Regional Progress Report

Region: __Tri-County EMS, Inc._____

Report period: __July 1, 2014 to Dec 31, 2014_

1) Medical Control Training and Direction

Over the reporting period, Dr. Chagrasulis (regional medical director) and Joanne Lebrun (regional coordinator) had meetings with all the local medical directors. Drs. Riel, Bowe, Tilney, D'Alessandro and Mohseni participated in multiple email discussion and conference calls organized by Dr. Chagrasulis and Joanne Lebrun about emerging infectious disease (Ebola). A review of the prehospital response to a call involving possible Ebola and the role of OLMC were discussed. The local medical directors agreed to provide education in this specific OLMC responsibility to their respective staff.

A meeting was held with Dr. Zanella, ED director at Franklin Memorial Hospital; his staff, leadership from NorthStar, and hospital supervisory staff to review the PIFT protocol. Dr. Chagrasulis and Joanne Lebrun provided an educational session for the attendees, using the Maine EMS PIFT materials. They also answered questions to assist with clarifying roles and responsibilities. FMH has new hospitalists on staff. They are responsible for transfers and this educational session resulted in FMH updating their transfer policy and developing a transfer planning group. They are considering creating a pool of specialty staff to assist with transfers.

Protocol education – at each of the Tri-County EMS Board meetings and Quality Council meetings, Dr. Chagrasulis reviewed the proposed changes to the prehospital protocols. Once the summary of the proposed changes becomes available from the state EMS medical director, Dr. Chagrasulis will circulate these to the local medical directors for their review and will then convene a conference call/webinar for their input and discussion.

Dr. Tilney, interim director of emergency medicine at CMMC has extended an invitation to Dr. Chagrasulis and Joanne Lebrun to attend an upcoming ED medical staff meeting to discuss OLMC and to distribute the OLMC educational monograph to be reviewed and completed by staff.

A replacement medical director is being sought for Dr. Chagrasulis who will be resigning her position once her replacement has been chosen. Recruitment began in July 2014, but there are still no candidates. If we still lack a candidate by mid-January 2015, we will be discussing possibly needing to divide up responsibilities. For example, Dr. Tilney already attends the MDPB meeting, so he might be able to incorporate attending as our regional representative. These are ideas that are currently being discussed, while face to face recruitment continues.

Hospital Name	Number of Physicians, PAs, and INPs	Number who have completed OLMC training	What is the plan for getting and maintaining 100% trained?
Stephens Memorial Hospital	20 Physicians; 1 PAC	19 Physicians; I PAC	Provide monograph to ED Director for distribution to staff; utilize in-house education; use Versal Training platform
Franklin Memorial Hospital	4 Physicians; 2 PAC; 6 Locums	4 Physicians; 2 PAC	Provide monograph to ED Director for distribution to staff; utilize in-house education; use Versal Training platform
Central Maine Medical Center	31 Physicians; 3 NP; 10 PAC; 27 Locums	21 Physicians; 2 NP; 3 PAC	Distribute monograph at staff meeting; utilize iCare system; use Versal Training platform
Rumford Hospital	Included in CMMC above		
St. Mary's Regional Medical Center	18 Physicians; 7 PAC	15 Physicians; 3 PAC	Provide monograph to ED Director for distribution to staff; utilize in-house education; use Versal Training

EMS Service Medical Directors

Service Name	Medical Director	Regional activities in medical director recruitment/retention
Auburn Fire Department	Ian Reight, MD	Newly recruited; assists with service level QI and policies
LifeFlight	Peter Tilney, DO	Provides medical oversight; QI review; education and policy development
Med-Care Ambulance	Alfred Riel, MD	Provides service level medical oversight; QI review; education; policy development; PIFT review and 12 lead review
NorthStar	Steven Zanella, DO	Provides service level medical oversight; QI review; education; policy development; PIFT review and 12 lead review
PACE	Michael Mohseni, MD	Provides service level medical oversight; QI review; education; policy development; PIFT review and 12 lead review
United	Rich D'Alessandro	Provides service level medical oversight; QI review; education; policy development; PIFT review and 12 lead review
All other services	Rebecca Chagrasulis, MD	Provides service level medical oversight; service QI review and trending; education as needed and requested; policy review as requested.

