Regional Progress Report

Region: One

Southern Maine Emergency Medical Service Council Inc.

Report period: January 1, 2014 - December 31, 2014

1) Medical Control Training and Direction

We continue to encourage completion of the online medical control course via MEMSEd for all ED physicians. We are also looking forward to the state's medical direction course and will guide interested physicians to participate in this as well to further increase the number of service medical directors.

We continue to encourage medical directors to contribute to a lecture repository that has been set up via Dropbox. This includes not only lectures, but interesting ECG cases as well.

All 8 hospitals in our region have copies of the DVDs as well as instructions of how to access the MEMSEd website. We have encouraged our representatives to ask their colleagues to familiarize themselves with the most up-to-date protocols as well as review the Medical Control training.

Many are anxiously awaiting the published Medical Director book from the MDPB and we wait for this to boost our recruitment of service-level medical directors.

Beginning in July, SMEMS starting offering a monthly CEH classes held on the second Thursday evening of the month. These lectures are lead by our regional physicians and serve as another recourse for our members to gain CEH credit toward re-licensure.

We have encouraged and offered to help support our regional hospitals to sponsor CEH conferences for their own catchment services as well.

Hospital Name	Number of Physicians, PAs, and INPs	Number who have completed OLMC training	What is the plan for getting and maintaining 100% trained?
Bridgton Hospital	6	• Disk had been distributed with online instructions	• Distribute instructions on how to access the program via MEMS. • Reinforce the importance of completing the OLMC training at Regional Medical Control Committee Board meetings. • Quarterly emails and phone calls will be made by Dr. Zimmerman D.O to Regional ED Directors
Maine Medical Center	29 Attending 24 Residence	• 24 Residence completed training in July	• Distribute instructions on how to access the program via MEMS. • Reinforce the importance of

			completing the OLMC training at Regional Medical Control Committee Board meetings. • Quarterly emails and phone calls will be made by Dr. Zimmerman D.O to Regional ED Directors
Mercy Hospital	18	• Disk had been distributed with online instructions	• Distribute instructions on how to access the program via MEMS. • Reinforce the importance of completing the OLMC training at Regional Medical Control Committee Board meetings. • Quarterly emails and phone calls will be made by Dr. Zimmerman D.O to Regional ED Directors
Midcoast Hospital	9	• 9 Providers have been trained • Mid levels do not provide online medical control	• Distribute instructions on how to access the program via MEMS. • Reinforce the importance of completing the OLMC training at Regional Medical Control Committee Board

			meetings. • Quarterly emails and phone calls will be made by Dr. Zimmerman D.O to Regional ED Directors
Parkview Hospital	9	• Disk had been distributed with online instructions	• Distribute instructions on how to access the program via MEMS. • Reinforce the importance of completing the OLMC training at Regional Medical Control Committee Board meetings. • Quarterly emails and phone calls will be made by Dr. Zimmerman D.O to Regional ED Directors
SMRH Sanford Hospital	10	• 5 Providers have been trained 6 provider will trained in the next few months • Disk had been distributed with online instructions	• Distribute instructions on how to access the program via MEMS. • Reinforce the importance of completing the OLMC training at Regional Medical Control Committee Board meetings. • Quarterly emails and phone calls will be made by Dr.

			Zimmerman D.O to Regional ED Directors
SMRH Biddeford Hospital	22	9 • Disk had been distributed with online instructions • Mid level providers do not provide OLMC	• Distribute instructions on how to access the program via MEMS. • Reinforce the importance of completing the OLMC training at Regional Medical Control Committee Board meetings. • Quarterly emails and phone calls will be made by Dr. Zimmerman D.O to Regional ED Directors
York Hospital	12	• Dr. Armellino MD will be working with his staff in 2015 to get them trained and will provide and update • Disk had been distributed with online instructions	• Distribute instructions on how to access the program via MEMS. • Reinforce the importance of completing the OLMC training at Regional Medical Control Committee Board meetings. • Quarterly emails and phone calls will be made by Dr. Zimmerman D.O to Regional ED Directors

Hospital Physician Liaisons

1. Bridgton Hospital: Douglas Collins, MD
2. SMHC Sanford: Scott Hamilton, DO
3. Maine Medical Center: J. Matthew Sholl, MD
4. Mercy Hospital: John Southall, MD
5. Mid Coast Hospital: Marlene Cormier, MD
6. Parkview Adventist Medical Center: Peter DiPetrantonio
7. SMHC Biddeford: Douglas Nilson, MD
8. York Hospital: Nicholas Armellino, DO

Service Name	Medical Director	Regional activities in medical director recruitment/retention
Acton Ambulance Association		• Educate on the benefits of a service level medical director • Distribute Medical Direct handbook when available
Alfred Rescue Squad		• Educate on the benefits of a service level medical director

		• Distribute Medical Direct handbook when available
American Ambulance	Lukas Kolm, MD	• Assist current medical directors with roles and responsibilities
American Medical Response	Assad Sayah, MD	• Assist current medical directors with roles and responsibilities
Arundel Fire-Rescue		• Educate on the benefits of a service level medical director • Distribute Medical Direct handbook when available
Bath Fire Department	Marlene Cormier, MD	• Assist current medical directors with roles and responsibilities
Bath Iron Works Rescue		• Educate on the benefits of a service level medical director • Distribute Medical Direct handbook when available
Beech Ridge Motor Speedway		• Educate on the benefits of a service level medical director • Distribute Medical Direct handbook when available
Berwick Rescue		• Educate on the benefits of a service level medical director • Distribute Medical Direct handbook when available
Biddeford Ambulance Service	Michael Schmitz, DO	• Assist current medical directors with roles and responsibilities
Bowdion EMS		• Educate on the benefits of a service level medical director

