

State of Maine
Dept. of Public Safety
Board of Emergency Medical Services
45 Commerce Drive Suite 1
152 State House Station
Augusta, ME 04333-0152

Atlantic Partners EMS, Inc.
Progress Report

July 1, 2013 -December 31, 2013
Mid-Coast Regional Advisory Council

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Medical Control and Direction

Describe activities designed to improve the understanding of EMS for online Medical Control as well as work with services to increase Medical Control involvement at the service level.

As indicated in our work plan, we scheduled a half-day session at the EMS Conference in November designed create a communication and networking pathway for Physicians and mid-levels in Maine who are involved in providing Medical Control for EMS services. The session was led by Matt Sholl. Attendance at this program was sparse, (3 additional physicians and 3 paramedics) but the group had a good discussion and were able to develop a plan moving forward that included additional meetings and the implementation of a Medical Directors listserv.

In concert with the protocol rollout, we developed an abbreviated version of the update that was intended to be delivered to ED staff. Whit Randolph delivered this program to the Physicians at PBMC. The program has been offered to Miles and Waldo County Hospital and we hope to get to those ED's soon.

We have attached a spreadsheet showing the number of ED Physicians, PA's, and NP's employed in each of our ED's, as well as how many have completed some version of the online Medical Control program in **Appendix "A"**.

The majority of our transporting services now have Physician Medical Directors. We continue to assist services with the development of their QI Committee with Medical Director oversight/coverage extending to the non-transporting services. A list of Service Medical Directors is also found in **Appendix "A"**.

Medical Control Work-Plan:

For the FY 14 contract with Maine EMS, we will do the following to improve the understanding of EMS for emergency physicians and others who provide Online Medical Control.

- a. Continue to work in conjunction our Regional Medical Directors and Matt Sholl to improve Medical Director Communication.
- b. We will schedule another round of meetings in the spring of 2014 as follow up to the fall protocol meetings.
- c. We will continue to push the development of EMS service chief/leadership sub-regional quarterly meetings as a way of increasing communication between EMS services and the Hospitals. We have had reasonable success so far piloting this concept in Bar Harbor, Millinocket, Bangor, Camden, and Augusta.
- d. We will continue to encourage Sub-regional ED physicians to partner with local EMS services, and continue to encourage EMS services to establish a relationship with a Medical Director.

Quality Improvement

Describe the regional plan for providing technical assistance to their EMS services in developing an integrated quality improvement plan. Assist with QI Data collection and reporting as requested by the Maine EMS QI committee

Our revised APEMS and KVRAC QI system is partially integrated in that each hospital holds quarterly QI meetings with the EMS services in their catchment area, Hospital contact list found in

Appendix “B”. This program is new to the MC Region, and we are working closely with the hospitals and EMS services to get it established.

During these meetings they discuss the results of the quarterly QI audit, interesting calls that had occurred during the previous quarter, and other relevant issues. CEU’s are awarded for attendance at these sessions, and each service was required to send one representative to 3 of the 4 QI sessions each year. For services that fail to participate with the Regional EMS QI system, we established the following procedure:

1. Non-compliant services will receive a letter from the Regional Medical Director and Regional Coordinator reminding them of the participation requirements.
2. If the service remains non-compliant, we will request a letter from the State Medical Director and State EMS Director reminding them of their responsibility to participate.
3. If the service still refuses to participate, we will refer the service to the Maine EMS Board for investigation.

As previously mentioned, we continue with an agreement with Capital ambulance in Bangor to contract with their Quality Manager (Kerry Pomelow) to provide QI services to the Services throughout the APEMS service area. The goal of this arrangement is to have this person work to further develop the regional QI system and continue the work with our EMS services on the development of their Regional Quality Improvement committees and encouraging the inclusion of transporting and non-transporting services on the respective committees. They will also serve on and coordinate the MC RAC APEMS QI Committee and represent APEMS (NE RAC) on the State QI Committee.

We have established a link on the APEMS website to QI documents that can be used by the EMS services to develop and improve their QI programs.

We have been working with a software programmer with EMS background (AFD Paramedic) to integrate a program he developed into our process. The program allows us to mine data from MEMSRR and easily review calls that apply to the audit. Included in **Appendix B** are the audit criteria that we have established for this year and will be inputting into the program once we have it established.

We remain active with the MEMS QI Committee, and are currently involved with the development of the Cardiac Arrest study which takes place early in 2014.

Additionally, we conducted the following QI activities:

1. We integrate the MEMSRR program into our EMS programs and use the report entry system by the students in order to improve data collection for the QA and data collection system.
2. We continue to follow up with services regarding timely completion of the Maine EMS Run Report through education and QI audits when indicated.
3. We continue to work with EMS services and hospitals on the creation and implementation of a written summary report for use by the EMS services.

Quality Improvement Work Plan:

During the FY 14 contract with Maine EMS, APEMS will:

- a. Continue to employ a part-time QI Coordinator who will provide QI program development assistance to regional EMS services as requested.

- b. Add resource QI documents to the APEMS webpage for use by EMS services.
- c. Continue to encourage service participation in the sub-regional QI process
- d. Work with a local EMS provider/computer programmer to expand the use of a data mining program connected to MEMSRR that will enhance the production and evaluation of QI reports.
- e. Review the data from the following regional QI indicators and develop educational programs as appropriate:
 - 1. Spinal Assessment
 - 2. Patient refusal
 - 3. Time to 12-lead
 - 4. Stroke
- f. Work with PBMC to evaluate the effectiveness of the Regional Stroke program, particularly in regards to field code stroke activation vs. hospital stroke diagnosis.

Training Coordination

APEMS continues with its licensure and specialty/continuing education agenda with the KVRAC areas. Scope of work completed includes all three objectives called for as well as fulfilling all work plan goals. In addition to programs offered within the KV RAC central locations, we are often asked to provide specialty education in remote areas and have been available to do so.

EMS Training Work Plan:

- a. Conduct our annual education needs assessment and develop our licensure and training schedule based on the feedback received. Regional licensure needs are assessed through a variety of mechanisms. First, all existing classes are evaluated both at the midterm point of the semester and by the accrediting community college at the conclusion of the semester. Both of these assessments include evaluation of program strengths, weaknesses and necessary changes. In addition to class evaluations, feedback is obtained through regular meetings of the regional education committees (comprised of local faculty and staff) and program advisory committees (comprised of local stakeholders including employers, graduates and representatives of our various communities of interest). These meetings allow us to hear from not only the instructors teaching classes, but from the end user of our educational product. Program and curriculum recommendations are made and overseen by these committee members. In addition, regular surveys of our membership are done by Kelly Roderick as a “needs assessment” tool for licensure courses as well as specialty training. A Licensure Level and Specialty Education Survey for the MC RAC as well as a Service Level Education Survey are included in **Appendix “C”**. In addition, we regularly announce course offerings with brochure attachments through emails, post education program solicitation on the website, and Facebook.
- b. Continue to approve CEU requests as well as enter the rosters/scan appropriate outlines into the Maine EMS licensing program under the pilot program with Maine EMS.

- All CEH requests from any agency in the Mid-Coast RAC catchment area are approved through the NERAC office in Bangor through the process aforementioned. We approved 159 total CEH program requests for Mid-Coast between July 1 and December 31, 2013
- c. Continue with our program of Licensure/specialty/CE training programs as requested /needed for the members of the APEMS regions. A listing of all Licensure Programs and Specialty Training opportunities are in **Appendix C**. A Training Center summary report relative to these goals is included following this work plan section.
 - d. Continue with the annual EMS seminar offered at the Samoset resort in Rockport. The Annual EMS Seminar was held at the Samoset Resort in November from Nov. 6 – 10, 2013 with ~450 students attending, 100 programs. A summary listing is included in Appendix “C”. This year we again co-sponsored the Maine Committee on Trauma Conference on Nov. 6, as well as the Maine Cardiovascular Health Council Cardiac Summit as well as a da- long seminar offered by the Maine Ambulance Association (next section).
 - e. Work with Maine Ambulance Association to sponsor management/leadership training programs around the region.

On Line Registration utilized for Specialty Training

APEMS continued the on line registration process to include all Specialty programming for the KVRAC areas using an Event Management Program. A complete listing and registration information can be found on the APEMS website www.apems.org. This program continues to provide easier, 24-hour registration availability, payment processing, confirmations, and program tracking / reporting. A listing of programs made available to the MCEMS RAC providers is in **Appendix “C”**. Where possible, Specialty Training classes are scheduled remotely at various EMS host agencies as requested if minimum registration numbers can be met.

Licensure Programs / Training Centers

Although the relationship of educational oversight is slightly different at each college, APEMS is ultimately responsible for the application of training center policies and for the enforcement of Maine EMS guidelines for all licensure students in our 3 regions. Even though specific policies vary slightly between colleges, all training center guidelines are uniformly enforced for all APEMS students and instructors. In 2013, we introduced standardized student handbooks, syllabus templates and clinical handbooks for all students regardless of the college affiliation.

With an Educational Agreement in place, APEMS and Kennebec Valley Community College, offer licensure courses throughout Knox, Lincoln and Waldo counties.

Accreditation

In November, the KVCC paramedic program hosted its accreditation site visit and was fortunate enough to experience and reflect upon the guidance given to us by the site visitors. Even though our official findings and accreditation status will not be finalized until later next year, we viewed the fact that only one citation was assigned as a tremendous success. Furthermore APEMS was extremely pleased to see the site visitors endorse our partnership with the community colleges as an efficient and successful method of providing licensure education in a limited resource setting. This was extremely important as it provided for us and for the community colleges outside validation that our delivery model was not only working but flourishing. This validation also allows us now to move on to programmatic changes we see as secondary steps in improving this model.

Maine EMS Protocol Rollouts

To assist with the transition to a new set of Protocols, APEMS offered the first open session MC RAC Protocol Roll Out on Nov. 6 at the Samoset in Rockport which included a Train the Trainer segment.

NREMT Transition Courses

APEMS continues to offer a series of NREMT/Education Standards transition courses. Starting last spring and continuing into 2014, these courses are offered for both continuing education and as approved MEMS transition courses to fulfill the NREMT re-registration requirement. Course offerings for the past six months are listed in the Specialty Programming table in the [Appendix "C"](#).

Tactical Combat Casualty Care Program Courses (TCCC)

TCCC programs have been offered through our on line website open to all services as well as specifically designed to meet local needs in the NE RAC area upon request.

AHA Training Center

APEMS provides services as an "Approved American Heart Association Training Center" - including the Mid-Coast RAC area and carries forth and maintains Emergency Cardiac Care / Chain of Survival initiatives as per AHA guidelines / curricula updated to the new 2010 standards. The Training Center Coordinator, Sally Taylor, also serves on the AHA Regional Faculty and is involved with ME-NH-VT regional committees, recently completed regional faculty training /updates. The Center supports all APEMS public safety / hospital activities as requested. Annual certification involving all AHA levels exceeds 5,000 students per year.

