

FEBRUARY 2024

STAFF UPDATE

MAINE EMS



OVERVIEW

This publication is intended to provide members of the Board and interested parties insight into the work of the Maine Bureau of Emergency Medical Services office in the previous month. This publication is not anticipated to be exhaustive, but instead a high-level overview of the work that has taken place.

It should serve as a jumping point for conversations and questions from the Board regarding the ongoing work that is being performed throughout the state.

TABLE OF CONTENTS

- Director's Message • P. 2
- Rules Committee, Explorer Programming, VR Training • P. 3
- Systems of Care, MEFIRS • P. 4
- MEFIRS Continued • P. 5
- OPTIONS Referral Program, Naloxone Dispensation • P. 6
- LD244, EMSC • P. 7
- Education, Community Paramedicine, Protocol Update • P. 8

A MESSAGE FROM THE DIRECTOR

Greetings all!

My name is William O'Neal, and I will be working as the new Director of Maine EMS. I wanted to introduce myself, and share some details about my experience, as well as get a message out to let everyone know about some of the exciting work Maine EMS will be doing as we wade out into 2024.

I started my career in EMS in 1997, working on a 911 response and transport ambulance as an EMT and Paramedic in the desert southwest. I have been certified, and worked as an EMD and EMDQ, a field and classroom instructor, and eventually as an Ambulance Deployment Specialist and System Status Manager. I received a LEAN Six Sigma Green Belt and later, had the good fortune to move to the Rocky Mountain region to work for a large US ambulance company. I was able to help design and manage KPI, gained additional experience with Dispatch systems, Disaster Teams, Bicycle and Special Event teams, CCT, NICU/PICU transports, Nurse fly cars, Behavioral Health transport vans, Hospice and Oncology Mobile Paramedics, and numerous community-based EMS health initiatives. As I moved into more EMS business and executive roles working with unions, submitting 911 RFPs, and managing larger hospital system contracts, I was able to move to a large international company and work in a Regional Executive role covering Oregon and Washington State. After years of working different sides of private EMS, I was very excited to have an opportunity to move onto the policy and administrative side and continue my career in EMS and public service.

In my spare time I raise two teenage boys, one big dog and a little gray cat, and I get outside as much as possible to explore and adventure in the outdoors. I love to hike, kayak and fish, and camp in my spare time and these were just some of my reasons for coming to the beautiful state of Maine.

The January 2024 Blue-Ribbon Commission paper is out, and the Maine Legislature is in full swing. Pursuant to the Blue-Ribbon Commission's recommendation to the Joint Standing Committee on Criminal Justice and Public Safety and Maine S.P. 110 - LD 244, Maine EMS convened a stakeholder group to explore career pathways and educational opportunities. The final report containing findings and recommendations of the group has been submitted to the Joint Standing Committee on Criminal Justice and Public Safety. We are also in the final phase of a very important project with our EMS-C partners.

Our department is continuing our work to turn the 2035 Vision into actionable steps. We are particularly focused on patient and provider safety and resilience and have recently started sharing new data with SMU around ambulance safety. There is a ton of excitement and enthusiasm around the future of Maine EMS.

Thanks for your work to support EMS in Maine!

Wil



RULES COMMITTEE

The Maine EMS Rules Committee is currently reviewing public comments received for proposed amendments to Chapter 15, Regions and Regional Councils. Amendments to Chapter 21: Immunizations Requirements were approved by the AAG's office as to Form and Legality, and were published by the Secretary of State's Office on January 10, 2024, effective on the same date. With the publication of the rule, Maine EMS also simultaneously released an operational bulletin providing additional guidance on the Masking Agreement.

EXPLORER PROGRAMMING

North Haven EMS, one of the 5 Explorer Program pilot sites, has enrolled 11 out of its 24 eligible high school students in the program. All 11 students have completed CPR, First-Aid, and Stop-the-Bleed training, and have been working to develop a non-certificate training of their own. They plan to deliver their training to their peers and community in early February. The program has already begun to impact these students, empowering them to prepare for the future.

