

# Regional Progress Report

Region: **Aroostook Region 5 EMS**

Report period: **July 1, 2014 – December 31, 2014**

## 1) Medical Control Training and Direction

Executive summary of work plan activities regarding medical control training and direction (narrative)

1. During the first half of the 2014 – 2015 contract year, July 1, 2014 – December 31, 2014, Aroostook Region 5 EMS actively searched for suitable candidates for our long serving regional medical director and regional coordinator positions. After rigorous search efforts, the executive council, and Dr. Peter Goth, found two select individuals that will help to ensure the vision of the region and to carry forward the needs, goals and advocacy of the region. Dr. John Beaulieu, TAMC ER Physician, was welcomed with great enthusiasm as the new regional medical director. Benjamin Zetterman, EMT with Van Buren Ambulance Service, was selected to continue to lead the region in a new direction as the regional coordinator. Implementation and training of both candidates have been successful and coincided with the end of December 2014.
2. During the second half of the 2014 – 2015 contract year, January 1, 2015 – June 30, 2015, Aroostook Region 5 EMS will focus its direction back to the regional medical control physician to reinitiate contact and successfully motivate all medical control personnel in obtaining Maine EMS OLMC Certification.

Hospital Name	Number of Physicians, PAs, and INPs	Number who have completed OLMC training	What is the plan for getting and maintaining 100% trained?
Northern Maine Medical Center 194 Ease Main Street Fort Kent, Maine 04743	Physicians – 6 Physician Assistants – 3 Nurse Practitioners – 0	Physicians – 0 Physician Assistants – 0 Nurse Practitioners – 0	<ul style="list-style-type: none"> <li>• Continued support of the medical staff and persistent efforts to train the medical staff.</li> <li>• Possible Lunch and Learn Training – Offer the medical</li> </ul>

			<p>staff of the respective hospital a group viewing and training of the materials with lunch provided by the regional office. Medical staff will complete the necessary paperwork to accompany this training.</p> <ul style="list-style-type: none"> <li>• Potential of implementing this program into the workplace training curriculum for providers, to include locum providers.</li> <li>• Program introduced and will continue to monitor for full compliance.</li> </ul>
<p>Cary Medical Center 163 Van Buren Road Caribou, Maine 04736</p>	<p>Physicians – 3 Physician Assistants – 1 Nurse Practitioners – 0</p>	<p>Physicians – 3 Physician Assistants – 0 Nurse Practitioners – 0</p>	<ul style="list-style-type: none"> <li>• Continued support of the medical staff and persistent efforts to train the medical staff.</li> <li>• Possible Lunch and Learn Training – Offer the medical staff of the respective hospital a group viewing and training of the materials with lunch provided by the regional office. Medical staff will complete the necessary paperwork to accompany this training.</li> <li>• Potential of implementing this program into the workplace training curriculum for providers, to include locum</li> </ul>

			providers. <ul style="list-style-type: none"> <li>• Program introduced and will continue to monitor for full compliance.</li> </ul>
The Aroostook Medical Center 140 Academy Street Presque Isle, Maine 04769	Physicians – 6 Physician Assistants – 5 Nurse Practitioners – 1	Physicians – 6 Physician Assistants – 5 Nurse Practitioners – 1	<ul style="list-style-type: none"> <li>• Fully Compliant</li> <li>• Continued education on an as needed basis.</li> </ul>
Houlton Regional Hospital 20 Hartford Street Houlton, Maine 04730	Physicians – 9 Physician Assistants – 0 Nurse Practitioners – 0	Physicians – 1 Physician Assistants – 0 Nurse Practitioners – 0	<ul style="list-style-type: none"> <li>• Continued support of the medical staff and persistent efforts to train the medical staff.</li> <li>• Possible Lunch and Learn Training – Offer the medical staff of the respective hospital a group viewing and training of the materials with lunch provided by the regional office. Medical staff will complete the necessary paperwork to accompany this training.</li> <li>• Potential of implementing this program into the workplace training curriculum for providers, to include locum providers.</li> <li>• Program introduced and will continue to monitor for full compliance.</li> </ul>

