



Southern Maine Emergency Medical  
Services Council, Inc.

2014 Annual Report  
To the  
State of Maine  
Bureau of Emergency Medical Services

July 1, 2013 to June 30, 2014

Southern Maine EMS  
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**Preface**

Southern Maine Emergency Medical Council Inc. is committed to fulfilling its obligations under the contract with Maine EMS per contract CT-16A-20130708-0148. This marks the 33rd year that Southern Maine Emergency Council, Inc. has been awarded the Region 1 contract.

Our financial picture is much better than it was a year ago. We had a \$50,000 line of credit, which was maxed out for the past five (5) years. We have since paid it down to \$14,500. We paid off approximately \$70,000 worth of debt created by previous administration. We hired a third-party to conduct a complete audit of our finances and to make recommendations on moving forward. We now have an independent accountant reviewing our finances regularly, reconciling our reports and auditing our complete financial picture.

We have received a \$10,000 Education Grant this year that offsets our capital.

This year we will be increasing our staff by one part time member, which now gives us a total of four part time staff members and a stipend Medical Director to share the workload and increase responsiveness to services:

Regional Coordinator	32 hours/week
Training Coordinator	24 hours/week
QA/QI Coordinator	24 hours/week
Administrative Assistant	24 hours/week
Medical Director .....	Monthly/as needed

The changes made in 2014 will allow us to provide better service to the EMS community in Region 1.

Respectfully Submitted,



Andrea Thompson  
Operations Manager

## Mission

Our mission is to support comprehensive emergency medical services. Through training, education, quality assurance and system development, Southern Maine EMS will assure quality emergency medical care is delivered throughout Southern Maine...**when every second counts.**

## Vision

Repository of information, standards and guidelines for EMS providers

Advancement of EMS profession

## Values

Cooperation and open lines of communication

Committed to students

Competent staff

Southern Maine EMS Board of Directors  
Executive Board

Brent Libby, EMT-P	President	Chief, Standish Fire & Rescue Northern Cumberland County Rep
Jeff Rowe, EMT	Vice President	Chief-Sanford Fire Deputy
Robert Lefebvre	Treasurer	Chief, Gorham Fire & Rescue
Don Koslosky, EMT-P	Secretary	Deputy Chief-Brunswick Fire & Rescue Cumberland County Fire Chiefs
Kate Zimmerman, MD Medical Director	ED Physician –Maine Medical Center	Kate Zimmerman, MD Medical Director

Members

Ron Jones, EMT-P	Maine Emergency Management Agency EMA Representative
Mike Mirisola, RN, EMT-P	ED RN-Southern Maine Medical Center RN Representative
Lisa Bennett, EMT-P	Deputy Chief-Waldoboro Fire Department York County Fire Chiefs Association
Paul Conley, EMT-P	Deputy Chief-Freeport Fire Rescue At Large
Chris Pare, EMT-P	EMS Program Manager- Maine Medical Hospital Administration
Matt Sholl, MD	ED Physician-Maine Medical Center Physician Representative
John Southall, MD	ED Physician-Mercy Hospital Physician Representative
Michael Drew, EMT-P	ALS provider (non-chief level)
Angie Calvo, EMT-P	ALS provider (non-chief level)
Barbara Loewenberg-Irlandy	CISM Representative
Vacant	Consumer Rep
Vacant	Consumer Rep
Vacant	Elected Official

## Medical Control

Southern Maine EMS has been very active over the past year re-connecting with our services and hospitals. We have had excellent participation from the physician representatives from all eight hospitals.

Provide Regional Medical Direction

Maine EMS OLMC program: Hospital OLMC completed:

Bridgton -Parkview 29 physicians, 8-10 mid-levels; Mercy Hospital -10; Maine Medical Center -29 attending physicians & 24 resident physicians; (residents to be trained in July); Mid Coast -9 physicians; Parkview -Disc has been distributed and on-line instructions; SMHC- Biddeford -32 physicians, Sanford -9 physicians, York -12 physicians

Of 80 services, 37 have service-level medical directors

*See attached: Regional Medical Director-2014 Report*

## Hospital Physician Liaisons

Bridgton Hospital: Douglas Collins, MD

Goodall Hospital: Scott Hamilton, DO

Maine Medical Center: J. Matthew Sholl, MD

Mercy Hospital: John Southall, MD

Mid Coast Hospital: Marlene Cormier, MD

Parkview Adventist Medical Center: in transition

Southern Maine Medical Center: Douglas Nilson, MD

York Hospital: Nicholas Armellino, DO

We continue to encourage completion of the online medical control course via MEMSEd for all ED physicians. We are also looking forward to the state's medical direction course and will guide interested physicians to participate in this as well to further increase the number of service medical directors.

