



STATE OF MAINE  
DEPARTMENT OF PUBLIC SAFETY  
MAINE EMERGENCY MEDICAL SERVICES  
152 STATE HOUSE STATION  
AUGUSTA, MAINE 04333



JANET T MILLS  
GOVERNOR



MICHAEL SAUSCHUCK  
COMMISSIONER

J. SAM HURLEY  
DIRECTOR

Maine EMS for Children Advisory Committee

December 14, 2023 0930-1100

Via Zoom

I. **Call to Order** at 0930

*Members Present:*

Dr. Rachel Williams, State Pediatric Medical Director

Heidi Cote, RN, ED Manager, MMC

Dr. Allison Zanno, Neonatologist

Marc Minkler, NRP, EMSC Program Manager

Brian Richardson, FAN, Senior Director of Emergency Management & Preparedness, MaineHealth

Frank McClellan, NRP, CF-P, EMS Provider

Courtney Cook, RN, VP of Nursing & Patient Care at Northern Light Inland Hospital

Dr. Rosie Davis, Pediatric Hospitalist, CMMC

Dr. Kate Zimmerman, Maine State EMS Associate Medical Director

*MEMS Staff:*

Chris Azevedo, Maine EMS State Education Coordinator

*Stakeholders:*

Jane Ostler, EDC

Sarah Austin, RN, State Perinatal Educator

Dr. Amy Belisle, Maine State Chief Pediatrician, Maine DHHS

Dee Kerry, Executive Director, Maine AAP

II. **Introductions/Public Comments:**

Attendees introduced themselves. Minkler reads 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 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."*

No public comments.

● **Excellence** ● **Support** ● **Collaboration** ● **Integrity** ●

PHONE: (207) 626-3860

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With offices located at the Central Maine Commerce Center, 45 Commerce Drive, Suite 1, Augusta, ME 04330

- III. **EMS Office Update:** Minkler state Director Hurley has left Maine EMS and interviews are underway for new director. Maine EMS has launched application for EMS stabilization program, which allots up to \$12 million through Gov Mills budget for EMS agencies in financial crisis. Info and application are available on the Maine EMS website. Azevedo provides update on education and committee work.
- IV. **EMS-C Program Update:** Minkler reports on status of current grant and carryover money approved by HRSA. Provides report on EMSC All Grantee meeting in Austin, TX.
- V. **FAN Update:** Richardson provides update on activities and slides on pedi readiness and disaster planning that includes pediatric patients, reunification, and family centric care and home preparation. He has been invited to present nationally on efforts in Maine on this topic. Shares update on national FAN meetings he has attended.
- VI. **Pediatric Medical Director Update:** Williams provide an update on state EMS Medical Direction Practices and Board meetings and activities regarding updates to pediatric care protocol.

VII. **Performance Measures Update**

- a. Minkler provides update on each of the current performance measures and efforts.
- b. Discussion from all on pediatric skills competency and how to achieve and barriers.

VIII. **Program Update**

- a. Minkler provides update on Virtual Reality education on pediatric assessment.
- b. Austin provides update on Basic Life Support in Obstetrics courses statewide.
- c. Belisle updates group on efforts around Perinatal Systems of Care
- d. Belisle provides update on Nirsevimab for RSV and availability statewide.
- e. Minkler provides update on NASEMSO activities and pediatric collaboration with other states and US territories.
- f. Williams/Zimmerman/Azevedo provide update on protocol changes specific to pediatric care, numbers of completion and continuing efforts. Protocols go into effect Jan 31, 2024.
- g. Ostler provides update on PPRP survey for 2024 and discusses efforts around this.
  - i. Minkler sates we will be state led survey process and following strategy provided and directed by EDC, but notes some challenges (date typo, daily phones calls from Jun 20-Jul 31 not possible on weekends/holidays and may not be fruitful to call each agency daily)
- h. Minkler shares that a collaboration between EMSC, CDC, DHHS and MMA-CQI has funded the purchase of Ferno KangooFix Neonatal transport devices. One will be purchased ort every Maine based ground ambulance service, and education developed on MEMSEd. Anticipated deliver late Q1 2024. Thanks all involved for incredible work and collaboration on this effort.
- i. Minkler updates on MEMSEd programs available 24/7 and free statewide
  - i. Safe sleep with Maine Safe Sleep Coalition has had 705 participants.
  - ii. BRUE has had 697 participants.
  - iii. Seizure program has had 851 participants.
  - iv. Pediatric Assessment Triangle has had 655 participants.
  - v. Total of 2,908 participants for 3,278 hours of CEH.