		• Distribute Medical Direct handbook when available
Brunswick Fire Dept and EMS	Marlene Cormier, MD	• Assist current medical directors with roles and responsibilities
Buxton Fire & Rescue	MMC Resident	• Assist current medical directors with roles and responsibilities
Cape Elizabeth Rescue	Samir Haydar, DO	• Assist current medical directors with roles and responsibilities
Careplus Ambulance Service		• Educate on the benefits of a service level medical director • Distribute Medical Direct handbook when available
Casco Rescue Department	Rebecca Chagrasulis, MD	• Assist current medical directors with roles and responsibilities
Chebeague Island Rescue		• Educate on the benefits of a service level medical director • Foster relationships with current medical director for possible sub regionalized medical directors • Distribute Medical Direct handbook when available
Cumberland Fire Department	John Martel, MD	• Assist current medical directors with roles and responsibilities
Cundy's Harbor Fire Department		• Educate on the benefits of a service level medical director • Distribute Medical Direct handbook when available
Denmark Fire Responders	ED Enos, NP	• Assist current medical directors with

		roles and responsibilities
Dresden EMS		• Educate on the benefits of a service level medical director • Distribute Medical Direct handbook when available
Durham Rescue		• Educate on the benefits of a service level medical director • Distribute Medical Direct handbook when available
Falmouth EMS	Michael Baumann, MD	• Assist current medical directors with roles and responsibilities
Freeport Rescue	Kevin Kendall, MD	• Assist current medical directors with roles and responsibilities
Frye Island Fire- Rescue	Elliot Smith, MD	• Assist current medical directors with roles and responsibilities
Fryeburg Rescue	Douglas Collins, MD	• Assist current medical directors with roles and responsibilities
Georgetown Ambulance	Marlene Cormier, MD	• Assist current medical directors with roles and responsibilities
Goodwins Mills Fire- Rescue	PA/AEMT Follow up	• Assist current medical directors with roles and responsibilities
Gorham Fire Department	MMC Residence	• Assist current medical directors with roles and responsibilities
Gray Fire Rescue		• Educate on the benefits of a service level medical director

		• Distribute Medical Direct handbook when available
Harpswell Neck Fire & Rescue	Marlene Cormier MD	• Assist current medical directors with roles and responsibilities
Hollis Fire and Rescue		• Educate on the benefits of a service level medical director • Distribute Medical Direct handbook when available
Kennebunk Fire and Rescue		• Educate on the benefits of a service level medical director • Distribute Medical Direct handbook when available
Kennebunkport EMS	Peter Tilney,DO	• Assist current medical directors with roles and responsibilities
Lebanon Rescue Department	Scott Hamilton,DO	• Assist current medical directors with roles and responsibilities
Lifestar EMS LLC		• Educate on the benefits of a service level medical director • Distribute Medical Direct handbook when available
Limerick Rescue		• Educate on the benefits of a service level medical director • Distribute Medical Direct handbook when available
Limington Fire and EMS		• Educate on the benefits of a service level medical director • Distribute Medical Direct handbook when available
Long Island Volunteer Rescue		• Educate on the benefits of a service level medical director

		• Distribute Medical Direct handbook when available
MEDCU/ Portland Fire Department	J.Matthew Sholl,MD	• Assist current medical directors with roles and responsibilities
Mid Coast Hospital Interceptor	Marlene Cormier,MD	• Assist current medical directors with roles and responsibilities
Naples Fire Department	Kevin Kendell,MD	• Assist current medical directors with roles and responsibilities
New Gloucester		• Educate on the benefits of a service level medical director • Distribute Medical Direct handbook when available
Newfield Rescue Squad	Peter Clark, DO	• Assist current medical directors with roles and responsibilities
North Berwick Rescue Squad Inc	Scott Hamilton, DO	• Assist current medical directors with roles and responsibilities
North East Mobile Health Services Inc	Mathew Sholl,MD	• Assist current medical directors with roles and responsibilities
North Yarmouth Rescue		• Educate on the benefits of a service level medical director • Distribute Medical Direct handbook when available
Oqunquit Rescue		• Educate on the benefits of a service level medical director • Distribute Medical Direct handbook when available
Old Orchard Beach Rescue	Brad Huout, MD	• Assist current medical directors with

		roles and responsibilities
Orrs/Bailey Island		• Educate on the benefits of a service level medical director • Distribute Medical Direct handbook when available
Phippsburg Volunteer Ambulance Service	Marlene Cormier, MD	• Assist current medical directors with roles and responsibilities
Pownal Fire Dept First Responder		• Educate on the benefits of a service level medical director • Distribute Medical Direct handbook when available
Raymond Rescue		• Educate on the benefits of a service level medical director • Distribute Medical Direct handbook when available
Saco Fire Department	Michael Scmitz , DO	• Assist current medical directors with roles and responsibilities
Sacopee Rescue Inc		• Educate on the benefits of a service level medical director • Distribute Medical Direct handbook when available
Sanford Fire Dept & Ambulance Service	Andrew Powell, MD	• Assist current medical directors with roles and responsibilities
Scarborough Downs EMS		• Educate on the benefits of a service level medical director • Distribute Medical Direct handbook when available
Scarborough Fire Department	John Martel, MD	• Assist current medical directors with roles and responsibilities

Sebegao EMS	In talks with Kevin Kendell, MD	• Assist current medical directors with roles and responsibilities
Shapleigh Rescue Squad		• Educate on the benefits of a service level medical director • Distribute Medical Direct handbook when available
SMCC First Response	Inactive Dept	• Assist current medical directors with roles and responsibilities
South Berwick Emergency		
South Portland Fire & Rescue	Matthew Hamonko, MD	• Assist current medical directors with roles and responsibilities
Standish Fire EMS	Timothy Sweeney, MD	• Assist current medical directors with roles and responsibilities
Topsham Fire EMS	Marlene Cormier, MD	• Assist current medical directors with roles and responsibilities
United Ambulance	Richard D'Alessandro, MD	• Assist current medical directors with roles and responsibilities
University of New England	Non transport service	
Waterboro Fire Department Rescue		• Educate on the benefits of a service level medical director • Distribute Medical Direct handbook when available
Wells Emergency Medical Services	Nicholas Armellino, DO	• Assist current medical directors with roles and responsibilities
West Bath Fire Department		• Educate on the benefits of a service

		level medical director • Distribute Medical Direct handbook when available
Westbrook Fire Rescue	MMC Residents	• Assist current medical directors with roles and responsibilities
Windham Fire Rescue		• Educate on the benefits of a service level medical director • Distribute Medical Direct handbook when available
Woolwich EMS		• Educate on the benefits of a service level medical director • Distribute Medical Direct handbook when available
Yarmouth Rescue Unit	Douglas Nilson, MD	• Assist current medical directors with roles and responsibilities
York Ambulance Association Inc.	Nicholas Armellino, DO	• Assist current medical directors with roles and responsibilities
York Beach Volunteer Fire Department		• Educate on the benefits of a service level medical director • Distribute Medical Direct handbook when available
York Village Fire Department		• Educate on the benefits of a service level medical director • Distribute Medical Direct handbook when available

2) Quality Improvement

Regional Quality Improvement

The Regional QI Coordinator will assist local QI issues and act as a liaison between the State and local services as needed.

