Quality Assurance & Improvement Committee
Minutes for September 21, 2022

"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 clinicians. 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 clinicians, communities, and residents of the jurisdictions that we represent."

1. Call to Order
    a. Chip called the meeting to order at 1332
2. Reading of the mission statement
    a. Chip read the mission statement
3. Attendance
    a. Committee Members: Chip Getchell, Alan Henschke, Joanne Lebrun, Jon Powers, Kate Zimmerman, Beth Collamore, Rob Sharkey, Dwight Corning, Ben Zetterman
    b. Guests: John Becknell (SafeTech Solutions), Sally Taylor
    c. Maine EMS Staff: Jason Oko, Sam Hurley, Ashley Moody, Darren Davis
4. Public Comments
    a. No public comments.
5. Modifications to the agenda
    a. Adding Dr. Becknell to the agenda for strategic planning conversations
6. Previous Meeting Minutes
    a. July Meeting
        i. Motion by Dwight to approve, Second By Dr. Collamore, abstain by Joanne and Rob Sharkey, the minutes are approved
7. Old Business:
    a. Southern Maine Rep.
        i. Need to repost the position.
    b. Stroke Newsletter
        i. Motion to approve the newsletter as written - By Dwight, second by Ben Zetterman, no discussion, approved by all present
    c. Safety Newsletter
        i. Jason Presented the newsletter
            1. Maine Crash Data
            2. Chip will draft, with Ben, the overview
            3. Add seatbelt piece to the takeaways for clinicians and patients
            4. Sam - do we think it is time for a reporting mechanism for required reporting for ambulance crashes in maine - should this committee tell the board that it is time to require that.
            5. Robert Sharkey agreed that we should do it, we need to define what we want that to look like.

6. Alan - every state requires that, and it had a dollar value in it, CT was anything over $500 required a report. Formalize the requirements Also, if a vehicle was involved, it received an inspection by the EMS entity.
7. Sam - in DC, any damage needed to be reported, based on a dollar amount, over $2,000 was out of service temp. until an inspection compliance office reviewed it. We want to hear about all of them. Especially related to fatigue.
8. Alan - we want to have it we received, avoid a punitive tone. A culture of Safety, we want to reduce the risk to our patients and clinicians.
9. Joanne - supports the notion of collecting this information in a non-punitive fashion. Could NHTSA help with this? Folks that can have been involved in some of the more recent incidents, capture the stories and share them.
10. Sharkey - agrees with Joanne - testimonials - hearing it from people vs. statistics may change people's perspective. Rob shared a story of a recent crash with an ambulance.

8. New Business:
    a. SafeTech Solutions Strategic Planning Conversation
        i. Dr. Becknell spoke to the group regarding strategic planning.
        ii. Dr. Becknell asked, when you think about quality in the net 10-15 years, how do you see it?
        iii. Dr. Zimmerman - would love to see us be able to gather data and look at quality in a real-time fashion to mold and shape the system to provide the best care for our patients. A broad level, for services, and a clinician level.
        iv. IFT and time metrics - Patients to appropriate destinations from the field -
        v. Joanne Lebrun - improving linkages to education and particularly at a service level for just-in-time-training, how is that resourced and supported, linking back to the destination, to get out of our silos regarding quality - Quality should be driven to the personal level, and services should be able to support full time quality personnel. Also, operations has a piece of quality when we think about improving response times and modes. All of this completely financially supported.
        vi. Dr Collamore - see an improvement and stronger leadership when it comes to medical direction. We are weak at online medical control. Hospitals have to use a lot of travel docs that are not familiar with our protocols and our clinicians are disheartened when they don't get help on the other end of the phone. Medical Direction that is actively involved. Working with individual hospitals.

vii. Jason Oko spoke about a system of individuals trained on quality assurance and improvement that allows for patient outcomes and feedback to EMS clinicians and it is used to drive real time standards and make patient decisions. It is also based on the community's needs.
viii. Joanne added - she would think we could do away with online medical control as it exists now and use it instead as a consultation rather than the current system.
ix. Dr. Becknell asked if we have a way to evaluate it now.
x. Alan Henschke - Seconds most of what has been said - viewing quality we lack the ability to get a timely EMS response, it is a deficit that needs to be solved, it is a systemic issue where the public is not getting a timely ems response - telemedicine, especially for critical cases. Centralized medical direction. Quality needs to be a culture change. Not an add on. Making quality and just culture principals, not punitive, a tool for improvement, how do we engineer the system to prevent errors.
xi. Dr. Becknell asked was it education?
xii. Alan explained a process where education and time and ensuring the process was not punitive, it is what we have to do in medicine.
xiii. Availability of timely EMS resources and their efficient use is the largest issue.
xiv. What is the leading clinical quality issue facing Maine?
xv. Documentation. Garbage In Garbage Out - is the data really accurate?
xvi. We need to measure the performance when the data isn't accurate. How can we?
xvii. Chip Getchell - the just culture is very important - in the future any clinician should feel comfortable speaking to someone regarding a mistake. They should feel a duty to discuss the issue. Find more ways to have linkages to patient outcomes. The protocols need to be more of an education document and a checklist mentality. Annual proficiencies.
xviii. Alan is on the checklist team too. Feels like it could reduce errors.
xix. Dr. Becknell - spoke about what people are worried about most, and how a process can help them do that.
xx. Rob brought up a question non-binary patient, how do we document the patient sex question? Sam replied that we cover this in the cultural humility training, we need to consider what is relevant to the patient's condition, it would be the gender assigned at birth. It is important to notate in the narrative that the patient identifies as non-binary and whether they are transitioning.

9. Next Meeting
    a. October 19, 2021
10. Adjournment
    a. Meeting adjourned at 1455

Motion Tracker

A "1" or a "2" preceding the "Y" or "N" indicates the motion and the seconding of the motion

Member	Motion1	Motion2
Chip Getchell	y	y
Alan Henschke	y	y
Jon Powers	y	y
Beth Collamore	2y	y
Kate Zimmerman	y	y
Robert Sharkey	abstain	y
Ben Zetterman	Y	2y
Joanne Lebrun	abstain	y
Dwight Corning	1y	1y