On Line/Distributive Training Programs

Offered through the APEMS website currently includes:

- Code Stroke Rollout Program
- Bath Salts & EMS
- Global Harmonization
- FEMA Public Information Officer

Rural Trauma Team Development (RTTD)

We continue to offer the Rural Trauma Team Development (RTTD) program to our Rural Hospitals as an additional enhancement to the Maine EMS Trauma System and to increase communication between our Hospitals and EMS providers.

Regional Councils

Conduct Regional Council meetings on a quarterly basis and expand attendance at council meetings to increase information dissemination

Minutes from MC RAC meetings and a membership listing are in [Appendix "D"](#). We continue to utilize Regional Advisory Council meetings, Web Page, and Facebook to communicate Regional Activities. We will also be implementing a regional listserv in order to increase information dissemination.

Regional Council Work Plan:

1. Continue to schedule quarterly Regional Council meetings and offer alternative ways to participate (Teleconferencing) for those who request it.

2. Develop the utilization of a Regional Council listserv for individual providers in the region as a means to more widely distribute information from the Regional Office as well as provide a forum for providers to seek additional information.
3. Continue to seek representation from an elected official, educator and the general public on the RAC.

Public Information, Education, and Relations **Activity/Progress Report**

We have been actively encouraging services to designate a member to be the public information office and develop a PIER program for their department. We have encouraged these individuals to take the basic online public information program and are working with Mike Grant from MEMA to schedule advanced Public information programs for the spring. We also have a meeting set up with the American Red Cross in January to talk about helping services develop local partnerships with the ARC on community preparedness.

In addition, we changed the award recognition criteria for the EMS Conference this year to recognize services in the State that had active community outreach programs. We have a listing of these programs in [Appendix E](#).

Public Information, Education, and Relations Work Plan:

1. Continue to support the involvement of the Executive Assistant with the injury prevention inhalant abuse education program and the program she conducts, meeting “Project Aware” goals, and Drug Overdose programs through the Task Force. Kelly continues to be one of two Inhalant abuse educators to teach statewide and conduct train the trainers when needed for the Office of Substance Abuse. We offer this program to services for utilization in their communities, but participation has dwindled. APEMS maintains 2 Inhalant Training Kits located in the MC RAC office.
2. Continue to encourage service to promote “Hands Only CPR” programs in their communities.

AHA Training Center

As previously mentioned within the education section, APEMS with the three RACs provide support and resources for all levels of CPR training and advanced life support AHA education throughout our communities, within our hospitals, as well as with our EMS services. APEMS provides a Team of AHA Instructors, including regional faculty, coordination, instructor trainers, instructors, and support staff. APEMS staff continues work on the re-introduction of a Community Outreach project which would be able to provide the “Hands Only CPR” 2-step program to the public, as promoted/recommended through their local EMS through open houses, advertised availability, or as a co-sponsored community event. APEMS provides the initial training and resources for the project(s). In addition to increasing survivability in their community, this is a valuable tool to increase their exposure within their community other than within an emergency setting.

3. Partner with Maine EMS, Maine Communications Bureau, and the other EMS Regions to publish our fourth, statewide, EMS week supplement that will be inserted in every daily newspaper in the State of Maine on the Friday before EMS Week. (Spring 2014)
4. Continue to support and administer the Seat Belt Education program in Maine through a sub-grant with the Bureau of Highway safety.

APEMS carried forth Occupant Restraint Safety Education programs through a Sub-grant with the Bureau of Highway Safety. These are available upon request to assist EMS services in the MC RAC

area with enhancing the awareness and importance of use of safety belts throughout their Communities, as well as increasing the visibility of the EMS services in the community:

The Sub-grant description of goals included the following which can be utilized in concert with EMS Community projects:

- to enhance awareness of the importance of occupant safety devices
- to provide education on the types of occupant restraints and correct usage
- to educate the public about the results of injury and death as a result of nonuse of safety restraints
- to educate the public about safety restraint statutory requirements for all age groups
- to increase the usage rate (law compliance) of occupant protection devices

Curricula and resources include the following:

- Convincer demonstration units. A portable display/charting is also utilized.
- PowerPoint and other educational aides that are directed toward elementary, middle school, and high school students and adults, including Air Bag Safety

This project received the following requests for Occupant Safety Awareness programs at an EMS/Fire sponsored event from July – December for the MC RAC area:

- 9-7-13 Thomaston
5. Work with Regional Services to encourage members to take the online NFA PIEO training program. Information has gone out to services via the listserv, email notifications, discussions at all regularly scheduled meetings, and provided as a resource on the APEMS website.
 6. Finalize the schedule for 2 – 3 Advanced PIEO programs within the APEMS Region

Community outreach through safety training.

This is a new course APEMS IS offering with two programs held recently for a total of 25 students. BLAST! (Babysitter Lessons and Safety Training), Second Edition is an important training program for potential babysitters and parents considering hiring a babysitter. The BLAST! Program is exciting and interactive, providing extensive training in pediatric first aid, household safety, and the fundamentals of childcare. APEMS has been recognized and approved by ECSI (Emergency Care and Safety Institute) as a training center. Kelly has become a certified BLAST Instructor through ECSI.

Maine EMS Memorial

We have also continued our support of the “Maine EMS Memorial and Education Site” by actively participating in the generation of donations. We were able to collect another \$15,000 at our auction in November, which has made it possible to continue with Phase II of the project.

Attendance and participation at Maine EMS Meetings

APEMS staff actively participates in the Maine EMS system meetings. The Executive Director is an active participant in the Operations Team, MDPB, MEMS QI Committee, HART Committee (when applicable), and MEMS Board Meetings. The MC RAC Medical Director participates in the MDPB meetings as well as subcommittees of the MDPB. The Education Director is the chair of the MEMS Education Committee and the Clinical Coordinator for APEMS is also a member of this Committee. The Education Director and the Clinical Coordinator also actively participate in the MDPB, MEMS QI

Committee, and MEMS Board meetings. The Executive Director, Specialty Training Coordinator and Executive Assistant for APEMS are members of the MEMS Exam Committee. In addition, we require all ALS students to complete an 8-hour Leadership component of their class, and many have satisfied their requirement by attending MEMS Board or MDPB meetings.

Maine EMS Meetings Work Plan:

1. Continue to actively participate in local, regional, and state EMS committees as well as work cooperatively with Maine EMS and APEMS/Regional staff to provide support to EMS providers in Maine.
2. Ensure that staff, volunteer committee members, and the Medical Directors notify us if they cannot attend a meeting so that we may secure an excused absence.

Other EMS Projects

Activity Report

Other Project Work Plan:

1. Continue our support of the Maine EMS system by participating in additional requested projects where possible and authorized by the APEMS Board when necessary.
 - APEMS works with Maine EMS and the CP Steering Committee on the development and implementation of the Community Paramedic Pilot Project(s) as the Coordinator chosen for the project from July 1, 2012 – June 30, 2014. To date, there have been 10 pilot programs either approved or nearing completion. Dan Batsie (primarily) and Rick Petrie continue to meet with the CP steering committee and work with those agencies seeking to participate in the program.
 - APEMS works with the Maine Committee on Trauma (MCOT) and provide assistance and technical support for the Maine Trauma Advisory Committee (TAC) on the refinement and ongoing delivery of the Maine Trauma System, specifically as the Trauma System Manager (Rick Petrie) chosen to administer such services from July 1, 2012 – June 30, 2014.
 - APEMS maintains / updated website resource for information, orientation and introduction to EMS, documentation resources, on line training, course registration, and communication.
 - Assist hospitals/EMS with any issues related to medication shortages. (website and RAC meetings)
 - CISM: APEMS provided Critical Incident Stress Management “Services” to all emergency agencies and hospitals within the Mid-Coast RAC areas, three Debriefings were held over the last six months.
 - Coordinate the offering of PSE’s for all students attending Community College licensure programs throughout the nine counties served by APEMS.
 - Assisted MC RAC with the transition and understanding of the Dec. 2013 Maine EMS Protocols.
 - Stroke Project -We continue to support stroke criteria and education for EMS providers, encouraging services to develop public outreach programs in their communities on stroke recognition as well as risk factors. We do not have a process in place to determine how many services use the resources we provide to them, but will attempt to establish a mechanism for future programs. The APEMS staff participates on the PBMC stroke committee as well as the NECC Prehospital Stroke Committee, and may serve as a resource for MC RAC hospitals and EMS agencies.

- APEMS took a lead role in the group purchase of IV pumps to assist EMS service with meeting the Maine EMS requirements in an organized and financially reasonable manner.

Appendix A - Medical Control Plans – supplemental information

Hospital Provider Count and OLMC Training

Hospital	Region	MD	PA	NP	Complete OLMC
Miles	5	17			17
Waldo County	5	8	1	1	9
PenBay	5	10			10

Service Medical Control Resource

MC RAC Services	Contact	Medical Director	Activity	Action Plan
Alna	Marcia Lovejoy	None to date	Availability in question	To further develop with local Medical Director / QI staff
Belfast	Jim Richards	Tom Bronough	None Needed	None Needed
Belmont	Morris Leathers	None	Further Review	Further Develop with Transporting Service
Bristol	Jeri Pendleton	None	Further Review	Further Develop with Transporting Service
Camden	Julia Libby	David Ettinger	Further Review	Camden OOS 7/1/2013
CLC	Tim Fox	PIFT, training, QI Advisor	Further Review	Expand for 911 Calls
Rockland	Charles Jordan	None	Concern of cost. Support concept.	To further develop with local Medical Director / QI staff
Searsport	Cori Morse	PIFT, training, QI advisor	Share SMD with services, cost prohibitive	To further develop with local Medical Director / QI staff
St. George	Mike Percy	RMD	Question of cost and availability	To further develop with local Medical Director / QI staff

Stockton Springs	Charles Hare	None	Could use local health care center staff?	Further Develop with local medical Control
Union	Scot Sabins	RMD	Further Review	Further Develop with local medical Control
Vinalhaven	Burke Lynch	Health Center Staff	(staff on rotation)	Further develop with RMD
Waldoboro	Richard Lash	Dr. Fourre, Dr. Li - Lincoln County Healthcare	Further Review	Further Develop w/LMC
Westport	Roger Quandt	None	Further Review	Further Develop with Transporting Service
Wiscasset	Roland Abbott	None	Further Review	Further Develop with local medical Control

Appendix B - Quality Improvement – supplemental information

Hospital QI Resource

Hospital	Contact	Activity	Action Plan
MC RAC	Contact	Activity	Action Plan
Waldo County General 338-2500	Denise Lindahl, RN 800-649-2536	Supporting Sub-Regional QA activities. Assist with improving participation in Sub-regional QI	Develop a stroke care program for EMS/Hospital. Encourage the establishment of a hospital/EMS Service Chief QI/Comm. Roundtable
Penobscot Bay Medical 596-8000	Roxanne Walton, RN 596-8315	Continue Supporting Sub-Regional QA activities.	Rejuvenate pre-hospital stroke program. Support continuation of EMS/Hospital QI/Comm. Roundtable
Miles Memorial 563-1234	Greg Coyne, RN 563-1234	Continue Supporting Sub-Regional QA activities for all Hospitals	Support and assist MMH, StAH and local EMS with the closing of StA and transition to a new EMS patient flow.