To help decrease the administrative burden placed on services, the Explorer Team is drafting template policies that each site will be able to expand upon. These policies are intended to convey the minimum standards for all Explorer sites, with room for services to add their own requirements on top. Draft policies are based on the experiences of each pilot site, and will inform future rulemaking.

The Explorer Team has also begun developing the online course for Explorers seeking to attain Level 2. At Level 2, Explorers are able to accompany their Mentor on certain EMS calls. To ensure Explorers, Mentors, and patients remain safe, Explorers are required to complete additional training and get approval from their service before becoming Level 2.

ADULT VR TRAINING PROGRAM UPDATE

Looking to brush up on recognition and treatment of anaphylaxis? Try out the Maine EMS Adult VR Training Program, with ALS and BLS scenarios built to Maine protocols. Enter a scene with a patient in acute respiratory distress, assess the cause of their complaint, and provide appropriate treatment. But be careful, just like in real life, if you're too slow the patient will decompensate, and you might find yourself struggling to treat more than a simple allergy!

Reach out to Anna Masefski at MEMS.VR@maine.gov to schedule a training and learn how to use Virtual Reality to practice decision-making for high-acuity calls.



SYSTEMS OF CARE

The Statewide Pulse Point AED rollout continues with education and IT integration currently underway at PSAP centers. We are on the final push for input and outcomes information from hospitals to complete the 2023 out-of-hospital cardiac arrest for the CARES national database. Also, the office is working on updating the Maine Stroke Alliance website and obtaining metrics for stroke data review. The Trauma Advisory Committee has prioritized the state-wide trauma plan to be finished and TAC TAT visits to be restarted.



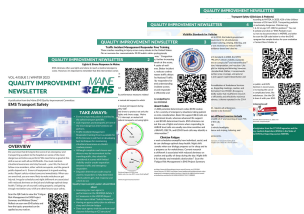
MEFIRS

Outcome Data: We are happy to report that we have begun to receive some outcome data back into the MEFIRS system. This is still a work in progress, and we are actively testing this along with our colleagues at Heath Info Net.

NEMSIS 3.5: On January 17, 2024, the Maine EMS Data Team began transitioning EMS agencies to the NEMSIS 3.5 data set. Maine EMS Has been able to create some dashboards to show the preliminary impact of the new reporting on our data.

Payment_CMS_Service_Level - Accompanied with the primary method of payment

Payment_CMS_Service_Level	NEMSIS 3.4	NEMSIS 3.5
⊞	0.58%	1.90%
⊞ ALS, Level 1 Emergency	30.25%	29.81%
⊞ ALS, Level 1 Inter-Facility	2.54%	2.13%
⊞ ALS, Level 2	1.42%	2.24%
⊞ BLS, Emergency		
Community Network	0.18%	13.29%
Contracted Payment		0.11%
I have insurance, But I Don't Know My Number		0.02%
Medicaid/Mainecare	0.03%	0.04%
Medicare	0.21%	2.32%
No Insurance Identified	0.43%	1.96%
Not Applicable	0.07%	3.17%
Not Billed (for any reason)	0.01%	0.13%
Not Recorded	0.01%	0.08%
Other Government	39.79%	16.59%
Other Payment Option	0.01%	0.11%
Payment by Facility	0.01%	0.28%
Private Insurance	0.00%	0.02%
Self Pay	0.13%	1.38%
Workers Compensation	0.05%	0.26%
	0.00%	0.02%
⊞ BLS, Inter-Facility	13.14%	11.84%
⊞ Critical Care Transport Ground	0.66%	0.77%
⊞ Fixed Wing (Airplane)	0.00%	0.09%
⊞ Not Applicable	7.15%	7.13%
⊞ Not Recorded	1.11%	0.72%
⊞ Paramedic Intercept	0.69%	0.57%
⊞ PIFT	1.51%	1.57%
⊞ Rotary Wing (Helicopter)	0.00%	1.43%
⊞ Treatment without Transport	0.00%	