Regional Quality Improvement

The Regional Office has undertaken many challenges and improvements for the year of 2014. The focus remains on education and community out reach. The Regional QI Committee meets on the fourth Wednesday of every month. Services use an on-line electronic data entry tool, to enter information required for regional and state data collection.

There has been good participation in regional quality assurance. We will continue to reach out to services with low participation. With 72 reporting services, 94.4% are in compliance with reporting, with only 5.6% or 4 services that will be the focus of increased out reach, with the new regional staffing.

Currently services are required at a minimum to submit 100% of the state data requirements for OHCA and regional indicators for 12 leads and No Transports.

On a monthly basis,

a. Services are submitting non-specific information to identify trends or issues to provide educational objectives
b. Data about bystander CPR
c. Availability of an AED to the public

Some of the identified trends include increased education needed in;

Documentation

* Psychiatric patients and scene safety
* Airway management
* Increase in bariatric patients
* Patient assessment
* Spinal immobilization and spinal rule out protocol

OHCA Data

Data collected through state mandated indicators showed that for OHCA, 22% of these patients were transported by EMS, to a hospital. Information about ROSC will be available in the OHCA report to the state.

The location of the patient was found to be

- At home 58% of the time
- In public 11%
- Other locations 31%

12 Lead Data

Data collected showed that the EMS service arrival time and time to 12 lead was, less than ten minutes, 74% of the time.

Barriers to 12 lead establishments in the 10-minute window, included; treatment priorities such as airway management, language barriers, privacy issues such as public places and environmental issues and access or egress to a patient had some role. Age also played a factor, the younger the patient; the less likely the provider was to establish a 12 lead.

No Transports

There were 9962 reported no transports in southern Maine this past year. 98% of the time, these refusals were patient initiated, less than 1% we're provider initiated and 1% of these refusals, where OLMC was contacted.

Bystander CPR and the availability of AED's to the public

Bystander CPR was found to be initiated 35% of the time prior to EMS, and an AED was available to the public in only 1% of all cases.

Community outreach set by Quality Assurance

- Southern Maine EMS will continue to find ways to improve public education in CPR
- Help to improve the availability of AED's to the public.

QI Initiatives for the coming year 2015

- Establishment of a Regional Airway committee
- Increased service level involvement in QI education
- Increased guidance at the service level for better Quality Improvement and education
- Review of the current Regional Quality Improvement plan and identify areas for better standardization of data collection and authority.

EMS Service	Medical Directors Involvement in QI	If no service level Medical Director, how is QI performed	Are clinical performance issues resolved and tracked for trending?	Are clinical performance measures re-evaluated?	Are sentinel events reported and tracked for trending?	Are QI activities connected to training and education?	Are run report reviews conducted	If yes, how many run reports are reviewed and how often
Acton Ambulance	No	QI Officer; John Moulton	No	No	No	No	Yes	Monthly Runs required by SMEMS
Alfred Rescue	Dr. Daniel Winn, involved only with serious issues	QI officers; Judy French, Carl French, Matthew Bors Rescue Chief	Yes Reviewed monthly, trending issues reported to SMEMS	Yes	Yes	Yes	Yes	100% Monthly
American	Dr. Kolm Wentworth Douglass Hospital	QI Officer; Mary Ellen Gourdeau, Leon Benoit	Yes Tracked monthly. CQI notes in MEMSRR for minor issues, one on one for remediation	Yes	Yes	Yes	Yes	Yes 911 10% PIFT, Cardiac arrest, CVA, Sepsis, Refusals 100%

Arundel Fire	No	QI Officer; Justin Cooper	Not Available	No	Unknown	Unknown	Unknown	Unknown
EMS Service	**Medical Directors Involvement in QI**	**If no service level Medical Director, how is QI performed**	**Are clinical performance issues resolved and tracked for trending?**	**Are clinical performance measures re-evaluated?**	**Are sentinel events reported and tracked for trending?**	**Are QI activities connected to training and education?**	**Are run report reviews conducted**	**If yes, how many run reports are reviewed and how often**
Bath Fire	Marlene Cormier MD Mid Coast	QI Officer; David Hudson or duty officer assigned that day	Yes	Yes	No	Yes	Yes	Monthly Runs required by SMEMS
BIW Rescue	No	QI Officer; Lawrence Call	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Beechridge Speedway Amb	No	QI Officer; Rebecca Silver	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Berwick	No	QI Officer; Kevin Romano	No	No	No	No	No	No

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Biddeford	Dr. Mike Schmitz DO SMHC Biddeford	QI Officer; Kevin Duross	Unknown	Unknown	Unknown	Unknown	Yes	Monthly Runs required by SMEMS
Bowdoin First Responders	No	Contract with Lisbon Emergency. Mike Blakemore, Scott Smith RN NP	Yes	Yes	Yes	Unknown	Unknown	Unknown
Bowdoinham EMS	Dr. Marline Cormier some involvement Mid Coast	QI Officer; Linda Williams	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Brunswick Fire	Dr. Marline Cormier some involvement Mid Coast	QI officers; Don Koslosky, Claire Dufort	Yes	Yes	Yes	Yes	Yes	Daily 100%

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Buxton Fire	No	QI Officer; Greg Jones	Yes	Yes	Yes	Yes	Yes	Yes Monthly 25-50%
Cape Elizabeth	Dr. Haydar DO MMC,	QI Officers; Eric Wellman, Ernie MacVane, Donald Sheets, Erin Squibb	Yes	Yes	Yes	Yes	Yes	Yes Every 90 days 10%
Casco Rescue	Dr. Rebecca Chagrasulis MD Stephens Hospital	QI Officer; Jon Morrison Gretchen Plummer James Gerry	Yes	Yes	Yes	Yes	Yes	Weekly 100%
Chebeague Island	No	QI Officer; Marc Minkler	Unknown	Unknown	No	Unknown	Yes	Monthly Runs required by SMEMS

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Cumberland Fire/Rescue	Dr. Martel MD MMC, training and adviser on patient care	QI Officer; Everest Bernier	Yes	Yes	Yes,	Yes	Yes	Monthly 100%
Cundy's Harbor F.D.	Marlene Cormier MD Mid Coast	Contracted to Bath Fire Department	Yes	Yes	Yes	Yes	Yes	Monthly Runs required by SMEMS
Durham Rescue	Dr. Cormier MD Mid Coast Requires monthly attendance at QI meetings	QI Officers; Lisa Groves, Bill St Michel, Andrew Primevara, Lori Rice	Yes	Yes	Yes	Yes	Yes	Yes

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Falmouth EMS	Dr. Baumann MMC. Reviews most run reports, Reports deficiencies to service QI	QI Officer; Mike Carroll	Yes	Yes	No	Yes	Yes	Monthly 100%
Freeport Rescue	Dr. Kevin Kendall MD Maine ACEP Rep. Reviews all PIFT runs	QI Officers; Paul Conley, Karen Cassidy, Dick Hogue, Ed Lane, Ben Mullane	Yes	Yes	No	Yes	Yes	Monthly 80%.