2) Quality Improvement

Airway Review Project:

All regional EMS services have been participating in our Airway QI program. This project began in July of 2009 based on the Maine EMS Airway QI program that had been initiated by Steven Diaz, MD former State EMS Medical Director. Dr. Diaz advocated that quality review of airway should always be done, as these are often the most critical patients and often the key to reducing their morbidity and mortality is excellent airway management. We continued to perform an in-depth review of each EMS calls where the patient required airway management.

Our regional airway QI team met on the second Wednesday of each month from July 2014 through December 2014. We did not meet in November as this conflicted with the Maine Committee on Trauma meeting. During the past 6 months, 62 Airway cases were reviewed by the Airway QI Team. Sixteen (16) EMS services had airway calls in this time period and all have had some of their cases reviewed by the regional Airway QI team. However, 100% of airway cases are reviewed by the regional QI staff and regional medical director. For the period of June 1, 2014 to November 30, 2014, there were 170 emergency calls that met the criteria for the MEMSRR airway QI query, which includes any and all forms of airway management with the exception of the application of O2 only, capnography only, or CPAP only. This means the airway review covers basic interventions as well as advanced interventions.

The regional medical director and regional QI coordinator also reviewed all CPAP only calls, to assure that CPAP use was in accord with the protocol. For the period of June 1, 2014 to November 30, 2014 CPAP was used in the region 71 times. 100% of the CPAP calls were found to be in compliance with the Maine EMS protocols. Thirty four (48%) of the CPAP only calls also used capnography.

The use of capnography as a diagnostic tool in patients who have not needed airway interventions continues to increase. The following table illustrates the increased use in capnography as a diagnostic tool over a five year period.

Time Period	June 1 – Nov. 30 2014	June 1 – Nov. 30 2013	June 1 – Nov. 30 2012	June 1 – Nov 30 2011	June 1 – Nov. 30 2010
ETCO2 use	259	237	150	110	99

We continue to follow the same strategies developed in FY2010 to achieve the overall goal to assure that patients have their airways managed in an optimal manner. These strategies include reviewing all airway calls, services review their airway calls, the airway team reviews call and feedback is provided. Our regional medical director and QI coordinator also follow up on trends and provide education as needed. For example – the staff at one service have a high unsuccessful rate on the insertion of the King airway. The service has done additional education to for staff.

The success of advanced airway and the return of spontaneous circulation (ROSC) in the field are also tracked through our Airway QI process. For the period of June 1, 2014 to November 30, 2014, eighteen (18) ETs were successfully placed on the first attempt; eight (8) were unsuccessful on first attempt; twenty-nine (29) King airways were successfully placed on the first attempt with four (4) unsuccessful on the first attempt; one (1) LMA was placed successfully on the first attempt, and one Combitube was used successfully on the with one (1) unsuccessful on the first attempt. There were 54 cardiac arrests in this 6 month period with 12 having ROSC in the field. Twenty-one of the arrests were due to heroin overdoses.

In late November, Maine EMS began to send cardiac arrest reports to the regional office in real time. This has allowed us to collect timelier follow up on outcome as well as asking services to do a timely review of their cases. This has been working very well. Each time there has been an arrest, the regional coordinator has forwarded the report to the regional QI coordinator and to the service QI coordinator for a review. For those admitted with ROSC, our office has followed up with the admitting hospital re: outcome. At our December regional Quality Council meeting and Airway QI meeting this process was discussed and received very positive feedback. During the next quarter we will begin to roll out high performance CPR training. We are already seeing improvements in documentation of cardiac arrest calls. There continue to be some cardiac arrests that have been worked enroute to the hospital, 2 of these were pediatric arrests and one was a trauma code who arrested enroute, close to the hospital. All were reviewed by the service and regional medical director.

An electronic data entry tool is used at the airway QI meetings. We have a comprehensive database of our reviews so comparisons of issues and improvements can be tracked. We have also begun to track our cardiac arrest cases in a database, based on the project with Maine EMS QI Committee.

