arrest survival in Maine.

**VI. Other Issues**

Tonya expressed concern that the policy at SJH was to mix their NOREpinephrine in D5W, and that their concentration was different than in the protocols. Rick indicated that he had heard this from another Hospital as well and would be discussing it at the December MDPB meeting.

Rick then also updated the group on the IV pump requirements and steps that were being taken to help services comply with the rules.

Adjourn at 3:10pm

**Appendix C – EMS Training Programs – supplemental information**

<b>Specialty Course Name July 1 – Dec. 31, 2013 (offered in the NE RAC area)</b>	<b>Registered</b>
NREMT Transition Course – August 2 – 4, 2013, Hampden Public Safety Building, Hampden, ME	0
PHTLS Provider – August 3-4, 2013 (Capital Ambulance, Bangor, ME)	6
PHTLS Refresher – August 3, 2013 (Capital Ambulance, Bangor, ME)	4
NREMT Transition Course – August 16- 18, 2013 Mayo Regional Hospital	2
AHA BLS for Healthcare Providers CPR – August 19, 2013 (217 Penobscot Hall, EMCC, Bangor)	2
AHA BLS for Healthcare Providers CPR – August 21, 2013 (217 Penobscot Hall, EMCC, Bangor)	0
AHA BLS for Healthcare Providers CPR – August 23, 2013 (217 Penobscot Hall, EMCC, Bangor)	0
ACLS Provider – Aug 26-27, 2013 (Penobscot Hall, EMMC, Bangor, ME)	2
ACLS Refresher – Aug 26, 2013 (Penobscot Hall, EMMC, Bangor, ME)	0
CPR Instructor Refresher Course – Aug 28, 2013(Penobscot Hall, EMCC, Bangor)	3
ACLS Refresher – Sep 5, 2013 (PVH Hospital, Lincoln, ME)	5
NREMT Transition Course – December 13-15, UMO, Orono, ME	0
ACLS Provider – Sep 20-21, 2013 (DECH, Machias, ME)	6
ACLS Refresher – Sep 20, 2013 (DECH, Machias, ME)	6
PALS Provider – Sep 23-24, 2013(217 Penobscot Hall Bangor)	4
PALS Refresher – Sep 23, 2013 (Room 217 Penobscot Hall EMCC)	2
NREMT Transition Course – September 27-29, 2013 Old Town Fire, Old Town, ME	0
PALS Refresher – Sep 30, 2013 (PVH)	10
NREMT Transition Course – October 11-13, Machias Public Safety, Machias, ME	0
2013 Maine EMS Protocol Roll-out – Oct. 15, 2013 (EMCC, Rangley Hall, Rms A & B, Bangor)	0
NREMT Transition Course – October 18-20, Penobscot Valley Hospital, Conference Room A, Lincoln, ME	0
PALS Refresher – Oct 25, 2013 (DECH, Machias)	6
PEARS – Nov 1, 2013 (National Guard, Bangor)	5
PEARS – Nov 14, 2013 (South Berwick Rescue)	7
ACLS Refresher Nov 22, 2013 (DECH, Machias ME)	6
NREMT Transition Course – November 22-24, 2013 EMCC, Bangor, ME	9
EMPACT – Dec 12 & 13, 2013 (Capital Ambulance, Bangor, ME 04401)	0
CPR Instructor Refresher Course – Dec 17, 2013(Penobscot Hall, EMCC, Bangor)	8

**For licensure programs, identify by program those educational and training sessions that have been conducted, or will be held before the end of the contract period.**

COURSES OFFERED	DATES	LOCATION	OUTSIDE REGION 4	<18 YO	TOTAL	SPECIAL REQUEST
EMS123-30 – EMT Accelerated	JULY 8 – 26, 2013	EMCC – BANGOR	3	3	21	
EMS123-32 Emergency Medical Technician	MAY 15 – AUGUST 22, 2013	COUNTY /ELLSWORTH	0	0	6	
EMS214-30, EMS217-30, EMS233-30 EMT Paramedic (3 <sup>rd</sup> Semester)	MAY 16 – AUGUST 22, 2013	EMCC/BANGOR	2	0	22	
EMS123-30 – EMT Emergency Medical Technician – Basic	AUGUST 30 – DEC. 11, 2013	EMCC/BANGOR	0	5	24	
EMS123-31 Emergency Medical Technician	AUGUST 26 – DEC 11, 2013	EMCC/BANGOR	0	0	14	
EMS123-32 Emergency Medical Technician	SEPT 9 – DEC. 11, 2013	UMO/ORONO	2	0	15	
EMS123-35 EMT ACCELERATED	AUGUST 26 – SEPT 13, 2013	VOC TECH CTR, LINCOLN	0	0	8	*
EMS123-35 Emergency Medical Technician	SEPT 23 – DEC 13, 2013	GREENVILLE HS	0	0	15	*
EMS201-30, EMS202-30, EMS205-30, EMS206-30 Advanced EMT (Intermediate)	AUGUST 26 – DEC. 13, 2013	EMCC/BANGOR	0	0	11	
EMS208-30, EMS210-30, EMS2315-30 EMT Paramedic (1 <sup>st</sup> Semester)	AUGUST 29 – DEC. 12, 2013	EMCC/BANGOR	2	0	19	

**Educational Survey - Directors -NE RAC - August 2013**

Included as an attachment

**Educational Survey - Providers - NE RAC - August 2013**

Included as an attachment

## Appendix D – NERAC Membership / Minutes

### NE RAC Membership

Alexander VFD First Resp. Unit	Dave Sullivan
Aurora Volunteer Fire Dept.	Joe Lacerda
Bangor Fire Department	Rick Cheverie
Bar Harbor Fire Dept	John Lennon
Bradford Fire Department	Marcie Grant
Brewer Fire Department	Brent Melvin
Brooklin Volunteer Fire Dept Inc	Paul Gallo
Bucksport Ambulance Service	Craig Bowden
Calais Fire-EMS	Janet Purton
Carmel Fire & Rescue	Mike Azevedo
Castine Fire and Rescue	Tom Gutow
Charles A Dean Ambulance Service	Kevin Springer
Charlotte Vol Fire Department	George Cross
Cherryfield Ambulance Service	Wayne Crabtree
Corinth Rescue	Scott Bragdon
County Ambulance Service Inc	Scott Parsons
Cranberry Isles Rescue	Katelyn Damon
Cutler Fire Dept NCTAMS LANT Detachment Cutler	Randy Newcomb
Dedham Fire Department	Craig Shane
Denny River Volunteer Ambulance	Wayne Seeley
Dixmont Fire Rescue	Carol Sowa
East Millinocket Ambulance	Les Brown
Eastbrook First Responder	Brenda Carney
Eddington Fire Dept	James Ellis
Etna Fire and Rescue	Shawn Ryder
G & H Ambulance Service	Eric Strout
Gouldsboro Fire Department	Tate McLean
Greenbush Fire	James McCrum
Greenville Fire & Rescue	Kevin Springer
Guilford Fire First Responders	Meredith Young
Hampden Fire Department	Frank Coombs
Hancock Vol Fire Department	Dustin Leyendecker
Hermon Volunteer Rescue	Sherm Mason
Holden Fire Rescue	Chris Beaumont
Hudson Fire Department	Tom Reed
Indian Township Fire & Rescue	Bradley Morris
Isle au Haut Rescue	Diane Barter
Kenduskeag 1 <sup>st</sup> Responders	Jonathan Seifert

Lee Fire Rescue	Aaron Knowles
Levant Volunteer Rescue Squad	Alan Merchant
LifeFlight of Maine	Tom Judge
Machias Ambulance Service	Lois Libby
Mariaville Volunteer Fire Department	Everett Austin
Mattawamkeag Rescue	Robert Powers
Mayo Regional Hospital EMS	Eric Young
Memorial Ambulance Corps	Walter Reed
Meridian Mobile Health LLC dba Capital Ambulance	Chuck McMahan
Milford Fire Department	Chris Mattson
Millinocket Fire Department Ambulance Service	Tom Malcolm
Milo Fire Department	David Preble
Monson Fire Dept First Respond	Benjamin Thomas
Moosabec Ambulance	Verlan Lenfesty
Newburgh Rescue	Glen Williamson
Northeast Harbor Ambulance Service	Margaret Houghton
Old Town Fire Dept	Steve O'Malley
Orono Fire-Rescue	Rob St. Louis
Orrington Fire Dept.	Mike Spencer
Osborn Municipal Vol Fire Dept	Crystal Shorey
Passadumkeag Vol Fire Dept	Glendon Brent Faloon
Peninsula Amb Corps	Geoff Miller
Petit Manan Ambulance	Nancy Parritt
Piscataquis County Sheriff's Dept.	David Roberts
Pleasant River Ambulance Service	Courtney Hammond
Rockwood Fire – EMS	Betty Reckards
Seboeis Plantation Volunteer Fire Dept.	Barry Stegenga
Sipayik Ambulance Corps	Mary Sappier
Sorrento Rescue	Dwayne Clement
Southwest Harbor / Tremont Ambulance Service	Pat Buccello
Southwest Harbor Fire Dept	Jeff Reed
Stetson Fire Rescue	Kim Tracy
Sullivan Fire Rescue	Ryan Daley
Swans Island Ambulance	Deb Staples
Three Rivers Ambulance Service	Mike Larson
University Volunteer Ambulance Corps	Richard Young
Veazie Fire Department	Pete Metcalf
Waltham Municipal Vol Fire Dep	Robert Butler
WCEMSA dba Downeast EMS – Calais	Steven Welsch
Winterport Volunteer Ambulance Service	Philip Higgins