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Frye Island Fire/Rescue	No	Matthew Magill, Jay Sanborn and Chief Rod Beaulieu	Yes	Yes	Yes	Yes	Yes	Seasonally 100%
Fryeburg Rescue	No	QI officers; Stephen Goldsmith, Philip Remington	Yes	Yes	No	Yes	Yes	Monthly 100%
Georgetown Ambulance	Marlene Cormier MD Mid Coast Provides monthly meetings and training	QI Officers; Justin Lodoice, Jerome Gamache, Robert Chandler	Yes	Yes	Yes	Yes	Yes	Monthly 100%

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Goodwin Mills Fire/Rescue	Some involvement from Leya Laverriere PA	QI officers; Ben Harris, Chris Ray, Phil Daniels, Leya Laverriere	Yes	Yes	No	Yes	Yes	Monthly 100%
Gorham Fire	Matt Sholl MD and residents at MMC as needed	QI Officer Katherine Capponi Paramedic/ Firefighter	Yes	Yes	Yes	Sometimes	Yes	Monthly Varies
Gray Fire	No	QI Officer; Mike Barter	Unknown	Unknown	Unknown	Unknown	Yes	Monthly Runs required by SMEMS
Harpswell	Marlene Cormier MD Mid Coast	Contracted to Bath Fire Department	Yes	Yes	No	Yes	Yes,	Monthly Runs required by SMEMS

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Hollis	No	QI officers; Crystal Berry, Harlan Huff, Chris Young.	Yes	Yes	Yes	Yes	Yes	Monthly 100%
Kennebunk	No	QI Officer; David Champagne	No	Unknown	Yes	No	Yes	Monthly Runs required by SMEMS
Kennebunk Port	Dr. Peter Tilney DO works on Service related QI issues	QI officers; Matthew Leach, Jason Mudge, Jacuieline Hurlburt	Yes	Yes	No	Yes	Yes	Monthly 100%
Lebanon	Dr. Scott Hamilton MD SMHC Sanford	QI Officer; Jenny Sheriff, Kevin Romano	No	No	No	No	Yes	Monthly Runs required by SMEMS

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Limerick	No	QI Officers; Adam Mason, Peter Proctor, Al Standish	Yes	Yes	Yes	Yes	Yes	Monthly 100%
Limington Fire/ EMS	No	QI Officer; Chris Thomson	Yes	Yes	Yes	Yes	Yes	Monthly 100%
Long Island	No	QI officer; Robin Norcross RN	Yes	Yes	Yes	Yes	Yes	Monthly 100%
Medcu	Matthew Sholl MD. Direct involvement in QI matters and training.	QI Officer; John Kooistra	No	Yes	No	Yes	Yes	Daily 100% of No transports and 40-50% of other runs

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Mid Coast Interceptor	Marlene Cormier MD Mid Coast	Contracted to Bath Fire Department	Yes	Yes	No	Yes	Yes	Runs required by SMEMS
Naples	Dr. Kevin Kendall Maine ACEP Rep	QI officer; Mark Scribner	Yes	No	Yes	Yes	Yes	Monthly Runs required by SMEMS
Newfield	Dr. Peter Clark, Dr. Scott Hamilton	QI officers; Linda Bishop, Richard McGlincey, Wendy Elliott	Yes	Yes	Yes	Yes	Yes	Monthly 100%
North Berwick	Dr. Scott Hamilton MD SMHC Sanford	QI Officer; Rick Smith	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown

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NEMHS	Dr. Matt Sholl MD MMC Participates in monthly QI meetings	QI Officer; Marc Minkler	Yes	Yes	No	Yes	Yes	2% of PCR's 100% of PIFT
North Yarmouth	No	QI Officers; Gregory Payson, Al Levenson	Yes	Yes	No	Yes	Yes	Daily 100%
Ogunquit	No York Hospital used as a resource	QI Officer; Bob Bernard	Yes	Yes	No	Yes	Yes	Monthly SMEMS requires reports

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Old Orchard	No	QI Officer; John Gilboy	Yes	Yes	No	Yes	Yes	Monthly 100%
Orr's & Bailey Island	Marlene Cormier MD Mid Coast	Contracted to Bath Fire Department	Yes	Yes	Yes	Yes	Yes,	Monthly Runs required by SMEMS
Phippsburg	Marlene Cormier MD Mid Coast	QI Officer; Jason Perry	No	No	No	Yes	Yes	Monthly Runs required by SMEMS
Pownal	No	QI Officer; Dick Hogue	Yes	Yes	No	Yes	Yes	Monthly 80%

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Raymond Rescue	No	QI committee of different level providers receive run sheets for review	Yes	Yes	Yes	Yes	Yes	Monthly 50%
Saco Rescue	Dr. Mike Schmitz DO SMHC	QI Officers; Brad Chicoine, John Duross	Yes	Yes	Yes	Yes	Yes	Weekly 95%
Sacopee	No	QI Officer; Lorie Edgerly	Unknown	Unknown	Unknown	Unknown	Yes	Monthly Runs required by SMEMS
Sanford	Dr. Andy Powell MD SMHC Sanford	QI Officer; John Moulton	Unknown	Unknown	Unknown	Unknown	Yes	Monthly Runs required by SMEMS

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Scarborough	No	Tony Attardo, Adele Jones Tim Cram Cindy Gorham Beth Cousins	No	No	No	No	Yes	Daily Reviewed by on duty Unknown %
Scarborough Downs	No	QI Officer; Steve Cobbett	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Sebago	Dr. Kevin Kendall MD Maine ACEP Rep.	QI Officer; Mike Toth	Unknown	Unknown	Unknown	Unknown	Yes	Monthly Runs required by SMEMS
Shapleigh	No	QI Officer; Carolyn Limerick	Unknown	Unknown	Unknown	Unknown	Yes	Monthly Runs required by SMEMS

