

# 20240717 Data Committee Meeting Minutes (Approved)

Wednesday, July 17, 2024 3:00 PM

**Meeting Date:** 07/17/2024 3:00 PM

**Location:** Microsoft Teams Meeting

**Link to Outlook Item:** [click here](#)

**Invitation Message**

**Participants**

## Agenda

### 1. Call To Order at

Reading of the Maine EMS mission statement:

The mission of Maine EMS is to promote and provide for a comprehensive and effective Emergency Medical Services system to ensure optimum patient care with standards for all clinicians. All members of this committee should strive to promote the core values of excellence, support, collaboration, and integrity. In serving on this committee, we commit to serve the respective clinicians, communities, and residents of the jurisdictions that we represent.

### 2. Attendance

Committee Members (11 voting members. Quorum requires 6)

- [Alexander Rezk](#) (Accepted in Outlook)
- [Andrea McGraw](#)
- [Darin White](#)
- [Jesse Thompson](#) (Accepted in Outlook)
- [Julie Ontengco](#)
- [Melinda Dyer](#) (Accepted in Outlook)
- [Rick Petrie](#)
- [Robert Sharkey](#) (Accepted in Outlook)
- [Stephen Smith](#) (Accepted in Outlook)
- [Eric Mailman](#)
- [christopher.ryba@gmail.com](#) (Accepted in Outlook)
- [Meehan-Coussee, Kelly](#)

Non-Committee Participant(s)

- Jason Oko
- Rob McGraw
- Darren Davis

### 3. Approval of prior meeting minutes:

09/20/2023

Motion by Stephen Smith

Seconded by Chris Ryba

Update Dr Meehan-Coussee's email address

- [Alexander Rezk](#) (Accepted in Outlook)
- [Andrea McGraw](#)
- [Darin White](#)
- [Jesse Thompson](#) (Accepted in Outlook)
- [Melinda Dyer](#) (Accepted in Outlook)
- [Rick Petrie](#)
- [Robert Sharkey](#) (Accepted in Outlook)
- [Stephen Smith](#) (Accepted in Outlook)
- [Eric Mailman](#)
- [christopher.ryba@gmail.com](#) (Accepted in Outlook)
- [Meehan-Coussee, Kelly](#)
- [Ontengco, Julianne B](#) (Accepted in Outlook)

### 4. Public Comment

a.

### 5. Modifications to Agenda

### 6. Old Business

#### a. NEMSIS 3.5 Transition

i. Update

ii. Responses from the MEFIRS PCR Feedback Form

#### b. Definition of Patient

#### c. Service Area Definitions

i. Vote

Motion by Chris Ryba

Seconded by Dr Meehan-Coussee

iii. Discussion

- [Alexander Rezk](#) (Accepted in Outlook)
- [Andrea McGraw](#)
- [Darin White](#)
- [Jesse Thompson](#) (Accepted in Outlook)
- [Melinda Dyer](#) (Accepted in Outlook)
- [Rick Petrie](#)
- [Robert Sharkey](#) (Accepted in Outlook)
- [Stephen Smith](#) (Accepted in Outlook)
- [Eric Mailman](#)
- [christopher.ryba@gmail.com](#) (Accepted in Outlook)
- [Meehan-Coussee, Kelly](#)

 [Ontengco, Julianne B](#) (Accepted in Outlook)

**Primary Emergency Response Area:** The area(s) where the agency provides response to a **scene location** for Emergency and Non-Emergency responses. This response area would be used for Types of Service Requested for the agency's primary jurisdiction of:

- **EMERGENCY RESPONSE (PRIMARY RESPONSE AREA):** Emergent or immediate response to an incident location, regardless of method of notification (e.g., 9-1-1, direct dial, walk-in, flagging down, air ambulance scene flight).
- **PUBLIC ASSISTANCE:** The unit responded to provide non-traditional or EMS services not otherwise specified here (e.g., elderly or disabled patient assistance, public education, injury prevention, immunization programs).
- **STANDBY:** Initial request for service was for purposes of being available in case of a medical/traumatic emergency (e.g., sporting/public events, fires, police action).
- **SUPPORT SERVICES:** The unit responded to provide support not otherwise specified.
- **NON-PATIENT CARE RESCUE/EXTRICATION:** The unit responded to provide rescue and/or extrication service, personnel or equipment.
- **CREW TRANSPORT ONLY:** The unit responded to transport crew only.
- **TRANSPORT OF ORGANS OR BODY PARTS:** This includes tissues, biological samples, organs, and body parts.
- **MORTUARY SERVICES:** The unit responded to provide service or assistance in the event of a deceased patient.
- **ADMINISTRATIVE OPERATIONS:** The unit provided EMS coordination, oversight and/or supervision of services.