Earlier this year, we polled our 80 services regarding their needs and updated our contact database to assure that our communications were being received. Many are still looking for service medical directorship, but have limited resources given their location. Once the medical direction course from the state is up and running, we will encourage services to approach local physicians to see if they would be willing to assist. We have also let services know that we are there to assist them gaining a service director and to assist them with any issues that cannot be dealt with internally.

## Regional Medical Control Council

I continue to encourage medical directors to contribute to a lecture repository that I have set up via Dropbox. Those that have accessed it have been pleased. This includes not only lectures, but interesting ECG cases as well (*still in process*). Our goal for the upcoming year is to have a folder for our Regional Medical Control Council (RMCC) Quarterly Journal Club reviews that will be posted to encourage QI initiatives within our region.

We have asked our RMCC physicians to volunteer their time to provide education at SMEMS or at their base hospital that is open to all services and qualifies for continuing education hours. They have been receptive and our 2014 calendar is being populated.

*See attached: Regional Medical Control Council minutes*

## SMEMS QI Initiatives

Lisa MacVane, our Contract Administrator, made great strides in our QI initiative. An inordinate amount of time was spent updating our contact database and personally calling each service and in many cases, physically going to each service to educate them on how to use MEMSRR to pull data for our QI reporting.

*See attached SMEMS Regional QI Program 2014*  
2014 QI Initiatives

Currently we are requiring services to submit monthly data on the following:

- ECG acquisition in chest pain
- Non-transports
- Advanced airways
- STEMI activations

We found significant trends in documentation deficiencies that we have been able to bring forward to the services' QI personnel to address. We are encouraging them to not only pull numbers, but to read the associated run forms to identify any other trends. We continue to serve as a resource for education around any trends that need remediation. We continue to strive for open dialogue with our services and stress that we are a valuable resource. This has not only been verbally relayed, but reiterated in our newsletter (see attached).

One of our most important missions moving forward for us is to maintain open communications with our services. Regular contact via phone, email and our new monthly newsletter has helped us move toward this goal. We encourage all of our services to send representatives to our Regional Medical Control Council as well as our monthly QI meetings. We have posted flyers in EMS charting rooms and have

updated our website. We will continue further outreach by providing CEH courses not only at SMEMS but at various EMS facilities as well. We will strive to attend various monthly/bi-monthly meetings held at our hospitals. We are aware of 6 of the 8 hospitals holding these meetings which serve as a forum for case reviews, ECG reviews, and operations/logistic discussions. 2013/2014 has been a year of transition with our medical directorship and contract administrator. Hope to continue being a valuable resource, a region that collaborates with its services, hospitals and other regions and most importantly, as a region that provides the highest quality care to our patients.

### Quality Assurance

The Southern Maine Regional Office since September 2013 has made enormous progress with Regional QI. Prior to September 2013, only a handful of services had a QI program in effect and only three were submitting monthly data to the Regional Office.

Several Investigations were left over from the previous staff. During September and October SMEMS investigated three cases. One was sent directly to the State per Dr. Zimmerman. Dr. Zimmerman/RMCC discussed the two other cases: one was deemed appropriate to be handled at the regional remediation level and the second was sent to the State.

### Regional Feedback – Survey Monkey

At the beginning of September a Survey Monkey was sent out to gather accurate data regarding QI programs. The questions we asked were:

Does your service have a QI program on file?

If so, is your QI process was still active?

What would your service like from the Regional Office in regards to QI?

Does your service have a Pier program?

If so, what does it consist of?

Online QI Submission Form

SMEMS established an on-line submittal tool for providers to utilize in order to submit monthly regional QI data. Regional emails were sent to all services/QI personnel with instructions on how/what to submit on a monthly basis. If they had questions they were encouraged to contact the QI Office.

This had a multi-fold effect for Regional QI Goals and Objectives:

The QI Office was inundated with services needing to be walked through MEMSRR data collection, sometimes multiple times.

An updated and accurate Regional QI/Service contact list was created.

The majority of QI personnel were unsure how to QI documentation, give feedback, and provide training/education to providers.