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South Portland	Dr. Matt Opacic MD MMC	QI Officers; Brian Cousino, Louis Cavallaro	Yes	Yes	Yes	Yes	Yes	Daily 100%
Standish	Residents at MMC	QI Officers; Rachel Jupe, Ben Haskell, Aaron Riley	Yes	Yes	Yes	Yes	Yes	Monthly 90-100%
Topsham	Marlene Cormier MD Mid Coast	QI Officers; Mike Labbe, Tom St. Pierre, Nicole St. Pierre	Yes	Yes .	Yes	Yes	Yes	Monthly Varies

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UNE	Dr. Peter Tilney	QI Officer; Anne Laflamme	Yes	Yes	Yes	Yes	Yes	Monthly 100%
United Bridgton	Richard D'Alessandro MD CMMC, reviews performance improvement plans	QI Officer; Nathan Yerxa	Yes	Yes	No	Yes	Yes	Monthly 60-85%
Waterboro	Dr. Scott Hamilton	QI officer; Lisa Bennett Deputy Chief	Yes	Yes	Yes	Yes	Yes	Daily 100%
Wells EMS	Dr. Nick Armellino MD York Hospital	QI Officer; Dennis Swan	Yes	Yes	Yes	Yes	Yes	Monthly 100%

EMS Service	Medical Directors Involvement in QI	If no service level Medical Director, How is QI performed	Are clinical performance issues resolved and tracked for trending	Are clinical performance measures re-evaluated	Are sentinel events reported and tracked for trending	Are QI activities connected to training and education	Are run report reviews conducted	If yes, how many run reports are reviewed and how often
Wells F.D.	No	QI Officers; Dan Moore, Jeffery Nawfel	Yes	Yes	No	Yes	Yes	Monthly 100%
West Bath	No	going through changes in staffing	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Westbrook	Dr. John Martel MMC,	QI Officers; Andrew Turcotte Chief, Brad Chicoine	Yes	Yes	Yes	Yes	Yes	Weekly 75%
Windham	No	QI Officer; NEW Chief Brent Libby James Paul	No	No	No	Yes	Yes	Unknown low percentage

EMS Service	Medical Directors Involvement in QI	If no service level Medical Director, How is QI performed	Are clinical performance issues resolved and tracked for trending	Are clinical performance measures re-evaluated	Are sentinel events reported and tracked for trending	Are QI activities connected to training and education	Are run report reviews conducted	If yes, how many run reports are reviewed and how often
Woolwich	No	QI Officer; William Longley	Unknown	Unknown	Unknown	Unknown	Yes	Monthly Runs required by SMEMS
Yarmouth	Dr. Doug Nilson MD SMHC Biddeford	QI Officer; Jason Barschdorf	Unknown	Unknown	Unknown	Unknown	Yes	Monthly Runs required by SMEMS
York Ambulance Association	Dr. Armellino DO York Hospital reviews	QI Officers; Karen Tucker, Bruce Ricker, Joshua Allen	Yes	Yes	Yes	Yes	Yes	Monthly 100% Including PIFT
York Beach	Dr. Armellino DO York Hospital	QI Officer; Mark Gay	Yes	No	No	No	Yes	Monthly Runs required by SMEMS
York F.D.	Dr. Armellino DO York Hospital	QI Officer; Joshua Allen	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown

Regional QI performance indicator	Clinical Outcomes	Plans for improvement
12 Lead Performance	74% performed in less than 10 minutes	Service level and Regional Education
No Transports	< 1% use of OLMC	Documentation education and training for OLMC use
Out of Hospital Cardiac Arrest	Low percentage of bystander CPR and on scene resuscitation	Increase education to services and public

3) Training Coordination

It is our goal to provide quality education to the region. The need for this education comes from a variety of sources:

- EMS services in our region
- QI/QA Remediation
- State and regional needs assessment

Southern Maine EMS is dedicated to excellence in education and brings a high set of values and expectations to services and educators throughout the region.

2014 Educational Improvements

- All CEH's are being processed within two days of receipt and rosters were being mailed to the state office on a weekly basis. CEH questions and complaints were answered and resolved in a timely manner.

- A needs assessment was created with license expiration data from the state office therefore it was determined that our office would offer two BLS/ALS refresher classes every quarter of the year. Locations would be selected strategically throughout the region to allow for minimal provider travel requirements.

- A three-year educational plan encompassing licensure, refresher and CEH programs was drafted and approved by the Southern Maine EMS Education / Advisory Committee. This document was sent to all EMS and Fire Departments to allow for more efficient licensing and re-licensing planning.

- Monthly CEH programs have been established to be presented on the 2nd Thursday and 4th Tuesday of each month by the Regional Medical Director and Education and Training Coordinator.

- We added three very experienced instructors to our faculty and they will be teaching classes in January, February and March of the 2015.

- In 2015, Southern Maine EMS will offer quarterly 3-hour IC CEH programs to keep instructors current on educational trends, address issues, problems or concerns that they might have and to provide them opportunities to obtain their required IC CE hours.

- Southern Maine EMS will offer semi-annual 1-day training classes to facilitate the addition of new instructors in the region. These classes are intended to give new instructors the information and "tools" needed to become successful teachers in EMS.

- Southern Maine EMS has established three new permanent teaching sites; with educational institutions.

  1. The Crooked River Adult Education in Casco, which is affiliated with MSAD 61, Lake region School District.
  2. St. Joseph's College in located in Standish.
  3. York County Community College located at the Biddeford campus.

  The intent on affiliating with York County Community College is to eventually be able to offer credited EMT, AEMT and Paramedic programs.

Name of Program	Location	Requested by EMS Service?	Result of QI activities?	Result of regional needs assessment?
PHTLS	Gorham			Yes
PHTLS	Brunswick			Yes
PHTLS	Gorham			Yes
PHTLS	Standish			Yes
Regional Medical Director- Anaphylaxis Lecture	York		Yes	
Regional Medical Director -Syncope Lecture	Casco	Yes		
Regional Medical Director -Pediatric Lecture	Gorham			YES
MEMSRR QI Training and QA Program Setup	Ogunquit	Yes		
Protocol Training	Shapleigh		Yes	
Regional QA/QI No Transports	Gorham	Yes		
Region 1 Documentation Class	Waterboro	Yes		
OHCA Data & How to Deal with QA pushback	Gorham	Yes		Yes
Region 1 Documentation Class	Brunswick	Yes		
Capnography A to Z	Gorham			Yes
Regional Medical Director -Assessment of	Gorham			Yes

the Pediatric Patient				
EMT Class	Buxton	Yes		
EMT Class	Casco			Yes
EMT Class	Sanford			Yes
EMT Class	Gorham			Yes
ALS/BLS Refresher	Gorham			Yes
ALS/BLS Refresher	Gorham			Yes
EMT Class	Sanford			Yes
EMR	Portland			Yes
Regional Medical Director -Syncope Lecture	Georgetown	Yes		
EMT Class	Westbrook			Yes
Airway Skill Lab	Gorham			Yes
Regional Medical Director -Syncope Lecture	Freeport	Yes		
Regional Medical Director -Trauma in Pregnancy	Cape Elizabeth			Yes
Region 1 Documentation Class	Sebago	Yes		

4) Regional Councils

The SMEMS Regional Council meets monthly, on the 4th Wednesday of each month. Initially meeting were from 0830 to 10am, then in October the board changed meetings times in to address the need for sub-committee meetings. The board meeting now begins at 0800 to allow for these committee meetings with the Regional Medical Control beginning at 10am.

