

# 20230517 Data Committee Meeting Minutes (draft)

Wednesday, May 17, 2023 3:00 PM

**Meeting Subject:** Data Committee Meeting - 4/19/2023

**Meeting Date:** 5/17/2023 3:00 PM

**Location:** <https://mainestate.zoom.us/j/85660041261>

**Link to Outlook Item:** [click here](#)

**Invitation Message**

**Participants**

---

11 Members, 6 required for Quorum

## Agenda

1. Call To Order at
2. Reading of the Maine EMS mission statement:  
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.
3. Attendance
  - Committee Members
    - [Alexander Rezk](#)
    - [Andrea McGraw](#)
    - [Darin White](#)
    - [Jesse Thompson](#)
    - [Julie Ontengco](#)
    - [Melinda Dyer](#)
    - [Rick Petrie](#)
    - [Robert Sharkey](#)
    - [Stephen Smith](#) (Accepted in Outlook)
    - [Eric Mailman](#)
    - [Christopher Ryba](#)
    - [Meehan-Coussee, Kelly](#)
  - Non-Committee Participant(s)  
Jason Oko Staff/Host
4. Approval of prior meeting minutes:
  - a. 11/16/2022
    - i. Motion by Sharkey
    - ii. Seconded by Chris Ryba
    - iii. No Discussion
    - iv. Abstention by Dyer, McGraw, and Ryba, Motion carries with all other in favor

- b. 03/15/2023
  - i. Motion by Ryba
  - ii. Seconded by Sharkey
  - iii. No Discussion
  - iv. Unanimous of all present

5. Public Comment

- a. none

6. Modifications to Agenda

- a. Question about Bleeding
- b. Question about Refusal of individual interventions, and interventions not captured on the print form
  - i. Add both to new business

7. Old Business

a. NEMSIS 3.5 Transition

i. Update

i. Form design

- 1) Jason Shared the NEMSIS 3.5 form and demonstrated some of its features

ii. Guide and mini-guide

- 1) No update on this item

iii. Education

- 1) Education through MEFIRS Open Forums

- 2) Stephen and Andrea are working on a product

iv. Community Health & Critical Care

- 1) These are a work in progress and we will provide updates at a later date.

v. Canines

- 1) This is being explored and reviewed by the Maine AAG and the board of veterinary medicine

b. Incident Status Discussion

c. Current values

Archive

Billed

Complete / Reviewed

Failed Vaccination Screening

In Progress

Marked For Deletion

N/A

Non-Billable

Non-Billable Stand By

Ready For Review

Ready For Vaccine

Ready to Bill

Requires Review

Vaccine Received

d. Proposed Values

In Progress

Ready for Review

Ready to Bill

Complete

Marked for Deletion

Archived

Non-Billable - the committee would like to consider to keep this status

e. Discussion

Incident_Status	Summer
NULL	11
Archive	413
Billed	164866
Complete / Reviewed	46697
Failed Vaccination Screening	11
In Progress	24523
Marked For Deletion	514
N/A	476
Non-Billable	39800
Non-Billable Stand By	1000
Ready For Review	5
Ready to Bill	16311
Requires Review	5967
Vaccine Received	2

a. Committee Membership - **Tabled to Next meeting**

Title	Email	Role/Position
Darren Davis	Darren.W.Davis@Maine.gov	Maine EMS Staff Member
vacant		EMS Billing
Darin White	DWHITE51@roadrunner.com	Chair, Fire-based EMS
Robert Sharkey	sharkeyr@unitedambulance.net	Private EMS Agency
Eric Mailman	ericmailman@me.com	Non Fire-based EMS Agency
Rick Petrie	rpetrie@apems.org	Institutional Review Board
Stephen Smith	SSmith2@fchn.org	Ex officio board member
Vacant		Maine CDC Representative
Julie Ontengco, DNP	ONTENJ@mmc.org	Hospital Representative
Alexander Rezk	alexander.rezk@maine.edu	University Representative
Vacant		Public Health Epidemiologist or Intelligence Officer
Melinda Fairbrother-Dyer	mjdyer@cumberlandcounty.org	EMD Representative
Andrea McGraw	akmcgraw@emhs.org	Ad-Hoc
Jesse Thompson	thompsonjesseb@gmail.com	Ad-Hoc

Christopher Ryba	christopher.ryba@gmail.com	Ad-Hoc
Kelly Meehan-Cousee	kelly.meehan-cousee@mainegeneral.org	MDPB Member

8. New Business - **tabled this for next meeting**

a. Request from Board Chair

- i. Please provide the Board with a summary and progress report of the items your committee has completed or is working on over the past two years, including an approximation of committee member time allocated to that project, if applicable.

