

Appendix A FY15 Work Plan

For each of the following areas, describe the regional work plan and identify measurable performance outcomes. The work plans should also identify adjustments made as a result of the work done during FY14.

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.
 - *Staff will request an updated list of all on-line medical control providers from each of the 5 regional hospitals.*
 - The total of those who have completed an OLMC program (e.g. MEMS, NAEMSP, etc.).
 - *A survey requesting verification of completion of an OLMC program will be developed and distributed.*
 - *Results of the survey will be used to report completion of an OLMC program.*
 - *One issued encountered in FY 2014 is the number of locums being used. More than 25% of the OLMC providers are locums. We currently have 77% of our providers trained. Training the locums is a challenge.*
 - Plans/activities to get 100% OLMC trained.
 - *The need for OLMC education will continue to be discussed at regional meetings.*
 - *Staff will work with hospital representatives to the TCEMS Board to add the Maine EMS OLMC program to each hospital's on line educational program/learning management system. The ground work for this was done in FY2014.*
 - *Staff will redistribute instructions for taking the program on MEMSED to all ED medical directors for distribution to their OLMC staff.*
 - *Additional OLMC disks will be distributed to staff as requested.*

- *The paper monograph of the OLMC control program developed by Joanne Lebrun and Dr. Chagrasulis will be completed and distributed to the ED medical director of each hospital for use by OLMC staff as another option for completion of OLMC training. It is hoped this will help with the locums training issue.*
 - *Dr. Chagrasulis and Joanne LeBrun will request a meeting with the ED medical director of each regional hospital to promote OLMC education.*
 - *Dr. Chagrasulis and Joanne LeBrun will provide a written summary of proposed protocol changes as well as key OLMC points to all OLMC providers.*
- Listing of all EMS Services with the name of service medical director, and how the regional EMS office has assisted with medical director recruitment/retention.
- *Staff will create and distribute a survey to all regional services requesting information on their medical director.*
 - *Services that do not have a specific medical director will use the regional medical director or other medical directors as identified by regional resources such as hospital ED liaisons.*
 - *Staff will assure that services without a service specific medical director, know what their resources are, how to access them and under what circumstances they should/must be accessed.*

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.

As has been done for many years, the Tri-County EMS staff will continue to assist all services with issues and education related to QI for service and provider improvement.

- *The regional performance measures will continue to be the review of all*
 - *Airway calls where the patient received some type airway management/intervention other than just oxygen administration by cannula or mask.*
 - *Cardiac Arrests*
 - *EMS Services will use the MEMSRR Region 2 Airway report to identify cases for review.*
 - *The airway performance measures have been identified and we will continue to follow these established measures.*
- *EMS calls that involve the management of a patient's airway are an excellent indicator of how well a service and its providers are managing their most critical calls. The findings from these detailed reviews exceed what is required just for managing an airway, also illuminating critical thinking and the management of very critical calls – such as trauma, drowning, OD, stroke, unresponsiveness, cardiac arrest, etc. We have seen major improvements in the care and documentation of care on these calls. We will also continue to track the use of CPAP and capnography.*
- *Monthly Airway Team meetings will continue to be held and services will receive feedback. Services are expected to review all of their airway calls and attach QI notes to the PCR.*
- *The Airway Committee will provide summaries of findings and recommend ideas for education to improve airway management.*
- *Continue to evolve the airway review process, encourage all services to attend and encourage physician presence from all five hospitals.*
- *The regional QI coordinator and or regional medical director will provide QI feedback to services and specific providers on airway and cardiac arrest runs as needed and on other runs that are identified through our regional QI process, which include those runs referred to our QI Coordinator, by EMS Services, Hospital Staff - including ED providers, trauma programs, cardiac programs the public, EMS Providers and other sources. Feedback will be provided even if the service has its own medical director.*