Our Board of Directors is comprised of EMS providers throughout Region One. They include emergency department physicians, paramedics, fire department chiefs, hospital administrators, and a registered nurse.

The 4th Wednesday of each month we hold the following meetings: 8:00am Committee Meeting 9:00 am Board Meeting, 10:00am Regional Medical Control Meeting and an 1130 QI meeting this allows for ease of attendance for service leaders and providers. This schedule allows participation in multiple meetings without adding extra days or additional time for travel.

SMEMS advertises these meetings and seeks greater attendance through Facebook posting, direct emails to all service leaders, calendar posting on the SMEMS website, and announcements through Cumberland and York County Fire Chiefs Associations. Additionally, all hospital QI, leadership and in the case of MMC, residency meetings share dates and times of these meetings on a regular basis.

Position	Director	Term Exp	Sub Committee
Executive Committee			
President	Don Koslosky	2015	
Vice President	Bob Lefebvre	2015	
Treasurer	Brent Libby	2015	
Secretary	Paul Conley	2015	
Medical Director	Kate Zimmerman, DO		
Ex Officio Directors			
York County Rescue Chief	Lisa Bennett	Ex Officio	Finance/Education/Advisory
Cumberland County Rescue Chief	Don Kosloskly	Ex Officio	Nominations/Bylaw
Medical Director	Kate Zimmerman, DO	Ex Officio	Med Control/Education/Advisory
CISM Rep	Barabara Loewenberg-Irlandy	Ex Officio	CISM
Elected Directors			
Assistant Medical Director			
Hospital Administrator	Chris Pare	2015	Planning/Education/Advisory
Hospital Administrator	vacant		
Nurse	Mike Mirisola	2017	Bylaw /Planning
Physician	Matt Sholl, MD	2014	Med Control/Planning
Emergency Physician	John Southall, MD	2014	Med Control/CISM
Northern Cumberland Area	Brent Libby	2017	Finance/ Planning
Bath Brunswick Area	Marlene Cormier, MD	2016	Med Control/Planning
Elected Official (1-3)	VACANT		Med Control/Nominations
Consumers	Travis Erickson	2016	Education/Bylaw/Advisory
Consumers	Becca Matusovich,	2017	Finance/Bylaw
At Large	Ron Jones	2017	Nominations/ Education/Advisory
At Large	Paul Conley	2016	Nominations/ Bylaw
At Large	Jeff Rowe	2016	CISM / Bylaw
At Large	Mike Drew	2016	Education /Nominations/Advisory

Education Representative	Bill Guindon	2017	Education /Finance
Fire Services Representative ('06)	Bob Lefebvre	2015	Finance/Planning
ALS Licensed Provider ('13)	Brad Chicione	2017	Finance / Planning

Date	Type of Meeting (Board, Council, etc.)	Date minutes sent to MEMS
01/29/14	Board Meeting	02/12/14
02/26/14	Board Meeting	03/05/14
03/26/14	Board Meeting	04/09/14
04/23/14	Board Meeting	
05/28/14	Board Meeting	06/09/14
06/25/14	Board Meeting	07/01/14
06/25/14	Annual Meeting	07/01/14
07/23/14	Board Meeting	09/24/14
08/27/14	Board Meeting	08/28/14
09/24/14	Board Meeting	10/10/14
10/22/14	Board Meeting	10/30/14
12/01/14	Board Meeting	In progress

02/26/14	RMCC	Posted to web site
03/26/14	RMCC	Posted to web site
04/23/14	RMCC	Posted to web site
05/28/14	RMCC	10/09/14
09/24/14	RMCC	10/22/14
10/22/14	RMCC	10/23/14
12/01/14	RMCC	In progress
10/16/14	Education/Advisory Committee	
12/01/14	Education/Advisory Committee	In progress
02/26/14	QI-QA Committee	No minutes taken
03/26/14	QI-QA Committee	No minutes taken
04/23/14	QI-QA Committee	No minutes taken
05/28/14	QI-QA Committee	No minutes taken
09/24/14	QI-QA Committee	No minutes taken
10/22/14	QI-QA Committee	No minutes taken

12/01/14	QI-QA Committee	No minutes taken

5) Public Information, Education, and Relations

The priority of public information, education and relations is to actively promote programs for use by EMS services that ultimately enhance the relationship between the community and the service, and that serve to educate the communities regarding EMS issues.

- CISM Heighten awareness and availability
- A CISM brochure was emailed to all services
- After hour calls are now handled by Standish Dispatch and an SOG was created

PIER Education

- Regional PIER Newsletter -monthly safety topic sent to services
- Regional Child Safety Programs -Monthly in Gorham
- Yellow Dot Program -Monthly in Gorham
- CPR Training equipment is available free of charge to local non profits (Boy scouts, Cumberland Count Courts)
- Human Traffic Training -June in Freeport
- Support and Promote EMS Newspaper Insert
- Heartsafe Community- Approve and assist services with applications
- SMEMS Website- Our website has been completely redesigned and reformatted this past summer.
    1. QA submission form was simplified for user to submit monthly data via our webpage
    2. A news feed was created and was invaluable during the Ebola situation to disseminate information to the public in a timely manner

3. CISM information and request can be done online

- Social Media- Southern Maine EMS maintains a Facebook page with 1,105 providing another form of outreach
- Educational Library- Southern Maine EMS
- SMEMS EMS Newsletter
- SMEMS Blog- In order to keep services and providers updated in a more timely fashion we have opted to push forward with a blog rather than a newsletter.
- Town Hall style meets - Cumberland County and York County Chiefs Association were attended. The purpose was focused on giving insight into operations of SMEMS and the resources available to them as well as answer question and listen to concerns.