Service Name	**Describe involvement of Medical Director in QI**	**If no service level medical director, how is QI performed?**	**Are clinical performance issues resolved and tracked for trending?**	**Are clinical performance measures re-evaluated?**	**Are sentinel events reported and tracked for trending?**	**Are QI activities connected to training and education?**	**Are run report reviews conducted?**	**If yes, how many run reports are reviewed, and how often?**
United	Reviews PIFT, calls that are of concern	*Also has a service level QI Coordinator and QI team*	Yes	Yes	Yes	They had been, but currently there is a disconnect with the training department. However, recent reviews identified concerns with spinal assessment so	Yes and the service has service specific indicators and participate in regional airway review. Some of the indicators are: Seizures; ALS Backup; new employee;	About 30% of total; at least 3 times each week. Includes 10% random and 10% transfers

						training is scheduled.	OLMC used	
NorthStar	Reviews PIFT, calls that are of concern	*Also has a service level QI Coordinator and QI team*	Yes	Yes	Yes	Yes, recent trend saw need for further PIFT education	Yes and service has service specific indicators and participate in regional airway review. Some of the indicators are documentation of pain; 12 lead ecg in 10 minutes	Yes, about 2 times each week
Jay	Airway review, cardiac arrests and with concerning calls as needed	Service level QI Coordinator and QI team	Yes	Yes	Yes	Yes, recent trend indicated need for spinal assessment and documentation training	Yes	100% each month
Industry Fire and Rescue	Airway review, cardiac arrests and with concerning calls as needed	Service level QI Coordinator and QI team	Yes	Yes	Yes	Yes, if issues noted education is provided, including the use of MEMSED	Yes	100% each month
Lisbon Emergency	Airway review, cardiac arrests and with concerning calls as needed	Service level QI Coordinator and QI team	Yes	Yes	Yes	Yes, based on issues that have come up through QI for example: medication administration	Yes, service has specific indicators, AEMT med administration; Code 3 transports; use	100% 1 to2 times each week

							of LifeFlight; all sign offs; all cardiac arrests; all airway calls; all multi system trauma	
Med-Care	Reviews PIFT, 12 leads, education, helps with policy	*Also has a service level QI Coordinator and QI team*	Yes	Yes	Yes	Yes, recent IO class	Airway calls	100%; 3 times each week
Tri-Town Ambulance	Airway review, cardiac arrests and with concerning calls as needed	Service level QI Coordinator and QI team	Yes	Yes	Yes	Yes, Documentation training	Yes	100%, once per week
Wales Rescue	Airway review, cardiac arrests and with concerning calls as needed	Service level QI Coordinator and QI team	Yes	Yes	Yes	Yes, Cardiac Arrest	Yes, cardiac arrest is a service specific indicator	100%, weekly
Chesterville Fire/EMS	Airway review, cardiac arrests and with concerning calls as needed	Service level QI Coordinator and QI team	Yes	No	Yes	Yes, documentation	Yes	100%, weekly
Otisfield First Responders	Airway review, cardiac arrests and with concerning calls as	Service level QI Coordinator and QI team	Yes	Yes	Yes	Yes, doing training with PACE	Yes	100%, weekly

	needed							
LifeFlight	Reviews calls, develops policies, meets with providers	*Also has a service level QI Coordinator and QI team*	Yes	Yes	Yes	Yes, ventilator management; HTN crisis and Aortic injuries; HTN Crisis and CVA; analgesia, sedation, paralysis of the intubated patient	Yes. Have specific indicators MAPs<65, SpO2<89%, RR>30, Intubation, Blood, arterial line insertion, thoracostomy, pCO2>55 or HCO3<18, HCO3>30, pH<7.2, pPLat>30	Based on criteria – minimum of weekly, with monthly crew and medical director reviews
Poland Fire Rescue	Airway review, cardiac arrests and with concerning calls as needed	Service level QI Coordinator and QI team	Yes	Yes	Yes	Yes, trauma (MOI), spinal assessment and longboarding, documentation, pharmacology review, MCI response	Yes, Airway, probationary members, chest pain, abdominal pain, cardiac and trauma	About 50% weekly
New Gloucester Fire and Rescue	Airway review, cardiac arrests and with concerning calls as needed	Service level QI Coordinator and QI team	Yes	Yes	Yes	Yes, trauma reviews, documentation, cardiac reviews, BLS helping ALS on a cardiac call	Yes, Airway	100%, weekly
Stoneham Rescue	Airway review, cardiac arrests and with	Service level QI Coordinator	Yes	Yes	Yes	Yes, at monthly meetings reviewing	Yes, Airway	100% weekly

