

Appendix A
FY 15 Work Plan

Work plan will undertake strategies focused on the following issues.

1) Medical Control Training and Direction

a. Improve the understanding of EMS for emergency physicians and others who provide Online Medical Control.

b. Ongoing assessment of the above plans and adjustments to show measurable improvement.

c. Working with EMS services to assure that each service receives medical control input, to include at a minimum: input/involvement with the service's quality improvement program and integration of the QI program with continuing education programs.

d. Work plan shall include at a minimum:

The total number of emergency department physicians, physician assistants, independent nurse practitioners, by hospital.

- Maintain a list with the total number of emergency department physicians, physician assistants, and independent nurse practitioners for each of the eight regional hospitals.
- Maintain a list of medical control providers from each of the eight regional hospitals
- Maintain a list of medical control providers who have completed an OLMC program (e.g. MEMS, NAEMSP, etc.).
- Maintain a list all EMS Services and Service Medical Director

Plans/activities.

- Recruit and assist in retaining physicians to serve as local Medical Directors
- Partner with local medical directors in all aspects of pre hospital care including strategy, management, oversight and implementation.
- Assist hospitals and representatives to implement the Maine EMS OLMC program.
- Improve the understanding of EMS for emergency physicians and others who provide Online Medical Control.
- Working with EMS services to assure that each service receives medical control input, to include at a minimum: input/involvement with the service's quality improvement program and integration of the QI program with continuing education programs.
- Regional medical director will provide assistance to services that do not have their own medical director.
- Regional medical control meetings are held on the fourth Wednesday of each month which is an additional resource to services for QA and medical control issues.

2) Quality Improvement

a. *Submit the Region's QI plan to provide technical assistance to each EMS agency within the designated region. The regional plan shall include an integrated Quality Improvement (QI) program that will: a) evaluate (assess) and b) improve competencies for EMS providers. The regional QI report will include:*

- *Describing the involvement of the medical director in QI*
- *If a service does not have a service medical director, how is QI being performed?*
- *How are performance issues resolved and tracked for trending?*
- *How are sentinel events reported and tracked for trending?*
- *How are QI activities connected to training and education? Are performance measures re-evaluated?*
- *How are run report reviews conducted?*
- *Reporting on trends sent to all services and to Maine EMS*

b. *Service QI plans should include at a minimum:*

- *Identifying QI indicators with benchmark data (e.g. MEMSRR to identify service/regional trends).*
- *Assist with identifying and assisting the service to develop and provide educational programs that utilize the results of QI activities.*
- *Use follow-up data to evaluate the effectiveness of training/educational programs*
- *Working with local EMS providers with whom they routinely interact.*
- *Adjusting QI and education plans as necessary.*

c. *Regional QI plans shall include performance indicators and clinical outcomes.*

The regional office shall function as a liaison between state and local QI committees and assist with mutually agreed upon QI data collection and reporting as requested by the MEMS QI Committee.

- *Monitors reports to identify opportunity for improvement and training needs*
- *Provides technical assistance to local EMS agencies for development and implementation of a Quality Improvement Plan*
- *Provides quarterly feedback to services*
- *Hosts bi-monthly Regional QI meetings*
- *Creates a system between regions for communication regarding providers.*
- *Provides quarterly documentation training/lectures to be given across the region.*
- *Track 2014 OHCA and levophed administration.*
- *Regional Medical Director will review performance issues and provide direction for QI Coordinator.*
- *Services without a Medical Director are supported by the Regional Medical Director.*

- When indicated, the regional medical director will contact and discuss cases for review with the service medical director, service leadership, or providers.
- The Regional Medical Director and Regional Coordinator will assist with educational plans for services or providers to obtain improvement.
- The Regional Medical Director and Regional QI Coordinator are all available as resources to assist services, providers and hospitals with QI concerns and education.
- The Regional QI Coordinator will track service QI issues and report to the Regional Medical Director.
- Sentinel events will be reported to the Medical Director, who will determine a plan of action. The Regional QI Coordinator will maintain all reports of sentinel events.
- Regional support and training will be provided to service QI Coordinators.
- MEMSRR Education will be provided.
- Provide ongoing QI support.
- Encourage services participation in Maine EMS statewide QI initiatives.
- Encourage services to use the box on the Maine EMS CEH request form that indicates training is a result of QI.
- Regional staff will assist services as needed with
 - a. Updating their service specific QI plan.
 - b. Identifying service specific trends.
- QI Coordinator will attend and participate in SMEMS QI committee and activities.