12 LEAD EKG

QA VERSION OF MEMO

Who needs a 12 Lead EKG done?

Any complaint that could be caused by a STEMI. Examples include:

- Chest pain
 - QA: non traumatic
 - QA: greater than 18 yo
- Shortness of breath
 - QA: drop bronchospasm (asthma, COPD)
 - QA: >40 yo
- Syncope or presyncope
 - QA: syncope (defined as LOC <5 min and return to baseline LOC in <5 min)
 - QA: drop dizzy, lightheaded, unresponsive, seizure
- Upper abdominal pain (in people > 40 years old)
 - QA: non traumatic
- Your clinical suspicion warrants it be done
 - QA: drop this for QA

Please mount 12 Lead EKGs on EKG form and submit with other run report attachments. Please fill out every line on the form.

NOTE: The intention of narrowing cases to be reviewed is to make the process of QA more efficient and objective. These changes do not reflect best clinical practice. For example, a 12 Lead EKG is clinically warranted and should be obtained in cases of traumatic chest pain and presyncope. Just because we are not reviewing these does not mean they should not be done...

STROKE

If you suspect possible stroke, document all of the following:

- **Last Time Normal**
- **Blood Glucose Level**
- **Cincinnati Stroke Scale**
- **Glascow Coma Scale**

Call Code Stroke. It is critical to communicate these four details to the emergency department as soon as possible as they will help determine if thrombolytics are indicated.

SPINAL ASSESSMENT & TREATMENT

Who needs their spine cleared?

Any mechanism that could lead to a spinal injury. Examples include:

- Axial loading (diving)
- Blunt trauma (particularly to head and neck)
- MVC or bicycle
- Falls greater than 3 feet
- Falls of adults from standing height (syncope)
- Patient “found down”

In order to clear a patient’s spine, we must document ***ALL*** of the following:

1. PATIENT IS “CALM, COOPERATIVE, NON-IMPAIRED, AND ALERT”
 - a. “non-impaired” = no slurred speech, answers questions appropriately, not intoxicated
2. NO DISTRACTING INJURIES
3. NO NUMBNESS, TINGLING, OR WEAKNESS
4. NO NECK/SPINE PAIN OR TENDERNESS
 - a. Any pain/tenderness along the entire spine requires immobilization
5. NORMAL MOTOR AND SENSORY EXAM
 - a. “Normal motor exam” is equal bilateral strength distally, upper and lower extremities
 - b. “Normal sensory exam” is equal bilateral sensation in all four distal extremities to sharp and soft sensation

PATIENT REFUSAL OF CARE

****EMS should never initiate a patient's refusal of care/transport****

In order to completely record a patient's refusal of care/transport, we must document ALL of the following:

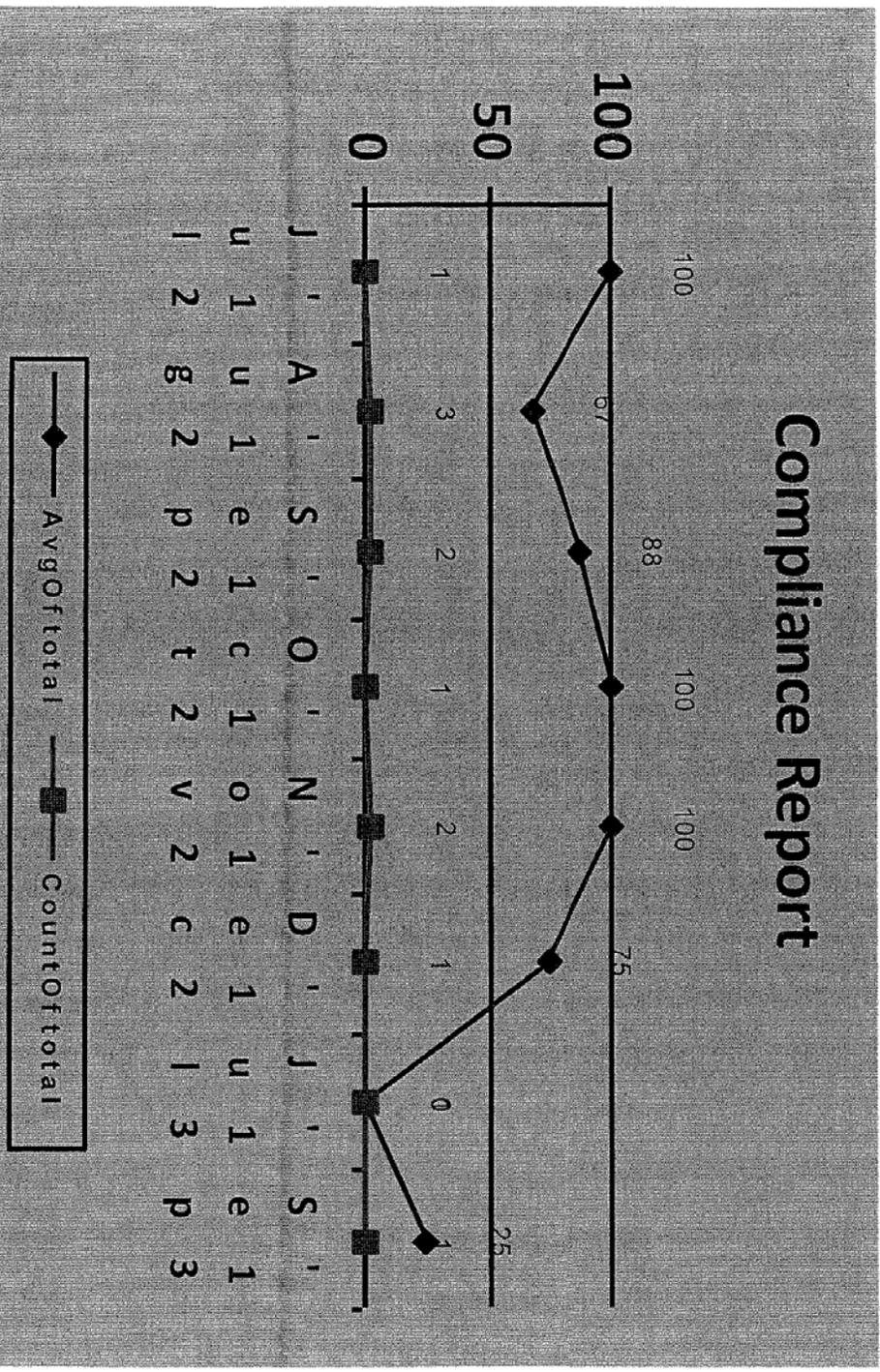
1. List specific treatment refused (i.e. transport to the hospital)
2. List patient's/guardian reason for refusal
3. List patient's alternative plan
4. Who (family/friends) is with patient now
5. Patient oriented to person, place, time, and event
6. Patient unimpaired by drugs or alcohol
 - a. "UN-impaired" = no slurred speech, answers questions appropriately, not intoxicated
7. Patient is competent to refuse care
8. Patient has been advised that they can call 911 to be reassessed
9. Discuss risks and complications of refusal of care/transport
10. Patient is greater than 18 years old or emancipated (or contact made with guardian)
11. Patient's signature or statement that the patient refused to sign



Region 4 Stroke Report

Wednesday, September 11, 2013
9:40:39 AM

Compliance Report



QI Minutes
APEMS – MC RAC
QUALITY IMPROVEMENT COMMITTEE
Wednesday, September 25, 2013
Meeting Minutes

Attendance: W. Waltz, J. Dietter, E. Hawkins, S. Brown, R. Walton, W. Randolph, H. Darmara, M. Poli, P. Dougherty
Staff: Rick Petrie, B. Chamberlin,

I. Called to order at 4:00pm

II. Approve minutes motion to approve (Waltz, Walton) All in favor

III. MC Stroke Program

Eileen Hawkins was present from PenBay Medical Center to discuss the revitalization of the EMS/ED Stroke program in the PenBay catchment area. This was a program that was introduced several years ago in this area, but needs to be updated and rolled out again. The new program will be a combination of the existing PenBay program and the program that APEMS rolled out in the KV and NE regions. Once it is rolled out, we will begin collecting data on the activation of the “code stroke” as well as time to CAT scan in the ED. At this time, PenBay is not interested in having a blood draw program to accompany the code stroke program. We will be scheduling a couple of education program in the near future.

IV. Old Business

A. MEMS Protocols

Protocols have been finalized and we are waiting for the final education product from Maine EMS. The committee has been working on it over the summer and will wrap it up soon. There will then be a rollout in each region with a Train-the-Trainer included. Paramedic I/C’s that attend the full program can then teach the program. There will be an online version as well as there was for the last protocol update.

B. Statewide QA Aspirin Study

All of the information from the study has been sent out and Maine EMS is working with their QI committee to determine the next study, which will probably be Cardiac Arrest.

V. MEMSRR Updates

Jon discussed upcoming Imagetrend/MEMSRRchanges with the group and reviewed the hospital dashboard.

VI. Regional/State QI Initiatives

A. We have found a programmer with an EMS background (Augusta Firefighter) who has developed a program that makes it easier to mine the data from MEMSRR and review calls that fall within a prescribed audit. Our initiatives for this fall and spring will be spinal immobilization, 12-lead, Stroke and patient refusals. We will do the audits at the regional level and provide the information to the services, as well as any appropriate follow up education.

VII. Other Issues

A. Whit reviewed an interesting cardiac arrest call with the group. He also reminded the group that if they encounter a patient with an ICD in place that they bring the remote/device information with them to the hospital.

B. Pat Dougherty asked about the requirement for IV pumps. Rick told her that IV pumps would be required in order to administer the new vasopressor, NOREpinephrine, but that because IV pumps

were not on the Maine EMS required equipment list, services would have time to budget for and purchase a pump. Eventually, they will be required equipment. In the meantime, Paramedics will not be able to administer NOREpinephrine unless they have a pump.