● **Excellence** ● **Support** ● **Collaboration** ● **Integrity** ●

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- j. Update form Minkler on efforts with AAP
    - i. Kerry and Davis continue to advocate for PECCs and have had great results in hospitals identifying PECCs.
    - ii. Kerry & Minkler are collaborating for the Spring AAP conference at Samoset. Dr. Marc Auerbach will be the keynote and discuss Pediatric readiness and host a panel of representatives, and then present the next day on pediatric simulation for EDs and primary care offices to improve readiness.
  - k. Minkler discusses and shows sample video on education being finalized with MCD on pediatric behavioral emergencies. 8-part series that will on MEMSEd and free to all EMS clinicians and award CEH.
  - l. Minkler provided an update on other EMSC activities.
    - i. Maternal Fetal Infant Mortality Review Panel
    - ii. Maine Collaboration of Care for Children with Serious Illness Committee
    - iii. Support of pediatric medical director
    - iv. Various state meetings (Board, MDPB, Education & Exam, TAC, IFT, etc)
    - v. Data assistance to DHHS, individual agencies
    - vi. QI review of pediatric calls, QI sessions with midwives
    - vii. Presentations at
      1. *EMS World Expo (New Orleans, Sept 2023)*
      2. *NY State EMS Conference (Syracuse, Oct 2023)*
      3. *National EMS Conference (Atlantic City, Nov 2023)*
      4. *Samoset EMS Conference (Rockport, Nov 2023)*
  - m. Minkler updates on Always Ready for Children Program
  - n. Update on State of Pediatric EMS in Maine (Jan-Nov 2023)
    - i. 11,846 under 18
    - ii. 23.4% no transport rate vs 13% no transport if over 18
      1. Requires further data analysis for understanding.
    - iii. Graph on responses by age for same time-period.
    - iv. OB and field deliveries data
- IX. **Open discussion**
- a. Opportunity for further questions, items
- X. **Adjournment**
- a. Meeting adjourned at 11am
  - b. Next meeting March 14, 2024 at 0930

NOTE – PDF of powerpoint presentation attached to these minutes  
 Minutes recorded by Marc Minkler.



December 14, 2023  
Advisory Committee Meeting

# Welcome!

- Introductions



# *Conflict of Interest Disclosure*

*A situation in which a person has a duty to more than one person or organization but cannot do justice to the actual, or potentially adverse, interests of both parties.*

## *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 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.”***

# Maine EMS Update



# Overall grant reporting

- We are in Year 6
  - *Within budget*
  - *NCC report due 12/17/23*
  - *Carryover approved (\$9,201)*





# EMS-C All Grantee Meeting

- Austin, TX
- Attended with Brian Richardson

# FAN REPORT

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MAINE EMS FOR CHILDREN ADVISORY COMMITTEE

12-14-2023

## **Situation**

- 26% of Maine's population, roughly 335,000, are children under the age of 18 (EMS-C, n.d.).
- National Pediatric Readiness Project (NPRP) ME State Summary: 65 out of a possible 100 (EMS-C, 2021).  
Areas including:
  - quality measures (collection of data, analysis, and performance improvement),
  - all aspects of disaster planning (including family involvement for CYSHCN) **and**
  - behavioral health resources for children during disasters (EMS-C, 2021).
- The 2019 Maine Shared Community Health Needs Assessment (CHNA): 23% of Maine's children considered CYSHCN.

## **Background**

- Historical transition of pediatric care from community level hospitals to specialty centers
- Lower volume of pediatric patients seen at community centers than in the past
- Rural hospitals lack pediatric specific resources: equipment & standardized training (e.g., ENPC, PALS, & PEPP)

## **Assessment**

- Limited resources & lack of standardized pediatric training negatively impact readiness & potentially pediatric outcomes
- Limited data points and quality measures reported makes assessment and overall pediatric awareness difficult
- Little to no emphasis of home disaster preparedness for under-resourced pediatric populations, & CYSHCN decreases community resiliency
- Limited pediatric centric emergency management & preparedness activities are being done across Maine

## **Recommendations**

- Children's Hospitals should join the Disaster Networking Collaborative (Pediatric Pandemic Network)
- Form a pediatric centric sub-group of the Hospital Emergency Management Committee
- Support pediatric readiness & QAPI efforts in all of Maine's Emergency Departments
- Advocate for families of under-resourced children or CYSHCN by engaging providers to discuss in home disaster preparedness
- Work with the HCCME & CDC-PHEP to bring recognized Pediatric Disaster Response & Preparedness programs to Maine
- Encourage EMS & Emergency Departments to include pediatric specific objectives & patients in all exercises



## **Family Readiness & Disaster Resiliency**

- Encourage the use of the Family Voices-Family Engagement Assessment Tool
- Use Family Centric Focus Groups specifically for CYSHCN
- Create a discharge & practice specific kits for disaster preparedness for CYSHCN

## **Healthcare Organization Readiness**

- Review and complete a gap analysis based on score for pediatric readiness (National Pediatric Readiness Project)
- Attend MGT 439 *Pediatric Disaster Response & Emergency Preparedness* in Maine (TEEX programing).
- Each table top, drill, & exercise should include pediatric patients (strive for 25%)