PIER Newsletters	**Monthly Topics**
May	• Motorcycle safety • Pedestrian Safety • Electrical Safety Program
June	• Senior Safety • Sun Safety • Insect Repellant Safety
July	• Playground Safety, • Fireworks Safety, • Elderly Heat related Issues • Bicycle Safety
August	• Bulling • Influenza • Babysitters • Poison Control • Sun safety • Human Trafficking
September	• Preparedness • Seatbelt Safety
October	• Senior Crime Prevention • Binge Drinking

	• Driveway Safety • Fall Statistics
November	• Fireplace and stove safety • Carbon Monoxide • Get smart about Antibiotics • Thanksgiving safety
December	• Safe toys • Travel safety • Vaccinations • Weathering and Emergency in your car • Household items harmful to your pets

6) Attendance and participation in Maine EMS meetings

Date	Meeting description (Ops, MDPB, QI)	Attendee(s)
Operations Team Meetings	1/7/14 3/4/14 5/6/14 6/3/14 9/30/14 12/2/14	Andrea Thompson Andrea Thompson Andrea Thompson Andrea Thompson Andrea Thompson Andrea Thompson
Medical Direction and Practice Board QI meeting	12/17/14 10/15/14 9/17/14 7/16/14 6/18/14 5/18/14 4/16/14 3/19/14	Dr. Kate Zimmerman D.O. Dr. Kate Zimmerman D.O. Dr. Kate Zimmerman D.O. Dr. Kate Zimmerman D.O. Dr. Kate Zimmerman D.O., Lisa MacVane Dr. Kate Zimmerman D.O., Lisa MacVane Dr. Kate Zimmerman D.O. Lisa MacVane Dr. Kate Zimmerman D.O. Dr. Kate Zimmerman D.O.

Maine EMS Awards & Memorial Wreath Laying Ceremony	5/22/14	Andrea Thompson Dr. Kate Zimmerman D.O. Jeff Rowe
Maine Education Meetings	8/13/14 4/9/14 1/ /14	Skip Stewart-Dore Andrea Thompson, Lisa MacVane Leroy McDonough
Maine Exam Committee Meeting	9/30/14	Andrea Thompson
Maine EMS Board Meeting	10/1/14 8/6/14 6/4/14 3/5/14	Jeff Rowe Jeff Rowe Jeff Rowe Jeff Rowe
MDBP Retreat	2/19/14	Andrea Thompson Dr. Kate Zimmerman D.O.

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

Description	Activity	Outcome
Ebola	• Weekly/ Daily OP's conference calls • Meeting with Regional Resource Centers • Host Regional conference calls • Regional Medical Control Update • Website, Facebook and email outreach • Regional support at the service level • Regional PPE Lectures were taught	• State, Regional and Service plans were created or modified • Information was disseminated to services, providers and the public in a timely manner • Resource lists were created or updated
Medical Director Guidebook	• Review Protocol & Standing	• Changes and recommendations

	Orders • QA & System Improvements	were reported back to board for review
Protocol Updates	• Gold Section was reviewed and presented by Dr. Zimmerman D.O.	• Webinar presented to the public
OHCA Study	• Data shows low bystander CPR and scene resuscitation are occurring	• Increased education is needed for services and to the public
IV Pump Training and Distribution	• Distribution and Training	• Regional services have IV pumps in place and providers are properly trained to use them

Date submitted: 12/31/14

Signed: _____ Name Printed: Andrea Thompson Regional Coordinator

SOUTHERN MAINE EMERGENCY MEDICAL SERVICES COUNCIL, INC.

Financial Statements

June 30, 2014

(With Accountant's Review Report Thereon)

WILLIAM W. DEAN CPA

CERTIFIED PUBLIC ACCOUNTANT

SCARBOROUGH, MAINE

WILLIAM W. DEAN CPA

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INDEPENDENT ACCOUNTANT'S REVIEW REPORT

To the Board of Directors
Southern Maine Emergency Medical
Services Council, Inc.

I have reviewed the accompanying statement of financial position of Southern Maine Emergency Medical Services Council, Inc., (a nonprofit organization) as of June 30, 2014, and the related statements of activities, cash flows, and functional expenses for the year then ended. A review includes primarily applying analytical procedures to the Council's financial data and making inquiries of Organization management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements taken as a whole. Accordingly, I do not express such an opinion.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

My responsibility is to conduct the review in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. Those standards require me to perform procedures to obtain limited assurance that there are no material modifications which should be made to the financial statements. I believe that the results of my procedures provide a reasonable basis for my report.

Based on my review, I am not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with accounting principles generally accepted in the United States of America.

William W. Dean CPA

December 24, 2014

SOUTHERN MAINE EMERGENCY MEDICAL SERVICES COUNCIL, INC.

Statement of Financial Position

June 30, 2014

Assets	
Current assets:	
Cash	$ 69,168
Accounts receivable	29,859
Total current assets	99,027
Property and equipment, at cost	
Timeshare units	3,584
Leasehold improvements and signage	15,195
Vehicle	19,553
Training and equipment	109,844
Office equipment	78,804
	226,980
Less accumulated depreciation	207,719
	19,261
Total assets	$ 118,288
Liabilities and Net Assets	
Current liabilities:	
Bank line of credit	14,500
Accounts payable	13,166
Honor guard funds payable	1,670
Total current liabilities	29,336
Long term liabilities	-
Total liabilities	29,336
Net assets:	
Unrestricted	74,882
Temporarily restricted	14,070
Total net assets	88,952
Total liabilities and net assets	$ 118,288

See accompanying notes and accountant's review report.

SOUTHERN MAINE EMERGENCY MEDICAL SERVICES COUNCIL, INC.

Statement of Activities

For the year ended June 30, 2014

Changes in Unrestricted Net Assets	
Unrestricted support:	
Grants	$ 90,313
Contributions	157,164
Fundraising	0
Total unrestricted support	247,477
Other unrestricted revenues:	
Tuition and testing income	64,003
Investment income	126
Other income	1,807
Total unrestricted revenue	65,936
Total unrestricted revenue and other support, net	313,413
Net assets released from restrictions – reclassification	-
Total unrestricted revenues and other support	313,413
Expenses:	
Program expenses	137,494
Management and general	110,491
Fundraising expenses	844
Total expenses	248,829
Increase (decrease) in unrestricted net assets	64,584
Changes in Temporarily Restricted Net Assets	
Contributions and grants	10,000
Unrealized gain on marketable equity securities	-
Net assets released from restrictions – reclassification	-
Increase (decrease) in temporarily restricted net assets	10,000
Increase in Net Assets	74,584
Net Assets at beginning of year	14,368
Net Assets at end of year	$ 88,952

See accompanying notes and review accountant's report.