The first wave of submissions revealed that the region had an enormous amount of bad/poor data being entered preventing the region from providing regional data to the services. The QI personnel were instructed to focus on addressing the "poor" data trend at the local level.

Submissions indicated that either trends/issues were being missed or not dealt with. Feedback and contact to services was begun on an individual basis to stop the repetitive cycle of trends within the service/region.

A lot of services that had "active" programs went back and reworked their QI programs to improve the quality of them.

We shared QI programs to services to aid them re-creating/creating their QI program.

The importance of educating providers has been expressed multiple times to providers, QI personnel, and services. The culture is slowly changing to one of education and progress rather than a punitive one.

We realized we needed to start from the ground up for the majority of the region regarding QI programs.

Outcomes

Our goal for the QA/QI Program is to work with services and providers to improve patient care. This is best accomplished by providing education when a deficiency is found through the QA/QI process.

The majority of the region has either re-written their QI program or has altered them to flourish within their specific department.

Through the outreach, education, one-on-one meetings the services are submitting the same data set criteria accurately. Currently, one of our objectives is to improve the quality of this data by having the local QI personnel provide education to promote the consistent filling out of dropdown fields. They are also making sure the narratives and dropdown menus do not contradict each other.

In an effort to assist the local QI personnel, we have also been giving documentation classes. These classes are addressing regional trends seen from the QI process. No transports are currently an area of focus for the region. In 2014, we have updated our documentation class to put more emphasis on no transport documentation objectives.

At a documentation class held in Gorham we involved billing personnel in hopes of motivating better documentation by illuminating how much potential money is being lost. By adding this dimension to the class, it re-enforced why several fields are important not only from a QI aspect but also from a billing perspective. The providers were made aware of several billing updates that affect them in regards to documentation. Communication has improved as a result of this class and providers now know they play an important part in the financial success of a service. Several documentation classes have been scheduled for 2014 that address our regional trends.

Multiple departments are utilizing the regional QI office for feedback/questions regarding run sheets. This has made a positive educational impact across the region.

#### Current Submission Compliance

Currently, our submission compliance is at 96% compared to 4% prior to September. A couple departments have made it up the non-compliance ladder to Dr. Zimmerman. The two personnel that she is dealing with represent 6 services that are refusing to participate. We also have sent out certified letters and emails to 8 services that have refused to contact or participate in the QI process.

We are assisting a little more than a dozen services (who are compliant) that are struggling with the QI process and need more help and guidance than other departments right now.

Services have been sending us MEMSRR suggestions to send to the State in the hopes of making MEMSRR more user friendly for services. SMEMS has forwarded the first part of the requests to the State.

Services are aware that they will have a working relationship with the regional office regarding QI. Since October there have been at least 16 classes held within our region to address trends/issues found during the QI process.

Our Regional QI meetings cover how to collect specific data topics each month, what to look for when QI'ing run sheets, how to make it educational, how to apply for CEH credits, and any questions that might arise.

The Regional Newsletter that is sent out on a regular basis will have different QI topics in it. Our communication with services has improved with the addition of the Newsletter.

#### SMEMS Regional QI Program:

Southern Maine EMS has established a regional plan to ensure a progressive attitude toward improvement of patient care and professionalism.

#### Goals

The overall goals are:

Regional consistency of services gathering baseline assessment of performance measures, identification of issues/trends

Developing and providing an educational response to issues/trends

Re-assessing and adjusting plans as needed

## SMEMS Regional Plan:

Services submit regional/state data on a monthly basis to SMEMS. This achieves the following:

A basic use of MEMSRR (The Regional Office will educate QI/Service Reps to utilize MEMSRR if currently unable to)

QI personnel trained as needed in the Quality Assurance process: what to look for (i.e. trends), how to address/feedback, education, and how to submit to the regional office.

Regional data consistency via regional education/expectations results in good data in= good data out.

Services at the **minimum** will be looking at 100% of the region/state data requirements on a monthly basis to identify trends/issues and to provide education to provider(s) for improvement

Through service submissions, the regional office will (during the beginning stages of services QI programs) ensure correct data submission, MEMSRR use, and provide feedback. This helps to ensure educational trends are identified properly.

The regional office will also identify regional trends/issues that will be addressed. Dr. Zimmerman is working with our regional medical directors to start implementing regional education topics in 2014.