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Quality Improvement Newsletter
EMS Transport Safety
 To view, use the QR code/hyperlink



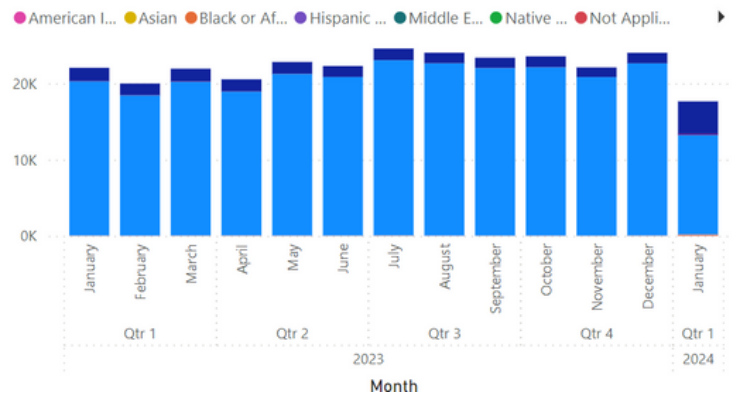
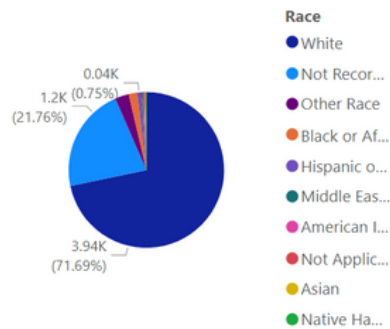
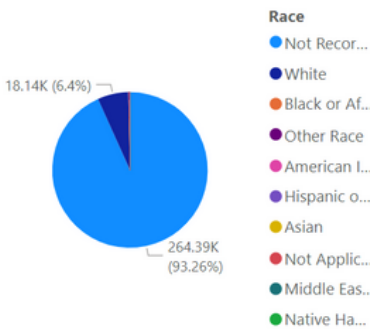
Barriers to Patient Care

barrier	NEMESIS 3.4	NEMESIS 3.5
Altered Level of Consciousness	0.16%	3.16%
Chemically Impaired	0.04%	0.87%
Combative patient	0.03%	0.83%
Cultural, Custom, Religious	0.00%	0.04%
Dementia (Alzheimer"s, etc.)	0.21%	2.42%
Developmentally Impaired	0.05%	0.46%
Emotional Distress	0.07%	1.15%
Hearing Impaired	0.07%	0.85%
Language	0.03%	0.68%
None Noted	0.39%	51.81%
Not Applicable	98.12%	24.77%
Not Recorded	0.01%	5.21%
Obesity	0.16%	1.59%
Physical Barrier (Unable to Access Patient)	0.02%	0.39%
Physically Impaired	0.40%	1.11%
Physically Restrained	0.01%	0.20%
Psychologically Impaired	0.05%	0.44%
Sight Impaired	0.02%	0.24%
Speech Impaired	0.06%	0.89%
Unattended or Unsupervised (including minors)	0.01%	0.09%
Unconscious	0.04%	0.92%
Uncooperative	0.06%	1.42%
Unsafe Scene	0.01%	0.48%

Patient Race - Note the difference between version 3.4 and 3.5

NEMESIS 3.4 Race Distribution

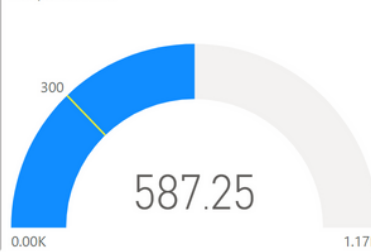
NEMESIS 3.5 Race Distribution



Response Time (Unit En Route to Unit Arrived On Scene)

