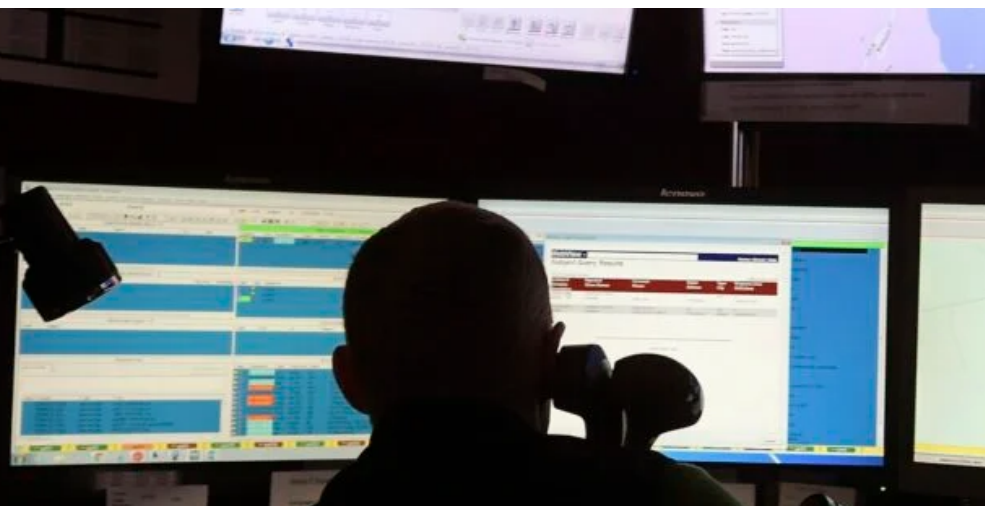


QUALITY IMPROVEMENT NEWSLETTER



A publication from the Maine EMS Quality Improvement Committee

COVID-19 EMD SUPPLEMENT



OVERVIEW

Maine EMS licenses 29 Emergency Medical Dispatch Centers (EMDC) across the State. These licensed Centers are responsible for receiving and ensuring that 100% of emergency medical calls are systematically processed using the standardized Emergency Medical Dispatch protocols. With guidance from Maine CDC and Maine EMS Medical Directors, on March 3, 2020 all 29 EMDCs were notified to immediately activate the Emerging Infections Disease Screening (EIDS) tool; initially screening patients with respiratory or flu-like complaints for travel and contact risk factors, as well as the early identified signs and symptoms of COVID-19 (fever, chills, and respiratory complaints). Maine's first presumptive case of COVID-19 was documented nine (9) days later, on March 12, 2020.

The EIDS Tool is a feature of the Emergency Medical Dispatch protocol that can be activated at the local level based on Medical Direction authorization when health officials recognize the threat of transmissible disease within that jurisdiction.

TAKE AWAYS:

- Dispatchers are a key resource to the EMS System's response to pandemics:
 - This tool has been previously activated in Maine in 2014 during an Ebola pandemic and in 2009 during an H1N1 flu pandemic. Maine's 543 licensed EMDs play an essential role by early recognition of infectious disease, and by passing on pertinent information to responding EMS clinicians
 - The information gathered from the surveillance tool is used to give responding EMS clinicians advanced notice of the potential risk of COVID-19 to make informed decisions regarding the use of personal protective equipment (PPE).

Quality Improvement Leaders should think about:

Are clinicians incorporating the EIDS Codes into their PPE decision making process for potential patient exposures?

Licensed Emergency Medical Dispatchers (EMDs) play an essential role by early recognition of infectious disease, and by passing on pertinent information to responding EMS clinicians. EMDs use the EIDS tool as a questionnaire to evaluate a patient's travel and contact risk factors, as well as signs and symptoms relative to the identified disease, and to provide specific instructions for care or to minimize transmission risk prior to EMS arrival. The information gathered from the surveillance tool is used to give responding EMS clinicians advanced notice of the potential risk of transmissible disease in order to make appropriate decisions regarding the use of personal protective equipment (PPE). The data below reflects the overall performance of the EIDS tool over the month of July, when the EMD had the opportunity to complete the EIDS tool questions with the caller. Inconclusive U21 codes were not included because these codes are assigned when the EMD is unable to ask the EIDS tool questions. An inconclusive U21 code often times will be the conclusion of a third or fourth party caller to 911, such as a medical alarm company, or the caller simply can not or will not answer the questions.¹ This data represents a review of 10,909 encounters that include a recorded EIDS code and a documented PUI assessment for the patient. "True Negatives" and "True Positives," upper left hand corner and bottom right hand corner of this table, respectively, represent concordance or agreement between the EIDS triage and the EMS clinician's assessment of the patient's symptoms.