**Mutual Aid Response Area:** The area(s) where the agency provides response for Emergency and Non-Emergency responses to a **scene location** that is outside of their own Primary Emergency Response Area(s) and for which are in the Primary Emergency Response Area(s) of another agency. This response area would be used for Types of Service Requested outside of the agency's primary jurisdiction of:

- **EMERGENCY RESPONSE (MUTUAL AID):** Response of emergency medical services, and other emergency personnel and equipment, to a request for assistance in an emergency when local resources have been expended.
- **PUBLIC ASSISTANCE:** The unit responded to provide non-traditional or EMS services not otherwise specified here (e.g., elderly or disabled patient assistance, public education, injury prevention, community paramedicine/mobile integrated healthcare, immunization programs).
- **STANDBY:** Initial request for service was for purposes of being available in case of a medical/traumatic emergency (e.g., sporting/public events, fires, police action).
- **SUPPORT SERVICES:** The unit responded to provide support not otherwise specified.
- **NON-PATIENT CARE RESCUE/EXTRICATION:** The unit responded to provide rescue and/or extrication service, personnel or equipment.
- **CREW TRANSPORT ONLY:** The unit responded to transport crew only.
- **TRANSPORT OF ORGANS OR BODY PARTS:** This includes tissues, biological samples, organs, and body parts.
- **MORTUARY SERVICES:** The unit responded to provide service or assistance in the event of a deceased patient.
- **ADMINISTRATIVE OPERATIONS:**
  - The unit provided EMS coordination, oversight and/or supervision of services.

**Intercept Response Area:** The area(s) where the agency provides response for a higher level of care to augment the ongoing care provided by other another agency. This response area would be used for Types of Service Requested of:

- **EMERGENCY RESPONSE (INTERCEPT):** When one EMS clinician meets a transporting EMS unit vehicle with the intent of receiving a patient or providing a higher level of care.

**Interfacility Transfer Service Area:** The area(s) where the agency provides transfer services for Hospital-to-Hospital Transfers, Hospital to Non-Hospital Facility Transfers, Non-Hospital Facility to Non-Hospital Facility Transfers, Non-Hospital Facility to Hospital Transfers, Other Routine Medical Transports to or from a facility. This response area would be used for Types of Service Requested of:

- **HOSPITAL-TO-HOSPITAL TRANSFER:** Any transfer, after initial assessment and stabilization, from and to a healthcare facility, to include specialty hospitals, for the purpose of continuation of acute care, this would also include emergent transfer requests (e.g., hospital to hospital, clinic to hospital).
- **HOSPITAL TO NON-HOSPITAL FACILITY TRANSFER:** Any transfer from a hospital to a non-hospital facility. An example of this is a transfer from a hospital to a care center.
- **NON-HOSPITAL TO NON-HOSPITAL FACILITY TRANSFER:** Any transfer from one facility to another facility neither of which qualify as a hospital. An example of this is a transfer from a dialysis center to an out-patient clinic.
- **NON-HOSPITAL FACILITY TO HOSPITAL TRANSFER:** Any transfer from a non-hospital facility to a hospital. An example of this is a transfer from a dialysis center to a hospital.
- **OTHER ROUTINE MEDICAL TRANSPORT:** Transports that are not between hospitals or that do not require an immediate response; these are generally for the purpose of transportation to or from an appointment, performance of a procedure, or long-term care (e.g., hospital to home/hospice/rehabilitation/long-term care facility).

**Mobile Integrated Health Care Service Area:** The area(s) where the agency provides Mobile Integrated Health Services. This response area would be used for Types of Service Requested of:

- **MOBILE INTEGRATED HEALTH CARE ENCOUNTER:** The responding unit provided mobile resources in the out-of-hospital environment. It may include, but is not limited to, services such as providing telephone advice to 9-1-1 callers instead of resource dispatch; providing community paramedicine care, chronic disease management, preventive care or post-discharge follow-up visits.

## New Business

- i. Board approved Bylaws <https://www.maine.gov/ems/sites/maine.gov/ems/files/inline-files/20240103-Maine-Board-of-EMS-Bylaws.pdf>
- ii. Definition of Patient (Tabled)
  - i. Protocols may be able to identify what a patient contact is, Ct and PA identify this in protocol.
  - ii. Alex is still pulling data and should be able to send it before next month's meeting
    - 1) Alex was pulling together literature on the back end and he has received data from the committee as well and we can review it all together.
- iii. Alternate Home Address
  - i. This was discussed with the group, they did not report any concerns
- iv. Darin to send letter to committee members

Next Meeting: August 21, 2024 15:00

Adjourn at

Motion by Dr Meehan-Cousee  
Seconded by Rick Petrie

## Parking Lot:

- Researching obstacles to implementing CAD Feeds
- Data Reporting
  - How do we structure the data for
    - Quality
    - Operations
  - Can this committee validate the output from the system
  - Crafting reports with the QI committee will be very important
- Incident Status and workflow, develop guidance and work to reduce list
- Have MDPD create a general protocol
  - **UPDATE 7/15 Being worked on by the MDPD**
- Adding report writing to the CQI guidebook

## Stated Goals

Improve on reporting apathy/Attitude  
Improve education on data

Improve accountability for data  
Improve on value to clinicians for accuracy and thoroughness  
Improve on value to agencies for accuracy and thoroughness