Service Name	Medical Director	Regional activities in medical director
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		recruitment/retention
Ashland Ambulance Service	Dr. Roger Pelli	N/A
ASI (Ambulance Services Inc.)	Dr. Erik St. Pierre	N/A
Calais Ambulance/Danforth	Dr. Cressey W. Brazier*	N/A
Caribou Ground/Air Ambulance	Dr. Claude Boma* Dr. Beth Collamore*	N/A N/A
Crown Ground/Air Ambulance	Dr. Peter Goth*	N/A
Houlton Ambulance	Dr. Brian Griffin*	N/A
Island Falls Ambulance	Dr. Brian Griffin*	N/A
Madawaska Ambulance	Dr. Erik St. Pierre	N/A
Oakfield Fire and Ambulance	Dr. Brian Griffin*	N/A
Patten Ambulance	Dr. Martin Hrynich	N/A
Van Buren Ambulance	Dr. Samuela Manages	N/A
US Border Patrol	Dr. Peter Goth*	N/A
	<b><i>* denotes OLMC completed</i></b>	

All region five Services have clearly identified medical directors for their services (100%). Most of these services also provide Paramedic Inter-facility Transport Services to their local hospitals. EMS Rules requires each PIFT service to have a service medical director. The involvement and activities of these directors varies, but most medical directors are very active with service level Q/I, education and provider evaluation. Job descriptions remain to be implemented at the service level, with the exception of Caribou Fire, we still have a lot of work to pursue in seeking written agreements between the Services and their respective Medical Directors. Since our last report, Patten Ambulance now has a written job description for their provider and ASI is in progress. Several smaller services have opted to verbal agreements vs. written. Our strategy to promote future compliance is to hold a workshop for Service Directors that will focus on best practices that include creation of written job descriptions for the services that have yet to do so.

Dr. John Beaulieu M.D. has begun to provide support, education and oversight to all regional EMS activities. He now serves as Medical Director for our Region. Our future plans are to add an Asst. Medical Director to augment his work.

Some roles of a service level medical director include:

Completion of the Maine EMS Online Medical Control Program (OLMC) to familiarize with MEMS Medical Control expectations.

The Service Medical Director reviews each and every PIFT transport for errors plus provides quality assurance (Q/A) consultations for calls submitted in the Service Summary Reports. Data and information gleaned in these processes are used to educate EMS field providers in providing improved patient care.

## **2) Quality Improvement**

Executive summary of work plan activities regarding quality improvement (narrative)

As the primary EMS contact for the four hospitals within region 5, we assist all hospitals with EMS QA/QI matters, concerns, and follow up.

Each service has a QA manager responsible for their individual review process. Scott Jackson, regional QA has stepped down and now I will be taking this over from the regional stand point. Each QA manager and I form the QA Committee. The Committee is polled and the information they decide is brought forth for discussion, then by majority vote, voted on and brought as the QA benchmark indicator. Each medical director reviews all PIFT Transfers for QA and the regional medical director reviews all occurrences brought forth.

Aroostook Region 5 EMS has implemented a benchmarked quarterly QA process and reporting system that will identify a specific benchmark every quarter. Each Service shall use the Maine EMS Electronic Run Reporting System as its tool for extracting data and reporting back to the Region, the compliance rate for each benchmark. If needed, each benchmark will be re-reviewed in 6 months to establish a secondary compliance rate. If the secondary compliance rate fails to indicate service improvement, a continuing education training will be conducted, and a third review will be initiated to assess improvement in 3 months following the training. Should the second review indicate progress, it will be notated in the Regional progress and annual reports and Services will have completed that benchmark. In addition, Region 5 EMS shall provide technical assistance to services with respects to their local internal run reviews. (ie; occurrences identified via summary report) Performance issues and sentinel events shall be reported to MEMS and services, via our progress and annual reports.

Reports shall include performance indicators and clinical outcomes for each identified study. Each Service level Medical Director shall review all PIFT data and summary reports to consult service for resolution, if trends are found, an educational program shall be conducted by the service(s). The Regional Q/I committee consists of a Q/I representative from each service, the Regional Q/I Manager, as well as the Regional Coordinator who is the liaison between all parties. Aroostook Region 5 has been active with all MEMS Q/I committee collection and reporting, and will continue to do so in the future.