- *When indicated, the regional medical director will contact and discuss cases for review with the service medical director.*
- *When indicated, the regional medical director will contact and discuss cases for review with the service leadership*
- *When indicated the regional medical director and regional coordinator will develop educational plans with services or providers to obtain improvement. These cases will be followed by EMS service and regional staff.*
- *The regional QI Coordinator, regional medical director and regional coordinator are all available as resources to assist services, providers and hospitals with QI concerns and education.*
- *For services without their own medical director, the regional medical director and or other physicians recruited by the TCEMS Board and staff will assist services with quality issues.*
- *The regional QI coordinator will track and follow QI issues that services and providers are resolving. These will be reported to the regional medical director and regional coordinator.*
 - *Sentinel events are reviewed first by the service with the finding of all facts. The regional QI coordinator will assist with this process. Once all facts have been determined, the regional medical director, regional QI coordinator and regional coordinator will determine a plan of action. The regional QI coordinator will track and report these events.*
- *Provide support and training to service QI Coordinators.*
 - *Continue to provide education to EMS providers on documentation with a focus on SOAP or CHART, and accepted abbreviations.*
 - *Continue to provide education to services about using QI features of MEMSRR to assist with identifying benchmarks and doing follow up.*
 - *Assist services who may be struggling with their QI program by suggesting QI indicators for their service and providing individual support to assist them with evolving their QI plan.*
 - *Host QI Coordinator meetings and include presentations of service specific projects.*
 - *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.*
- *Dr. Chagrasulis, Joanne LeBrun and other staff will meet with services as needed/requested to review their QI.*
- *Regional staff will assist services as needed with*
 1. *Updating their service specific QI plan.*
 2. *Identifying service specific QI indicators.*
 - *Services will be surveyed each year and asked to provide the regional office with their service specific QI indicators.*
 - *Services will be asked to submit a summary of what they have learned from their service specific QI activities. Summaries of lesson learned and benchmarks will be shared. Any educational results from QI activities will be reported.*
 - *For services with few or no runs, an educational plan will be expected.*

- *Services will be encouraged to review cases with services with whom they routinely respond or provide mutual aid/backup.*
- *Regional Staff will continue to attend and participate in MEMS QI committee and activities. Will assist MEMS with rolling out any statewide QI projects.*
- *Work with services that are not in compliance or have sporadic QI compliance to improve their service level QI.*

3) Training Coordination

- a. Coordinate and assist with EMS training programs as identified by:
 - EMS services;
 - QI activities; and
 - Regional needs assessment
 - *Maintain training center status to allow the creation of and delivery of EMS educational programs.*
 - *Assist services with education and training needs, through identifying resources, program development, and delivery as needed. Approve continuing education programs.*
 - *Utilize email, regional meetings, on-line webinars, website, Facebook page, and other methods to share information.*
 - *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
 - *Continue to encourage services to use the check box on the current CEH request form that states “This program has been organized as the result of our service’s QI review.” This will help track the relationship between QI, education and improvements.*
 - *Continue holding “roundtable” sharing at QI Coordinators Meetings.*
 - *Continue to share findings from our Airway Review initiative.*
 - *Continue to work with services on how to improve QI and resolve 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 and encourage the submission of all healthcare programs for approval.*
 - *Continue to support services and Maine EMS by entering CEH attendance rosters into the Maine EMS CEH system.*

4) Regional Councils

- a. Conduct regional council meetings on a 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 meetings are regularly held. Meetings will be held September 8, 2014, November 17, 2014, March 2015 and June 2015.*
 - *Quality Council Meetings will be held on the first Thursday of each even month from 12pm to 2pm with the exception of August.*
 - *Continue to update contact list and invitation list.*
 - *Work to replace members who have either left their organization or are inactive.*
 - *Continue to utilize technologies such as Go To Meeting to meeting with regional providers and utilize email, Facebook, the regional website, and other types of technology to disseminate information.*
 - *Assist Maine EMS with the dissemination of important and time sensitive information.*
 - *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.
 - *Act as a resource for services seeking to promote their service.*
 - *Continue to promote HeartSafe Communities in particular engaging EMS services to partner with local organizations that have AEDs to encourage the maintenance of the devices and updating of training. Encourage services to identify areas in their communities that could benefit from an AED.*
 - *Participate in the AED/Hands Only CPR project underway with MCD, keep services informed of their opportunities to participate and partner with their communities.*
 - *Survey services about their local public education efforts. Share these ideas with all regional services.*
 - *Enlist the aid of area resources such as our hospitals to provide education on public relations to EMS Services. A public relations for EMS workshop that was planned for May 31, 2014 and was postponed due to low enrollment (time of year) has been rescheduled for September 20, 2014.*
 - *Participate with other EMS regions and with MEMS in annual newspaper supplement during EMS week.*

6) Attendance and Participation in Maine EMS meetings

- a. Attendance and participation include the following:
 - a) Regional Coordinator at Operations Team meetings;
 - b) Regional Medical Director in Medical Directions and Practice Board meetings; and
 - c) Regional QI representative in MEMS QI Committee meetings.
 - *The Regional Medical Director, currently Dr. Chagrasulis; the regional coordinator, currently Joanne LeBrun and other staff will attend the meetings.*
 - *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. In the case of the MDPB, the State Medical Director or the director of Maine EMS will be notified.*

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

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.