Adjourn at 3:15pm

Appendix C - EMS Training Programs – supplemental information

Specialty Course Name, Date, Site	Registered
Advanced Airway/Trauma Skills Lab - July 26, 2013 (CCTI, Springtide Farm, Bremen, ME)	18
EMPACT - Aug 24-25, 2013 (Camden First Aid, 123 John Street, Camden, ME)	10
ACLS Refresher - Oct 14, 2013 (WCGH, Belfast ME)	12
ACLS Refresher - Oct 15, 2013 (WCGH, Belfast ME)	17
PALS Refresher - Oct 17, 2013 (WCGH)	11
ACLS Provider - Oct 24 & 25 2013 (WCGH, Belfast)	12
GEMS BLS New Provider and Refresher - October 26, 2013 (Bremen Rescue)	7
2013 Maine EMS Protocol Roll-out - Nov. 6, 2013 (Samoset Resort, Rockport)	25
Critical Care Emergency Medical Transport Program Nov. 13 - Dec. 19, 2013, Damariscotta	21

Seminar 2013 Programs Offered

Product Name	Start Date / Time	Registered
13-04799 ALS NREMT Transition - Wed. Nov. 6th and Thu. Nov. 7th, Dan Batsie, et al	11/6/2013 8:00	24
13-04798 BLS Skills Review, APEMS Staff	11/6/2013 8:00	8
13-04800 Pre-hospital Newborn and Infant Care	11/6/2013 8:00	13
13-04801 Toxicology Terrors; Timothy Redding	11/6/2013 8:00	0
13-05624 Maine Committee on Trauma 2013 Conference	11/6/2013 8:00	78
CI1 ACLS Refresher, Kerry Pomelow, et al	11/6/2013 8:00	8
CI4 PHTLS Refresher, Rick Petrie, et al	11/6/2013 8:00	8
13-04802 ALS Skills Review, APEMS Staff	11/6/2013 13:00	4
13-04803 PIFT Medications; Scott Smith, MSN, ACNP-BC, RN, CEN, NREMT-P	11/6/2013 13:00	0
13-04794 Educational Methods Lab; Brad D. Weilbrenner	11/7/2013 8:00	8
13-04795 EMS Response to Human Trafficking - Train the Trainer; Dan Batsie	11/7/2013 8:00	11
13-04796 Riding the Nylon Highway; Jonathan Busko, MD MPH	11/7/2013 8:00	0
CI2 AHA CPR Instructor Course; Sally Taylor, et al	11/7/2013 8:00	15
CI3 PALS Refresher, Scott Smith, MSN, ACNP-BC, RN, CEN, NREMT-P, I/C et al	11/7/2013 8:00	9
CI5 TCCC- LE/FR; John Kooistra, et al	11/7/2013 8:00	7
13-04797 EMS Response to a Critical Incident; Miles Carpenter, Paramedic, Maine State Police	11/7/2013 13:00	21
13-04808 Neurological Assessment of Stroke in the Field,	11/8/2013 8:00	66
13-04812 From the Case Files of a Community Hospital in Maine: Chest Trauma,	11/8/2013 8:00	47
13-04816 Anatomy of Airway Lawsuits; Eric Beck, DO	11/8/2013 8:00	13
13-04820 Nausea, Vomiting, and All That Stuff	11/8/2013 8:00	23
13-04822 QI: Where to Start?; Kerry Sousa Pomelow, Paramedic, I/C	11/8/2013 8:00	13
13-04824 EMS, Law Enforcement, and HIPPA; John Kooistra	11/8/2013 8:00	25
13-04831 LFOM Patient Simulator, LFOM Staff	11/8/2013 8:00	11
13-04835 Vehicle Extrication; Troy Lare, FF/EMT-P; Jim Fleming, FF/EMT-P	11/8/2013 8:00	7
13-04836 Extended Operations - The Physical and Emotional Aspects, Don Scleza	11/8/2013 8:00	11

13-04961 Bradycardia in Acute Coronary Syndrome: Recognizing & Treating Cardiac Conduction	11/8/2013 8:00	36
13-05034B Maine Ambulance Association (Non-Member)	11/8/2013 8:00	3
13-05034A Maine Ambulance Association (Member)	11/8/2013 9:00	10
13-04805 The Difficult IV You Will Get, Sean Hall	11/8/2013 10:00	39
13-04809 Treatment of Traumatic Injuries: A Team Based Approach:	11/8/2013 10:00	63
13-04813 How Do I Splint That?	11/8/2013 10:00	45
13-04817 Appropriate Utilization of the EMS Medical Director; Eric Beck, DO	11/8/2013 10:00	13
13-04821 Lives in Danger: The Dynamics of Scene Safety;	11/8/2013 10:00	19
13-04825 Hints and Tricks to Using the FieldBridge Patient Care Reporting Software, Jon Powers, NRP	11/8/2013 10:00	15
13-04828 Sepsis; Michael Schmitz, DO;; Andrew Turcotte, BSN, RN, NREMT-P	11/8/2013 10:00	42
13-04832 LFOM Patient Simulator, LFOM Staff	11/8/2013 10:00	7
13-04837 A Journey in Patient Communication; Frank McClellan, EMT-P, FP-C, CCEMT-P	11/8/2013 10:00	18
013-04826 Medical Director's Program; Matt Scholl, MD; et al	11/8/2013 13:00	5
13-04806 Emergency Medical Dispatch, The ABC's and 1,2,3s; Drexell White, Lt. Peter Daigle	11/8/2013 13:00	10
13-04810 Social Media Strategy, Eric Jaeger, Senior Lecturer	11/8/2013 13:00	16
13-04814 Essentials of EMS Documentation & Patient Sign-Off: Paper/Electronic, The Same Rules	11/8/2013 13:00	37
13-04818 Kalem & Kevin's Codes: BLS Codes;Kalem Malcolm, NR/CCEMT-P, FP-C, C-NPT, CCP-C	11/8/2013 13:00	43
13-04827 Put Your ALS Away; Sally Taylor, Paramedic, I/C	11/8/2013 13:00	29
13-04829 From EMT to Grief Counselor: Difficult Conversations in EMS; Kate Braestrap, Chaplain	11/8/2013 13:00	44
13-04833 LFOM Patient Simulator, LFOM Staff	11/8/2013 13:00	12
13-04838 Soft Tissue Injuries in Athletics; Dennis Russell, M.Ed., ATC, CSCS, EMT-P, IC	11/8/2013 13:00	53
13-04807 Toxicological Emergencies for EMS Providers, Bruce Carlton, Portland Fire Dept.	11/8/2013 15:00	61
13-04815 Managing Status Epilepticus: Early and Effective Care for Prolonged Seizures; Eric Jaeger	11/8/2013 15:00	42
13-04819 Kalem & Kevin's Codes: ALS Codes; Kalem Malcolm, NR/CCEMT-P, FP-C, C-NPT, CCP-C	11/8/2013 15:00	27
13-04823 Someone Get A Board; Marc Minkler, Paramedic, I/C	11/8/2013 15:00	42
13-04830 Death Scene Declarations: The Path to Donation Opportunities;	11/8/2013 15:00	17
13-04834 LFOM Patient Simulator, LFOM Staff	11/8/2013 15:00	4
13-04839 Head and Neck-Injuries and Helmet Removal in Athletes	11/8/2013 15:00	33
13-04962 What Now.....; Sally Taylor, Paramedic, I/C	11/8/2013 15:00	17
13-04864 Bus Extrication; Troy Lare, FF/EMT-P; Jim Fleming, FF/EMT-P	11/9/2013 8:00	11
13-04898 Keynote Speaker- EMS Performance Improvement: Eric Beck, DO, NREMT-P (Open Session)	11/9/2013 8:00	451
13-04842 Planning for CEH's and the Future, Don Sheets, Maine EMS Education Coord.	11/9/2013 10:00	17
13-04845 Medicine on North America's Highest Peak: Denali's 14,200 Medical Camp,	11/9/2013 10:00	28
13-04846 The Prehospital and Hospital Response to the Boston Marathon Bombings;	11/9/2013 10:00	70
13-04849 Saturday Morning with MDPD; Matt Scholl, MD; et al	11/9/2013 10:00	24
13-04852 ALS Skills; Kerry Sousa Pomelow, Paramedic, I/C	11/9/2013 10:00	29

13-04855 Maine Bureau of Labor Standards: Compliance Assistance; Michael LaPlante, MBOL	11/9/2013 10:00	15
13-04858 Airway Management: Basics and Beyond; Julie "Jules" Scadden, PS	11/9/2013 10:00	51
13-04861 LFOM Patient Simulator, LFOM Staff	11/9/2013 10:00	0
13-04963 Airway Scenarios; We Would Rather Not Think About It; Dan Batsie, NREMT-P	11/9/2013 10:00	20
13-04840 Maine Eagles, Rick Petrie	11/9/2013 13:00	23
13-04843 Community Paramedicine: The Next Frontier, Kevin McGinnis, Communications Tech.Adv	11/9/2013 13:00	20
13-04847 Approach to the Shock Patient; Evie Marcolini, MD	11/9/2013 13:00	89
13-04850 Creating a Workplace Response to Domestic Violence, Margo Batsie	11/9/2013 13:00	5
13-04853 Naturally Sweet: Children With Diabetes Mellitus; Julie "Jules" Scadden, PS	11/9/2013 13:00	31
13-04856 MEMSRR Report Writer for Basics; Jon Powers, NRP, Data & Preparedness Coord.	11/9/2013 13:00	11
13-04859 Investigating Syncope; Timothy Redding, CEO, Emerg. Mgt Consultants	11/9/2013 13:00	32
13-04862 LFOM Patient Simulator, LFOM Staff	11/9/2013 13:00	7
13-04967 ALS Assistant 101 - Part A; Mark King, NREMT-P, I/C	11/9/2013 13:00	32
13-04804- High Risk Obstetrics; Kalem Malcolm, NR/CCEMT-P, FP-C, C-NPT, CCP-C	11/9/2013 15:00	50
13-04841 Organizational Change Management and Leadership, Scott Lucas, Chief	11/9/2013 15:00	9
13-04844 Frostbite Injury, Paul Marcolini, WEMT-P	11/9/2013 15:00	39
13-04848 Penetrating Neck Trauma; Evie Marcolini, MD	11/9/2013 15:00	36
13-04854 Assessment and Management of the Trauma Patient, Rick Petrie	11/9/2013 15:00	31
13-04857 Exercise Program Development for EMS Providers, Dennis Russell, M.Ed., ATC, CSCS, EMT-P, IC	11/9/2013 15:00	7
13-04860 Prehospital Treatment of Internal Bleeding: A Gigantic Leap Forward	11/9/2013 15:00	61
13-04863 LFOM Patient Simulator, LFOM Staff	11/9/2013 15:00	6
13-04968 ALS Assistant 101 - Part B; Mark King, NREMT-P, I/C	11/9/2013 15:00	10
13-04865 Treat 'em Right: Customer Service in EMS, Rory Putnam, AA, NREMT-P, I/C	11/10/2013 8:00	8
13-04867 EMD Awareness for EMS Responders, Michael J. Azevedo, Jr.FF/EMT	11/10/2013 8:00	1
13-04869 Is Back Pain a Problem in EMS?; Diane E. Delano EMT-P, I/C	11/10/2013 8:00	10
13-04871 School Violence: Are We Doing All We Should? Art True, Emerg. Mgt Planner	11/10/2013 8:00	24
13-04873 Assessment-Based Patient Care, A Discussion on Pre-Hospital Assessment	11/10/2013 8:00	50
13-04875 Painted Fire: Mentoring in EMS; Julie "Jules" Scadden, PS;	11/10/2013 8:00	8
13-04877 Generations in the Training Room; Paul Conley, EMT-P, I/C	11/10/2013 8:00	7
13-04879 Management of Pediatric Patients During a Disaster;	11/10/2013 8:00	14
13-04881 Responding to Terrorism In Maine; SFC Jonathan Robichaud, Reconnaissance NCO	11/10/2013 8:00	14
13-04866 Educational Enhancements for EMS Squads - Increasing the Value of Department Training	11/10/2013 10:00	18
13-04868 Developing a Response Assignment Plan,	11/10/2013 10:00	0
13-04870 21st Century EMS Communications: From the Brick to the Tri-Corder;	11/10/2013 10:00	7
13-04872 Environmental Emergencies; David Hodgkiss	11/10/2013 10:00	37
13-04874 Can We Teach Critical Thinking in EMS?;	11/10/2013 10:00	5
13-04876 NREMT Online Education Management and Recertification; Kalem Malcolm, NR/CCEMT-P,FP-C, C-NP	11/10/2013 10:00	3
13-04878 What Your Patient's Bad Gas Means; Steve Babin, RN, LOM	11/10/2013 10:00	9