	concerning calls as needed	and QI team				airway management and on scene times		
Mechanic Falls	Airway review, cardiac arrests and with concerning calls as needed	Service level QI Coordinator and QI team	Yes	Yes	Yes	No training related to QI in past 6 months, but a cardiac arrest resuscitation is scheduled for January 2015 based on a call review	Yes	100% monthly – (cardiac arrest when sent by region)
Sabattus Fire Dept	Airway review, cardiac arrests and with concerning calls as needed	Service level QI Coordinator and QI team	Yes	Yes	Yes	Yes, monthly hands on training – vital signs, documentation	Yes, vital signs and oxygen use	100% weekly
Minot Fire	Airway review, cardiac arrests and with concerning calls as needed	Service level QI Coordinator and QI team	Yes	Yes	Yes	Yes, training on neuro assessment, mental illness	Yes	100% monthly
Paris Fire	Airway review, cardiac arrests and with concerning calls as needed	Service level QI Coordinator and QI team	Yes	Yes	Yes	Yes, ebola response training	Yes	100% weekly
Rumford Fire	Airway review, cardiac arrests	Service level QI	Yes	No	Yes	No	Yes, specific indicators –	100% weekly

	and with concerning calls as needed	Coordinator and QI team					was assessment begun before Med-Care arrival; was treatment begun before Med-Care arrival, was RF needed at the call	
Buckfield Rescue	Airway review, cardiac arrests and with concerning calls as needed	Service level QI Coordinator and QI team	Yes	Yes	Yes	Yes, capnography and airway management	Yes, airway and capnography	100% weekly
Wilton Fire and Rescue	Airway review, cardiac arrests and with concerning calls as needed	Service level QI Coordinator and QI team	Yes	Yes	Yes	Yes, AED use	Yes, response times	100% monthly or as calls happen
Bethel Rescue	Airway review, cardiac arrests and with concerning calls as needed	Service level QI Coordinator and QI team	Yes	Yes	Yes	No	Yes, pediatric, falls, cardiac arrest, license upgrades	100% monthly
Woodstock Fire First Responders	Airway review, cardiac arrests and with concerning calls as	Service level QI Coordinator and QI team	Yes	Yes	Yes	Yes, ebola response training with transport service	Yes	100% monthly or as calls happen

	needed							
Livermore Falls Fire Dept	Airway review, cardiac arrests and with concerning calls as needed	Service level QI Coordinator and QI team	No – but wants help to learn how to do this	No- but wants help to learn how to do this	Yes	No, but wants to plan for the coming year	Yes	100% monthly or when calls happen
PACE	Reviews PIFT, calls that are a concern	*Also has a service level QI Coordinator and QI team*	Yes	Yes	Yes	Yes, ebola response, clean IV starts	Yes, all LifeFlight calls	100% weekly
Weld Fire	Airway review, cardiac arrests and with concerning calls as needed	Service level QI Coordinator and QI team	No	No	No	No	Yes	100% when calls happen
Auburn Fire Dept	New service level medical director. Still orienting. Regional medical director still reviewing airway, cardiac arrests and calls that have raised concerns	*Also has a service level QI Coordinator and QI team*	Yes	Yes	Yes	Yes, ebola response, cardiac arrest management	Yes	100% weekly
Greene Fire	Airway review, cardiac arrests and with	Service level QI Coordinator	Yes	Yes	Yes	Yes	Yes	100% monthly or as calls

	concerning calls as needed	and QI team						happen
Carrabassett Valley Fire Dept	Airway review, cardiac arrests and with concerning calls as needed	Service level QI Coordinator and QI team	Yes	Yes	Yes	Yes, because of low call volume have con-ed for service members on critical type calls – Cardiac arrest, MVC, childbirth, hemorrhage	Yes	100% monthly or as calls happen
Kingfield Fire and Rescue	Airway review, cardiac arrests and with concerning calls as needed	Service level QI Coordinator and QI team	Yes	Yes	Yes	Yes, because of low call volume have con-ed for service members on critical type calls – Cardiac arrest, MVC, childbirth, hemorrhage	Yes	100% monthly or as calls happen
New Portland Fire and EMS	Airway review, cardiac arrests and with concerning calls as needed	Service level QI Coordinator and QI team	Yes	Yes	Yes	Yes, because of low call volume have con-ed for service members on critical type calls – Cardiac arrest, MVC, childbirth, hemorrhage	Yes	100% monthly or as calls happen
Green wood	Airway review,	Service level	Yes	Yes	Yes	Yes, ebola	Yes	100%