Response Delays	NEMESIS 3.4	NEMESIS 3.5
Crowd	0.00%	0.07%
Directions/Unable to Locate	0.08%	0.91%
Distance	0.23%	14.97%
Diversion (Different Incident)	0.01%	0.15%
Flight Planning	0.00%	0.10%
HazMat	0.00%	0.01%
High Call Volume	0.07%	0.57%
Mechanical Issue-Unit, Equipment, etc.	0.01%	0.10%
None/No Delay	99.10%	73.03%
Not Recorded	0.00%	0.00%
Other	0.10%	5.24%
Rendezvous Transport Unavailable	0.00%	0.01%
Route Obstruction (e.g., Train)	0.02%	0.06%
Scene Safety (Not Secure for EMS)	0.09%	0.74%
Staff Delay	0.05%	1.04%
Traffic	0.06%	1.16%
Unit Unavailable	0.01%	0.28%

Average of Times Response Time and Sum of Response Time



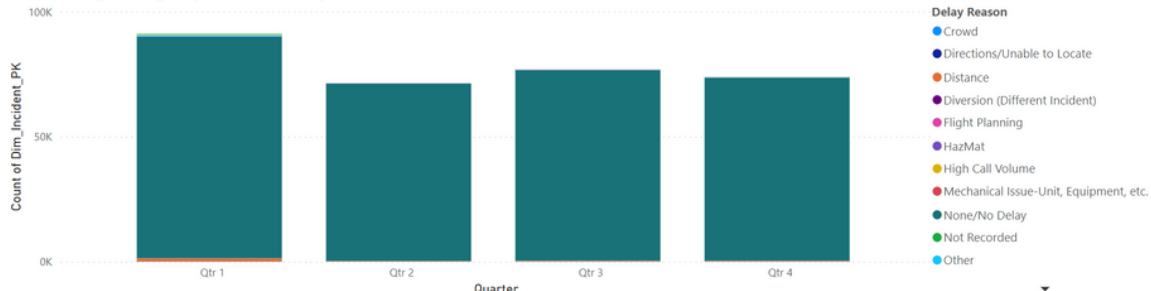
Incident_date_time: 1/1/2023 to 1/24/2024

Times Response Time: -345600 to 13824660

Incident_Dispatch_Priority_Patient_Acuity: All

Response_Type_Of_Service_Requested: All

Count of Dim_Incident_PK by Quarter and Delay Reason



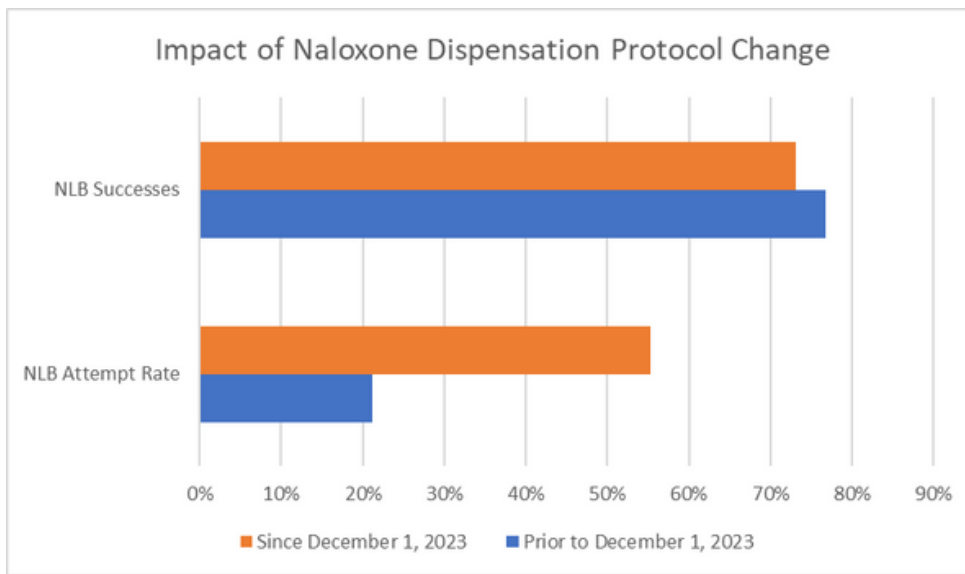
OPTIONS REFERRAL PROGRAM UPDATE

The OPTIONS Referral program provides a pathway to recovery by providing EMS clinicians with the education and tools to refer substance use-involved patients to local harm prevention and recovery resources. EMS clinicians who encounter a patient with substance use involvement are able, with the patients consent refer them within the patient care report to the Overdose Prevention Through Intensive Outreach Naloxone and Safety (OPTIONS) program. This was made available system-wide with the transition to NEMSIS 3.5 standard. In the one week since the transition there have been 5 referrals made. Only 175 currently licensed EMS clinicians have completed the OPTIONS training on MEMSED.