**Atlantic Partners EMS  
Northeast Regional Advisory Council  
Minutes  
September 11, 2013 4:00 pm  
NE RAC Office, Penobscot Hall, EMCC**

**Present: See Attached sign in sheet**

- I. Call to order 1606 David Buccello**
- II. Review of Minutes David Buccello 2<sup>nd</sup> Brent Melvin all in favor**
- III. Update from State Committees - PK Review's**

- i. Maine EMS Board -**

- Investigations committee - last month there was a public hearing. This is after a series of steps.**

- Community Paramedicine – This is on going. 11 have been approved. The max is 12, we have 2 waiting in the hopper. The feedback from the hospitals has been good and that there has been much more interest in these programs. Nova Scotia's program reduced their frequent flyers by 68%. Southern Maine Region 1 has been having some issues. The budget is tight and staying the same. There is no increase for any of the costs though there are no losses to the regions. Next meeting in October. What we want to be able to show hospitals is that we will be able to reduce readmissions to hospitals that with a well thought out aggressive program we can actually reduce the costs to hospitals and insurance companies and they would be responsible for reimbursement to the services. Data is being collected. There are two stages of the program. Every provider can provide care to their license level and then if they have been trained they can work outside of their scope of practice example Foley care.**

- Waiver Requests – Life Flight of Maine put in a waiver request to be able to divert to be able to put themselves out of service when they are not correctly stocked after doing a NICU run on the trip home (for an adult call).**

- Pending Legislation**

- ii. MDPB - Did not meet.**

- Protocol Revisions/Roll Out – Brian and Dan are working on a plan. On line training is in the works. It is free and CEH's will be awarded. There will be two levels ALS and BLS.**

- Medical Control training – It is still not mandatory. There are many hospitals that are still doing it. However, they are not tracking who are doing it. It is available in the MEMSED system. If anyone knows of an ED**

physician who is looking for a position on the board contact MEMS.

iii. State Education/Exam

- Update – Working on the protocol update

iv. State QA/QI

- Statewide Aspirin Study/Cardiac Arrest Study – All the letters came out. The next is getting numbers on cardiac arrest survival.

v. Other

b. Regional Initiatives

i. Regional QI Update – Three or fourth audits from a regional level. Giving feedback to the services.

- Audits - 12 Leads, Stroke, Patient Refusal, Spinal Assessment (we are going to run these audits and give you the feedback). The Bangor area the last Wednesday of each quarter. We have a Paramedic/Computer programmer who will be able to create some great reports for us. See the attached forms for the audits we are looking to do. If we find that we have an issue then we will supply the education needed to fix the problem. Patient refusal will be most interesting. This program will be looking at every call via check boxes plus the narrative.
- Attendance at QI Sessions – Get Joe's email list to start emailing the meetings to people so they are in the loop.
- Bangor Hospital Roundtable/QI Session – September 25<sup>th</sup> meeting here. 2-4pm

ii. Seminar Update – Lots of things going on that week. All day Wednesday is Maine Committee on Trauma, Management of large-scale incidents Nov 6<sup>th</sup>, all day Thursday Stroke Management, Pre conference things on Wed and Thursday as well. Keynote speaker is the Medical Director for Chicago Fire on setting up a Cardiac Arrest pit crew. He is also going to talk about being sued as a paramedic over airway management. We have classes on death notification and on organ donation notifications, plus much, much more. We have done hard mail, email, website, facebook and many other things to get the word out to people. If someone is not able to print it themselves we will print it and mail it to them. We are doing a program for Medical Directors so let your services Medical Director know.

iii. Public Information/Education Initiative – We have sent out a link to a link to many different links (Rick you got to add that in here) you said that way too fast) The public needs to be aware of the services in there town. Press releases need to be made when trainings are happening in your services. Put your selves out there and show how valuable you are to your community. Don't let what happen to Camden First Aid happen to your service. We will do everything we can to help provide you with resources. For example Hospitals have programs on Stroke recognition the Red Cross has programs on community preparedness.

iv. EMS Memorial Update – Is almost done. The class plate is done. The site looks great. The lights need to be finished and some landscaping needs to be finished. As soon as we have a dedication date we will let you know. We will start raising money

to move forward to put more posts in.

v. Licensure Programs – Myles Block

Summer 2013  
Ellsworth – 6  
Accelerated – 20 Students

Fall 2013  
Bangor Day – 20 Student  
Bangor Eve 15 Students  
WCCC – 17 Students  
Orono – 15 Students  
Lincoln – 8 Students  
AEMT – 10 Students  
Medic – 20 Students

vi. Specialty Training – BLS Transitions have been scheduled we are working on the ALS Transition and should have those dates shortly. All other classes are listed on the website. If you are interested in hosting that contact the office. PHTLS now has a computer component to it like ACLS. You can do the didactic portion of the class online and then spend one day doing the skills portion. We are working with doing a law enforcement first responder class, they have pretty cool bleeding simulators.

vii. Regional Listserv – No Comment

viii. Other – No Comment

c. Items from the Membership

i. Questions, concerns, ideas, etc.

IV pumps are only required if you are doing drips in the field. However, they must have a med library.

Lactate monitors will never be required now and now you can't even by them.

Can we do group purchases on equipment? The answer on that is yes we can.

Priority Dispatch – Supposed to be speaking plain English on the radio class from a fire chief's perspective. Trying to pull a card out to decipher what a certain code means while driving down the road.

Motion to Adjourn 1708 David Buccello 2<sup>nd</sup> PK.

Next Meeting is Wednesday, December 11, 2013

**Atlantic Partners EMS  
Northeast Regional Advisory Council  
AGENDA  
December 11, 2013 4:00 pm  
NE RAC Office, Penobscot Hall, EMCC**

**Attendance: See Attached Roster**

- I. Call to order David Buccello 1600**
- II. Review of Minutes: Motion to accept minutes (Buccello/Cunningham) All in Favor. Dave Buccello complimented Heather on the formatting and content of the minutes.**
- III. Update from State Committees**
  - i. Maine EMS Board – (Paul Knowlton)**
    - Community Paramedicine – 12 pilot projects have been approved with the last couple scheduled to begin shortly after the first of the year. We actually had 13 proposals, and were able to combine the Delta/Winthrop proposals to that they could all be approved. We have about 1 ½ years left on this program, and now we need to start collecting data. Other States have had great results.**
    - Protocol Updates – Protocols are out and went into effect December 1. We have done a number of protocol rollouts and the update is also availab from MEMSEd. The protocols are now on a 2-year cycle, so the MDPB will begin looking at them again shortly after the first of the year. Dave Buccello asks if D50 is going to stay in our drug box. Rick replies that D50 will stay there for now, but reminded people that the protocols call for a dose of 25gm which can be administered either using a 50% solution or a 10% solution as long as the total dose is administered.**
    - Lifeflight Scope of practice – The MDPB is working with LOM to better define their scope of practice.**
  - ii. MDPB**
    - Protocol Revisions/Roll Out (Rick Petrie) – In addition to the earlier discussion, Rick reminded people that a survey went**

out from Tri-County several months ago asking if services wanted to purchase protocol books independently at a cost of approximately \$10. Rick has been told by Joanne that they are almost ready to be shipped, and services should be hearing from Joanne soon. Reminder from Maine EMS that if you print off the protocol books (or buy the books through Tri-County) that you are responsible for making any updates that occur. We will work with Maine EMS to notify providers of any changes. The Apps for the smart phones are ready to be downloaded and are available for free (Maine EMS covered the cost). The apps are improved over the last version and contain additional information including medication calculators, contact lists, mapping software and a notepad.