13-04880 Medical Devices in the Field; Amber Southard	11/10/2013 10:00	36
13-04882 Foul Ball: Concussion Syndrome in Sports Injuries;	11/10/2013 10:00	30

For licensure programs, identify by program those educational and training sessions that have been conducted, or will be held before the end of the contract period.

COURSE OFFERED	DATES	LOCATION	OUTSIDE REGION	UNDER 18	TOTAL	SPECIAL REQUEST
EMS 111 – EMT (FALL)	6/1-9/14	ST GEORGE			12	*

Educational Survey – Directors –MC RAC – August 2013

Inserted as an attachment

Educational Survey – Providers – MC RAC – August 2013

Inserted as an attachment

Appendix D – MCEMS RAC Membership / Minutes

MCRAC Membership

Alna First Responders	Marcia Lovejoy
Arthur Jewell Health Center	Matt Shaw
Belfast Amb & Rescue Service	James Richards
Belmont Vol. Fire and Rescue	Morris Leathers
Boothbay Region Ambulance	Robert Ham
Bremen Rescue First Responders	Henry Nevins
Bristol Fire and Rescue	Jeraldine Pendleton
Central Lincoln County Ambulance	Warren Waltz
Cushing Rescue Squad	Austin Donaghy
Islesboro Ambulance Service	Fred Porter
Liberty Volunteer Ambulance Service	Earle Albert
Matinicus Island Rescue	Eva Murray
Nobleboro First Responders	Ryan Gallagher
North Haven EMS	April Brown
Northeast Mobile Health	Dennis Brockway
Northport First Responders	Henry Lang
Rockland EMS	Carrie Adams
Searsmont Rescue	Dawn Joy
Searsport Ambulance Service	Cory Morse
South Bristol First Rescue Unit	Scott Farrin
South Thomaston Ambulance Service	Patricia Dougherty
St George Vol Firefighter Assn	Adrian Stone
Sterling Ambulance LLC	Jason Wiley
Stockton Springs Ambulance Svc	Charles Hare
Thomaston Ambulance	Rusty Barnard Jr.
Union Ambulance Service	Jeff Grinnell
Vinalhaven Ambulance	Patricia Lunholm
Waldoboro Emergency Medical Services	Richard Lash
Warren Rescue	Polly Wood
Westport Volunteer Fire Dept First Responders	Roger Quandt
Wiscasset Ambulance Service	Roland Abbott

Atlantic Partners EMS / Mid-Coast Regional Advisory Council
Minutes DRAFT
September 25, 6:00 pm
Library Conference Room, PBMC Physicians Building

Present: Dennis Brockway, NEMHS; Helen Damara, Cushing; Suzanne Brown, PBMC; Pat Dougherty, So. Thomaston; Joanne Ames, Searsmont; Richard Lash, Waldoboro; Scott Lash, Boothbay

Staff: Rick Petrie, Brian Chamberlin, Bill Zito

- I. Call to order**
- II. Review of Minutes**
- III. Update from State Committees**
 - i. Maine EMS Board**
 - **Community Paramedicine**
11 Projects approved, next meeting 9/30/13, 12th project to be considered. Projects cover a ranch of different types of projects to o a limited number of patients in a mall community to full city support. Texas, Minnesota, and Nova Scotia looked at.
 - **Other**
Protocol administration and roll out plans, investigations “examples given”, discussion of run sheets (fraudulent statements?)
 - ii. MDPB**
 - **Protocol Revisions/Roll Out**
Brief commentary of protocol changes presented and downloadable application processes to date. Protocol Roll Outs to be scheduled as well as on line MEMS training available. APEMS Roll Outs will include BLS and ALS as well as a Train the Trainer segment at the close of each session. Hospital; Updates will also be provided by APEMS. To date, further information forthcoming, Roll outs on Oct. 15 at EMCC/Bangor; Oct. 18, KVCC, Fairfield; Nov. 6, Samoset Resort, Rockport.
 - iii. State Education/Exam**
 - **Update**
Developed objectives/outline for protocol roll outs
Completed updated the MEMS CEH Forms
Added a QI recognition check box for accreditation of own programs
 - iv. State QA/QI**
 - **Statewide Aspirin Study/Cardiac Arrest Study**
Aspirin studies completed with a new study in cardiac arrest after the first of the year Provided specific examples and process to be used.
 - v. Other**
Support still necessary for restoration of Medicare cuts, Senate Bill #1405 Collins to co-sponsor, will be accompanying House bill. Encouraged to contact Senator Collins at 202-224-2523 and Senator King at 202-224-5344. Reminder will go out from Winslow Office to all services.
- b. Regional Initiatives**
 - i. Regional QI Update**
 - **Audits**
Set of audits (handed out) and reviewed for APEMS, will be: Implementation

- Carried out
 - Patient outcome/ Results
 - APEMS has entered into an arrangement with AFD to utilize a new QI software program to assist with audits and system issues
 - Attendance at QI Sessions
 - All hospitals will continue with QI sessions with attendance as part of APEMS/regional QI policy standards. (WCGH to start up again)
 - ii. Seminar Update
 - Presented an overview of programming being offered (incl a Protocol Roll Out – open to public)
 - iii. Public Information/Education Update
 - Forthcoming new on line program from the National Fire Academy (after Jan. 1) – advanced PI officers – website shown at meeting
 - Continue with supporting Hands Only CPR Training / Initiatives. Pat gave a few examples from So. Thomaston for this use – discussion. BLAST programs explained.
 - iv. EMS Memorial Update
 - Phase I of the project has been completed with the initial installation / construction in place last spring, another \$150,000 for final phases.
 - v. Specialty Training/Education
 - Training opportunities continue through the on line registration program with traditional programming and a new Tactical Combat Casualty Care Program Courses being offered as well.
 - Licensure course in Mid-Coast include:
 - EMT Course – St. George
 - EMT Course – Searsport – cancelled
 - AEMT Course – Damariscotta
 - All KVCC courses open to MC public
 - Mid-Coast School of Tech – EMT Course
 - Brian reported on a rural initiative for EMT Basic Students to be applicable for financial aid through KVCC – thru “general studies”. Will be using the FAFSA form, etc. Group discussed future strategies.
 - Distance Learning – ITV – Jackman
 - Infection Control Series
 - PEPP and GEMS forthcoming
 - Critical Care Emergency Medical Transport Paramedic / UMBC to be offering in Nov. in Damariscotta
 - Kelly completed the recent educational surveys sent out through “survey monkey”
 - vi. Regional Listserv
 - Kelly working with services as a resource and communications enhancement
 - vii. Other
 - 50/50 Raffle Tickets available through Joanne Ames and at the 3 offices, drawing at the Seminar Banquet
- c. Items from the Membership
- i. Questions, concerns, ideas, etc.
 - Nominations for Corp Board:
 - Mike Poli, Warren Waltz, Dennis Brockway
 - no other nominations, cast one vote, Richard moved, seconded by Pat, all in favor.

Appendix “E”; Public Information, Education, Relations

2013 EMS Conference

Community Outreach Award Winners

St George Ambulance

Do you have a “Heart of a Dragon”?

What is the “Heart of a Dragon” Initiative?

In short, it is a new initiative by the Ambulance Service to help reduce the number of Cardiac Arrest and Stroke incidents in town, educate the community to improve early recognition of these conditions, training more members in the community in CPR, increasing the number of available AEDS, and improve our cardiac arrest save rate by implementing High Performance CPR.

We are invested in the health of the community. This new initiative is a community-wide effort to improve the health of our community.

Citizens Assist program for Pre-Registration for Shelters or home checks.

Community CPR

Community Coordination with CART Group, Fire Department and Red Cross for Disaster Planning

Med Care:

Western Maine Sudden Cardiac Arrest Association Recognized with HERO Award from HeartSmart AED

FLASH MOB CPR Demonstration at public events to raise awareness of CPR

Free Ski Patrol Shifts at Black Mountain

Co-Sponsor of Walk Laugh Get Healthy Fair in Rumford. Healthy Eating, Fun Ru/Walk and FUN.

Sparky’s SAFETY HOUSE for demonstrations and Education of Elementary Kids

Caribou Ambulance:

Team up with Caribou Fire on Home Safety: Kitchen Safety-Fire Safety- Fall Safety

Blood Pressure Screens

Distribute AED around Caribou Community (28 total to Date)

CPR Training to community, civic and school groups

Augusta Fire:

CPR Training for the Community & Schools

AED Placement around Capital City

Increased CPR Training for Personnel to Improve Cardiac Outcomes

Northeast Mobile Health:

Healthy Eating program for staff and families with Local Chef coming to base and teaching
Toys for Tots Sponsor
Safe Halloween Sponsor with Local events for kids incorporating Safety
Drug Take Back Day Host and Working with Community
Open House –Ambulance Tours for Area Youth Groups
Simple FA and CPR Training for youth and Adult Civic Groups
Standby Safety Coverage at various LARGE SCALE events (Beach to Beacon, Run for Your
Life, Local Go Karting Track, etc.)