## **Community Resiliency**

- Use ECBO\*\* to assist in reaching under-resourced populations and communities
- Explore the topic of family reunification after a disaster

\*\* *Ethnic Community Based Organizations*



# Pediatric Medical Director Update

# Hospital Centric Performance Measures

**Program Objective 1: By 2027, expand the uptake of pediatric readiness in EDs**

Goal	State Goals	Maine Status
ED recognized through a standardized recognition program to stabilize and/or manage pediatric emergencies.	2024: 30%	Currently Recognized: 3% In progress: 12%
ED has a designated nurse, physician, or both who coordinates pediatric emergency care.	2024: 60%	Goal met - Currently PECCs at 26/35 EDs (74%)
ED weigh and record child weight in kilograms.	2024: 78%	Goal met - Encouraged through PECCs, research papers made available, part of hospital "Always Ready for Children" recognition program. Currently at 80%.
ED has a disaster plan that addresses the needs of children.	2024: 60%	Encouraged through PECCs, part of hospital "Always Ready for Children" recognition program. 20% complete.

# EMS Centric Performance Measures

## Program Objective 2: By 2027, improve pediatric readiness in EMS systems

Goal	State Goals	Maine Status
EMS agencies recognized through a standardized program to stabilize and/or manage pediatric emergencies.	2024: 10% (27 agencies)	Working with New England states, NY and NJ to create a regional standardized program.
EMS agencies have a designated individual(s) who coordinate pediatric emergency care.	2024: 40% (108 agencies)	Working with New England states, NY and NJ to create a regional standardized program. We had 22 PECCs in 2021.
EMS agencies have a process that requires demonstration of the correct use of pediatric-specific equipment.	2024: 34% (92 agencies)	Challenging - Maine EMS Board eliminated this requirement for clinicians statewide.
EMS agencies have a disaster plan that addresses the needs of children.	2024: 45% (122 agencies)	Not yet started



# Administrative Performance Measures

**Program Objective 3: By 2027, prioritize and advance family partnership and leadership in efforts to improve EMSC systems of care**

Goal	State Goals	Maine Status
Have a Family Representative on State EMSC Advisory Committee.	2024-2027: 100%	Goal met
Establish permanence of EMSC in the EMS system.	2024-2027: 100%	Goal met with continuing goal of state funding.
Integrate EMSC priorities into EMS statutes/regulations/rules.	2024-2027: 100%	Goal met partially. Establish EMSC as permanent EMS role still needed.

# Virtual Reality

- Successful use continues
- Bar Harbor Fire Dept
- Windham Fire & Rescue
- Raymond Fire Department





- Grant funded opportunity with DHHS
- 3 at York Hospital
- 11 additional classes funded



# Perinatal Systems of Care

- DHHS, EMS, Public Health, Hospitals, Division of Disease Prevention, Maine Hospital Association, many others
- **“Achieve healthy pregnancies & the best possible maternal & birth outcomes in all areas of the state, and across all populations”**
- **“Ensure all mothers and infants receive the right care in the right place at the right time through perinatal regionalization efforts.”**



# NAEMSO Pediatric Emergency Care Council

- Collaborative effort of all 50 states, DC, and freely associated territories, to integrate states needs, federal resources, and EMS-C activities
- Various Roles
  - *Chair of NAEMSO US Pediatric Emergency Care Council*
  - *Board of Directors*
  - *Pediatric EMS rep to NAEMSP*
  - *Pediatric EMS rep to Rural EMS Committee*
- East region meeting Oct 20 in Syracuse, NY
- National virtual meeting December 12
- National in-person meeting in May 13 & 14, 2024 (Pittsburgh, PA)

# Maine EMS Protocols

- Updates go into effect January 31, 2024
  - *Dedicated peds cardiac arrest page*
  - *Peds ROSC*
  - *Fever protocol*
  - *Oxytocin for postpartum*
  - *Warmth of newborn*
  - *Breach birth updates*
  - *Epi dose change for Neonatal resuscitation*