- IV Pumps – As most have heard, Maine EMS have stated that you must have a pump if you are licensed or permitted to the Paramedic level; you have until March 1<sup>st</sup> to procure the required pumps and have them in service. If you don't have them by December 1, you have to file an interim plan with Maine EMS. Because of this requirement, we put together a group purchasing program and have ordered 190 IV pumps and 6 syringe pumps to date. Each pump will come with a chart for concentration and drip rate for NOREpinephrine and Epinephrine for reference. Some of our hospitals use a different concentration and have asked if they can modify the local protocols. We have forwarded this request to the MDPB and will report back once we have the answer. Once you own your pump it is strongly suggested that you make arrangements for annual service; services should contact their local hospital BioMed to see if they will help with this service requirement, as well; as with the purchase of the required tubing. For services permitted to the Paramedic level. MEMS requires that you have at least one pump for your service; this includes FR services. John Cunningham commented that his service chief was very angry about the change of position and purchasing time frame from Maine EMS. Rick indicated that he had heard this from a number of services and that they were encouraged to contact Maine EMS directly, or they could also contact their EMS Board Representatives (Paul Knowlton and Judy Gerrish).

iii. State Education/Exam (Dan Batsie)

- Update - Maine EMS is looking to change their education requirement to become a Maine EMS licensed I/C. Currently

we have an educational program that includes a student teaching requirement. They are looking at a slightly longer NAEMSE program that does not have a student teaching requirement. Once you graduate from the program, it would be up to the approved training center that employs you to set up mentoring and student teaching requirements. The only difficulty with this program is that NAEMSE requires 30 students to come to Maine to do the class, so we anticipate an annual program in the Portland area.

- MEMS is also considering posting attrition and pass/fail rates for the State approved training centers on the MEMS website, and are working on a system to do that fairly (results can be skewed by the size of the class or a student's reason for dropping the class).

- Human trafficking – We will be doing more this year. EMS providers have probably come across people who have been enslaved in the state of Maine and you just didn't realize it. Multiple organizations working together to organize this class; Homeland Security, ICE, DOJ, etc. We will be doing a train the trainer later on this year. This started as a law enforcement class but what they noticed is that EMS may be the only people that these people come in contact with when they are having issues. We need to be aware of what to look for and how to report it. Very similar to child/elder abuse awareness.

**iv. State QA/QI (Rick Petrie)**

- Cardiac Arrest Study – In the next month the information/data collection material will be sent out to services. We will be gathering information on a standard set of criteria in order to develop a plan for improving cardiac arrest survival in Maine. It will also ask service to get follow up data on patient disposition from their local hospitals.

**b. Regional Initiatives (Rick Petrie)**

**i. Regional QI Update**

- Audits – Working on data for the audits for the January time frame. Spinal, patient refusals, and documentation will be the major focus. We are working with Jon Powers and programmer on a system to mine data from the MEMSRR system.

**ii. Supervisor Training – We are partnering with Maine Ambulance Association to bring a “Supervisor Boot Camp” program to Maine**

**this spring. The instructor will be John Politis from New York.**

- iii. Infection Control Training – A long time since we have done anything with infection control, so we are working with Hospital Infection Control nurses to set up refresher training for the spring as well. We all need updated training on infection control as well as the role of the service infection control officer. David Bucello mentioned a product that you can spray in your vehicle that helps you identify contaminated areas. AC Cheverie warns us to make sure that it is not something that is just a luminal detector, which would show you where blood was even after it was cleaned with bleach.**
- iv. Patient Summary Reports – Protocols require that you leave a copy of your Maine EMS report or an approved patient summary report at the hospital.**
- v. Public Information/Education Initiative – All service are encouraged to develop a community education and outreach program. We have previously sent out a link to an online basic program through the National Fire Academy. We will be offering the advanced program through Maine EMA this spring. Each service needs to be more of a presence in their community. The people need to know what you do and who you are. Blood pressure clinics, community outreach, CPR training. Be an active part of your community.**
- vi. Licensure Programs (Dan Batsie) – Basic programs: Bangor Day, Bangor Eve, Orono, Lincoln, Machias. Paramedic has started. There were not enough qualified applicants to run the AEMT program in Dover-Foxcroft, so we will be working with them to re-schedule.**
  - The KV accreditation went very well and we are preparing for the EM site visit. The programs in KV and EM are very similar. David Buccello asks what is it that makes someone qualified to take a class? Dan explained the screening process which involves a medical knowledge exam, reading comprehension exam, evaluations (3), and an essay.**
- vii. Specialty Training – Contact Sally if you need any specialty training as we are working on the 2014 calendar. We crossed a new milestone today when Heather approved CEH's for Maine Guardsmen who are EMS providers stationed in the Kingdom of Baharain.**

**Tactical Casualty care – Rick introduced the new program from**

**NAEMT that focuses on first responder care at large-scale incidents and medical care delivered in adverse conditions/care under fire. The training is delivered as part of a larger operational plan involving Police, fire, EMS and the community. Talk to Rick if you have any interest in this course.**

**viii. Regional Listserv – We have finally completed the development of the e-mail addresses for the Regional listserv and will be rolling it out early in 2014.**

**ix. Other – Reminder that patients being transferred to the new MGMC in Augusta need to go through the Emergency Department.**

**c. Items from the Membership**

**i. Questions, concerns, ideas, etc.**

**Next Meeting is Wednesday, March 12, 2013**

**Motion to adjourn (Cheverie/Melvin) 1733 All in Favor.**

**Appendix “E”; Public Information, Education, Relations**

**2013 EMS Conference**

**Community Outreach Award Winners**

**St George Ambulance**

Do you have a “Heart of a Dragon”?

What is the “Heart of a Dragon” Initiative?

In short, it is a new initiative by the Ambulance Service to help reduce the number of Cardiac Arrest and Stroke incidents in town, educate the community to improve early recognition of these conditions, training more members in the community in CPR, increasing the number of available AEDS, and improve our cardiac arrest save rate by implementing High Performance CPR.

We are invested in the health of the community. This new initiative is a community-wide effort to improve the health of our community.

Citizens Assist program for Pre-Registration for Shelters or home checks.

Community CPR

Community Coordination with CART Group, Fire Department and Red Cross for Disaster Planning

**Med Care:**

Western Maine Sudden Cardiac Arrest Association Recognized with HERO Award from HeartSmart AED

FLASH MOB CPR Demonstration at public events to raise awareness of CPR

Free Ski Patrol Shifts at Black Mountain

Co-Sponsor of Walk Laugh Get Healthy Fair in Rumford. Healthy Eating, Fun Ru/Walk and FUN.

Sparky’s SAFETY HOUSE for demonstrations and Education of Elementary Kids

**Caribou Ambulance:**

Team up with Caribou Fire on Home Safety: Kitchen Safety-Fire Safety- Fall Safety

Blood Pressure Screens

Distribute AED around Caribou Community (28 total to Date)

CPR Training to community, civic and school groups

**Augusta Fire:**

CPR Training for the Community & Schools

AED Placement around Capital City

Increased CPR Training for Personnel to Improve Cardiac Outcomes

**Northeast Mobile Health:**

Healthy Eating program for staff and families with Local Chef coming to base and teaching  
Toys for Tots Sponsor  
Safe Halloween Sponsor with Local events for kids incorporating Safety  
Drug Take Back Day Host and Working with Community  
Open House –Ambulance Tours for Area Youth Groups  
Simple FA and CPR Training for youth and Adult Civic Groups  
Standby Safety Coverage at various LARGE SCALE events (Beach to Beacon, Run for Your Life, Local Go Karting Track, etc.)

**NorthStar Ambulance**

Life Line Program  
CPR & AED Training and Distribution  
Bike Medic Team for Large Scale Events  
Operation Santa- Providing Gifts to families in need  
Helmet Fittings and Bike Rodeos  
Mock Crash Trainings for Local High Schools  
Winter Special Olympics FA Coverage  
Stroke Prevention Trainings

**Appendix “F” – Financial Information**

Included as an attachment

State of Maine  
Dept. of Public Safety  
Board of Emergency Medical Services  
45 Commerce Drive Suite 1  
152 State House Station  
Augusta, ME 04333-0152

**Atlantic Partners EMS, Inc.**  
***Progress Report***

***January 1, 2014 - June 30, 2014***  
Northeast Maine Regional Advisory Council

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### **Medical Control and Direction**

APEMS is fortunate in the NE region to have an active group of Medical Directors at each of our hospitals who understand the value of active physician involvement in prehospital care.