		Determined by EMD	
		Negative U21	Positive U21
Determined by EMS clinician on scene	PUI No	<u>True Negative</u> 72.1% 7862/10909	<u>False Positive</u> 17.4% 1901/10909
	PUI Yes	<u>False Negative</u> 1.9% 211/10909	<u>True Positive</u> 8.6% 935/10909

"False Positive", the EIDS Tool may have over-triaged the call, but this has given the EMS crew information with an abundance of caution.


"False Negative," this indicates the number of situations where EIDS tool and EMD indicated that the patient in question was a negative U-21 but the EMS crews who arrived on scene assessed that the patient was a positive PUI. The intention with highlighting this number is that it presents an opportunity for you as a service to work collaboratively with your dispatching EMD centers to minimize the incidence of this type of situation. It should be noted that this number may never reach zero because it is dependent on reporting from patients via phone and without an in-person assessment.

1. Data reviewed from the Maine EMS & Fire Incident reporting System (MEFIRS) through March 1, 2020 through July 31, 2020 using 911 only responses and noting the clinical documentation of the EIDS Code next to the EMS clinician's documentation of the patient's PUI status.

HOW TO SEE YOUR OWN DATA ON OUR NEW COVID-19 DASHBOARD

A report detailing how your EMS agency compares the PUI status of a patient based on the EMS clinician's assessment and the Emerging Infectious Disease Surveillance code provided to them from the Emergency Medical Dispatchers taking the 911 call over the past sixty (60) days.

This report is available in Report Writer, by going to *Tools, Report Writer*, and searching for the "EIDS Counts with PUI Question" report

Columns	Display	Grouping	Sorting	Criteria	Additional Options	Actions ▾	Generate Report »
							
This Report was generated by: _____							
Emerging Infections Disease (EID) Surveillance				PUI?	Counts	Percentage	
Negative U-21				No	15,525	72.91%	
Positive U-21				No	3,612	16.96%	
Positive U-21				Yes	1,750	8.22%	
Negative U-21				Yes	407	1.91%	
Negative U21, PUI NO = This is a "True Negative", the dispatcher and the EMS crew's assessments of the patient are in alignment							
Positive U21, PUI YES = This is a "True Positive", the dispatcher and the EMS crew's assessments are in alignment, the patient is experiencing COVID-19 Symptoms, has COVID-19, or has had direct contact with a patient diagnosed with COVID-19							
Positive U21, PUI NO = This is a "False Positive", the dispatcher may have over triaged the call, but has given the EMS crew information to be safe, with an abundance of caution							
Negative U21, PUI YES = This is a "False Negative", this indicates the number of situations where EIDS tool and EMD indicated that the patient in question was a negative U-21 but the EMS crews who arrived on scene assessed that the patient was a positive PUI. The intention with highlighting this number is that it presents an opportunity for you as a service to work collaboratively with your dispatching EMD centers to minimize the incidence of this type of situation. It should be noted that this number may never reach zero because it is dependent on reporting from patients via phone and without an in-person assessment							

Notes on the Data:

The data included in this report is retrospective and originates from the 276 EMS agencies and the approximately 5,600 EMS providers in the state of Maine who provide data to the EMS Run Reporting system. This newsletter covers varying date ranges due to the rapidly evolving nature of the COVID-19 guidance; date ranges are referenced for each measure.

Maine EMS QA/QI Committee

For more information on continuous quality improvement (CQI) and the tools within MEFIRS, feel free to attend a Maine EMS QA/QI Committee Meeting which are held on the third Wednesday of every month at 1:30 P.M. Meetings are held at the Maine EMS Office located at 45 Commerce Drive; Augusta, Maine 04333 as well as virtually.

The Maine EMS Quality Improvement Committee is a standing committee of the Maine EMS Board and is comprised of 15 members representing the medical director's community, regions, EMS agencies, and at-large representatives. The Committee is focused on continuous quality improvement of the EMS system. As part of their charge, they review statewide, de-identified information to better understand a variety of topics affecting EMS including, but not limited to: naloxone administration, strokes, out-of-hospital cardiac arrest, airway management, and chest pain.

Disclaimer: 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.