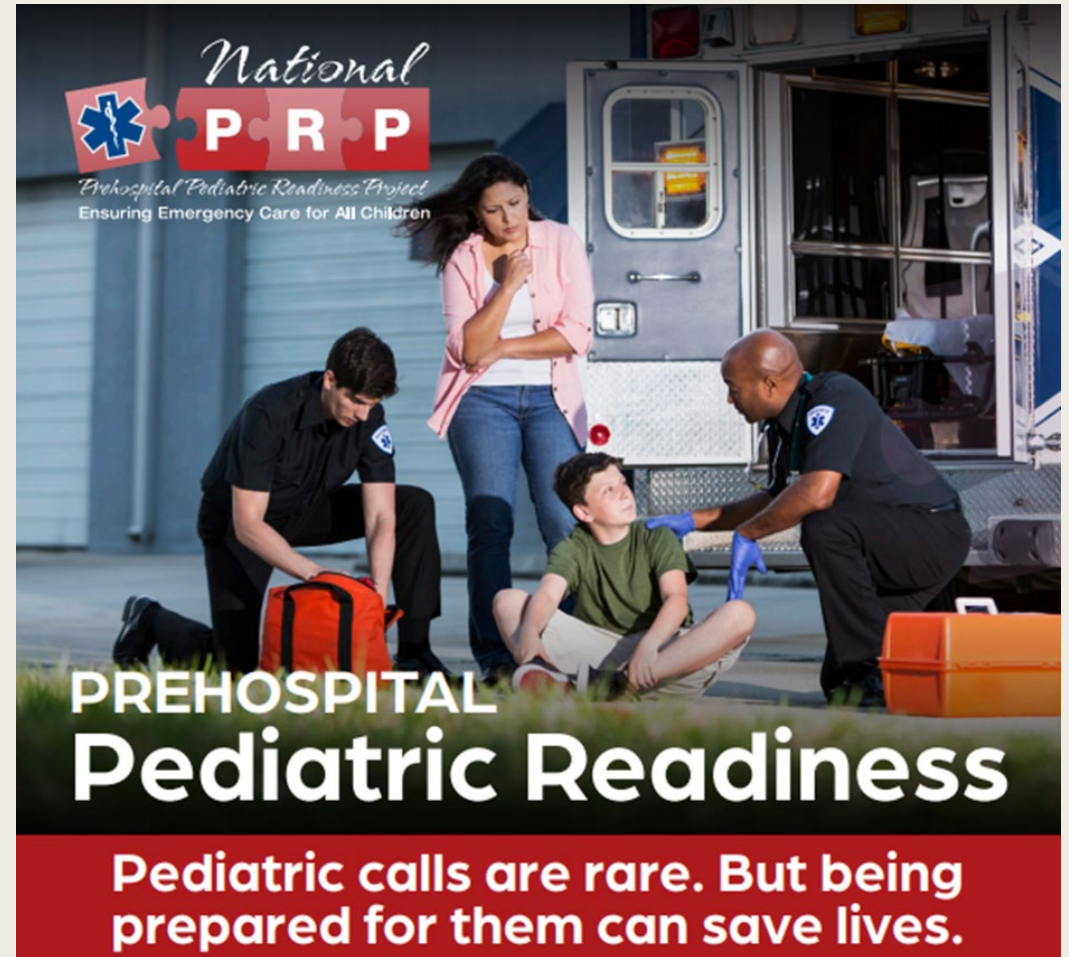
PREHOSPITAL TREATMENT PROTOCOLS

**Effective  
January 31, 2024**

Maine Emergency Medical Services  
152 State House Station  
Augusta, Maine 04333  
TEL (207) 626-3860 TTY (207) 287-3659  
FAX (207) 287-6251

# EMS Survey (PPRP)

- Survey of all 911 EMS agencies in Nation
- Survey starts May 1, 2024
- 200+ questions