#### **Medical Control Work-Plan:**

- a. After discussion with the Regional Medical Directors, we will develop and implement 4 major initiatives to increase the understanding of the clinicians who provide medical control.
  1. Work in conjunction our Regional Medical Directors and Matt Sholl to schedule an EMS Medical Directors ½ day session at the Samoset EMS Conference. As a result of that conference, we anticipate scheduling additional (at least annual) sessions and develop an EMS Medical Director listserv.
  2. We will develop an abbreviated version of the protocol education session for the new (2013) protocols that we will attempt to deliver at Hospital ED staff meetings (nurse and Physician)
  3. We will attempt to schedule another round of meetings in the spring of 2014 as follow up to the fall protocol meetings.
  4. We will continue to push the development of EMS service chief/leadership sub-regional quarterly meetings as a way of increasing communication between EMS services and the Hospitals. We have had reasonable success so far piloting this concept in Bar Harbor, Millinocket, Bangor, Camden, and Augusta.
- b. We will continue to encourage Sub-regional ED physicians to partner with local EMS services, and continue to encourage EMS services to establish a relationship with a Medical Director
- c. We will develop a spreadsheet detailing the number of Physicians, PA's, and NP's providing medical direction through the emergency department, and attempt to track how many have completed the online medical director program.

#### **APEMS Medical Control Work plan update**

- a. APEMS scheduled a session for EMS Medical Directors at the EMS conference in November 2013, and we will schedule another for the conference schedule for November 12 – 16, 2014. One of the key requests that came from the November 2013 was the creation of an EMS Medical Director Listserv to increase communication and provide a forum for Maine EMS Medical Directors. This initiative was discussed at a follow-up MDPB meeting, and Maine EMS indicated that they would take the lead on creating and implementing this listserv.
- b. We developed protocol rollout materials (both an education session and overview documents) which were distributed to each of our hospitals through our sub-regional QI process.
- c. We have conducted follow up meetings through our sub-regional QI and Council meetings to identify any issues with the protocol rollout, as well as notify all hospitals that the process will be starting again. The majority of the issues surrounded the purchasing, distribution, and training on the IV Pumps, in which APEMS took a lead role.

- d. We have distributed the On-line Medical Director training disks to all of our emergency departments and encouraged the ED Directors to have all providers complete the program because it has been updated since many of them took the training. **Appendix "A"** contains a chart listing the number of providers in each Emergency Department as well as the count of providers, reported to us, who have completed some version the Online Medical Director Program.
- e. Many of our transporting services now have Physician Medical Directors. We continue to assist services with the development of their QI Committee with Medical Director oversight/coverage extending to the non-transporting services. A list of Service Medical Directors is also found in **Appendix "A"**.

### **Quality Improvement**

APEMS is fortunate to have an actively involved Medical Director in the NE Region who specifically reviews advanced airway calls, STEMI, and Stroke calls and provides feedback to services. We are also fortunate in that we have a very active core of sub-regional QI RN's who conduct regular case-reviews and training for the services in their area. In particular, we have seen new contact RN's at MDI and Blue Hill who have brought renewed interest to the program.

### **Quality Improvement Work Plan:**

During the FY 14 contract with Maine EMS, APEMS will:

- a. Continue to employ a part-time QI Coordinator who will provide QI program development assistance to regional EMS services as requested.
- b. Add resource QI documents to the APEMS webpage for use by EMS services.
- c. Continue to encourage service participation in the sub-regional QI process
- d. Work with a local EMS provider/computer programmer to expand the use of a data mining program connected to MEMSRR that will enhance the production and evaluation of QI reports.
- e. Review the data from the following regional QI indicators and develop educational programs as appropriate:
  - 1. Spinal Assessment
  - 2. Patient refusal
  - 3. Time to 12-lead
  - 4. Stroke
- f. Work with EMMC to evaluate the effectiveness of the Regional Stroke program, particularly in regards to field code stroke activation vs. hospital stroke diagnosis.

### **APEMS QI Work plan update**

- a. During the 2013-2014 contract year, APEMS employed a part-time QI coordinator whose responsibilities included staffing the regional QI committees, development of Regional QI Audits, and QI related technical assistance to services in the Region.
- b. We have added a section of the APEMS website that includes reference material for services to use when developing their QI process.
- c. We continue to work with our sub-regional QI Nurses to promote the quarterly case QI reviews, and have seen an increase in attendance. Particularly helpful was the modification of the traditional case review format in several locations to include an ED-

EMS communication piece to improve the flow of information between agencies and head off issues before they became unmanageable.

- d. The implementation of the computer data mining project has taken longer than expected because of difficulties including multiple services in the report generation. We continue to work with the programmer and anticipate having it fully up and running by the fall of 2014.
- e. The APEMS QI Committee made a decision to change the audits that were conducted for this contract year for the following reasons:
  - a. Changes in the management of spinal trauma are being discussed
  - b. Stroke team leadership changes at EMMC, a delay in the MGMC stroke center process, and changes in the stroke program at PBMC.
  - c. A decision made by the Medical Directors to attempt to develop a QI process to look at patients who refuse EMS transport but then call 911 or present to the Emergency department within 24 hours

The new audits with the finalized data for this contract year:

- d. ASA Documented as given in the medication field for all chest pain and STEMI patients.
- e. Blood Glucose check documented in the procedures field for all altered mental status patients.
- f. Success/failure appropriately marked by provider for all advanced airway procedures.

Audit	Total Calls	Documented	% Success
ASA Study	4554	2033	45
AMS/BG Study	1538	796	52
Adv. Airway Study	310	255	82

This information was sent to services along with data showing their service documentation success rate. The plan is to re-run these in the next contract year in addition to the new studies.

APEMS was also actively involved in the MEMS cardiac arrest study, and we have collated the data from the study and distributed the results to the sub-regional QI committees and services. Much of the data requested by the State for this study was provided in writing instead of electronically, which required manual entry from APEMS office staff. We have utilized the data from the study to conduct educational programs at sub-regional QI meetings in Bangor, MDI, DECH, Dover, and Millinocket.

- f. We remain a member of the EMMC stroke committee. EMMC has been transitioning to a new Stroke Coordinator, and we have been working with her and the committee to assist with the transition.
- g. Hospital contact is list found in **Appendix "B"**.

Additionally, we conducted the following QI activities:

1. We integrate the MEMSRR program into our EMS programs and use the report entry system by the students in order to improve data collection for the QA and data collection system.
2. We continue to follow up with services regarding timely completion of the Maine EMS Run Report through education and QI audits when indicated.
3. We continue to work with EMS services and hospitals on the creation and implementation of a written summary report for use by the EMS services.

## **Training Coordination**

APEMS continues with its licensure and specialty/continuing education agenda with the NERAC services. Scope of work completed includes all three objectives called for as well as fulfilling all work plan goals. In addition to programs offered within the NE RAC central locations, we are often asked to provide specialty education in remote areas and have been available to do so.

### **APEMS Training Work plan**

- a. Conduct our annual education needs assessment
- b. Continue to approve CEU requests as well as enter the rosters/scan appropriate outlines into the Maine EMS licensing program under the pilot program with Maine EMS.
- c. Continue with our program of Licensure/specialty/CE training programs as requested /needed for the members of the APEMS regions.

### **APEMS Training Work Plan Update:**

- a. APEMS conducted our annual education and training survey, the results of which were included in the report for the period ending December 31, 2013.
- b. Continued to approve CEU requests as well as enter the rosters/scan appropriate outlines into the Maine EMS licensing program under the pilot program with Maine EMS. APEMS approved and entered 884 CEU programs between January 1 and June 30, 2014. All CEH requests from any agency in the APEMS catchment area are approved through the NERAC office in Bangor.
- c. Continue with our program of Licensure/specialty/CE training programs as requested /needed for the members of the APEMS regions. A listing of all Licensure Programs and Specialty Training opportunities are in **Appendix C**.
- d. Continue with the annual EMS seminar offered at the Samoset resort in Rockport.
- e. Work with Maine Ambulance Association to sponsor management/leadership training programs around the region.

## **Regional Councils**

APEMS NE-RAC conducts Regional Council meetings on a quarterly basis and continually works to expand attendance at council meetings to increase information dissemination.

### **APEMS Regional Council Work plan**

- a. Continue to schedule quarterly Regional Council meetings and offer alternative ways to participate (Teleconferencing) for those who request it.
- b. Develop a Regional Council listserv for individual providers in the region as a means to more widely distribute information from the Regional Office as well as provide a forum for providers to seek additional information.

### **APEMS Regional Work plan Update**

- a. APEMS conducts Board meetings every other month, and regional council meetings are scheduled quarterly. The minutes from these meetings are included in **Appendix "D"**.

- We continue to utilize our Web Page Facebook, and electronic communications to communicate Regional Activities. Membership lists are also included in **Appendix “D”**.
- b. Establishment of a regional listserv as a way to increase communication and encourage participation has been delayed, but it is anticipated to be rolled out in the fall of 2014.