Fire and Rescue	cardiac arrests and with concerning calls as needed	QI Coordinator and QI team				response training with transport service		monthly or as calls happen
Harrison Fire and EMS	Airway review, cardiac arrests and with concerning calls as needed	Service level QI Coordinator and QI team	Yes	Yes	Yes	Yes, ebola response training with transport service	Yes	100% monthly or as calls happen
Trackside EMS	Airway review, cardiac arrests and with concerning calls as needed	Service level QI Coordinator and QI team	Yes	Yes	Yes	Yes, signoffs and trauma assessment in prep for season	Yes	100% weekly during racing season or as calls happen
Bates EMS	Airway review, cardiac arrests and with concerning calls as needed	Service level QI Coordinator and QI team	Yes	Yes	Yes	Yes, diabetic basics, when and how to take a blood glucose, sign offs	Yes	100% monthly or as calls happen
Andover Fire and Rescue	Airway review, cardiac arrests and with concerning calls as needed	Service level QI Coordinator and QI team	Yes	Yes	Yes	Yes	Yes	100% monthly or as calls happen
Farmington Fire and EMS	Airway review, cardiac arrests and with concerning calls as	Service level QI Coordinator and QI team	Yes	Yes	Yes	Yes	Yes	100% monthly or as calls happen

	needed							
Turner Rescue	Airway review, cardiac arrests and with concerning calls as needed	Service level QI Coordinator and QI team	Yes	Yes	Yes	Yes, documentation	Yes, airway cardiac arrests and sign offs	100% weekly
Oxford Fire and EMS	Airway review, cardiac arrests and with concerning calls as needed	Service level QI Coordinator and QI team	Yes	Yes	Yes	Yes	Yes	100% monthly or as calls happen
Lisbon Fire	Airway review, cardiac arrests and with concerning calls as needed	Service level QI Coordinator and QI team	Yes	Yes	Yes	Yes	Yes	100% monthly or as calls happen
New Sharon Fire and EMS	Airway review, cardiac arrests and with concerning calls as needed	Service level QI Coordinator and QI team	Yes	Yes	Yes	Yes	Yes	100% monthly or as calls happen

Regional QI performance indicator	Clinical Outcomes	Plans for improvement
Airway Management – Use of oral and nasal airways when ventilating a patient with a BVM	Improve oxygenation, decrease hypoxia	Continue to review and provide feedback
Airway Management – rate and compliance of ventilation with BVM	Prevent over ventilation; assure proper assessment of ventilation is being done (chest rise, rate, chest wall compliance, lung sounds)	Continue review and provide feedback
Use of ETCO2 wave form monitoring – 100%	To determine how successful resuscitation	Continue review and provide feedback

for advanced airway use	efforts are	
Proper documentation for insertion and use of an advanced airway	Prevent improper tube placement.	Continue review and provide feedback

3) Training Coordination

Supporting the learning needs of the EMS services in our region continues to be a priority. Over the past 6 months some EMS licensure courses came to their conclusion while others were planned and started. Our regional office approved continuing education programs and enters the attendance roster into the Maine EMS licensing system. Service level education continued to focus on reinforcing skills with providers and education was linked to quality indicators. This fall, training on PPE and emerging infectious disease was conducted by all services throughout the region in response to the ebola outbreak. The region provided regular updates and links to the most current training information.

Many specialty education programs were also conducted in the region through the regional office and by United, APEMS, and NorthEast Mobile Health. Our Maine EMS training center license was renewed and self-study submitted. Our role as an American Heart Association Community Training Center continued and we provided certification programs in ACLS, PALS, PEARS, BLS for HCP and HeartSaver CPR and First Aid programs.

We supported our regional services in community training for CPR, especially Hands Only CPR. These efforts will continue in the next two quarters as part of our plan to provide education to all of our EMS providers and services in high performance CPR as well as to increase education of the citizenry in Hands Only CPR.

Quality reviews also noted confusion among EMS providers on proper spinal assessment and immobilization. Part of the problem is that as a state we are in the process of creating a new protocol for this and changes have already been discussed in the EMS literature. Change to this protocol has also taken place in neighboring states adding to the confusion for some of our EMS providers. In response, we have provided education to services on proper spinal assessment (which has not changed) as well as reminders to follow the current protocol. Changes to the Pediatric Protocols as well as to the spinal protocol are expected to happen in the spring of 2015 and we will participate in providing this education and clarification.

