

December QI Committee Minutes

Wednesday, December 15, 2021

1:29 PM



Quality Improvement Committee Minutes December 15, 2021

“The mission of Maine EMS is to promote and provide for a comprehensive and effective Emergency Medical Services system to ensure optimum patient care with standards for all providers. All members of this Committee should strive to promote the core values of excellence, support, collaboration, and integrity. In serving on this Committee, we commit to serve the respective providers, communities, and residents of the jurisdictions that we represent.”

1. Introductions / Roll Call
 - a. Guests
 - i. Olive McKenzie, Robert Sharkey, Esther McLane., Dwight Corning, Chase Labbe, Jack Indritz, Dwayne Lee Philbrook, Chris Pare
 - . Maine EMS Staff
 - i. Jason Oko, Darren Davis, Melissa Adams
0. Modifications to the agenda
 - a. none
1. Public comments
 - a. none
2. Approval of Minutes
 - a. Tabled to January 19, 2022
3. Old Business
 - a. Chair Elect Discussion
 - b. Regional QI Survey
 - i. Can we have an update on this? Joanne is happy to report -
 1. Just under 100 respondents
 2. Some are more robust than others

3. Looking for 100% compliance
 - a. We will be reaching out to not participants
0. We will have more information mid-January
1. Sally had nothing to add - thank you
4. New Business
 - a. Naloxone Newsletter
 - i. Darren shared some data, very widget based
 1. Keep
 - a. Number of administrations
 - b. Clinician type
 - c. Dispositions
 - i. Leave behind
 - . Administered prior to arrival
 - a. Public Health - number of overdoses in Maine by year, could this be a surrogate for Maine EMS and public health
 2. Add a dispatch component
 3. Discussion
 - a. Dan Masselli
 - i. Outcome - pre-hospital
 1. Discussing sign-offs and use of protecting someone in protective custody
 2. Is there a way to correlate pre-hospital treatment to post hospital outcomes.
 1. Jason explained the hurdles regarding outcome data for individuals experiencing SUD, Mental Health And HIV/AIDS information.
 2. Darren spoke about naloxone dispensation, and the activities of the committees he works with regarding SUD and the od2a committee. Giving patients referrals to resources.
 0. Matt what can we do to set ourselves up for success with the naloxone dispensation program. It is hard to pair up outcomes. Look at some of the death data.

Understanding barriers to naloxone dispensation. Are there vulnerabilities in the process of leaving naloxone behind.

1. Number of administrations
 2. Number of dispositions
 3. Repeat patients.
0. Jack Indritz - repeat patients may not be a measure for the leave behind program -
 1. Opiate calls that result in death may be a good measure.
 2. Protocol update - do we give naloxone during cardiac arrests - this is discouraged -
- . Jason - Naloxone dispensation will be great, but we do not have sufficient data to report on that program in this newsletter
- i. Matt - along with providing naloxone, you need to provide resources - this is part of the new protocol.
 1. Leaving with just a kit is not as good as leaving with a kit and a road map to resources that are available to the patient
 2. We can do foundational work and see how we would want to query it in the future
 1. Dwayne Lee Philbrook - if you leave a kit, it might remove EMS from the equation, need enlightenment to the resources available to me in my area
 2. Esther - partnering with the local hospital to establish resource catalogs
0. Melinda - Dispatch administered naloxone when a family member has it in their possession.

2. Future Newsletter Topics

a. tabled

7. Other

- a. Items for next meeting agenda
 - b. Next meeting date
 - c. (January 19, 2022)
 - i. Membership - Oliver McKenzie
 - ii. Steve Smith - Nurse Practitioner interest in hospital position
 - iii. Finish naloxone newsletter
8. Adjourn