### **Public Information, Education, and Relations** **Activity/Progress Report**

We have been actively encouraging services to designate a member to be the public information office and develop a PIER program for their department. We have encouraged these individuals to take the basic online public information program and are working with Mike Grant from MEMA to schedule advanced Public information programs for the spring.

#### APEMS Public Information, Education, and Relations Work Plan:

- a. Work with Regional Services to encourage members to take the online NFA PIEO training program
- b. Work with MEMA to schedule 2 – 3 Advanced PIEO programs within the APEMS Region
- c. Develop a relationship with the American Red Cross to encourage joint EMS service/ARC community preparedness programs in their communities.

#### APEMS Public Information, Education, and Relations Work Plan update:

- a. We have advertised, and encouraged participation in, the NFA PIEO training program sponsored by MEMA. We have also created a link on our webpage listing resources available for EMS services for public outreach and education. A listing of these resources is listed in **Appendix “E”**. We also make PIEO a topic at all Council meetings and sub-regional QI meetings.
- b. MEMA has scheduled 2 Advanced PIEO programs in the APEMS catchment area.
- c. The program development with the American Red Cross was delayed because of winter storm activities, and meetings for re-starting the process have been scheduled for June
- d. The Executive Assistant continues to deliver inhalant abuse education programs as requested
- e. APEMS with the three RACs provide support and resources for all levels of CPR training and advanced life support AHA education throughout our communities, within our hospitals, as well as with our EMS services. APEMS provides a Team of AHA Instructors, including regional faculty, coordination, instructor trainers, instructors, and support staff. APEMS staff continues work on the re-introduction of a Community Outreach project which would be able to provide the “Hands Only CPR” 2-step program to the public, as promoted/recommended through their local EMS through open houses, advertised availability, or as a co-sponsored community event. APEMS provides the initial training and resources for the project(s). In addition to increasing survivability in their community, this is a valuable tool to increase their exposure within their community other than within an emergency setting.
- f. APEMS Partnered with Maine EMS, Maine Communications Bureau, and the other EMS Regions to publish our fourth, statewide, EMS week supplement that will be inserted in every daily newspaper in the State of Maine on the Friday, May 16.

- g. Continue with the delivery of the BLAST! (Babysitter Lessons and Safety Training) program through ECSI
- h. APEMS carried forth Occupant Restraint Safety Education programs through a Sub-grant with the Bureau of Highway Safety. These are available upon request to assist EMS services in the NERAC area with enhancing the awareness and importance of use of safety belts throughout their Communities, as well as increasing the visibility of the EMS services in the community:

The Sub-grant description of goals included the following which can be utilized in concert with EMS Community projects:

- to enhance awareness of the importance of occupant safety devices
- to provide education on the types of occupant restraints and correct usage
- to educate the public about the results of injury and death as a result of nonuse of safety restraints
- to educate the public about safety restraint statutory requirements for all age groups
- to increase the usage rate (law compliance) of occupant protection devices

Curricula and resources include the following:

- Convincer demonstration units. A portable display/charting is also utilized.
  - PowerPoint and other educational aides that are directed toward elementary, middle school, and high school students and adults, including Air Bag Safety
- i. We have also continued our support of the “Maine EMS Memorial and Education Site” by actively participating in the generation of donations. We were able to collect another \$15,000 at our auction in November, which has made it possible to continue with Phase II of the project. We also helped organize the inaugural wreath-laying ceremony as part of the Maine EMS awards ceremony during EMS week.

### **Attendance and Participation at Maine EMS Meetings**

#### **Maine EMS Meetings Work Plan:**

1. Continue to actively participate in local, regional, and state EMS committees as well as work cooperatively with Maine EMS and APEMS/Regional staff to provide support to EMS providers in Maine. All obligations of participation and related work tasks have been completed.
2. Ensure that staff, volunteer committee members, and the Medical Directors notify us if they cannot attend a meeting so that we may secure an excused absence.

#### **Maine EMS Meetings Work Plan Update:**

APEMS staff actively participates in the Maine EMS system meetings. The Executive Director is an active participant in the Operations Team, MDPB, MEMS QI Committee, and MEMS Board Meetings. The NE RAC Medical Director participates in the MDPB meetings as well as subcommittees of the MDPB. The APEMS Education Director is the chair of the MEMS Education Committee and the Clinical Coordinator for APEMS is also a member of this Committee. The Education Director and the Clinical Coordinator also actively participate in the MDPB, MEMS QI Committee, and MEMS Board meetings. The Executive Director, Specialty Training Coordinator and Executive Assistant for APEMS are members of the MEMS Exam Committee. In addition, we require all ALS students to

complete an 8-hour Leadership component of their class, and many have satisfied their requirement by attending MEMS Board or MDPB meetings.

### **Other EMS Projects**

#### **Other Projects Work Plan:**

Continue our support of the Maine EMS system by participating in additional requested projects where possible and authorized by the APEMS Board when necessary.

#### **Other Projects Work Plan Update:**

- APEMS works with Maine EMS to provide assistance and technical support for the Maine Trauma Advisory Committee (TAC) on the refinement and ongoing delivery of the Maine Trauma System, specifically as the Trauma System Manager (Rick Petrie) chosen to administer such services from July 1, 2012 – June 30, 2014.
- APEMS maintains / updated website resource for information, orientation and introduction to EMS, documentation resources, on line training, course registration, and communication.
- Assist hospitals/EMS with any issues related to medication shortages. (website and RAC meetings)
- CISM: APEMS provided support to the CISM system in the NERAC system by communicating contact information for the CISD team and facilitating debriefings where appropriate. CISM coordination is provided through St. Joseph Hospital.
- Coordinate the offering of PSE's for all students attending Community College licensure programs throughout the nine counties served by APEMS.
- Stroke Project -We continue to support stroke criteria and education for EMS providers, encouraging services to develop public outreach programs in their communities on stroke recognition as well as risk factors. We do not have a process in place to determine how many services use the resources we provide to them, but will attempt to establish a mechanism for future programs. The APEMS staff participates on the EMMC stroke committee as well as the NECC Prehospital Stroke Committee, and serves as a resource for KVRAC hospitals and EMS agencies.
- APEMS took a lead role in the group purchase of IV pumps to assist EMS service with meeting the Maine EMS requirements in an organized and financially reasonable manner.

### **Reports**

APEMS will provide the required financial reports to Maine EMS prior to December 31, 2014.

**Appendix A – Medical Control and Direction**  
*Supplemental information*

***Hospital Provider Count and OLMC Training***

<b>Hospital</b>	<b>Region</b>	<b>MD</b>	<b>PA</b>	<b>NP</b>	<b>Complete OLMC</b>
EMMC	4	25	4		22
SJH	4	14	6	2	18
PVH	4	8			8
MCMH	4	5	2	3	10
MDI	4	1	5	2	7
BMH	4	14			10
Calais Regional	4	14	1		8
DECH	4	6			3
Mayo	4	3	5		6
Millinocket	4	1	8		9
CA Dean	4	3	1		4

***Service Medical Control Resource***

<b>NE RAC – Services</b>	<b>Contact</b>	<b>Medical Director</b>
Capital Ambulance	Chuck McMahan	Jonnathan Busko, MD
Bangor Fire	Rick Cheverie	Bob Bowie
Mayo EMS	Judy Gerrish	Dave McDermott
Orono Fire	Rob St. Louis	Bob Bowie
Old Town Fire	Steve O'Malley	Bob Bowie
Brewer Fire	Brent Melvin	Jonnathan Busko
Downeast EMS	Steven Welsch	Cressey Brazier
Calais Fire	Janet Purton	Cressey Brazier
Pleasant River EMS	Courtney Hammond	Cressy Brazier
County Ambulance	Scott Parsons	Ken Christianson
Hermon Rescue	Shawn Ryder	Bob Bowie
Millinocket Fire Department	Tom Malcolm	William Jenkins
E. Millinocket Fire Department	Les Brown	William Jenkins
G & H Ambulance	Eric Strout	Bob Bowie

Machais Ambulance	Lois Libby	Rod Sparks
Mattawamkeag Rescue	Robert Powers	David Dumont
Northeast Harbor EMS	Joanne Robbins	J.R. Krevans
CA Dean	Kevin Springer	Lawrence Dubien
Petit Manaan	Nancy Parrit	Ken Christianson
Winterport Amb	Phil Higgins	Tim Canham, PA

## Appendix B – Quality Improvement – supplemental information

### NE-RAC Hospital QI Contacts

NE RAC Hospital	Contact
Blue Hill Hospital 374-3400	Ann-Margaret Shaheen 374-3494
CA Dean 695-5200	Lisa Worster 695-5200
Calais Regional 454-7521	Lee Seelye 454-7521
Downeast Community 255-3366	Starr Sweeney 255-0224
Eastern Maine MC 973-7000	Karen Bailey 973-7010
Millinocket Regional 723-5161	Lori Jamo 723-5161
Maine Coast Memorial 664-5311	James Johnson 664-5311
Mayo Regional 564-8401	Judy Gerrish 564-3078
MDI Hospital 288-5081	Vickie Eaton 669-4231
Penobscot Valley 794-3321	Lisa O'Connor 794-3321
St. Joseph Hospital 907-1000	Tonya Brown 852-0090

### QI Minutes

*APEMS – NE RAC*  
 QUALITY IMPROVEMENT COMMITTEE  
 Wednesday, April 2, 2014 (Rescheduled from March)  
*Meeting Minutes*

Attendance: J. Busko , T. Brown, J. Johnson, K. Bailey, B. Melvin, J Gerrish, L. Seeley, L. O'Connor, V. Eaton

Staff: Rick Petrie, K. Pomelow

**I. Called to order at 1:42pm**

**II. Approve minutes** Motion to approve minutes from December Meeting (Brown/Gerrish) AIF

**III. Old Business**

A. MEMS Protocols

Rick asked if there were any issues from the rollout of the protocols that went into effect December 1, 2013. Nobody had heard of any issues.