The region will review the following:

 - Amount of time before provider obtains a 12 lead cardiac patient
 - No transports
 - Airway calls where the patient received some type of airway management/intervention other than just oxygen administration by cannula or mask.
 - Cardiac Arrests

3) **Training Coordination**

- a. Coordinate and assist with EMS training programs as identified by:
 - EMS services;
 - QI activities; and
 - Regional needs assessment
 - Expand availability of BLS & ALS Training by adding additional courses
 - Expanded AHA and NAEMT course availability
 - Improve IC retention by establishing a streamlined and standardized system of training .
 - Implement innovative training opportunities through the Training Center to include the use of simulation training
 - Re-evaluate Training center polices to ensure effectiveness

- Create a Training Equipment list for local EMS Agencies
- Maintain training center status.
- Approve monthly continuing education programs taught by Regional Physicians.
- Promote and share educational information via email, monthly newsletters, regional meetings, website and Facebook page.
- Expand the use of technology for education and information sharing.

b. Work with local EMS services to incorporate education programs that integrate with quality improvement activities

- Encourage services to use the QI check box on CEH request form
- Assist services in resolving QI issues through educational programs.

c. In accordance with the Maine EMS Rules, approve continuing education courses for services within the region.

- Continue to approve continuing education programs for EMS providers.

4) Regional Councils

a. Regional council meetings will be held on the quarterly basis (minimum requirement) to assure representation of the EMS community and the community at large.

b. Expand attendance at Council meetings and information dissemination.

c. Send minutes of meetings to Maine EMS within 30 days of meeting or sooner if available.

- Regional board meetings are regularly held on the fourth Wednesday of each month.
- Regional medical control meetings are held on the fourth Wednesday of each month.
- QI meetings are held on the fourth Wednesday of every other month.
- Minutes of the meetings will be sent by email within 30 days to the director of Maine EMS.

5) Public Information, Education, and Relations

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

- Monthly PIER newsletter “sharing with you to share with others”.
- Maintain a monthly PIER calendar for service events.
- Continue to promote Yellow DOT program.
- Assist in the promotion of service events via email, website, Facebook and newsletter.
- Participate in Maine EMS annual newspaper supplement during EMS week.
- Assist HeartSafe community outreach via Southern Maine EMS newsletter.
- Assist EMS services with the HeartSafe Community application and renewal process.

- Promote the AED/Hands Only CPR project.
- b. CISM: Mitigate the impact of a critical incident on those who are victims of the event.
- Recruit CISM trained volunteers to take on positions needed for an active CISM team.
 - Host annual CISM training event
 - Provide ongoing support for CISM team member including debriefings for the team
 - Educate EMS providers about stress, stress reactions and survival techniques

6) Attendance and Participation in Maine EMS meetings

- a. Attendance and participation include the following:
- Regional Coordinator at Operations Team meetings;
 - Regional Medical Director at Medical Directions and Practice Board meetings;
 - Regional QI coordinator at MEMS QI Committee meetings.
- Regional Coordinator will attend the medical direction meetings in the absence of the regional medical director.

If an absence is unavoidable, the director of Maine EMS will be notified in advance and efforts will be made to have representation at the meeting.

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

7) Other projects

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

- Regional coordinator or authorized representative will participate in EMS development and support projects when requested by Maine EMS.

8) Reports

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

b. Submit an independently prepared financial report for FY 14 to Maine EMS no later than 4:00 PM on December 31, 2014.

c. Submit a progress report for FY 15 to Maine EMS no later than 4:00 PM on December 31, 2014.

d. Submit an annual activity report for FY 15 to Maine EMS no later than 4:00 PM June 30, 2015.

Reports shall be submitted in electronic format.

- Reports will be submitted as outlined above and will be submitted in an electronic format.

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