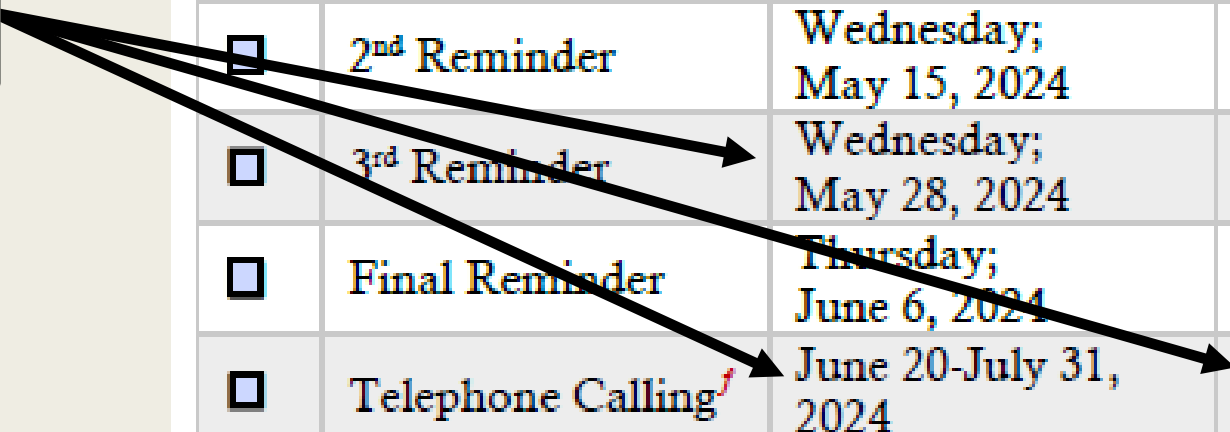


# EMS Survey (PPRP)

- State led

Problem Areas

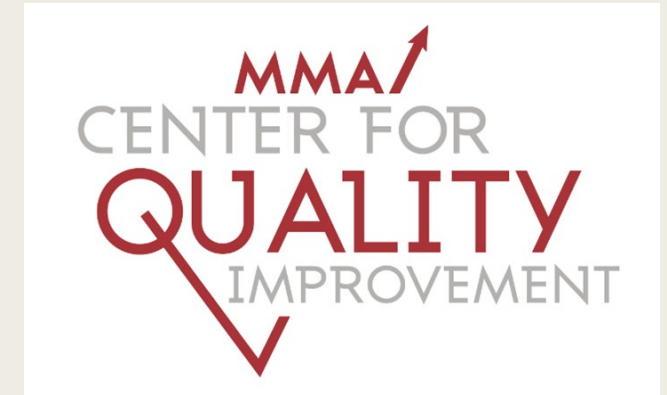
✓	2024 PPRP Assessment Communication	Date EMSC Manager Required to Send <sup>§</sup>	Time of Day Manager Required to Send
<input type="checkbox"/>	Prenotice* <i>Optional communication</i>	Wednesday; April 24, 2024	Between 8-11 am local time
<input type="checkbox"/>	Invitation	Wednesday; May 1, 2024	Between 8-11 am local time
<input type="checkbox"/>	1 <sup>st</sup> Reminder	Tuesday; May 7, 2024	Between 8-11 am local time
<input type="checkbox"/>	2 <sup>nd</sup> Reminder	Wednesday; May 15, 2024	Between 8-11 am local time
<input type="checkbox"/>	3 <sup>rd</sup> Reminder	Wednesday; May 28, 2024	Between 8-11 am local time
<input type="checkbox"/>	Final Reminder	Thursday; June 6, 2024	Between 8-11 am local time
<input type="checkbox"/>	Telephone Calling <sup>†</sup>	June 20-July 31, 2024	Daily





# Neonatal Transport Devices

- 161 devices
- \$10,000 from Maine EMS-C
- \$75,000 through MMA-CQI / State Maternal Health Innovation grant
- \$15,000 from Maine CDC



Maine Department of Health and Human Services

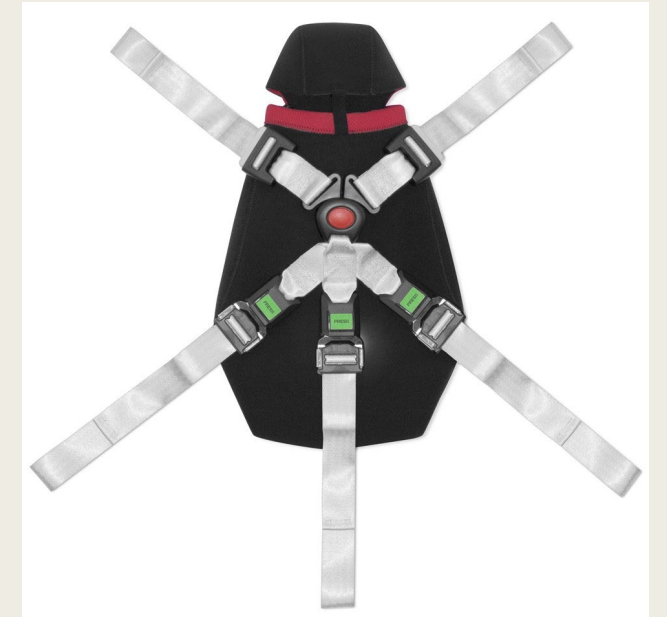
Maine CDC

Maine Center for Disease Control and Prevention



# Neonatal Transport Devices

## *Ferno KangooFix*



# MEMSEd Programs on Pediatrics

- Safe Sleep – 705
  - BRUE - 697
  - Seizures – 851
  - Pediatric Assessment Triangle – 655
- 
- TOTAL: 2,908 participants
  - CEH: 3,278 hours



Maine EMS for Children Presents

Brief Resolved  
**BRUE**  
Unexplained Event

Now available on MEMSEd  
24/7

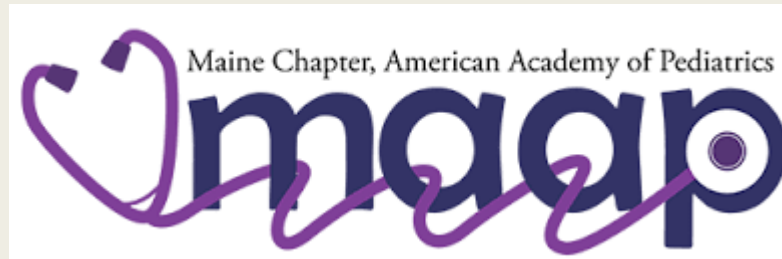
*What is a BRUE, what should you do, and  
how to assess.*

2 hours of Pediatric/OB credit  
will be awarded. Log into your  
MEMSEd account from the Maine  
EMS website at [maine.gov/ems](http://maine.gov/ems)