The MDPB is getting ready to start working on the next protocol revision and will be making section assignments to the Regional Medical Control Physicians. Sub-regional QI Nurses are asked to get the word

out that the revision process is starting again and that providers should be looking at them to see if they have any comments/suggestions. The process is that anyone with comments/suggestions should send them to Jonnathan or Rick to be compiled. Jonnathan may choose to respond directly to the individual if appropriate, or send them on to the MDPB. We will be working with Maine EMS to set up process to encourage feedback and communication between the providers and the MDPB

**B. Online Medical Control Program**

Rick distributed CD's from Maine EMS that contained the Online Medical Directors Program. Nurses were asked to take the disks back to their respective hospitals and encourage the Medical Directors to take the program. There is a process at the end for the Physician to print off a certificate.

**C.** We updated the documentation educational program made it available to the coordinators that requested it.

**IV. MEMSRR Updates**

Jon was not available to attend the QI meeting today and asked if there were any issues that they be given to Rick and he would forward them to Jon. No issues noted by the group.

**V. Regional/State QI Initiatives**

**A. Statewide Cardiac Arrest Study**

All of the Data for the Cardiac Arrest study was due February 28th. We had mixed success with the data that was submitted. Some service used the spreadsheet that was provided to submit the data, while others wrote the data on the form and mailed or faxed the information in so that we had to enter it. Once the data is compiled statewide, we will distribute the results to the services through their sub-regional QI process.

**B. Other Issues**

**A.** Rick asked if there had been any identified issues with the Pumps. Nobody was aware of any issues

**Adjourn at 3:00pm**

**QI Minutes**

*APEMS – NE RAC*  
QUALITY IMPROVEMENT COMMITTEE  
Wednesday, June 18, 2014 (Teleconference Only)  
*Meeting Minutes*

Attendance: J. Busko , T. Brown, J. Johnson, K. Bailey, J Gerrish, L. Seeley, L. O'Connor, V. Eaton

Staff: Rick Petrie,

**VI. Called to order at 3:00pm**

**VII. Approve minutes** Motion to approve minutes from April Meeting (Brown/Gerrish) AIF

**VIII. Old Business**

**D. MEMS Protocols**

Reminder that the MDPB is working on the next protocol revision. Sub-regional QI Nurses are asked to get the word out that the revision process is starting again and that providers should be looking at them to see if they have any comments/suggestions. Maine EMS will also be holding webinars with the appropriate

Physician/Section in which EMS providers can participate, and we will send out notices once the dates are published.

E. **Online Medical Control Program**

Rick asked the QI RN's to check with their ED Medical Directors to see how the online Medical Direction course was going. Rick offered to speak directly with the medical director or even the ED physicians if they thought that would be helpful

F. **State QI-Cardiac Arrest Study**

We have finished gathering all of the data from the statewide cardiac arrest study, and we will be entering the data into the Utstein data base and developing the letter and educational program over the summer that will be sent to services in the fall.

**IX. MEMSRR Updates**

Jon was not available to participate in the QI meeting today and asked if there were any issues that they are given to Rick and he would forward them to Jon. Jon had also indicated that he will be making changes to the Hospital Dashboard section of MEMSRR and that he hoped to attend the September QI meeting to review these changes with the QI nurses.

**X. Regional/State QI Initiatives**

A. Once we finish up the work on the Cardiac Arrest data, we will begin work on updating the Regional QI Manual and starting the regional audits, with quarterly newsletters. Audits we are considering:

1. Stroke Care – Looking at the CT scan times between patients who did and did not have a code stroke called by the EMS crew.
2. O2 Sat measurements pre- and post CPAP
3. Patient refusals – who calls 911 or presents to ED within 24 hours
4. Pain relief – Documentation of pain scores before and after treatment

**XI. Other Issues**

Rick asked if there had been issues in the sub-regions. Tonya asked about what various hospitals were doing for medication exchange. Different hospitals have implemented different systems. Rick did identify that an EMS provider approaching a nurse to exchange used non-controlled medication for replacement was thought to be a violation of the Nurse Practice Act, and would do further research.

**Adjourn at 3:50pm**

## Appendix C – Training Coordination – Supplemental Information

### Specialty Training

Course Name	Start Date / Time	Registered
ALS NREMT Transition Course - Jan 13 - 14 (EMCC, Penobscot Hall, Bangor))	1/13/2014 8:00	8
ACLS Refresher Jan 16, 2014 (DECH, Machias ME)	1/16/2014 9:00	7
PHTLS Provider Course - Jan. 18 & 19, 2014 (UVAC, Cutler Center, Orono)	1/18/2014 8:00	15
PHTLS Refresher - Jan. 18, 2014 (UVAC, Cutler Center, Orono)	1/18/2014 8:00	0
ACLS Provider - Jan 23 & 24, 2014 (FMH, Farmington)	1/23/2014 8:00	8
ACLS Refresher Jan 24, 2014 (FMH Farmington)	1/24/2014 8:00	7
NREMT Transition Course - Jan. 31 - Feb. 02, 2014 - UMO, Orono, Maine	1/31/2014 8:00	11
Instructor's Workshop - Feb. 4, 2014 - EMCC, Bangor	2/4/2014 8:00	8
CPR Instructor Refresher Course - Feb 18, 2014 (Penobscot Hall Room 217, EMCC, Bangor)	2/18/2014 9:00	11
PEARS - Mar 2, 2014 (Capital Ambulance, Bangor, ME)	3/2/2014 9:00	12
ACLS Refresher Mar 6, 2014 (Penobscot Valley Hospital, Lincoln ME)	3/6/2014 9:00	14
PALS Provider - Mar 12 & 13, 2014 (DECH, Machais)	3/12/2014 9:00	4
PALS Refresher - Mar 12, 2014 (DECH, Machias, ME)	3/12/2014 9:00	5
EMS Supervisor Boot Camp, March 24 & 25, 2014 (EMMC Rangeley Hall, Room 107, Bangor)	3/24/2014 8:00	19
PALS Provider Mar 26 & 27, 2015 (PVH, Lincoln, ME)	3/26/2014 9:00	3
PALS Refresher - Mar 26, 2014 (Penobscot Valley Hospital, Lincoln ME)	3/26/2014 9:00	10
PALS Refresher - Mar 31, 2014 (DECH, Machias, ME)	3/31/2014 9:00	3
ACLS Refresher Apr 9 (DECH, Machias ME)	4/9/2014 9:00	8
PHTLS Provider Course - Apr 10 & 11, 2014 (Mayo Ambulance, Dover, ME)	4/10/2014 9:00	3
Tactical Combat Casualty Care - Military Medics/Tactical Team EMS Prov April 18-19 -(MCMH-Ellsworth)	4/18/2014 8:00	13
GEMS ALS Refresher May 1, 2014 (Old Town Fire)	5/1/2014	18

	9:00	
AHA CPR Instructor Course, May 15, 2014 (EMCC Penobscot Hall, Bangor, ME)	5/15/2014 9:00	14
PALS Refresher - May 20, 2014 (Penobscot Valley Hospital, Lincoln ME)	5/20/2014 9:00	5
PALS Provider - Jun 5 & 6, 2014 (DECH, Machais)	6/5/2014 9:00	6
PALS Refresher - Jun 5, 2014 (DECH, Machias, ME)	6/5/2014 9:00	7
PALS Refresher - Jun 20, 2014 (FMH, Farmington, ME)	6/20/2014 8:00	1
CPR Instructor Refresher Course - Jun 25, 2014 EMCC, Penobscot Hall Rm 217, Bangor, ME)	6/25/2014 9:00	3