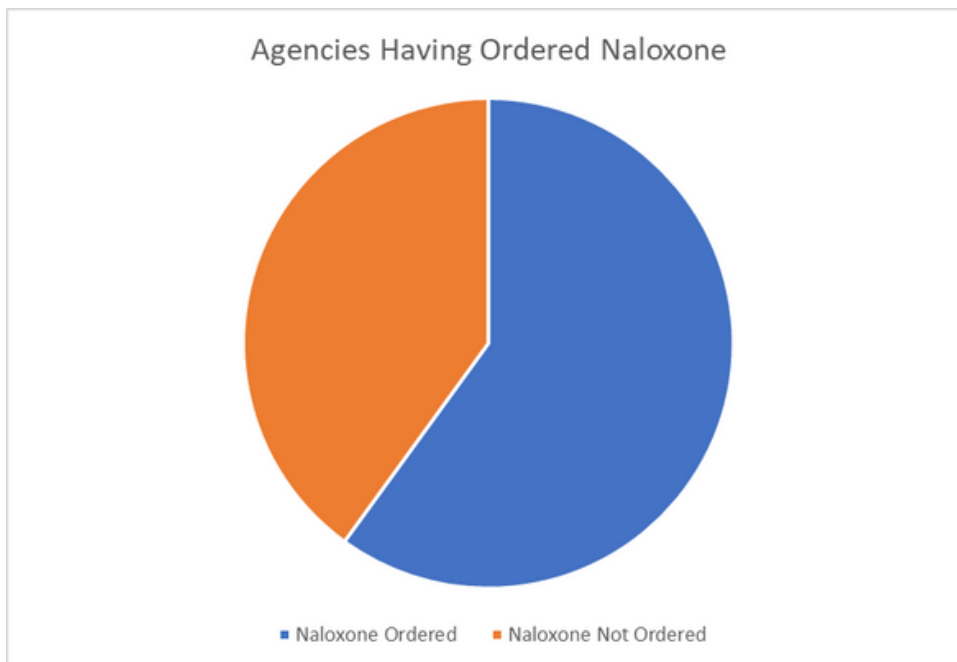


NALOXONE DISPENSATION UPDATE

Since December 1, 2023 the attempts to leave a naloxone kit behind has increased from 21% to 55%.



60% of EMS Agencies have ordered naloxone kits. 3,115 (50%) of currently licensed EMS clinicians have completed the Naloxone Dispensation Training.





LD244 EMS STAKEHOLDER GROUP

The group has written and submitted its final report of findings and recommendations to the Joint Standing Committee on Criminal Justice and Public Safety. The report has also been submitted to both the EMS Director and Deputy Director, as well as to EMS Board Chair Drinkwater and Co-Chair Beals

EMS FOR CHILDREN

The Maine EMS for Children program has completed the multi part education series on pediatric behavioral health and is in the process of posting to MEMSEd. This is an 8 part series that shares information to respond, care for, and transport pediatric patients experiencing a behavioral health emergency. CEH's will be given upon completion, and encourage all to take the course. Stay tuned for the announcement of the go-live date.

We continue our work with the state perinatal committees, and provided an educational session for OB professionals statewide on what EMS, care options and scope of practice for EMS clinicians, and strategies for managing hypertension in pregnant patients. We provided case reviews of neonatal and maternal deaths to the Maine Fetal, Infant, and Maternal Review (MFIMR) Panel, a collaboration of stakeholders defined in statute to review deaths of this population, and develop QI analysis and recommendations for improvements in care while reducing mortality. Marc presented at the Southern Maine Hospital Center regional EMS forum on newborn delivery emergencies and care.