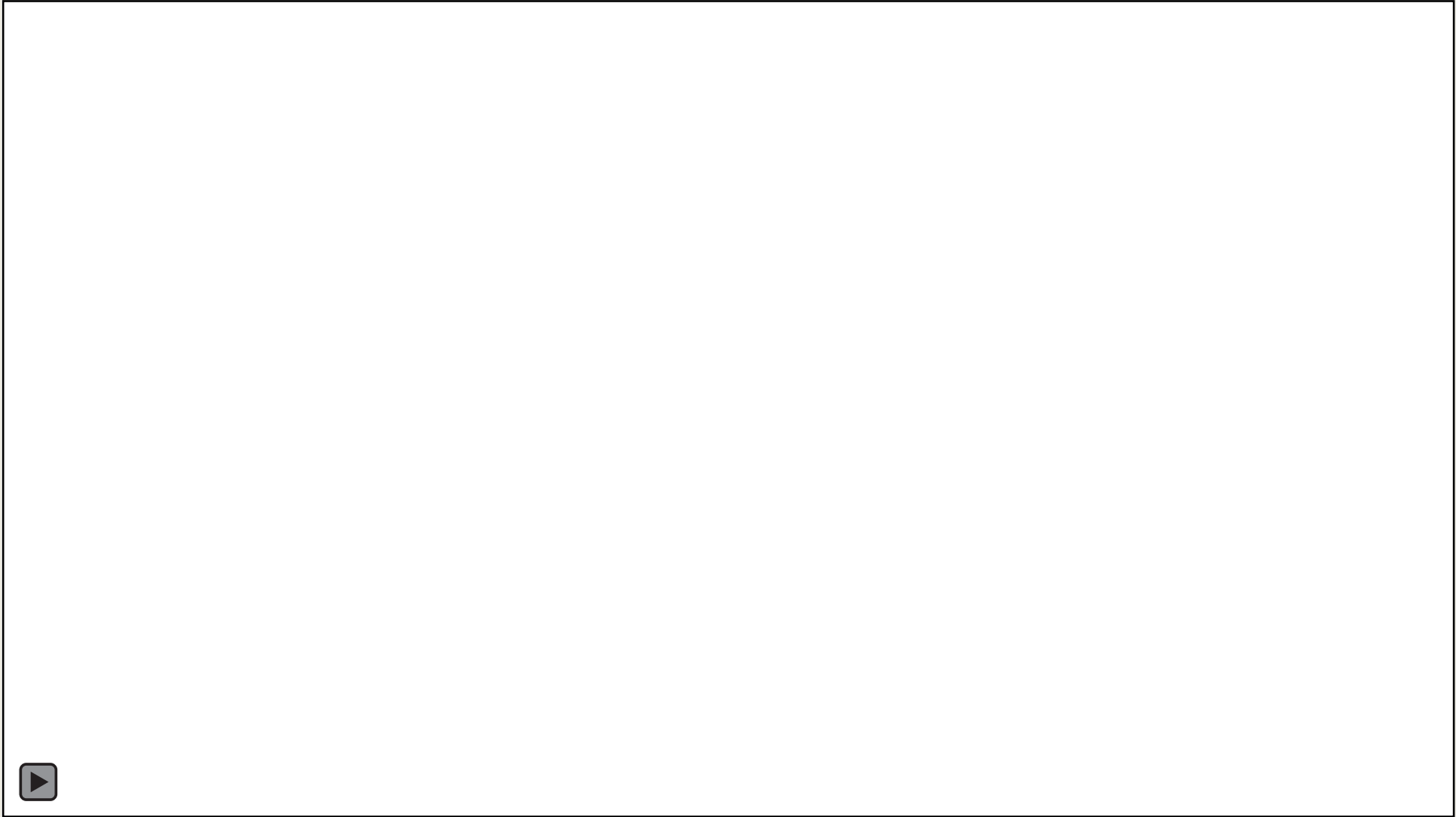
# Cool stakeholder activities

- Working with Maine AAP
  - *Ambassador program for PECC & Readiness*
  - *AAP Conference March 22-24, 2024 at the Samoset*



- Working with Maine CDC and Medical Care Development (MCD)
  - *Behavioral Health training series*





# Other activities - a sampling

- Maternal Fetal Infant Mortality Review Panel
- Maine Collaboration of Care for Children with Serious Illness Committee
- Support of pediatric medical director
- Various state meetings (Board, MDPB, Education, TAC, IFT, etc)
- Data assistance to DHHS, individual agencies
- QI review of pediatric calls, QI sessions with midwives



EMS World Expo  
(New Orleans, LA, Sept 2023)



New York State EMS  
Conference  
(Syracuse, NY, Oct 2023)