NorthStar Ambulance

Life Line Program
CPR & AED Training and Distribution
Bike Medic Team for Large Scale Events
Operation Santa- Providing Gifts to families in need
Helmet Fittings and Bike Rodeos
Mock Crash Trainings for Local High Schools
Winter Special Olympics FA Coverage
Stroke Prevention Trainings

Appendix “F” – Financial Information

Included as an attachment

State of Maine
Dept. of Public Safety
Board of Emergency Medical Services
45 Commerce Drive Suite 1
152 State House Station
Augusta, ME 04333-0152

Atlantic Partners EMS, Inc.
Progress Report

January 1, 2014 - June 30, 2014
Mid-Coast Regional Advisory Council

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Medical Control and Direction

APEMS is fortunate in the MC region to have an active group of Medical Directors at each of our hospitals who understand the value of active physician involvement in prehospital care. There have been recent changes in the Boothbay-Damariscotta area with the closing of St. Andrews Hospital where Lincoln County Health took a lead role in the additional training requirements for local EMS services.

Medical Control Work-Plan:

- a. After discussion with the Regional Medical Directors, we will develop and implement 4 major initiatives to increase the understanding of the clinicians who provide medical control.
 1. Work in conjunction our Regional Medical Directors and Matt Sholl to schedule an EMS Medical Directors ½ day session at the Samoset EMS Conference. As a result of that conference, we anticipate scheduling additional (at least annual) sessions and develop an EMS Medical Director listserv.
 2. We will develop an abbreviated version of the protocol education session for the new (2013) protocols that we will attempt to deliver at Hospital ED staff meetings (nurse and Physician)
 3. We will attempt to schedule another round of meetings in the spring of 2014 as follow up to the fall protocol meetings.
 4. We will continue to push the development of EMS service chief/leadership sub-regional quarterly meetings as a way of increasing communication between EMS services and the Hospitals. We have had reasonable success so far piloting this concept in Bar Harbor, Millinocket, Bangor, Camden, and Augusta.
- b. We will continue to encourage Sub-regional ED physicians to partner with local EMS services, and continue to encourage EMS services to establish a relationship with a Medical Director
- c. We will develop a spreadsheet detailing the number of Physicians, PA's, and NP's providing medical direction through the emergency department, and attempt to track how many have completed the online medical director program.

APEMS Medical Control Work plan update

- a. APEMS scheduled a session for EMS Medical Directors at the EMS conference in November 2013, and we will schedule another for the conference schedule for November 12 – 16, 2014. One of the key requests that came from the November 2013 was the creation of an EMS Medical Director Listserv to increase communication and provide a forum for Maine EMS Medical Directors. This initiative was discussed and a follow-up MDPB meeting and Maine EMS indicated that they would take the lead on creating and implementing this listserv.
- b. We developed protocol rollout materials (both an education session and overview documents) which were distributed to each of our hospitals through our sub-regional QI process.
- c. We have conducted follow up meetings through our sub-regional QI and Council meetings to identify any issues with the protocol rollout, as well as notify all hospitals that the

process will be starting again. The majority of the issues surrounded the purchasing, distribution, and training on the IV Pumps, in which APEMS took a lead role.

- d. We have distributed the On-line Medical Director training disks to all of our emergency departments and encouraged the ED Directors to have all providers complete the program because it has been updated since many of them took the training. **Appendix "A"** contains a chart listing the number of providers in each Emergency Department as well as the count of providers, reported to us, who have completed some version the Online Medical Director Program. As indicated earlier, there has been a transition period with the closing of St. Andrews Hospital and the merger of ED staff.
- e. The majority of our transporting services now have Physician Medical Directors. We continue to assist services with the development of their QI Committee with Medical Director over-sight/coverage extending to the non-transporting services. A list of Service Medical Directors is also found in **Appendix "A"**.

Quality Improvement

APEMS is fortunate to have an actively involved Medical Director in the MC Region who specifically reviews advanced airway, stroke, and cardiac arrest calls as well as participates in case reviews and "grand rounds" with our EMS services. We are also fortunate in that we have a solid core of sub-regional contacts who are increasingly involved in case-reviews and training for the services in their area.

Quality Improvement Work Plan:

During the FY 14 contract with Maine EMS, APEMS will:

- a. Continue to employ a part-time QI Coordinator who will provide QI program development assistance to regional EMS services as requested.
- b. Add resource QI documents to the APEMS webpage for use by EMS services.
- c. Continue to encourage service participation in the sub-regional QI process
- d. Work with a local EMS provider/computer programmer to expand the use of a data mining program connected to MEMSRR that will enhance the production and evaluation of QI reports.
- e. Review the data from the following regional QI indicators and develop educational programs as appropriate:
 1. Spinal Assessment
 2. Patient refusal
 3. Time to 12-lead
 4. Stroke
- f. Work with PBMC to evaluate the effectiveness of the Regional Stroke program, particularly in regards to field code stroke activation vs. hospital stroke diagnosis.

APEMS QI Work plan update

- a. During the 2013-2014 contract year, APEMS employed a part-time QI coordinator whose responsibilities included staffing the regional QI committees, development of Regional QI Audits, and QI related technical assistance to services in the Region.
- b. We have added a section of the APEMS website that includes reference material for services to use when developing their QI process.

- c. We continue to work with our sub-regional QI Nurses to promote the quarterly case QI reviews, and have seen an increase in attendance. Particularly helpful was the modification of the traditional case review format in several locations to include an ED-EMS communication piece to improve the flow of information between agencies and head off issues before they became unmanageable.
- d. The implementation of the computer data mining project has taken longer than expected because of difficulties including multiple services in the process. We continue to work with the programmer and anticipate having it fully up and running by the fall of 2014.
- e. The Maine EMS QI committee cardiac arrest study took a lot of our time this spring, so we are in the process of wrapping up the second round of the Regional QI audits and will have the full report on the audits when we do our final report for FY 2013-2014. Regarding the State Cardiac Arrest Study, we have collated the data from the study and distributed the results to the sub-regional QI committees and services. Much of the data requested by the State for this study was provided in writing instead of electronically, which required manual entry from APEMS office staff. We have utilized the data from the study to conduct educational programs at sub-regional QI meetings in Belfast and Camden.
- f. We remain a member of the PenBay stroke committee, and are actively participating in the re-evaluation of their program.
- g. Hospital contact is list found in **Appendix "B"**.

Additionally, we conducted the following QI activities:

1. We integrate the MEMSRR program into our EMS programs and use the report entry system by the students in order to improve data collection for the QA and data collection system.
2. We continue to follow up with services regarding timely completion of the Maine EMS Run Report through education and QI audits when indicated.
3. We continue to work with EMS services and hospitals on the creation and implementation of a written summary report for use by the EMS services.

Training Coordination

APEMS continues with its licensure and specialty/continuing education agenda with the MCRAC areas, but we continue to struggle a little with finding enough students for licensure programs. However, we have seen an increase in interest, and are hopeful for more class in the fall of 2014. Scope of work completed includes all three objectives called for as well as fulfilling all work plan goals. In addition to programs offered within the MCRAC central locations, we are often asked to provide specialty education in remote areas and have been available to do so.

APEMS Training Work plan

- a. Conduct our annual education needs assessment
- b. Continue to approve CEU requests as well as enter the rosters/scan appropriate outlines into the Maine EMS licensing program under the pilot program with Maine EMS.
- c. Continue with our program of Licensure/specialty/CE training programs as requested /needed for the members of the APEMS regions.

APEMS Training Work Plan Update:

- a. APEMS conducted our annual education and training survey, the results of which were included in the report for the period ending December 31, 2013.
- b. Continued to approve CEU requests as well as enter the rosters/scan appropriate outlines into the Maine EMS licensing program under the pilot program with Maine EMS. APEMS approved and entered 698 CEU programs between January 1 and May 30, 2014. All CEH requests from any agency in the APEMS catchment area are approved through the NERAC office in Bangor.
- c. Continue with our program of Licensure/specialty/CE training programs as requested /needed for the members of the APEMS regions. A listing of all Licensure Programs and Specialty Training opportunities are in **Appendix "C"**.
- d. Continue with the annual EMS seminar offered at the Samoset resort in Rockport.
- e. Work with Maine Ambulance Association to sponsor management/leadership training programs around the region.

Regional Councils

APEMS MCRAC conducts Regional Council meetings on a quarterly basis and continually works to expand attendance at council meetings to increase information dissemination.

APEMS Regional Council Work plan

- a. Continue to schedule quarterly Regional Council meetings and offer alternative ways to participate (Teleconferencing) for those who request it.
- b. Develop a Regional Council listserv for individual providers in the region as a means to more widely distribute information from the Regional Office as well as provide a forum for providers to seek additional information.

APEMS Regional Work plan Update

- a. APEMS conducts Board meetings every other month, and regional council meetings are scheduled quarterly. The minutes from these meetings are included in **Appendix "D"**. We continue to utilize our Web Page Facebook, and electronic communications to communicate Regional Activities. Membership lists are also included in **Appendix "D"**.
- b. We have implemented our regional listserv as a way to increase communication and encourage participation

Public Information, Education, and Relations **Activity/Progress Report**

We have been actively encouraging services to designate a member to be the public information office and develop a PIER program for their department. We have encouraged these individuals to take the basic online public information program and are working with Mike Grant from MEMA to schedule advanced Public information programs for the spring.

APEMS Public Information, Education, and Relations Work Plan:

- a. Work with Regional Services to encourage members to take the online NFA PIEO training program
- b. Work with MEMA to schedule 2 – 3 Advanced PIEO programs within the APEMS Region
- c. Develop a relationship with the American Red Cross to encourage joint EMS service/ARC community preparedness programs in their communities.