Our staff also provided an airway training module this fall. This module was revised in December 2014 after our instructors attended an Airway Training session with Richard Levitan, MD a nationally recognized airway expert. The revised program will be offered in the winter and spring of 2015. This training continues to support our quality initiative in airway management.

Staff members from our office successfully completed the National Association of EMS Educators Instructor Program and have become licensed Maine ICs, giving us more resources for programing.

Name of Program	Location	Requested by EMS Service?	Result of QI activities?	Result of regional needs assessment?
Emergency Medical Responder (EMR)	Turner	Yes	Yes	Yes
Emergency Medical Technician (EMT)	Lewiston at Bates College	Yes	Yes	Yes
Emergency Medical Technician (EMT)	Lewiston	No	No	No
EMS Refresher	Farmington	Yes	No	Yes
Advanced EMT (planned)	Lewiston	Yes	No	Yes
EMR (planned)	Rangeley	Yes	Yes	Yes

4) Regional Councils

Our regional council spent part of each meeting reviewing our progress on the annual work plan. Medical Direction - Recruiting a replacement for the regional medical has been an ongoing activity. Members were kept up to date with the plans for updating ED provider staff in OLMC control training. Dr. Chagrasulis kept the council informed of the protocol review process and will convene a meeting with local medical directors once the summary documents have been provided by the state EMS Medical Director. She reported on her interactions with local medical directions and gave a general overview of her regional QI and educational activities with regional EMS services. The EMS proposed rules on Quality were discussed at both meetings. The council was informed of the progress of our regional quality projects. The results of the statewide out of hospital cardiac arrest study were reported. 100% of our regional services participated in this statewide QI project. The report on our Airway QI project included the increasing use of capnography both when ventilating patients as well as a diagnostic tool. Improvement in documentation for calls involving the management of airways was also noted. Dr. Chagrasulis and Joanne Lebrun reported the next big initiative for improving outcome of cardiac arrest. This includes training EMS providers in high performance CPR and the team approach to resuscitation. Providing follow up on those patients with ROSC following arrest was supported by the members of the council.

Planning and training for response to emerging infectious diseases (Ebola) was also discussed. A series of conference calls as well as emails to exchange current information were held. All EMS service and hospitals have been working together on ebola plans. Education sessions are planned for this winter where EMS Services and their local hospital emergency dept. and infectious disease staff will discuss response and mitigation plans for Ebola. The first is scheduled for January 13, 2015 in Norway.

Date	Type of Meeting (Board, Council, etc.)	Date minutes sent to MEMS
September 8, 2014	Regional Council (Board)	October 8, 2014
November 17, 2014	Regional Council (Board)	December 16, 2014

5) Public Information, Education, and Relations

A survey of the EMS services in the Tri-County EMS Region was conducted again in December 2015 to determine what types of public information, education and relations they have been involved with over the past 6 months. Twenty-three (23) services returned the survey. All services reported having conducted some type of public information or community programs during the past 6 months. The detailed results are below. Thirteen services reported being a HeartSafe Community service although the Maine Cardiovascular website only lists 6 services. This will be investigated to see which is most up to date. If services need to renew, we will assist them. One goal for this year is to have 100% transporting services apply for HeartSafe recognition. And to have at least 50% of non-transporting services apply for this recognition. Six services requested our assistance in becoming a HeartSafe Community and this will be accomplished in the next quarter.

EMS Services who are involved in the STEMI recognition and cath lab activation program will be assisted with applying for the American Heart Association Mission Lifeline recognition. This will happen January through February 2015. All services received information from Maine EMS Quality Improvement Committee on the Out of Hospital Cardiac Arrest Program. In this package were resources to assist services with creating and conducting community outreach education on Hands Only CPR. This project will help bring recognition to EMS Services.

Thirteen services responded in the affirmative to wanting to learn more about public education and public relations. Four would like to learn how to write a press release and eleven would like more ideas on what types of public education a service could offer. In the coming months, resources to accomplish these tasks will be provided to the services.