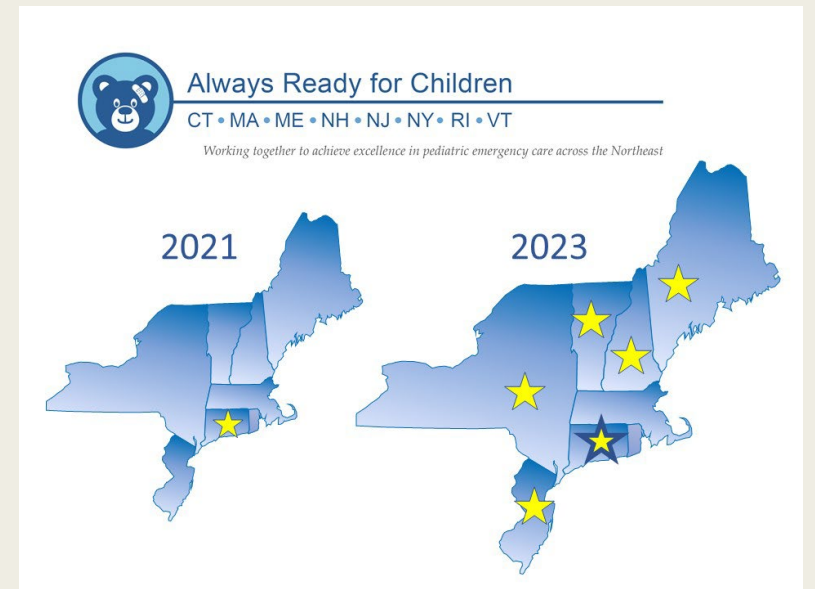
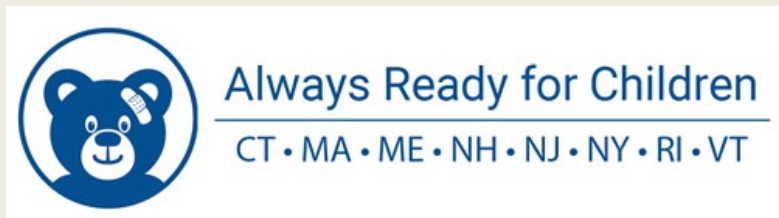
National Conference on EMS  
(Atlantic City, NJ, Nov 2023)



Samoset EMS Conference  
(Rockport, ME, Nov 2023)

# Maine Always Ready for Children program

- Commitment Letter
- Complete PPRP Survey
- Maine Always Ready for Children Guide
- Resources
  - *Evidence*
  - *ED Checklist*
  - *PECC role template*
  - *Behavioral Health Toolkit*





# Hospital Recognition Standards

	NPRA	PECC	Improvement Plan	Share Resources
Pediatric Engaged	Any score	Yes	Yes	
Pediatric Ready	At least 70	Yes	Yes	
Pediatric Innovator	At least 80	Yes	Yes	Yes