APEMS Public Information, Education, and Relations Work Plan update:

- a. We have advertised, and encouraged participation in, the NFA PIEO training program sponsored by MEMA. We have also created a link on our webpage listing resources available for EMS services for public outreach and education. A listing of these resources is listed in **Appendix “E”**. We also make PIEO a topic at all Council meetings and sub-regional QI meetings.
- b. MEMA has scheduled 2 Advanced PIEO programs in the APEMS catchment area, one in MCRAC.
- c. The program development with the American Red Cross was delayed because of winter storm activities, and meetings for re-starting the process have been scheduled for June
- d. The Executive Assistant continues to deliver inhalant abuse education programs as requested
- e. APEMS with the three RACs provide support and resources for all levels of CPR training and advanced life support AHA education throughout our communities, within our hospitals, as well as with our EMS services. APEMS provides a Team of AHA Instructors, including regional faculty, coordination, instructor trainers, instructors, and support staff. APEMS staff continues work on the re-introduction of a Community Outreach project which would be able to provide the “Hands Only CPR” 2-step program to the public, as promoted/recommended through their local EMS through open houses, advertised availability, or as a co-sponsored community event. APEMS provides the initial training and resources for the project(s). In addition to increasing survivability in their community, this is a valuable tool to increase their exposure within their community other than within an emergency setting.
- f. APEMS Partnered with Maine EMS, Maine Communications Bureau, and the other EMS Regions to publish our fourth, statewide, EMS week supplement that will be inserted in every daily newspaper in the State of Maine on the Friday, May 16.
- g. Continue with the delivery of the BLAST! (Babysitter Lessons and Safety Training) program through ECSI
- h. Continue to support and administer the Seat Belt Education program in Maine through a sub-grant with the Bureau of Highway safety.
- i. APEMS carried forth Occupant Restraint Safety Education programs through a Sub-grant with the Bureau of Highway Safety. These are available upon request to assist EMS services in the KVRAC area with enhancing the awareness and importance of use of safety belts throughout their Communities, as well as increasing the visibility of the EMS services in the community:

The Sub-grant description of goals included the following which can be utilized in concert with EMS Community projects:

- to enhance awareness of the importance of occupant safety devices
- to provide education on the types of occupant restraints and correct usage
- to educate the public about the results of injury and death as a result of nonuse of safety restraints
- to educate the public about safety restraint statutory requirements for all age groups
- to increase the usage rate (law compliance) of occupant protection devices

Curricula and resources include the following:

- Convincer demonstration units. A portable display/charting is also utilized.
 - PowerPoint and other educational aides that are directed toward elementary, middle school, and high school students and adults, including Air Bag Safety
- j. We have also continued our support of the “Maine EMS Memorial and Education Site” by actively participating in the generation of donations. We were able to collect another \$15,000 at our auction in November, which has made it possible to continue with Phase II of the project. We also helped organize the inaugural wreath-laying ceremony as part of the Maine EMS awards ceremony during EMS week.

Attendance and Participation at Maine EMS Meetings

Maine EMS Meetings Work Plan:

1. Continue to actively participate in local, regional, and state EMS committees as well as work cooperatively with Maine EMS and APEMS/Regional staff to provide support to EMS providers in Maine. All obligations of participation and related work tasks have been completed.
2. Ensure that staff, volunteer committee members, and the Medical Directors notify us if they cannot attend a meeting so that we may secure an excused absence.

Maine EMS Meetings Work Plan Update:

APEMS staff actively participates in the Maine EMS system meetings. The Executive Director is an active participant in the Operations Team, MDPB, MEMS QI Committee, and MEMS Board Meetings. The MCRAC Medical Director participates in the MDPB meetings as well as subcommittees of the MDPB. The APEMS Education Director is the chair of the MEMS Education Committee and the Clinical Coordinator for APEMS is also a member of this Committee. The Education Director and the Clinical Coordinator also actively participate in the MDPB, MEMS QI Committee, and MEMS Board meetings. The Executive Director, Specialty Training Coordinator and Executive Assistant for APEMS are members of the MEMS Exam Committee. In addition, we require all ALS students to complete an 8-hour Leadership component of their class, and many have satisfied their requirement by attending MEMS Board or MDPB meetings.

Other EMS Projects

Other Project Work Plan:

Continue our support of the Maine EMS system by participating in additional requested projects where possible and authorized by the APEMS Board when necessary.

Other Projects Work Plan Update:

- APEMS works with Maine EMS to provide assistance and technical support for the Maine Trauma Advisory Committee (TAC) on the refinement and ongoing delivery of the Maine Trauma System, specifically as the Trauma System Manager (Rick Petrie) chosen to administer such services from July 1, 2012 – June 30, 2014.
- APEMS maintains / updated website resource for information, orientation and introduction to EMS, documentation resources, on line training, course registration, and communication.
- Assist hospitals/EMS with any issues related to medication shortages. (website and RAC meetings)
- CISM: APEMS provided Critical Incident Stress Management “Services” to all emergency agencies and hospitals within the Mid-Coast RAC areas; two Debriefings were held over the last five months.
- Coordinate the offering of PSE’s for all students attending Community College licensure programs throughout the nine counties served by APEMS.
- Stroke Project -We continue to support stroke criteria and education for EMS providers, encouraging services to develop public outreach programs in their communities on stroke recognition as well as risk factors. We do not have a process in place to determine how many services use the resources we provide to them, but will attempt to establish a mechanism for future programs. The APEMS staff participates on the PBMC stroke committee as well as the NECC Prehospital Stroke Committee, and serves as a resource for MCRAC hospitals and EMS agencies.
- APEMS took a lead role in the group purchase of IV pumps to assist EMS service with meeting the Maine EMS requirements in an organized and financially reasonable manner.

Reports

APEMS will provide the required financial reports to Maine EMS prior to December 31, 2014.

Appendix A – Medical Control and Direction
Supplemental information

Hospital Provider Count and OLMC Training

Hospital	Region	MD	PA	NP	Complete OLMC
Miles	5	17			17
Waldo County	5	8	1	1	9
PenBay	5	10			10

Service Medical Control Resource

MC RAC Services	Contact	Medical Director
Belfast	Jim Richards	Tom Bronough
CLC	Warren Waltz	Tim Fox
Northeast MH	Steve Bennett	Matt Sholl
Rockland	Charles Jordan	David Ettinger
Searsport	Cori Morse	Chris Michalakas
St. George	Mike Percy	Chris Michalakas
Union	Jeff Grinnell	Mark Fourre
Vinalhaven	Burke Lynch	Health Center Staff
Waldoboro	Richard Lash	Dr. Fourre, Dr. Li – Lincoln County Healthcare

Appendix B – Quality Improvement – supplemental information

Hospital QI Resource

MC RAC	Contact
Waldo County General 338-2500	Denise Lindahl, RN 800-649-2536
Penobscot Bay Medical 596-8000	Roxanne Walton, RN 596-8315
Miles Memorial 563-1234	Greg Coyne, RN 563-1234

12 LEAD EKG

QA VERSION OF MEMO

Who needs a 12 Lead EKG done?

Any complaint that could be caused by a STEMI. Examples include:

- Chest pain
 - QA: non traumatic
 - QA: greater than 18 yo
- Shortness of breath
 - QA: drop bronchospasm (asthma, COPD)
 - QA: >40 yo
- Syncope or presyncope
 - QA: syncope (defined as LOC <5 min and return to baseline LOC in <5 min)
 - QA: drop dizzy, lightheaded, unresponsive, seizure
- Upper abdominal pain (in people > 40 years old)
 - QA: non traumatic
- Your clinical suspicion warrants it be done
 - QA: drop this for QA

Please mount 12 Lead EKGs on EKG form and submit with other run report attachments. Please fill out every line on the form.

NOTE: The intention of narrowing cases to be reviewed is to make the process of QA more efficient and objective. These changes do not reflect best clinical practice. For example, a 12 Lead EKG is clinically warranted and should be obtained in cases of traumatic chest pain and presyncope. Just because we are not reviewing these does not mean they should not be done...

STROKE

If you suspect possible stroke, document all of the following:

- **Last Time Normal**
- **Blood Glucose Level**
- **Cincinnati Stroke Scale**
- **Glascow Coma Scale**

Call Code Stroke. It is critical to communicate these four details to the emergency department as soon as possible as they will help determine if thrombolytics are indicated.

SPINAL ASSESSMENT & TREATMENT

Who needs their spine cleared?

Any mechanism that could lead to a spinal injury. Examples include:

- Axial loading (diving)
- Blunt trauma (particularly to head and neck)
- MVC or bicycle
- Falls greater than 3 feet
- Falls of adults from standing height (syncope)
- Patient “found down”

In order to clear a patient’s spine, we must document ***ALL*** of the following:

1. PATIENT IS “CALM, COOPERATIVE, NON-IMPAIRED, AND ALERT”
 - a. “non-impaired” = no slurred speech, answers questions appropriately, not intoxicated
2. NO DISTRACTING INJURIES
3. NO NUMBNESS, TINGLING, OR WEAKNESS
4. NO NECK/SPINE PAIN OR TENDERNESS
 - a. Any pain/tenderness along the entire spine requires immobilization
5. NORMAL MOTOR AND SENSORY EXAM
 - a. “Normal motor exam” is equal bilateral strength distally, upper and lower extremities
 - b. “Normal sensory exam” is equal bilateral sensation in all four distal extremities to sharp and soft sensation

PATIENT REFUSAL OF CARE

****EMS should never initiate a patient's refusal of care/transport****

In order to completely record a patient's refusal of care/transport, we must document ALL of the following:

1. List specific treatment refused (i.e. transport to the hospital)
2. List patient's/guardian reason for refusal
3. List patient's alternative plan
4. Who (family/friends) is with patient now
5. Patient oriented to person, place, time, and event
6. Patient unimpaired by drugs or alcohol
 - a. "UN-impaired" = no slurred speech, answers questions appropriately, not intoxicated
7. Patient is competent to refuse care
8. Patient has been advised that they can call 911 to be reassessed
9. Discuss risks and complications of refusal of care/transport
10. Patient is greater than 18 years old or emancipated (or contact made with guardian)
11. Patient's signature or statement that the patient refused to sign

QI Minutes
APEMS – MC RAC
QUALITY IMPROVEMENT COMMITTEE
Wednesday, April 9, 2014 (Rescheduled from March)
Meeting Minutes

Attendance: W. Waltz, S. Brown, R. Walton, W. Randolph, H. Darmara, M. Poli, P. Dougherty, R. Lash, S. Lash, D. Heath
Staff: Rick Petrie,

I. Called to order at 4:05pm

II. Approve minutes Motion to approve minutes from September Meeting (Poli/Dougherty) AIF

III. Old Business

A. MEMS Protocols

Rick reviewed the rollout of the protocols from December and asked if there were any issues that had come up. There were some questions about the pump distribution and training, which were discussed

The MDPB is getting ready to start working on the next protocol revision and will be making section assignments to the Regional Medical Control Physicians. Sub-regional QI Nurses are asked to get the word out that the revision process is starting again and that providers should be looking at them to see if they have any comments/suggestions. The process is that anyone with comments/suggestions should send them to Jonnathan or Rick to be compiled. Jonnathan may choose to respond directly to the individual if appropriate, or send them on to the MDPB. We will be working with Maine EMS to set up process to encourage feedback and communication between the providers and the MDPB

B. Online Medical Control Program

Rick distributed CD's from Maine EMS that contained the Online Medical Directors Program. Nurses were asked to take the disks back to their respective hospitals and encourage the Medical Directors to take the program. Disks will be mailed to hospitals that were not in attendance. There is a process at the end for the Physician to print off a certificate.