The services that will be identifying trends via their QI process and relaying what education will be used to address it. After the education has been given, the regional office will follow-up with the QI personnel and verify improvement. If nothing has changed, a meeting with the service to re-assess and assist in making effective changes for that particular services needs will be held.

## Education

The combination of the regional office and individual services identifying provider and/or service level trends/issues will enable the region to provide education initiatives throughout the region.

SMEMS' CEH paperwork already has a QI related box to check if services are doing training related to the QI process. This helps the region assess a service's QI program as well as aids in picking up regional trends.

When all of the regional services are able to identify trends, provide education and eradicate the trends/issues at the local level, the regional office will focus on making sure QI plans remain effective and are continually evolving forward.

The Regional QI Office will assist with local services that are looking to obtain a medical director for their service.

## State QI Liaison

The Regional QI Office will aid with assisting local QI issues and act as a liaison between the state and local services when needed.

In addition to our online monthly QI submission tool, we have a hyperlink for QI issues that QI personnel can utilize if they want suggestions regarding education, how to handle a certain QI issue/trend, or to submit a run report(s) that needs to come to the direct attention of the Regional Medical Director.

The Regional Medical Director/RMCC will address Regional Remediation agreements. The Regional Medical Director/RMCC will send cases to Maine EMS for investigations. Some cases will go directly to the State and skip the local and regional levels.

The Regional Office will notify the State when a Regional Remediation agreement is entered into. The Regional Office will make sure the agreement is fulfilled at all levels. If the provider does not enter into a remediation agreement and/or fails to complete the agreement the case is immediately forwarded to the state.

As Southern Maine EMS' Services evolve and progress so will the Regional QI process/plan.

## EMS Training Programs

It is our duty to the region to provide quality education. The need for this education comes from a variety of sources:

EMS services in our region  
QI/QA Remediation  
State or regional needs assessment

Southern Maine EMS is dedicated to excellence in education, and brings a high set of values and expectations to services and educators throughout the region.

## 2013 Improvements

### SWOT Analysis

The first thing we needed to do, as a Regional Training Center was to take an honest assessment of our flaws and identify solutions. We did this by employing a SWOT analysis of our Regional Training Center:

#### Strengths

**Population** – Having the population of Region One is a major strength in that we have a very large pool of resources to draw from and to sit on our Board of

Directors.

**Dedication** – The staff at SMEMS are dedicated to rebuilding a failing organization and creating the model Regional Office and Training Center by bringing experience and education to the office.

**History** – “If you forget the past, you are bound to repeat the problems” we know this to be a fact, but we also know that by looking to the history of this organization there is a vast amount of successes we can draw from.

Weaknesses

**Understaffed** – As the population and volume of calls are a positive, it also requires dedicated staff to successfully manage a region of this size.

**Documentation** – Although there are file cabinets and volumes of documentation, not all of it was current, relevant and accurate. Critical forms and processes were left undocumented.

**Funding** – With out of control spending, lack of tuition collection and lack of other paid services to offer the region the office was suffering financially.

Opportunities

**Support** – Through the challenges of this past year there has been a lot of support from a lot of sources.

Maine EMS – The educational coordinator for Maine EMS has been invaluable in supporting our organization as we go through the rebuilding process. Without their help the new staff would not have been able to right the ship.

Board of Directors – With a board that represents the services, hospitals and other stakeholders in the region a lot of credit is owed to them as they are not only a huge part of the rebuild, they are also the front line casualties of any inefficiencies.

Regional Service Chiefs – There have been numerous changes in the past two quarters of 2013 and having service chiefs who are willing to support the office is of monumental importance.

**Volume** – Although a challenge, the SMEMS Training Center has a lot of opportunity to “Do it right” as we have a large member base.

**Upward Mobility** – By hiring staff with backgrounds in EMS Education, Secondary Education, Program Development and Project Management the SMEMS Training Center and Regional Office have exciting and seemingly endless possibilities ahead of us.

Threats

**Financial Struggles** – With a lack of income for education we run the risk of not being able to put on quality courses.

**Credibility** – With a lack of a sufficient IC Training and Education program SMEMS stood the risk of having sub-par IC’s teaching for licensure.

**Lack of Oversight** – SMEMS IC’s were often left with no administrative support, clinical coordination or assist with PSE scheduling and management. As a result, we were losing some of our best IC’s.

## Remediation

In an effort to meet these high expectations the Regional Training Center in conjunction with Medical Control and the Regional Office have created the following documents and programs to help meet, and exceed the standards of education in the State of Maine.