Service Name	Describe involvement of Medical Director in QI	If no service level medical director, how is QI performed?	Are clinical performance issues resolved and tracked for trending?	Are clinical performance measures re-evaluated?	Are sentinel events reported and tracked for trending?	Are QI activities connected to training and education?	Are run report reviews conducted?	If yes, how many run reports are reviewed, and how often?
Ashland	Medical Director is fully involved with all aspects of this service.	Medical Director completes QA/QI and by the service	Monthly	YES	YES	YES Quarterly	Monthly	Reviewed monthly via Medical Director and by the service
ASI	Medical Director for QA on PIFT	Benchmark QA reported to region	YES	YES	YES	YES – On a as need basis	YES	100% of all PIFT
Calais EMS	Reports through Region 4	Benchmark QA reported to region	YES	YES	YES	YES	YES	100% of all PIFT
Caribou	Only PIFT and problem runs		Yes	Yes Quarterly	Yes	Yes	Yes	One third of all runs reviewed quarterly
Crown	Medical Director is involved in QI process of deficient charts as necessary	N/A	Tracked by hospital reporting program – RL6 – and corrective action plans put in place. Clinical	Yes, as deemed necessary on a case-by-case basis. Service also participates in Performance	Yes, through hospital Quality Assurance department. Sentinel Events are reported to the State of Maine Sentinel Event Team and investigation and plan of correction are coordinated by	Yes, recognized deficiencies are used as a catalyst for regular monthly trainings/CEH programs.	Yes, PCRs are reviewed during the billing process. Runs with noted deficiencies	All reports reviewed initially for compliance. Care issue reports reviewed on case-by-case basis

			issues are discussed in depth at Patient Safety and Adverse Health Events Committee meetings and appropriate follow-up is conducted.	Improvement program to ensure continued compliance with clinical goals.	TAMC's Quality Manager.		are reviewed by hospital QA team.	as often as necessary.
Houlton	Medical Director for QA on PIFT	Benchmark QA reported to region	YES	YES	YES	YES – On a as need basis	YES	100% of all PIFT
Island Falls	Medical Director for QA	Benchmark QA reported to region	YES	YES	YES	YES – On a as need basis	YES	Routinely reviewed per the service
Madawaska	Medical Director for QA on PIFT	Benchmark QA reported to region	YES	YES	YES	YES – On a as need basis	YES	100% of all PIFT
Oakfield	Medical Director for QA per Houlton	Benchmark QA	YES	YES	YES	YES	YES	Routinely reviewed per the service
Patten	Medical Director for QA on PIFT	Benchmark QA reported to region	YES	YES	YES	YES – On a as need basis	YES	100% of all PIFT

Van Buren	Medical Director for QA on PIFT	Benchmark QA reported to region	YES	YES	YES	YES – On a as need basis	YES	100% of all PIFT
US Border Patrol	Medical Director for QA per Crown	Benchmark QA	YES	YES	YES	YES	YES	Routinely reviewed per the service
<b>*** Ebola Training was conducted as a result of QA activities***</b>								

Regional QI performance indicator	Clinical Outcomes	Plans for improvement
During the sample dates (07/01/2014 – 09/30/2014), how many calls did your service receive for a “combative patient”?	All services reported that they had 0 calls that met this search criteria.	NONE
Of those calls, during the sample dates (07/01/2014 – 09/30/2014), how many patients received Versed prior to arrival at your destination hospital?	All services reported that they had 0 calls that met this search criteria.	NONE

### 3) Training Coordination

Executive summary of work plan activities regarding training coordination (narrative)

Aroostook Region 5 EMS has approved 89 CEH programs from July 1, 2014 to the present date. This has given rise to 295 hours of training for approximately 245 EMS providers throughout this region. Currently we are on track to meet or exceed the number of trainings and CEH hours from 2013 – 2014.

With respects to EMS training coordination, services annually continue to receive a copy of our needs assessment form that is used to guide the training and service needs of the services throughout our service area. Our Regional Medical Director also recommends educational needs, based on deficiencies found in our Q/A summary reports. Should the educational needs arise, this information is conveyed through the appropriate conduit and implemented into a localized or regionalized CEH program.

Name of Program	Location	Requested by EMS Service?	Result of QI activities?	Result of regional needs assessment?
EBOLA Training	Region-wide	Mandated and requested	NO	NO

#### 4) Regional Councils

Executive summary of work plan activities regarding regional councils (narrative)

The Aroostook Region 5 EMS Council membership Council includes all EMS services, all area hospitals, represented by their respective emergency departments, community college representation, and the US Border Patrol team. All agencies are represented at the council level and their representation attends the appropriate meetings on a regular basis.