**For licensure programs, identify by program those educational and training sessions that have been conducted, or will be held before the end of the contract period.**

Completed and in Progress Classes Winter/Spring 2014:

License Level	Dates Offered	Where Held	# of Students	# <18 years old	# Outside Area	Requested
EMT	1/17/14-5/5/14	EMCC Campus	27	1	0	
EMT	1/14/14-5/14/14	Univ. of Maine – Orono	13	0	0	XXXXX
EMT	1/21/14-5/10/14	Reg. Voc. Ctr, Lincoln	15	1	0	XXXXX
EMT	1/11/14-5/3/14	WCCC, Machias Site	10	0		XXXXX
Paramedic - 2nd Semester	1/17/14-5/9/14	EMCC Campus	16	0	2	

**Also of note EMCC completing their CoAEMSP Accreditation this summer for the Paramedic Program.**

Proposed Classes Summer/Fall 2014:

<b>License Level</b>	<b>Dates Offered</b>	<b>Where Held</b>	<b># of Students</b>	<b># &lt;18 years old</b>	<b># Outside Area</b>	<b>Requested</b>
EMT (Accelerated)	6/2/14 – 6/20/14	EMCC Campus	14			
EMT	6/20/14 – 8/20/14	EMCC Campus	18			
AEMT	8/29/14 – 12/5/2014	EMCC Campus	Cancelled			
Paramedic (3 <sup>rd</sup> Semester)	6/5/14 – 8/25/14	EMCC Campus	16	0	2	
Paramedic (1 <sup>st</sup> Semester)	8/20/14 – 12/05/14	EMCC Campus	Pending			

## Appendix D – NERAC Membership/Minutes

### NERAC Membership

#### **NE RAC Membership**

Alexander VFD First Resp. Unit	Dave Sullivan
Aurora Volunteer Fire Dept.	Joe Lacerda
Bangor Fire Department	Rick Cheverie
Bar Harbor Fire Dept	John Lennon
Bradford Fire Department	Marcie Grant
Brewer Fire Department	Brent Melvin
Brooklin Volunteer Fire Dept Inc	Paul Gallo
Bucksport Ambulance Service	Craig Bowden
Calais Fire-EMS	Janet Purton
Carmel Fire & Rescue	Mike Azevedo
Castine Fire and Rescue	Tom Gutow
Charles A Dean Ambulance Service	Kevin Springer
Charlotte Vol Fire Department	George Cross
Cherryfield Ambulance Service	Wayne Crabtree
Corinth Rescue	Scott Bragdon
County Ambulance Service Inc	Scott Parsons
Cranberry Isles Rescue	Katelyn Damon
Cutler Fire Dept NCTAMS LANT Detachment Cutler	Randy Newcomb
Dedham Fire Department	Craig Shane
Denny River Volunteer Ambulance	Wayne Seeley
Dixmont Fire Rescue	Carol Sowa
East Millinocket Ambulance	Les Brown
Eastbrook First Responder	Brenda Carney
Eddington Fire Dept	James Ellis
Etna Fire and Rescue	Shawn Ryder
G & H Ambulance Service	Eric Strout
Gouldsboro Fire Department	Tate McLean
Greenbush Fire	James McCrum
Greenville Fire & Rescue	Kevin Springer
Guilford Fire First Responders	Meredith Young
Hampden Fire Department	Matt Thomas
Hancock Vol Fire Department	Dustin Leyendecker
Hermon Volunteer Rescue	Sherm Mason
Holden Fire Rescue	Chris Beaumont
Hudson Fire Department	Tom Reed
Indian Township Fire & Rescue	Bradley Morris
Isle au Haut Rescue	Diane Barter

Kenduskeag 1 <sup>st</sup> Responders	Jonathan Seifert
Lee Fire Rescue	Aaron Knowles
Levant Volunteer Rescue Squad	Alan Merchant
LifeFlight of Maine	Tom Judge
Machias Ambulance Service	Lois Libby
Mariaville Volunteer Fire Department	Everett Austin
Mattawamkeag Rescue	Robert Powers
Mayo Regional Hospital EMS	Eric Young
Memorial Ambulance Corps	Walter Reed
Meridian Mobile Health LLC dba Capital Ambulance	Chuck McMahan
Milford Fire Department	Chris Mattson
Millinocket Fire Department Ambulance Service	Tom Malcolm
Milo Fire Department	David Preble
Monson Fire Dept First Respond	Benjamin Thomas
Moosabec Ambulance	Verlan Lenfesty
Newburgh Rescue	Glen Williamson
Northeast Harbor Ambulance Service	Margaret Houghton
Old Town Fire Dept	Steve O'Malley
Orono Fire-Rescue	Rob St. Louis
Orrington Fire Dept.	Mike Spencer
Osborn Municipal Vol Fire Dept	Crystal Shorey
Passadumkeag Vol Fire Dept	Glendon Brent Faloon
Peninsula Amb Corps	Geoff Miller
Petit Manan Ambulance	Nancy Parritt
Piscataquis County Sheriff's Dept.	David Roberts
Pleasant River Ambulance Service	Courtney Hammond
Rockwood Fire – EMS	Betty Reckards
Seboeis Plantation Volunteer Fire Dept.	Barry Stegenga
Sipayik Ambulance Corps	Mary Sappier
Sorrento Rescue	Dwayne Clement
Southwest Harbor / Tremont Ambulance Service	Pat Buccello
Southwest Harbor Fire Dept	Jeff Reed
Stetson Fire Rescue	Kim Tracy
Sullivan Fire Rescue	Ryan Daley
Swans Island Ambulance	Deb Staples
Three Rivers Ambulance Service	Mike Larson
University Volunteer Ambulance Corps	Richard Young
Veazie Fire Department	Pete Metcalf
Waltham Municipal Vol Fire Dep	Robert Butler
WCEMSA dba Downeast EMS – Calais	Steven Welsch
Winterport Volunteer Ambulance Service	Philip Higgins

**Atlantic Partners EMS  
Northeast Regional Advisory Council  
Minutes**

**April 2, 2014, 4:00 pm**

**NE RAC Office, Penobscot Hall, EMCC**

**Attendance: Dave Buccello, Pat Buccello, Thomas Malcolm, Joseph Kellner, Chris Baker, Sarah Hudson, Karen Baily, Tonya Brown, Vicky Eaton, Chris Connor, Rick Petrie, Sally Taylor, Dan Batsie, Heather McGlaufflin**

**I. Call to order David Buccello 1610**

**II. Review of Minutes: Motion to accept minutes (Baker/Hudson) All in Favor.**

**III. Update from State Committees**

**1. Maine EMS Board – (Rick Petrie) –**

**Community Paramedicine - 12 Projects approved and ongoing; we are now entering the data collection phase. Projects cover a range of different types of projects from small scale with a limited number of patients in a small community to potentially fairly large program involving several local Health Centers. We are now in the data-gathering phase of the project, with goal being to present regular updates to the Legislature and stakeholders. We want to show a positive impact on healthcare in Maine, so we can expand the program as well as seek reimbursement.**

**2. MDPB**

**IV Pumps – IV Pumps are being distributed, and we should start seeing the pumps come in that will replace the original 75 that were distributed so that they can go for the final remediation with Hospira.**

**Protocols – The new Protocol revision will be starting up later this spring. Maine EMS will publish the list of MDPB Physicians and the sections that they are assigned. As was the case before, each Physician will take a lead role on one of the sections and do the primary research on new literature and science related to that section, and then proposes changes. Anyone who has comments/concerns/questions should get them to Rick/Jonathan and they will funnel them to the appropriate MDPB Physician. We are also working on a system to allow EMS provider's additional ways to provide comments on the process, and will let everyone know when that process has been developed.**

**MDPB Retreat – The MDPB held a retreat at MGMC in Augusta (last one in 2010) to discuss current/evolving EMS standards as well as brainstorm about future direction. The retreat was well attended and produced a lot of interesting discussion.**

**3. State Education/Exam (Dan Batsie, Rick Petrie)**

**Education- March Meeting was cancelled because of the weather. Education Committee discussing implementation of a system to publicize TC course results as well as individual instructor results. MEMSEd continues to add programs to the library, and providers are encouraged to visit the site and take advantage of the free CEU's.**

**There are also changes coming to the MEMS website to make it easier to find licensure, specialty, and continuing education programs**

**Exam Committee – is conducting regular analysis of Practical Exam station pass/fail to use for future planning, as well as provide feedback to the TC's and instructors.**

**4. State QA/QI (Rick Petrie)**

**Current study on cardiac arrest just completed the initial gathering of data from the services. We are trying to get an initial baseline on how cardiac arrests are managed in Maine. Once the information has been gathered, we will send out the results and education to the services through the sub-regional system. Rick passed out a copy of the QI newsletter which contained preliminary graph results from the study.**

**IV. Regional Initiatives (Rick Petrie)**

**1. Regional QI Update**

**Audits – Working on data from the Spinal, patient refusals, and documentation audits, which will be distributed for the June sub-regional QI meetings.**

**2. Supervisor Training – The supervisor training was very well received, with a number of requests received to offer the training again. We have spoken with Jon and will run the training again in the fall.**

**3. Patient Summary Reports – we are having good compliance with the MEMS requirement to leave a written report at the hospital. Many of our sub-regions have developed a standardized report, and the greater Bangor area is working on a report now.**

**4. Public Information/Education Initiative – All service are encouraged to develop a community education and outreach program. We have previously sent out a link to an online basic program through the National Fire Academy. We will be offering the advanced program through Maine EMA this spring. Each service needs to be more of a presence in their community. The people need to know what you do and who you are. Blood pressure clinics, community outreach, CPR training. Be an active part of your community.**

**5. Licensure Programs (Dan Batsie) – Basic programs: Bangor Day, Bangor Eve, Orono, Lincoln, Machias. Paramedic has started. We are**

preparing for the EM site visit, which we anticipate for the summer of 2014.