## Education

Regional approach to educating to ensure that services and providers have ample opportunity to receive high quality instruction in both their primary EMS education as well as their continuing education efforts.

## Licensure Classes

The following Licensure classes were taught in 2013-2014

YEAR	CLASS TYPE	LOCATION	COURSE NUMBER	LICENSE LEVEL
2013	Licensure	Westbrook	09-13-1-24138-423	EMT
2013	Licensure	Baldwin		EMR
2014	Licensure	Casco	1-14-01-21298-501	EMT
2014	Licensure	Kittery	1-14-01-24325-500	EMT
2014	Licensure	Sanford	2-14-01-17122-502	EMT
2014	Licensure	Buxton	2-14-01-19350-503	EMT
2014	Licensure	Gorham	2-14-01-20383-504	EMT
2014	Refresher	Falmouth	2-14-01-04166-506	EMT
2014	Licensure	Westbrook VOC	9-13-01-24138-423	EMT

## Clinical Agreements

The following sites have signed clinical agreements with SMEMS to provide clinical experiences to our EMS students.

Naples  
Westbrook  
Bath Fire/EMS  
Brunswick Fire/EMS  
Gray Fire-Rescue  
Standish Fire/Rescue

Yarmouth  
South Portland Fire/Rescue  
Scarborough Fire/Rescue  
Saco Fire/Rescue  
Portland Fire Department / MEDCU  
Limington Fire/EMS  
Gorham Fire/Rescue  
Freeport  
Buxton Fire/Rescue  
Saco Fire/EMS  
Windham Fire/Rescue

Improved, and documented Processes and Policies

Increased support of IC's and Licensure Classes

Revamped Training Center Operations Manual (Includes IC Handbook, CBO's, Class Approval/Selection Process, Disciplinary Procedures, etc.)

Documented process to become an IC for the SMEMS Training Center (Found in TC Operations Manual)

SMEMS Preceptor Program (Found in TC Operations Manual)

SMEMS PSE Evaluator Program (Found in TC Operations Manual)

Revamped Student Handbook (Found in TC Operations Manual)

Updated Field Clinical Evaluation Form (See Attached)

Updated Regional EMS Quick Sheet (See Attached)

Updated CBO's (See Attached)

NAEMT Training Site

We are now a NAEMT Training Site, with one Instructor on staff, One SMEMS Approved IC Instructor and one Regional Member Instructor. This gives us the ability to teach the following classes:

**PHTLS – Pre-Hospital Trauma Life Support (PHTLS)** is the world's premier pre-

hospital trauma education developed in cooperation with the American College of Surgeons to promote critical thinking in addressing multi-system trauma and provide the latest evidence-based treatment practices.

EMS Safety - The **EMS Safety** program is designed to promote a culture of EMS safety and help reduce the number and intensity of injuries incurred by EMS practitioners in carrying out their work.

#### SMEMS Hosted CEH Classes

As a result of our QA/QI initiatives, SMEMS IC Program, SMEMS Preceptor Program, SMEMS PSE Evaluator Program and other initiatives in our region we have offered (and plan to offer) the following classes:

As a result of our QA/QI initiatives, SMEMS IC Program, SMEMS Preceptor Program, SMEMS PSE Evaluator Program and other initiatives in our region we have offered (and plan to offer) the following classes:

Introduction to being a SMEMS IC (IC Credits)

Documentation Classes (Result of QA/QI Initiative)

Anaphylaxis Classes (Result of QA/QI Initiative)

Skills Labs

CEH Processing Classes (Training service based educators on how the new CEH categories are to be used, and how to request CEH classes)

#### Public Information, Education and Relations

Elevate the priority of public information, education, and relations by actively promoting programs for use by EMS services that ultimately enhance the relationship between the community and the service, and that serve to educate communities regarding EMS issues.

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

Provided ongoing support for CISM team member including debriefings for the team

Educate EMS providers about stress, stress reactions and survival techniques

PIER Education: Promotion and Development of a proactive EMS PIER program

that raises public awareness, understanding and participation in the EMS community. Identify prevention needs and support evidence based practices, as recourses are available

Review injury/illness data to identify injury and illness prevention needs for our region.

Create a regional public information digest, "SMEMS PIER NEWSLETTER"

to reach members of the community.

*See Attached: May PIER and May Newsletter*