

SCOPE OF WORK

For each of the following areas, describe the regional work plan and identify measurable performance outcomes. The work plans should also identify adjustments made as a result of the work done during FY14.

1) Medical Control Training and Direction

- a. Improve the understanding of EMS for emergency physicians and others who provide Online Medical Control.
- b. Ongoing assessment of the above plans and adjustments to show measurable improvement.
- c. Working with EMS services to assure that each service receives medical control input, to include at a minimum: input/involvement with the service's quality improvement program and integration of the QI program with continuing education programs.
- d. Work plan shall include at a minimum:
 - i. The total number of emergency department physicians, physician assistants, independent nurse practitioners, by hospital.
 - ii. The total of those who have completed an OLMC program (e.g. MEMS, NAEMSP, etc.).
 - iii. Plans/activities to get 100% OLMC trained.
 - iv. Listing of all EMS Services with the name of service medical director, and how the regional EMS office has assisted with medical director recruitment/retention.

2) Quality Improvement

- a. Submit the region's QI plan to provide technical assistance to each EMS agency within the designated region. The regional plan shall include an integrated Quality Improvement (QI) program that will: a) evaluate (assess) and b) improve competencies for EMS providers. The regional QI report will include:
 - i. Describing the involvement of the medical director in QI
 - ii. If a service does not have a service medical director, how is QI being performed?
 - iii. How are performance issues resolved and tracked for trending?
 - iv. How are sentinel events reported and tracked for trending?
 - v. How are QI activities connected to training and education? Are performance measures re-evaluated?
 - vi. How are run report reviews conducted?
 - vii. Reporting on trends sent to all services and to Maine EMS
- b. Service QI plans should include at a minimum:
 - i. Identifying QI indicators with benchmark data(e.g. MEMSRR to identify service/regional trends).

- ii. Assist with identifying and assisting the service to develop and provide educational programs that utilize the results of QI activities.
 - iii. Use follow-up data to evaluate the effectiveness of training/educational programs
 - iv. Working with local EMS providers with whom they routinely interact.
 - v. Adjusting QI and education plans as necessary.
- c. Regional QI plans shall include performance indicators and clinical outcomes.
- d. The regional office shall function as a liaison between state and local QI committees and assist with mutually agreed upon QI data collection and reporting as requested by the MEMS QI Committee.

3) Training Coordination

- a. Coordinate and assist with EMS training programs as identified by:
 - i. EMS services;
 - ii. QI activities; and
 - iii. Regional needs assessment
- b. Work with local EMS services to incorporate education programs that integrate with quality improvement activities
- c. In accordance with the Maine EMS Rules, approve continuing education courses for services within the region.

4) Regional Councils

- a. Conduct regional council meetings on a quarterly basis (minimum requirement) to assure representation of the EMS community and the community at large.
- b. Expand attendance at Council meetings and information dissemination.
- c. Send minutes of meetings to Maine EMS within 30 days of meeting or sooner if available.

5) Public Information, Education, and Relations

- a. Provide PIER related training for services in order to help services build local community awareness/support.

6) Attendance and Participation in Maine EMS meetings

- a. Attendance and participation include the following:

- i. Regional Coordinator at Operations Team meetings;
- ii. Regional Medical Director in Medical Directions and Practice Board meetings; and
- iii. Regional QI representative in MEMS QI Committee meetings.

Unexcused absence from 2 or more meetings will result in a penalty of 5% of the total contract price.

7) Other projects

- a. Require the Regional Coordinator or a council representative to participate in EMS development and support projects when requested by Maine EMS and when consented to by the Regional Coordinator or council representative.

8) Reports

- a. Submit an annual activity report for FY 14 to Maine EMS no later than 4:00 PM on September 30, 2014.
- b. Submit an independently prepared financial report for FY 14 to Maine EMS no later than 4:00 PM on December 31, 2014.
- c. Submit a progress report for FY 15 to Maine EMS no later than 4:00 PM on December 31, 2014.
- d. Submit an annual activity report for FY 15 to Maine EMS no later than 4:00 PM June 30, 2015.

Reports shall be submitted in electronic format.

Failure to provide all reports in a timely manner will result in a penalty of 5% of the contract price per delinquent report and may affect both the current and future contracts.