As the committee, what are your short- and long-term goals over the next two years? Do you have clearly articulated objectives with measurable outcomes? \*\* Please note that these may change; the Board is seeking input from the Committees before it determines the goals, objectives, and measures for each Committee and Entity of the Board

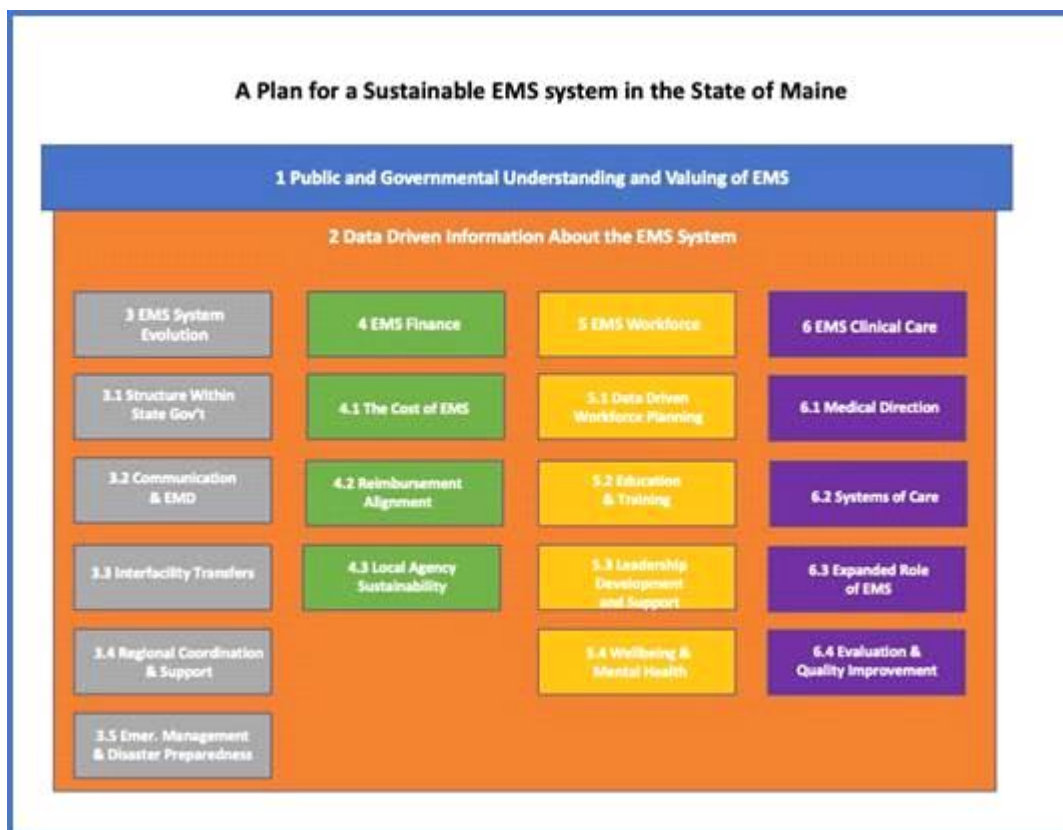
What resources do you anticipate needing from the Board and staff to ensure the success and advancement of your committee's goals and objectives?

2. Future Meetings

- i. Remote or in person?
- ii. Microsoft Teams

b. Maine EMS Vision for 2035 advanced by Board

1. Data Driven



c. Service Area Definitions

- 1. **Primary Emergency Response Area:** The area(s) where the agency provides response to a **scene location** for Emergency and Non-Emergency responses. This response area would be used for Types of Service Requested for the agency's primary jurisdiction of:
  - **EMERGENCY RESPONSE (PRIMARY RESPONSE AREA):** Emergent or immediate

response to an incident location, regardless of method of notification (e.g., 9-1-1, direct dial, walk-in, flagging down, air ambulance scene flight).

- PUBLIC ASSISTANCE: The unit responded to provide non-traditional or EMS services not otherwise specified here (e.g., elderly or disabled patient assistance, public education, injury prevention, community paramedicine/mobile integrated healthcare, immunization programs).
- STANDBY: Initial request for service was for purposes of being available in case of a medical/traumatic emergency (e.g., sporting/public events, fires, police action).
- SUPPORT SERVICES: The unit responded to provide support not otherwise specified.
- NON-PATIENT CARE RESCUE/EXTRICATION: The unit responded to provide rescue and/or extrication service, personnel or equipment.
- CREW TRANSPORT ONLY: The unit responded to transport crew only.
- TRANSPORT OF ORGANS OR BODY PARTS: This includes tissues, biological samples, organs, and body parts.
- MORTUARY SERVICES: The unit responded to provide service or assistance in the event of a deceased patient.
- ADMINISTRATIVE OPERATIONS:
  - The unit provided EMS coordination, oversight and/or supervision of services.