We attended the quarterly Maine Collaborative Council for Children with Serious Illnesses, and contributed EMS perspective and insights. We continue to work on finalizing the administrative end of funding for the Neonatal Transport Devices, with anticipated delivery end the end of Q1 in 2024. This will provide one neonatal transport device per ground transporting agency based in Maine. Work on education to accompany this continues.

Other meetings included the Maine Trauma Advisory Council quarterly meeting, the Perinatal Quality Collaborative for Maine (Marc is the state co-lead for this committee), and the state webmaster meeting. Marc continues his role as Chair of the NASEMSO Pediatric Emergency Care Council and is working with the council to finalize plans for the annual in-person meeting in Pittsburgh in May. A highlight of this meeting will be a national proclamation recognizing the incredible efforts of the EMS clinicians from Freedom House, who formed the nation's first paramedic level service in the US in 1967. Many of the original members will be attending.

We have identified Pediatric Emergency Care Coordinators (PECCs) at 30 of the 35 Maine Emergency Departments and are grateful for the continuing help of the Maine AAP and Dr. Rosie Davis in these efforts. The EMSC program continues work with the Maine AAP regarding hospital pediatric readiness, and a variety of other pediatric topics.



EDUCATION

The Education Committee did not meet in January. The next meeting of the Education Committee will be Wednesday, February 14, 2024, at 0900. Education Coordinator, Chris Azevedo, has distributed the suggested to the proposed standards for a Licensure Re-Entry course, from the Office, back to the committee, for discussion during the February meeting.. The Education Coordinator met with EMS Program leadership and faculty at Washington County Community College regarding their application for authorization as a training center. Approval to follow for February.

COMMUNITY PARAMEDICINE

The Community Paramedicine Committee met on January 11, 2024. At the meeting, the committee discussed the board directive, committee makeup, and the transition to the Community Health Module for CP reporting. They will next meet on February 8, 2024. At that meeting, they will continue a discussion of the board's directive and complete interviews for the open committee positions. The MDPB reviewed scopes of practice for the CP Technician (AEMT) and Affiliate (EMT) levels. They plan to re-review at the February meeting. The office completed the evaluation for RFP# 202309204 and a conditional award was made for Bison Six Emergency Group, LLC. The office anticipates they will complete a contract by the end of January for the contractor to begin work on CP education standards and a template curriculum. The office continues to work with the Cutler Institute on a cost avoidance analysis report. The office awarded one more agency a CP designation this month, bringing the total number of agencies with a CP designation to 21.

PROTOCOL UPDATE

The protocol updates go live on January 31, 2024. The final two Protocol Update webinars were on Friday, January 26, 2024 and Saturday, January 27, 2024. All EMS clinicians who have not yet completed the protocol update education must complete it via the course on MEMSEd. EMS clinicians who fully attended any ONE of the Protocol Update webinars has satisfied the requirement for completion and does NOT need to complete the MEMSEd version of the course.

The MEMSEd version of the 2023 Protocol Update course is split into two versions, according to levels of licensure. EMRs and EMTs must complete the course titled "2023 Maine EMS Protocol Update for EMR/EMT". AEMTs and Paramedics must complete the course titled "2023 Maine EMS Protocol Update for AEMT/Paramedic"

Along with the updated protocols, the App update will feature inter-document links that correspond with those contained in the digital PDF version of the 2023 Prehospital Protocol manual. App users will also be able to rotate their tablets/cell phones sideways, for wider display aspect and use their respective device's zoom function to magnify the protocol verbiage. One other feature is that, when selecting a protocol to view, the user will be taken to the specified location in the protocols and be able to scroll backward and forward, from there, throughout the entire protocol manual. The Education Coordinator will be working with Marc Minkler to retire the 2021 Protocol page and reformat the section for the 2023 Protocols in the near future.