C. We updated the documentation educational program made it available to the services that requested it.

Patty asked if the documentation covered patient refusal, and Rick told her that there was some information in there, but he also had a specific program on patient refusals that he would send.

IV. MEMSRR Updates

Jon was not available to attend the QI meeting today and asked if there were any issues that they be given to Rick and he would forward them to Jon. No issues noted by the group.

V. Regional/State QI Initiatives

A. Statewide Cardiac Arrest Study

All of the Data for the Cardiac Arrest study was due February 28th. We had mixed success with the data that was submitted. Some service used the spreadsheet that was provided to submit the data, while others wrote the data on the form and mailed or faxed the information in so that we had to enter it. Once the data is compiled statewide, we will distribute the results to the services through their sub-regional QI process.

Rick then took the group through the draft Cardiac Arrest power point that was being developed and asked for suggestions on the program. Group discussion followed

B. Other Issues

A. Dr. Randolph reviewed 2 recent trauma cases with the group in order to emphasize the need for early activation of Lifeflight

Adjourn at 5:40pm

**Appendix C – Training Coordination – Supplemental Information
Specialty Training**

Product Name	Start Date/Start Time	Registered
NREMT Transition Course - Feb 7, 8 & 9, 2014 - Knox County EMA, 301 Park St Rockland, ME	2/7/2014 8:00	1
NREMT Transition Course - Mar 7, 8 & 9, 2014 - Wiscasset Ambulance, Wiscasset	3/7/2014 8:00	2
PHTLS Provider Course - Mar 15 & 16, 2014 (Union Ambulance, Union ME)	3/15/2014 9:00	2
PHTLS Refresher - Mar 15, 2014 (Union Ambulance, Union)	3/15/2014 9:00	4
ACLS Provider - March 27 & 28, 2014 (WCGH, Belfast, ME)	3/27/2014 8:30	7
CPR Instructor Refresher Course - April 10, 2014 (Belfast Ambulance, Belfast)	4/10/2014 18:00	13
ACLS Refresher Apr 14 (WCGH, Belfast, ME)	4/14/2014 8:30	11
ACLS Refresher Apr 18 (WCGH, Belfast, ME)	4/18/2014 8:30	15
ACLS Refresher Apr 25 (WCGH, Belfast, ME)	4/25/2014 8:30	12
PEARS - May 2, 2014 (Islesboro Public Safety, Islesboro, ME)	5/2/2014 9:00	8
PHTLS Refresher - May 3, 2014 (Union Ambulance, Union)	5/3/2014 9:00	2
ACLS for EMTs Saturday, May 31, 2014 (Boothbay Region Ambulance)	5/31/2014 8:00	9
EMPACT Provider Class - Jun 13 & 15, 2014 (Searsport Public Safety, Searsport, ME)	6/14/2014 9:00	3

For licensure programs, identify by program those educational and training sessions that have been conducted, or will be held before the end of the contract period. Also of note KVCC received their CoAEMSP Accreditation this spring for the Paramedic Program.

Proposed Classes Summer/Fall 2014:

License Level	Dates Offered	Where Held	# of Students	# <18 years old	# Outside Area	Requested
EMR	6/14-8/14	Jefferson	Pending			XXXX
EMT	8/25/14-12/12/14	Newcastle Fire	Pending			XXXX

Appendix D – APEMS Board Membership/Minutes & KVRAC Membership/Minutes

MCRAC Membership

Alna First Responders	Marcia Lovejoy
Arthur Jewell Health Center	Matt Shaw
Belfast Amb & Rescue Service	James Richards
Belmont Vol. Fire and Rescue	Morris Leathers
Boothbay Region Ambulance	Robert Ham
Bremen Rescue First Responders	Henry Nevins
Bristol Fire and Rescue	Jeraldine Pendleton
Central Lincoln County Ambulance	Warren Waltz
Cushing Rescue Squad	Austin Donaghy
Islesboro Ambulance Service	Fred Porter
Liberty Volunteer Ambulance Service	Earle Albert
Matinicus Island Rescue	Eva Murray
Nobleboro First Responders	Ryan Gallagher
North Haven EMS	April Brown
Northeast Mobile Health	Dennis Brockway
Northport First Responders	Henry Lang
Rockland EMS	Carrie Adams
Searsmont Rescue	Dawn Joy
Searsport Ambulance Service	Cory Morse
South Bristol First Rescue Unit	Scott Farrin
South Thomaston Ambulance Service	Patricia Dougherty
St George Vol Firefighter Assn	Adrian Stone
Sterling Ambulance LLC	Jason Wiley
Stockton Springs Ambulance Svc	Charles Hare
Thomaston Ambulance	Rusty Barnard Jr.
Union Ambulance Service	Jeff Grinnell
Vinalhaven Ambulance	Patricia Lunholm
Waldoboro Emergency Medical Services	Richard Lash
Warren Rescue	Polly Wood
Westport Volunteer Fire Dept First Responders	Roger Quandt
Wiscasset Ambulance Service	Roland Abbott

**Atlantic Partners EMS
Mid-Coast Regional Advisory Council
Minutes
April 9, 2014 6:00 pm
Conference Room, PBMC Physicians Building**

Present: Dennis Brockway, NEMHS; Helen Darmara, Cushing; Pat Dougherty, So. Thomaston; Richard Lash, Waldoboro; Scott Lash, Boothbay, Debbie Heath, Belfast;

Staff: Rick Petrie, Bill Zito

I. Call to order

II. Review of Minutes

Sept. minutes approved as presented. No December meeting because of Holiday and then March meeting rescheduled to April because of snowstorm

III. Update from State Committees

i. Maine EMS Board

- Community Paramedicine

12 Projects approved and ongoing; we are now entering the data collection phase. Projects cover a range of different types of projects from small scale with a limited number of patients in a small community to potentially fairly large program involving several local Health Centers. The goal is to gather data from each of these programs so that we can make the case that Community Paramedicine is having a positive impact on healthcare in Maine, and we can move towards reimbursement for those services providing Community Paramedicine.

- Other

Investigations committee remains busy. Reminder to service chiefs to keep track of the license expiration dates of their personnel and their service.

ii. MDPB

- IV Pumps; Pumps are being distributed as they arrive; we are in the second “wave” of distributions. Reminder that pumps must be used when Paramedics delivering vasopressors.

- New protocol process starting up. MDPB will be dividing the sections amongst the MDPB Physicians and then requesting input from the EMS providers. Services should start gearing up with their comments/questions

- MDPB held a retreat at MGMC in Augusta (last one in 2010). The purpose was to provide a forum for discussion of current care standards and “New Trends”, as well as develop a plan for the group moving forward. The retreat was very successful, with great information presented.

- iii. **State Education/Exam**
 - **Exam Committee conducting regular analysis of Practical Exam station pass/fail to use for future planning.**
 - **Maine EMS working on a plan to publish completion data from the training centers in the state as well as for the individual I/C's**
- iv. **State QA/QI**
 - **Current study on cardiac arrest just completed the initial gathering of data from the services. We are trying to get an initial baseline on how cardiac arrests are managed in Maine. Once the information has been gathered, we will send out the results and education to the services through the sub-regional system**
- b. **Regional Initiatives**
 - i. **Regional QI Update/Audit**
 - **We will continue with our own audits (pt. referrals, EKGs, aspirin, etc.)**
 - **QA module created on the Webpage that will contain reference information for services**
 - **Patient Summary Reports are being utilized more and more. Encourage services to develop a reporting form if there isn't one in place already. Reminder to upload Maine EMS run reports w/ in 24 hours.**
 - **Reminder to services to develop their policies on transport of deceased patients for those rare instances where this has to happen. Services should reach out to their local hospitals and funeral homes so that this system is set up prior to being needed.**
 - ii. **Seminar Update**

Presented an overview of start of year 2014 and considerations. Requested any suggestions for seminar
 - iii. **Public Information/Education Update**
 - **Updated on roadrunner email issues**
 - **Encouraged services to develop community education/information initiatives**
 - **Discussed outreach opportunities (911 education, Stroke month, Hands only CPR, press releases, etc.) APEMS will put links to outreach opportunities on the website**
 - iv. **EMS Memorial Update**
 - **Phase I is complete and providers are encouraged to go see the Memorial in Augusta (especially at night when it is lit up). Phase II is in the early planning stages and will be rolled out shortly**
 - v. **Specialty Training/Education**

Training opportunities continue through the on line registration program with traditional programming and a new Tactical Combat

Casualty Care Program Courses being offered. There is an offshoot of the TCCC program specifically designed for non-medically trained Law Enforcement and First Responders that we are offering as well.

Licensure course in Mid-Coast include:

EMT Course – St. George completed

EMT Course - MCSOT

AEMT Course – Damariscotta

Fall – Waldoboro EMT Course

APEMS/CC looking for any licensure course opportunities

KVCC Nationally Accredited (COAEMSP) for the Paramedic

Program. EMCC/APEMS is currently in the process and planning on a summer site visit.

vi. Regional Listserv

Kelly continues working with services as a resource and communications enhancement/ regional forum – different topics presented

vii. Other

-will nominate and elect officers for the RAC at the next meeting in June (email to go out)

-Staff attending a “Resuscitation Academy” in Baltimore at the end of May to bring back updated information and approaches to cardiac arrest management.

No additional comments/concerns from the membership

Adjourned at 7:22 pm, Next meeting June 25th.

Appendix “E”; Public Information, Education, Relations

Item Description	Comments
April is 911 Education Month (http://www.know911.org/)	Link to website where EMS services can get material on 911 Education Posted FB
Information for Health staff in your long-term care facilities	Link for Webinar for Services to share with their long-term care facilities EMAILED
Security Risk Assessment (SRA) Tool	Office of the National Coordinator for Health Information Technology Posted FB
Mission Lifeline recognition for EMS services	Dissemination of mission lifeline recognition criteria for recognition and management of STEMI patients
ACEP "writing a press release" guideline	Tips to writing a successful press release written by ACEP
Press Release Template	Provided a template for writing a press release
How to implement a social media strategy	Provided a link to this article from EMS World
Public Information Officer Awareness	Provided information about this online program from MEMA
May is stroke Month	Posted and sent information about Stroke Month; encouraged services to work with their hospitals.

Appendix “F” – Financial Information

Financial Report will be provided prior to December 31, 2014