**2. Mutual Aid Response Area:** The area(s) where the agency provides response for Emergency and Non-Emergency responses to a **scene location** that is outside of their own Primary Emergency Response Area(s) and for which are in the Primary Emergency Response Area(s) of another agency. This response area would be used for Types of Service Requested outside of the agency's primary jurisdiction of:

- EMERGENCY RESPONSE (MUTUAL AID): Response of emergency medical services, and other emergency personnel and equipment, to a request for assistance in an emergency when local resources have been expended.
- PUBLIC ASSISTANCE: The unit responded to provide non-traditional or EMS services not otherwise specified here (e.g., elderly or disabled patient assistance, public education, injury prevention, community paramedicine/mobile integrated healthcare, immunization programs).
- STANDBY: Initial request for service was for purposes of being available in case of a medical/traumatic emergency (e.g., sporting/public events, fires, police action).
- SUPPORT SERVICES: The unit responded to provide support not otherwise specified.
- NON-PATIENT CARE RESCUE/EXTRICATION: The unit responded to provide rescue and/or extrication service, personnel or equipment.
- CREW TRANSPORT ONLY: The unit responded to transport crew only.
- TRANSPORT OF ORGANS OR BODY PARTS: This includes tissues, biological samples, organs, and body parts.
- MORTUARY SERVICES: The unit responded to provide service or assistance in the event of a deceased patient.
- ADMINISTRATIVE OPERATIONS:
  - The unit provided EMS coordination, oversight and/or supervision of services.

**3. Intercept Response Area:** The area(s) where the agency provides response for a higher level of care to augment the ongoing care provided by other another agency. This response area would be used for Types of Service Requested of:

- EMERGENCY RESPONSE (INTERCEPT): When one EMS clinician meets a transporting EMS unit vehicle with the intent of receiving a patient or providing a higher level of care.

**4. Interfacility Transfer Service Area:** The area(s) where the agency provides transfer services

for Hospital-to-Hospital Transfers, Hospital to Non-Hospital Facility Transfers, Non-Hospital Facility to Non-Hospital Facility Transfers, Non-Hospital Facility to Hospital Transfers, Other Routine Medical Transports to a **pickup location**. This response area would be used for Types of Service Requested of:

- HOSPITAL-TO-HOSPITAL TRANSFER: Any transfer, after initial assessment and stabilization, from and to a healthcare facility, to include specialty hospitals, for the purpose of continuation of acute care, this would also include emergent transfer requests (e.g., hospital to hospital, clinic to hospital).
- HOSPITAL TO NON-HOSPITAL FACILITY TRANSFER: Any transfer from a hospital to a non-hospital facility. An example of this is a transfer from a hospital to a care center.
- NON-HOSPITAL TO NON-HOSPITAL FACILITY TRANSFER: Any transfer from one facility to another facility neither of which qualify as a hospital. An example of this is a transfer from a dialysis center to an out-patient clinic.
- NON-HOSPITAL FACILITY TO HOSPITAL TRANSFER: Any transfer from a non-hospital facility to a hospital. An example of this is a transfer from a dialysis center to a hospital.
- THER ROUTINE MEDICAL TRANSPORT: Transports that are not between hospitals or that do not require an immediate response; these are generally for the purpose of transportation to or from an appointment, performance of a procedure, or long-term care (e.g., hospital to home/hospice/rehabilitation/long-term care facility).

**5. Community Paramedicine Service Area:** The area(s) where the agency provides Mobile Integrated Health Services. This response area would be used for Types of Service Requested of:

- MOBILE INTEGRATED HEALTH CARE ENCOUNTER: The responding unit provided mobile resources in the out-of-hospital environment. It may include, but is not limited to, services such as providing telephone advice to 9-1-1 callers instead of resource dispatch; providing community paramedicine care, chronic disease management, preventive care or post-discharge follow-up visits.
- EVALUATION FOR SPECIAL REFERRAL/INTAKE PROGRAMS: EMS provides an initial medical screening as part of the intake process for various specialty referral services or programs (such as "Safe Baby Haven", mental health or addiction, or similar programs).

d. Cardiac Arrest PCR Flow

9. Next Meeting: May 17, 2023 15:00

10. Adjourn at
- a. Motion by
  - b. Seconded by

**Parking Lot:**

- Researching obstacles to implementing CAD Feeds
- Data Reporting
  - How do we structure the data for
    - Quality
    - Operations
  - Can this committee validate the output from the system
  - Crafting reports with the QI committee will be very important

## Stated Goals

11. Improve on reporting apathy/Attitude
12. Improve education on data
13. Improve accountability for data
14. Improve on value to clinicians for accuracy and thoroughness
15. Improve on value to agencies for accuracy and thoroughness