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# Maine EMS Quality Improvement Committee Quarterly Newsletter



Welcome to the Maine EMS Quality Improvement Committee's monthly newsletter. The goal of this newsletter is to share outcomes of the MEMS QI Committee's ongoing quality improvement efforts. These include statewide, deidentified review of a variety of topics including, naloxone use, recognition of stroke, out of hospital cardiac arrest care, management of patients with chest pain and airway management. This information is deidentified and intended to provide a snapshot of the State's management of emergency conditions. This newsletter will focus naloxone use. The QI Committee hopes to generate these newsletters quarterly. For questions, please contact your local representative to the MEMS QI Committee.

Welcome to the March 2019 Maine EMS Quality Improvement Newsletter. The data included in this report is retrospective and originates from the nearly 271 EMS agencies and the approximately 5600 EMS providers in the state of Maine who collectively provide data to the EMS Run Reporting system. This newsletter specifically covers the months of August through December 2018. The purpose of this newsletter is informational only and is not intended to be a comprehensive review of the entire EMS system, nor is it intended to be a scientific review. Rather, this is intended to offer a snapshot of the performance surrounding *specific* EMS run types.

## Naloxone Use – August 2018 through December 2018

This data includes all Maine EMS patients who received naloxone over the above timeframe. This is *not* inclusive of all the overdose patients, but rather only the patients who received naloxone from EMS providers or who received naloxone by others with the provision that the medication was documented in the Maine EMS Run Reporting System. Finally, the search for this information is exclusively through the medication field in MEFIRS and will not account for medication provision recorded in the patient narrative.

In total, Maine EMS providers and services administered naloxone **551 times** between August and December of 2018.

**Gender** - Figure #2 demonstrates the gender of individuals receiving naloxone. One third (33.9%) of the patients receiving naloxone over the above time period were female, while two thirds were male (65.9%). 0.18% were unidentified by gender.

**Provider Type Administering Naloxone** – Within the patients receiving naloxone, Figure #3 demonstrates the type of individual providing the medication. Please recall that this review *only* evaluates medications that are recorded in the drop-down menus of MEFIRS. Any medications recorded in the narrative alone are not captured.

Figure #1

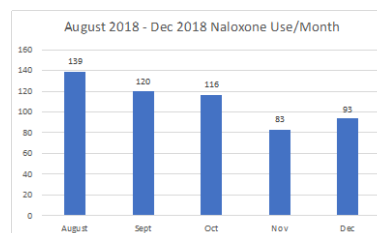
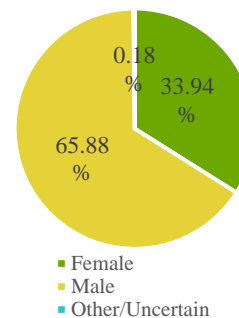


Figure #2 - Gender of Patients Receiving Naloxone



**Maine EMS QI**

- Committee Members:**  
 Chair, **Matthew Sholl** – State EMS Medical Director  
**Kate Zimmerman** – Medical Direction and Practices Board Member  
**Beth Collamore** – Medical Direction and Practices Board Member  
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**Stephen Smith** – At Large Representative  
**Ashley Moody** - At Large Representative  
**Alan Henschke** - At Large Representative  
**Tim Nangle** – Maine EMS Staff Member

**Disposition of Patients Receiving Naloxone** – Figure #4 demonstrates the disposition of patients receiving naloxone.

**County Information** – Figure #5 demonstrates the county in which the naloxone was provided.

**Summary**

Opioid Use Disorder and resultant overdoses continue to be of concern in Maine. Learning as much as we can about these events will help our collective response to this public health emergency. This data begins to shed some light on the EMS response, however, certain elements may not be completely captured in this review. For instance, the QI Committee wonders if this review captured all of the pre-arrival use of naloxone, based on the few reported numbers of lay-person and law enforcement use of naloxone.

**Please remember to include these uses in the run report as pre-arrival medications.** Capturing this information will assist in the public health response to opiate overdoses by accounting for the pre-arrival use of naloxone and further identify the populations most likely to deploy the medication prior to EMS arrival.

Thank you for reviewing the Maine EMS QI Committee’s Naloxone Review. For service leadership or QI coordinators interested in performing a similar review for your service, please refer to the included appendix to learn how to use the MEFIRS system naloxone review tools.

Figure #3- August 2018 - Dec 2018 Provider Type Providing Naloxone

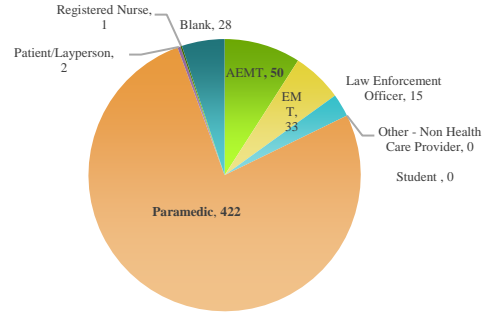


Figure #4 – Disposition of Patients Receiving Naloxone

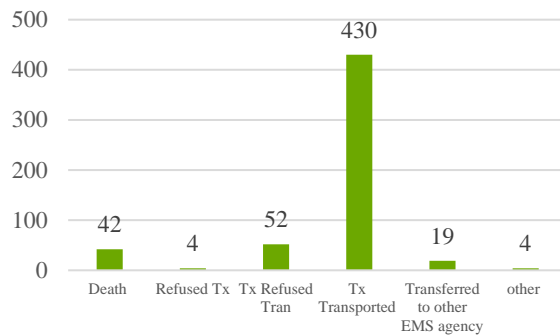
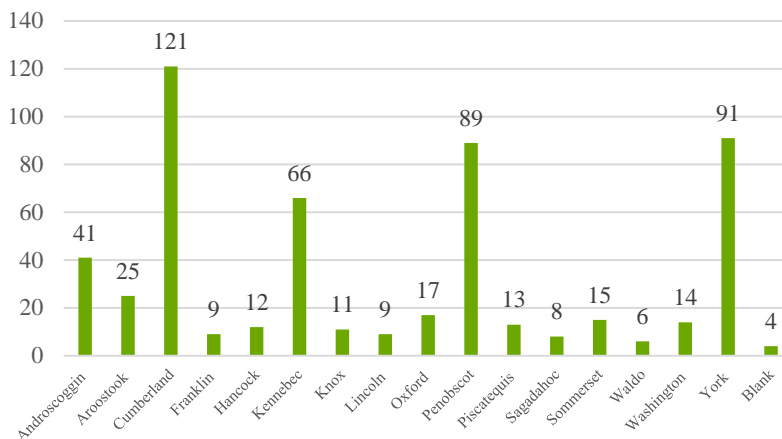


Figure #5 – Patients Receiving Naloxone – County



**For More Information**

Please contact your local MEMS QI Committee representative.