Maine EMS Responses (Under 18 years old)  
Jan – Nov 2023

# 11,846 Total Responses Under 18 years old



**8,950**

**911**

*(Includes 911, Intercept,  
Mutual Aid, Public  
Assistance, & Standby)*



**2,860**

**IFT**

*(Includes IFT, PIFT, SCT,  
& Medical Transport)*



**25**

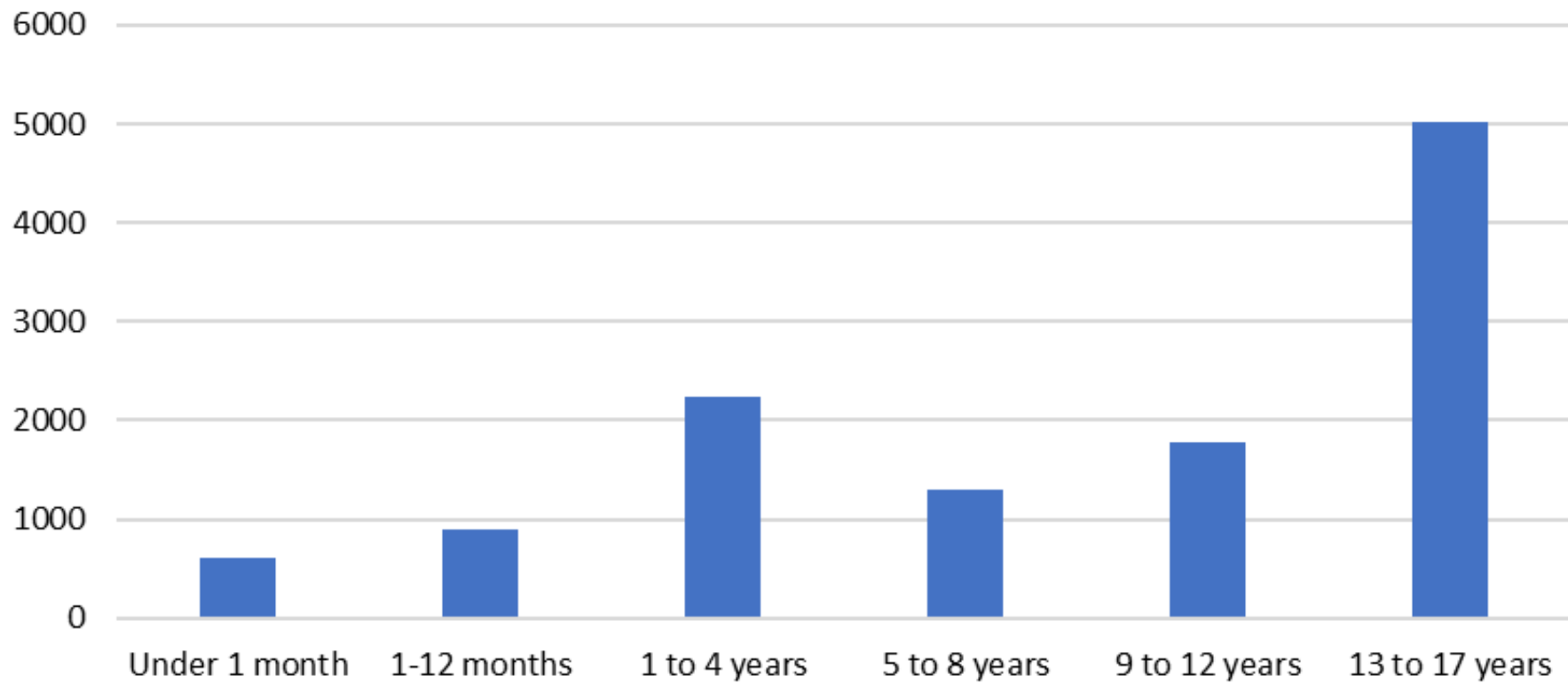
**Community  
Paramedicine**

***11 were blank***

**When did pediatric calls occur?  
4-5pm was busiest hour of day**

<b>Time of Day</b>	<b>% of calls</b>
0000-0400	6%
0400-0800	6%
0800-1200	21%
1200-1600	25%
1600-2000	25%
2000-0000	16%

## Responses by Age Jan - Nov 2023



# What conditions did EMS see?

Top 10 Reasons (Under 18, Jan - Nov 2023)

*Summarized from Primary Impression & Primary Symptom*

911 Responses	Responses
No findings or Complaints	1,319
Behavioral	1,048
Seizures	786
Injury - Head/Face/Neck	699
Respiratory	669
Altered Mental Status	313
Injury - Lower Extremity	289
Injury - Upper Extremity	277
Trauma (non-isolated)	277
Behavioral - Suicide Ideations	276
<b><i>Top 10 equals 67% of all 911</i></b>	

IFT Transports	Transports
Not Recorded / Blank /.	772
Behavioral	461
Respiratory	351
Behavioral - Suicidal Ideations	318
Pain - Abdomen	167
Weakness / Malaise	113
Illness, unspecified	85
Altered Mental Status	78
Seizures	63
Pain - Lower Extremity	54
<b><i>Top 10 equals 87% of all IFTs</i></b>	

## Patient Contact with NO Transport

*Jan – Nov 2023*

Under 18  
23.4%

Over 18  
13.1%

*Patient contact & assessment occurred. Does not include cancelled, standbys, intercepts, or non-transport service handoffs to transporting services.*

# 911 Maternal & Field Delivery Transports

*Jan 1 through Nov 30, 2022*

Summarized Reason	Responses	
911 EMS Field Delivery	9*	
911 Delivery during EMS response	15**	
911 Delivery with Midwife	7***	
911 Labor	137	
911 Labor with Midwife	8	
911 Labor Prolapsed Cord/Bladder	3	
911 Pregnancy Complications	108	<i>4 with Midwife</i>
911 Pregnancy with Traumatic Injury	10	
911 Miscarriage	28	
911 Postpartum	14	<i>4 with Midwife</i>
<b>Grand Total</b>	<b>339</b>	

*\* 78% had multiple agencies/ambulances respond*

*\*\* 52% had multiple agencies/ambulances respond*

*\*\*\* 54% had multiple agencies/ambulances respond*



# Maternal IFT Transports

*Jan 1 through Oct 31, 2022*

Summarized Reason*	Responses	
IFT Pregnancy from OB Capable	675	25 by air
IFT Pregnancy with No OB Services	117	2 by air
<b>Grand Total</b>	<b>792</b>	

*\* Likely additional IFTs coded differently*

# NICU IFT Transports

*Jan 1 through Oct 31, 2022*

Summarized Reason	Responses	
IFT NICU (1 day or less)	286	34 by air
IFT Newborn (2 to 7 days old)	81	7 by air
<b>Grand Total</b>	<b>367</b>	

What questions do you have?



# Other

- Discussion of any new/unresolved topics?
- Please visit the Maine EMS homepage for the calendar and other important meetings.
- Next meeting date at 0930
  - *March 14, 2024*

For more info:

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207-626-3867