SOUTHERN MAINE EMERGENCY MEDICAL SERVICES COUNCIL, INC.

Statement of Cash Flows

For the year ended June 30, 2014

Cash flows from operating activities:	
Increase in net assets	$ 74,584
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation	4,628
(Increase) decrease in current assets:	
Accounts receivable	28,426
Due from employee	5,754
Increase (decrease) in current liabilities:	
Accounts payable	4,098
Honor guard funds payable	(784)
Net cash provided by operating activities	116,706
Cash flows from investing activities:	
Purchase of equipment	(3,474)
Net cash used in investing activities	(3,474)
Cash flows from financing activities:	
Line of credit repayment	(45,000)
Repayment of capital lease obligations	(3,407)
Net cash used in financing activities	(48,407)
Increase in cash	64,825
Cash at beginning of year	4,343
Cash at end of year	$ 69,168
Supplemental schedule of cash paid during the year:	
Interest expense	$ 2,112
Supplemental schedule of noncash investing and financing activities:	
Equipment acquired by direct financing – capital lease	$ -0-

See accompanying notes and accountant's review report.

SOUTHERN MAINE EMERGENCY MEDICAL SERVICES COUNCIL, INC.

Statement of Functional Expenses

For the year ended June 30, 2014

	Program Services	Management and General	Fundraising	Total Expenses
Salaries	$ 21,026	36,793	-	57,819
Benefits and payroll taxes	2,879	9,265	-	12,144
Staff education	2,050	-	-	2,050
Temporary help	-	3,082	-	3,082
Administrative expenses	-	5,754	-	5,754
Instructional course expenses	51,936	-	-	51,936
Testing expenses	6,075	-	-	6,075
Maintenance expenses	171	171	742	1,084
Advertising/sponsorships	1,157	-	-	1,157
Vehicle expenses	289	2,604	-	2,893
Rent	4,550	4,550	-	9,100
Accounting fees	-	3,215	-	3,215
Legal and other professional fees	-	3,272	-	3,272
Utilities	4,178	4,178	-	8,356
Telephone and internet	3,124	3,123	-	6,247
Insurance	7,241	2,656	-	9,897
Property taxes	775	775	-	1,550
Postage	724	725	-	1,449
Office supplies and expenses	5,628	5,628	-	11,256
Lab, paramedic & training supplies	9,522	-	-	9,522
Bank/credit card charges	-	49	-	49
Payroll fees	-	4,173	-	4,173
Regional Medical Director – contracted	1,667	-	-	1,667
QC Coordinator	9,366	-	-	9,366
CISM expenses	287	-	-	287
Travel and meetings	2,092	-	-	2,092
Membership dues	-	325	-	325
Interest expense	110	2,002	-	2,112
Total expenses before depreciation	134,847	92,340	742	227,929
Bad debt expense	-	16,272	-	16,272
Depreciation	2,647	1,879	102	4,628
Total expenses	$ 137,494	110,491	844	248,829

See accompanying notes and accountant's review report.

SOUTHERN MAINE EMERGENCY MEDICAL SERVICES COUNCIL, INC.

Notes to Financial Statements

June 30, 2014
(See accountant's review report.)

1. Significant Accounting Policies

Organization

The Southern Maine Emergency Medical Services Council, Inc. was organized on February 27, 1980 as a nonprofit corporation under the laws of the State of Maine for the purpose of preserving life and reducing the risk of future harm by coordinating the activities between regional hospitals and pre-hospital personnel providing on-scene care.

Support and Expenses

Contributions received and unconditional promises to give are measured at their fair values and are reported as an increase in net assets. The Council reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets, or if they are designated as support for future periods. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activity as net assets released from restrictions. Donor-restricted contributions whose restrictions are met in the same reporting period are reported as unrestricted support.

The Council reports gifts of goods and equipment as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support.

Expenses are recorded when incurred in accordance with the accrual basis of accounting.

Cash and Cash Equivalents

For the purpose of the statement of cash flows, cash and cash equivalents are defined as cash deposits and certificates of deposit with original maturities of less than 90 days.

Property and Equipment

Material additions, replacements and betterments are capitalized at cost. Donated assets are recorded at their appraised value at the time of donation.

Depreciation

Costs of property and equipment are expensed over the estimated useful lives of the assets (six years for the vehicle; five to ten years for the equipment; ten to fifteen years for the leasehold improvements; and thirty-five years for the timeshare units), using the straight-line method. When assets are retired or disposed of, their costs and related accumulated depreciation are removed from the accounts and any resulting gains or losses are reflected in income.

Income Taxes

The Southern Maine Emergency Medical Services Council, Inc., is organized as a nonprofit corporation in accordance with Internal Revenue Code Section 501(c)(3), and therefore is exempt from income taxes.

The Council's federal tax exempt organization income tax returns for June 30, 2012, 2013, and 2014 are subject to examination by the Internal Revenue Service, generally for three years after they were filed.

1. Significant Accounting Policies, continued

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Date of Management's Review

Management has evaluated subsequent events through December 24, 2014, the date on which the financial statements were available to be issued.

2. Accounts Receivable

All accounts are considered collectible and therefore, no provision has been made for losses on uncollectible accounts. The Council operates in the Southern Maine area and grants credit mainly to local emergency medical technicians and rescue squads.

3. Line of Credit

The Council has an approved line of credit with a local bank in the amount of $50,000, at the bank's prime rate of interest, plus 0.75% (currently 4.25%). Borrowings under this line are secured by all business assets. $35,500 of the line was unused as of June 30, 2014.

4. Operating Lease

Southern Maine Emergency Medical Services Council, Inc., leases office space in Gorham, Maine under a lease agreement effective January 1, 2013. Monthly rent under the agreement is $700 through December 31, 2013, with an option by the Organization to extend the lease at the same rate for four consecutive years. The lease has been extended through December 31, 2015.

5. Temporarily Restricted Net Assets

Temporarily restricted net assets at June 30, 2014 consist of the following:

Joseph Bradley Scholarship for EMS students	$ 4,070
Grant to purchase Education Equipment	10,000
Total Temporarily Restricted Net Assets	$ 14,070