



20250716-Maine-EMS-QI-Committee-Minutes

Date: July 16, 2025

Time: 1:33 PM (Meeting called to order)

Location: Virtual Meeting

Chair: Chip Getchell

1. Call to Order

"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."

The meeting of the Maine QI Committee was called to order by Chip Getchell at 1:33 PM.

2. Reading of the Mission Statement

The Maine EMS mission statement and the core values of the committee (excellence, support, collaboration, and integrity) were read.

3. Attendance (Roll Call)

a. Committee Members Present

- Chip Getchell (Chair), Benjamin Zetterman, Brian Langerman, Joanne Lebrun, Dwight Corning, Rob Sharkey, Alan Henschke, Steve Smith

b. Excused Absences / Not Present

- Dr. Sholl (State Medical Director), Dr. Beth Collamore, Oliver Mackenzie, Melinda Dyer

c. Maine EMS Staff

- Jason Oko, Darren W. Davis

d. Guests

- No members of the public were present.

4. Previous Meeting Minutes

- **June 2025 Minutes:**
 - **Motion to accept:** Dwight Corning
 - **Second:** Joanne Lebrun
 - **Discussion:** None.
 - **Vote:** Passed Unanimously (7-0).

5. Old Business

5.1 Quality Assurance/Quality Improvement (QAQI) Manual Review

The draft QAQI Manual was presented for review by the committee.

- **General Feedback:** The overall work was praised by Chip Getchell, who offered kudos to the primary authors (Rob Sharkey, Dwight Corning, Brian Langerman). Dr. Collamore (via email) also thought it was a "fantastic job."
- **Goal for Approval:** Joanne Lebrun proposed setting a definitive goal for approval. The committee agreed to use the summer break to allow members time for thorough review.



- **Review Timeline and Process:**
 - **Comments Due:** All comments/feedback on the draft manual must be sent to **Jason Oko by September 1st, 2025.**
 - **Assembly:** Jason Oko will assemble all comments into a single document to be shared back with the committee.
 - **Discussion/Vote:** The combined comments will be discussed at the **September meeting.** A vote on final approval is tentatively scheduled for the **October meeting.**
- **Rollout Strategy:** Jason Oko stressed that approval is only the first step. The committee needs to plan the rollout, including a high-level summary, a **crosswalk** showing updates from the 2011 manual, and potentially a **video-based education/training** to be published on the website to ensure visibility and understanding.

5.2 Selection of Quality Measures for Statewide Tracking

The committee discussed prioritizing the large list of over 100 measures that Maine EMS already tracks (including NEMSIS and AHA measures).

- **Approach to Selection:** Chip Getchell suggested reducing the list to a top 5-7 to start with, focusing on measures that are simple, evidence-based, and applicable across all licensure levels.
- **Poll Creation:** The committee reaffirmed the plan to proceed with a **rank choice poll** to select the top priority measures.
 - Chip Getchell submitted five initial proposals (Respiratory O2, AHA EMS 6b, TBI O1, Airway 18, and AHA EMS 3).
 - **Action Item:** Members must submit any additional measures they wish to include in the poll to Jason Oko by **Monday, July 28th, 2025** (the beginning of the next work week).
- **Measurement Goals and Standards:**
 - **Darren W. Davis** emphasized that the difficult part is setting the *goal* or *standard* (e.g., should 90% or 95% compliance be acceptable). He offered that the data team could generate a baseline to determine what is currently achievable (e.g., using a red/yellow/green chart).
 - **Alan Henschke** argued that the goal should be fluid: first establish the **measure** and its baseline data, then set an initial, achievable **goal**, which can be revised upward over time. The committee's role is to develop and evaluate the measures, then work with MDs and other experts to set acceptable goals.
 - **Joanne Lebrun** agreed and stressed that the QI process is about system improvement, not provider blame, and the committee should lead by example by helping services understand and apply their own quality tools.
- **Intertwining Rollout:** The plan is to coordinate the final release of the top selected quality measures with the release and training of the QI Manual (tentatively October).

6. New Business

6.1 Discussion on Sepsis QI (Steve Smith)



Steve Smith provided an overview of the sepsis QI work his organization has been doing for the last 7-8 years, primarily focused on the hospital-based EMS perspective and internal quality tracking.

- **Alignment:** The EMS approach follows the protocols for recognition (qSOFA and Maine EMS protocols).
- **Tracking Markers:** His team tracks patients called in "Code Sepsis" to ensure 75% compliance on:
 1. Notification (calling a code sepsis).
 2. Initiating fluid therapy (used by the hospital for reimbursement metrics).
- **Misses (Missed Cases):** Rob Sharkey raised the common difficulty in capturing missed diagnoses (e.g., a "stubbed toe" that turns out to be sepsis). Jason Oko noted that agencies retrieving outcome data (MRN/Encounter Number documented) can run reports in ImageTrend looking for missed diagnoses like "sepsis" or "septic" within the ICD-10 codes, which could be the subject of an internal training video.
- **Future Pilot Projects:** Steve Smith noted that pilot projects to allow EMS to administer antibiotics and draw blood cultures (a prerequisite) in the field were sidelined due to medical director changes and restrictions.

6.2 Committee Structure and Membership

Jason Oko informed the committee of recent changes that necessitate reviewing the committee's structure:

- **Resignations:** John Powers (resigned).
- **Regional Change:** The regions have been restructured from 6 to 4.
- **Other Openings:** Non-transporting service Rep, Northeast Rep, Mid Coast Rep.
- **Next Steps:** Jason Oko proposed that members begin thinking about what the new committee structure should look like, especially with regard to the new regional boundaries, open positions, and potentially adding new perspectives (e.g., ER Nurse, At-Large positions) to improve engagement and quorum. This will be an agenda item for the next meeting.

7. Future Agenda and Action Items

Responsibility	Item	Status
All Members	Review the draft QAQI Manual and send all comments to Jason Oko.	Deadline: September 1, 2025
All Members	Send any desired additions to the quality measures poll (beyond Chip Getchell's 5 suggestions) to Jason Oko.	Deadline: Monday, July 28, 2025
Jason Oko	Assemble the QAQI Manual comments for discussion at the September meeting.	Prior to next meeting
Jason Oko	Create and send out the rank choice poll for Quality Measures (10-day voting window).	After receiving measure submissions



Jason Oko	Bring back a summary of current QI Committee membership, open positions, and potential alignment with the new regional structure.	Next meeting (September)
Jason Oko/Chip Getchell	Finalize the rollout strategy to intertwine the QI Manual release with the selected quality measures.	Ongoing

8. Adjournment

The committee agreed to **forego the August meeting** to align with the MDPB schedule, reconvening in September.

- **Motion to Adjourn:** Benjamin Zetterman
- **Vote:** Passed Unanimously.