Aroostook Region 5 EMS holds quarterly Regional Council Meetings on the second Mondays of Sept., Dec., March, and an Annual Meeting in June of each year. We presently have twenty four position on the council and there are three vacancies at this time. One of the vacancies is my position as the Northern Region Field Provider. Our regular council meeting minutes are sent to the Director of Maine EMS. Our roster is as follows:

**REGION V EMERGENCY MEDICAL SERVICES COUNCIL  
2014-2015  
Present Composition of Terms & Appointments**

<u>AREA</u>	<u>TERM EXPIRATION</u>	<u>TERM</u>	<u>REPRESENTATIVE GROUP</u>
<u>NORTHERN:</u>			
Peter Laplante	2016 March	3 Year	At Large
John Labrie	2017 March	3 Year	Ambulances
Percy Thibeault	2015 March	3 Year	Consumers

Alain Bois	2015 March	3 Year	Hospitals
Vacant	2016 March	3 Year	Field Provider

NORTH CENTRAL:

Karen Woodall	2016 March	3 Year	Hospitals
Jeff Ashby	2015 March	3 Year	Consumers
Andrew Gagnon	2015 March	3 Year	At Large
Scott Dow	2015 March	3 Year	Ambulances
Scott Michaud	2016 March	3 Year	Field Provider

SOUTH CENTRAL:

Perry Jackson	2017 March	3 Year	Ambulances
Denys Cornelio	2016 March	3 Year	At Large
John Graves	2017 March	3 Year	Consumers
Daryl Boucher	2016 March	3 Year	Hospitals

SOUTHERN:

Lisa Mooers	2016 March	3 Year	Hospitals
Glen Targonski	2017 March	3 Year	Ambulances
Dan Soucy	2015 March	3 Year	Consumers
Mark Boutilier	2015 March	3 Year	At Large
Vacant	2016 March	3 Year	Field Provider

Libby Cummings	2016 March	3 Year	Health Center
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Leah Buck	2016 March	3 Year	Adult Education
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Tim Guerrette	2017 March	1 Year	I/C Representative
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Pat Long	2017 March	1 Year	ADA Representative
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John Martin	2016 March	3 Year	Legislative Liaison
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Jennifer Rairdon      2016 March      3 Year      At Large (EMD) Manager

<u>NAME</u>	<u>TERM EXPIRES</u>	<u>OFFICE HELD</u>
John Labrie	2017 June 2 Year	President
Glen Targonski	2017 June 2 Year	Vice President
Percy Thibeault	2017 June 2 Year	Treasurer
Tim Guerrette	2017 June 2 Year	Secretary
John Beaulieu, M.D.	2017 June 3 Year	Medical Director

Date	Type of Meeting (Board, Council, etc.)	Date minutes sent to MEMS
August 11, 2014	Executive Council	N/A
September 08, 2014	Ambulance Director's Association ***	N/A – CANCELLED
September 08, 2014	AREMS Council Meeting	By September's end
November 10, 2014	Executive Council	N/A
December 08, 2014	Training Center Advisory Meeting	N/A
December 08, 2014	AREMS Council Meeting	By December's end

## 5) Public Information, Education, and Relations

Executive summary of work plan activities regarding PIER related training for services (narrative)

Aroostook Region 5 EMS planned, prepared, and executed extensive EMS coverage throughout the St. John Valley area (northern Aroostook County Region) for the entirety of the World Acadian Congress. This was an excellent opportunity for EMS to work with local, regional, and state wide agencies as well as participate by providing public relations. EMS agencies were well prepared for any situation that may have arisen and thankfully there were no major incidents to speak of. All in all things were a success. It allowed EMS to coordinate efforts with Aroostook EMA, local PD's, local fire departments, the Aroostook County Sheriff's Office, Maine State Police, US Customs and Border Patrol, and various law enforcement agencies and ensure a collaborative effort of public safety.

Aroostook Region 5 EMS hosted an 8 hour workshop on October 16, 2014 that was specifically designed to educate services on the PIER concept. Participating services were educated on various applications on identifying community activity. Also, services were instructed on the how to create and initiate public relation wants and needs within their coverage areas, while increasing consumer awareness of the EMS profession.