EMS Public Relations Survey

Placed a press release in a newspaper	**52.17%**	12
Been featured in a TV spot	**26.09%**	6
Been interviewed for a news article	**47.83%**	11
Submitted a service picture to the newspaper	**30.43%**	7
Used social media to publicize an event	**60.87%**	14
Held an open house	**56.52%**	13
Held a fund raiser	**43.48%**	10
Participated in a local trade show	**17.39%**	4
Had a booth/display at a fair or festival	**30.43%**	7
Given a presentation at a local club/organization	**43.48%**	10
Given a presentation at a school	**52.17%**	12
Provided education to residents in the community	**65.22%**	15
Made outreach visits to community members	**34.78%**	8
Provided EMS coverage at a fair, parade, or event	**60.87%**	14
Sponsored a local sports team	**8.70%**	2
Taught CPR in your community	**65.22%**	15
Other (please specify)	**17.39%**	4
Total Respondents: 23		

#	Other (please specify)	Date
1	EMS alcohol safety presentations to incoming freshman classes and Bates Residence Life program	12/19/2014 1:46 PM
2	Passed out glow sticks for Halloween Safety to area youth. Done bloodpressure checks for a local senior citizen's group monthly. Handed out File of Life packets in the community. Gave a monetary award to a graduating senior.	12/12/2014 8:09 PM
3	Did Flash Mob CPR events, Facilitated a First Response Community Program for Middle School, Do international AED SCA and AED awareness, AED deployments	12/12/2014 9:08 AM
4	Lisbon Emergency offer CPR/AED to non-profit group free of charge (Lisbon Emergency pays the cost). This past year: 4-H, Sport Booster, Town Hall employees. Twice a year we hold a BP clinics. Inform the selectmen of the importance of early CPR, AED. Working on a pilot CPR/AED program to see if high school and middle school age children will be pay attention in class (middle school went very poorly)	12/11/2014 6:45 PM

A Selection Of Pulic Relations and Educational Events

Date	Program description	Service Sponsor
July 8, 2014	How to Be a High Quality CPR Champion in Your EMS Agency (webinar)	Tri-County EMS (all services invited)
October 11, 2014	Hands Only CPR Program	Sabattus Fire
December 4, 2014	Introduction to Mission LifeLine	Tri-County EMS
October 2, 2014	Review of HeartSafe Community Recognition and AED Grant	Tri-County EMS
December 2014	Public Relations Survey	Tri-County EMS
July 11 – 13, 2014	Moxie Festival	Lisbon Emergency
August 15-17, 2014	Balloon Festival	United Ambulance
Monthly	Car seat fitting stations	United Ambulance
December 15, 2014	Mission LifeLine Meeting	Tri-County EMS
September 10 - 13, 2014	Oxford County Fair	Oxford Fire and EMS
September 14 to 20, 2014	Farmington Fair	NorthStar EMS
August 1 and 2, 2014	Blueberry Festival	Wilton Fire and EMS

6) Attendance and participation in Maine EMS meetings

Date	Meeting description (Ops, MDPB, QI)	Attendee(s)
July 1, 2014	OPS (no meeting)	
July 16, 2014	MDPB and QI	Joanne LeBrun
July 16, 2014	MDBP	Rebecca Chagrasulis, MD
August 5, 2014	OPS (no meeting)	
August 20, 2014	MDBP and QI (no meeting)	
September 2, 2014	OPS (cancelled)	
September 17, 2014	MDBP	Rebecca Chagrasulis, MD (excused)
September 17, 2014	MDBP and QI	Joanne LeBrun
September 30, 2014	OPS	Joanne LeBrun

October 15, 2014	MDBP	Rebecca Chagrasulis, MD (excused)
October 15, 2014	MDBP and QI	Joanne LeBrun
November 4, 2014	OPS	Joanne LeBrun
November 19, 2014	MDBP	Rebecca Chagrasulis, MD
November 19, 2014	MDBP and QI	Joanne LeBrun
December 2, 2014	OPS	Joanne LeBrun
December 17, 2014	MDBP	Joanne LeBrun
December 17, 2014	QI	Joanne LeBrun

7) Other Projects requested by Maine EMS and consented by region

Description	Activity	Outcome
Ebola	Planning and Preparedness; conference calls; meetings	Preparedness, information sharing with services
Infectious Disease Update with services	Updated services on infectious disease planning	Preparedness, information sharing with services
EMD Surveillance Tool	Distribution, education, conference calls	Preparedness, EMS Provider understanding of tool
Protocol Input Webinars	Distribution of announcements, information sharing	EMS provider input

Date submitted: ____December 31, 2014_____

Name Printed: ____Joanne LeBrun_____