6. **Specialty Training – Contact Sally if you need any specialty training as we are working on the 2014 calendar.**

**b. Items from the Membership**

1. **Questions, concerns, ideas, etc.**

**Next Meeting is Wednesday, June 11, 2014**

**Motion to adjourn (Kellner/Brown) 1710 All in Favor.**

**Atlantic Partners EMS  
Northeast Regional Advisory Council  
Minutes  
June 18, 2014 4:00 pm  
NE RAC Office, Penobscot Hall, EMCC**

**Attendance:** Myles Block, Paul Knowlton, John Cunningham, Chris Connor, Steve O'Malley, Eddie Moreside, Karen Bailey, Jonnathan Busko, Tonya Brown

**I. Call to order 1603 Myles Block**

- II. Review of Minutes** Motion to accept (Cecil Moreside, John Cunningham)  
All in favor

**III. Update from State Committees**

**1. Maine EMS Board (PK)–**

Funding for next year is flat. Not losing anything.

Community Paramedicine is still on going.

Investigations – nothing new

Legislation to allow police officers and firefighters to administer intranasal narcan to unresponsive overdose patients. People have testified about their concerns about patients possibly becoming violent when Narcan used. If a municipality wants to train their public safety staff then they can use the training program developed by Maine EMS. According to the law, Maine EMS is responsible for developing the program and making it available to municipalities, but the municipality is responsible for finding a qualified instructor (no MEMS instructor requirements), teaching the class, finding a Physician to write the script to obtain the Narcan, and assuming the liability for its use. This is a legislative initiative, not MEMS. Maine General is starting a project where they are giving family members of addicts' narcan to take home with them. As of today MEMS has received no phone calls about this from any municipalities showing interest.

EMS Proposed rules – Rick passed out copies of the proposed Maine EMS rules. The only proposed rules changes from Maine EMS this year will be regarding QI, and rules hearings will be held in the fall (dates will be published as soon as the drafts are approved by the Governor's office). Please review and make any comments, either to your Board reps or directly to Maine EMS.

Scope of Work – Rick passed out the scope of work section of the new contract with Maine EMS. The key deliverable categories for next year next year are:

- \*Medical Control Training and Direction
  - \* Quality Improvement Development
  - \*Training Coordination
  - \*Regional Council Development
  - \*Service Public Information, Education, and Relations development
  - \*Attendance and Participation in Maine EMS meetings
  - \*Reporting requirements
  - \*Other projects as requested by Maine EMS and approved by the Council
- Details of each project available in handout

**2. MDPB**

- New Protocol Process is beginning, and all are encouraged to submit comments/suggestions to Jonnathan and/or Rick for consideration by the MDPB. We are also doing a series of webinars about the protocols in which providers are encouraged to participate

**3. State Education/Exam**

- State Education Committee reviewing the Continuing Education process and gearing up for the new protocol development. They are also reviewing the NREMT results and attempting to devise a fair way to publish the results by Training Center and Instructor

**4. State QA/QI**

- **Cardiac Arrest Study** – Maine EMS QI finishing up the Cardiac Arrest data collection and then will be putting it into the Utstein Data Base over the summer. Results will be available in the fall

**5. Other** – Nothing under other

**b. Regional Initiatives**

**1. Regional QI Update –**

- Regional Audits – We will be implementing the following Audits for next year.
  - a. Stroke – EMS Field Recognition and Hospital Notification connected to CT scan time
  - b. Pain relief, pain score before and after
  - c. O2 saturation levels before and after CPAP
  - d. Patient refusals, how many called 911 within 24 hours of the refusal.

**2. Transportation of Deceased Patients** – We are still in a holding pattern on transportation of deceased patients throughout the state because of legal questions. There is a meeting tomorrow between Jay Bradshaw and the ME's office and funeral directors and the AG's office to try to get this sorted out.

**3. Public Information/Education Initiative –**

- We have placed links to various PIER programs on our website, including a link on how to write a press release. Rick encouraged services to start to develop their PIER outreach to solidify their standing in the community. Steve spoke about the success they were having with a Bike Rodeo. Rick also referred services to the 62 second AHA Hands-only CPR video that they could use in their communities.

**4. Fall Conference** – November 12-16<sup>th</sup>. Have some great speakers coming in, including the keynote speaker from Connecticut speaking about the Spine injury management

changes, and Manish Shah from Texas doing presentations on the Pediatric Evidence based protocols project. Wednesday will be Maine Committee on Trauma. Thursday will be a Maine Cardiovascular seminar on the evolving science of Cardiac Care, and Friday MAA will hold a seminar on leadership and management development.

5. **Maine EMS Contract FY 2015** – See above
6. **Licensure Programs** – Summer classes up and running. Accelerated course is in its last week. Joe Kellner's class will be done in August as well as the medic course. Fall courses we have the usual course load EMT, AEMT, Medic. Hope to have all of the selections for AEMT and Medic by the middle of July. Our classroom is going to be moving to the end of the hall with double the space.
7. **Specialty Training** – Is going strong. PHTLS, PALS, ACLS, TCCC new program for EMS providers Tactical Combat Casualty Care. The instructors are all experienced in Tactical Combat. We also have an EMS course for law enforcement and for people working in public gathering areas such as schools. Very basic, bleeding control, drags, etc.
8. **Regional Listserv** – Goal to send out an introduction to every provider. Multiple topics available to choose from and participate.
9. **MDPB Protocol** – Heads up from Jonnathan that the MDPB is seriously considering requiring Bougee use for the first attempt at intubation. Letting services know so that they can begin preparing.

**c. Elections**

1. **Election of Chair/Vice-Chair**- We received nominations David Buccello, Chair and Myles Block, Vice-Chair. No other nominations received. Motion to cast one ballot to elect the nominees (Steve O'Malley, Eddie Moreside), All in favor – Passed
2. **Election of Representative to APEMS Board of Directors** – Brent Melvin's turn is up this year. He has expressed an interest to continue in this role. No other nominations received. Motion to cast one vote to re-elect Brent to the APEMS Board. (Eddie Moreside, Steve O'Malley) All in favor - Passed

**d. Items from the Membership**

1. **Classes are expensive** – APEMS is willing to work with services to help lower the costs.
2. **QA/QI** – Works well (Old Town) when they review 100% of their calls. There are still a few services that have not participated in ASA

**Motion to adjourn: 1655 (Paul Knowlton, Steve O'Malley) All in favor**

**Next Meeting is Wednesday, September 10, 2014**

**Appendix “E”; Public Information, Education, Relations**

<b>Item Description</b>	<b>Comments</b>
April is 911 Education Month (http://www.know911.org/)	Link to website where EMS services can get material on 911 Education Posted FB
Information for Health staff in your long-term care facilities	Link for Webinar for Services to share with their long-term care facilities EMAILED
Security Risk Assessment (SRA) Tool	Office of the National Coordinator for Health Information Technology Posted FB
Mission Lifeline recognition for EMS services	Dissemination of mission lifeline recognition criteria for recognition and management of STEMI patients
ACEP "writing a press release" guideline	Tips to writing a successful press release written by ACEP
Press Release Template	Provided a template for writing a press release
How to implement a social media strategy	Provided a link to this article from EMS World
Public Information Officer Awareness	Provided information about this online program from MEMA
May is stroke Month	Posted and sent information about Stroke Month; encouraged services to work with their hospitals.

**Appendix “F” – Financial Information**

Financial Report will be provided prior to December 31, 2014