Date	Program description	
October 16, 2014	PIER Workshop for I/C's and EMT's A comprehensive program used to educate, inform and prepare providers with concepts and examples of proven methods used by services to promote positive public relations within their respective communities.	

## 6) Attendance and participation in Maine EMS meetings

(Executive summary narrative not necessary)

**Operation Team Meetings:** Regional Coordinator, Steve Corbin and I, have attended these meetings for the first half of the fiscal year. Attendance at this meeting benefits EMS providers, services and hospitals as contemporary information is shared, ideas are exchanged, new information is learned, suggestions for improvements in the system are made, and relationships among regional staff and central office staff are strengthened. This allows the regional coordinator to give correct, current information to other regional staff, EMS providers, services, hospitals and others in the region.

**Medical Direction and Policy Board (MDPB):** John Beaulieu M.D. has been an active participant in the protocol review, which has been the major project of MDPB. Regional involvement in the MDPB is important for it allows regional staff to gain knowledge of issues and the context in which they are discussed. Minutes of a meeting cannot accurately reflect all that happens at a meeting. Dr. Beaulieu has been an excellent resource for the work currently undertaken by the MDPB. The information is shared with EMS providers, Instructors, Services, hospitals and emergency physicians in a timely fashion.

**Maine EMS QI Meetings:** Our Regional Q/A Manager, Scott Jackson, has decided to step away from his position with the region. It was with great sadness that we accepted his resignation. As of December, 2014, I will take over this position and find an alternate individual within the region to also carry out the duties of this committee.

**Maine EMS Board of Director’s meetings:** Regional attendance to extract systematic changes in the State EMS System, for its Services and members. Steve Corbin has routinely delivered the Operations Team report to Board members.

**Public Health Initiatives:** Regional Coordinator continues to support local public health officials. As a member of the District Public Health Coordinating Council, and two local Healthy Maine Partnerships, Our role is to foster local EMS integration with public health projects currently underway in their communities. I will continue to serve in the same capacity as Steve has in the past.

Date	Meeting description (Ops, MDPB, QI)	Attendee(s)
July 2, 2014	Operations Team Meeting	Steven Corbin
July 16, 2014	Medical Direction and Policy Board (MDBP) Meeting	**UNATTENDED**
July 16, 2014	QA/QI Meeting	Scott Jackson
August 5, 2014	Operations Team Meeting	CANCELLED
August 20, 2014	Medical Direction and Policy Board (MDBP) Meeting	CANCELLED
August 20, 2014	QA/QI Meeting	CANCELLED
September 2, 2014	Operations Team Meeting	Steven Corbin
September 17, 2014	Medical Direction and Policy Board (MDBP) Meeting	Dr. John Beaulieu
September 17, 2014	QA/QI Meeting	Scott Jackson
September 30, 2014	Operations Team Meeting	Steven Corbin
October 15, 2014	Medical Direction and Policy Board (MDBP) Meeting	Dr. John Beaulieu
October 15, 2014	QA/QI Meeting	Scott Jackson
November 4, 2014	Operations Team Meeting	Steven Corbin
November 19, 2014	Medical Direction and Policy Board (MDBP) Meeting	Dr. John Beaulieu
November 19, 2014	QA/QI Meeting	Steven Corbin
December 2, 2014	Operations Team Meeting	Benjamin Zetterman
December 17, 2014	Medical Direction and Policy Board (MDBP) Meeting	Dr. John Beaulieu
December 17, 2014	QA/QI Meeting	Benjamin Zetterman

## 7) Other Projects requested by Maine EMS and consented by region

(Executive summary narrative not necessary)

Description	Activity	Outcome
EBOLA Preparedness	Worked effectively with Maine EMS, Maine CDC, Maine EMA, and other agencies in regionalized conference calls, assisted in planning and executing Ebola trainings, equipment acquisition for regional services. Effective communication with the services in the receiving and distribution of all CDC, Maine EMS, and EMA information during this period of preparedness.	Services are now actively prepared to respond to any future risks or potential Ebola related cases that they may encounter in the field.

Date submitted: December 30, 2014

Signed: \_\_\_\_\_

Name Printed: Benjamin Zetterman, EMT