

Tri-County EMS, Inc. Report

July 1, 2013 – June 30, 2014

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Medical Control and Direction:

Medical Control and Direction: Strengthening and improving the role of medical control across our EMS system was an ongoing goal this past year. Over the past four years much effort had been made to educate all regional On Line Medical Control (OLMC) providers in learning our EMS protocols, the process of delivering OLMC and other aspects of EMS system support. During the past 12 months, these efforts continued.

Activities to support the goal were as follows:

- Meetings with local and service EMS Medical directors.
 - Face to face meeting with each of the five Emergency Department (ED) medical directors. At each of these meeting a discussion on the roles and responsibilities of Maine EMS, the regional medical director, the region, and local and online medical control was presented.
 - September 10, 2013 met with the leadership of the ED at St. Mary's Regional Medical Center. This meeting resulted in active participation of the director and nurse manager with the Tri-County EMS Board.
 - Mike Senecal and Randy Gauvin discussed OLMC the ED staff meeting at Franklin Memorial Hospital in the next quarter.
 - Dr. Chagrasulis contacted Dr. Zanella (FMH) to discuss medical control issues.
 - Drs. Chagrasulis and Mohseni attended the ED staff meetings at Stephens Memorial Hospital.
 - Joanne Lebrun met with Lannie Oliver, MD to discuss arranging another meeting for ED staff at CMMC. A meeting with ED staff at Central Maine Medical Center had been held during the prior year.
 - One of the challenges with OLMC education is the increasing number of locums being used in the EDs at our regional hospitals. Central Maine Medical Center, Franklin Memorial and Rumford Hospital all have increased the use of locums during the past 12 months.
 - An additional challenge at CMMC has been the turnover is ED leadership. A new nurse manager was recruited this spring and a search is underway for a new EM Director as Dr. Oliver is retiring, by October 1, 2014.
 - On March 10, 2014 the Tri-County EMS Board met. In attendance were 5 emergency physicians representing 4 of our 5 hospitals. At this meeting the MEMS OLMC program was discussed in detail, the disks were distributed and all agreed to support the project. Each hospital also agreed to investigate the use of their learning management system (LMS) for the program. Also was requested was a paper monograph with the information that could be shared at staff meetings.
- Linking the OLMC Educational Program with the hospital's online educational program
 - Joanne LeBrun followed up with Jon Powers who determined he is able to release the materials for the OLMC program in LMS compatible formats.
 - All five hospitals confirmed they should be able to link the OLMC program with the hospital specific learning management system. This will happen in FY2015.

- The paper monograph which will also be made available to all emergency departments in the region is in the final review stage and will be distributed in FY2015.
- St. Mary's Regional Medical Center hired an online education specialist. She is revamping the SMRMC LMS and is willing to incorporate the OLMC in the fall of 2014.

Protocol revisions/review:

- All OLMC providers received email correspondence from Dr. Chagrasulis with a PowerPoint presentation on the December 1, 2013 protocol update.
- Protocol review sessions were held on July 9, 15 and 29, 2013. EMS providers and ED providers were invited. Four physicians attended.
- Dr. Chagrasulis provided a verbal report on the MDPB activities at all regional meetings. She also provided a written report on significant issues to our OLMC providers, as she did recently keeping them informed of the proposed protocol revisions.
- All OLMC providers were invited to attend the live, online protocol feedback program that was held at the end of January 2014.
- Each emergency department physician director received an email update on the protocol revision process from Dr. Chagrasulis. They have also been notified of the webinars that Maine EMS is hosting for input.
- All OLMC providers received an email from Dr. Chagrasulis with a PowerPoint presentation on the protocol update.

Each Emergency Department director was contacted and a list of current online medical control providers was requested. The results are reported in the table below:

Hospital	Contact	Numbers
Central Maine Medical Center	Lanny Oliver, MD	28 Physicians 7 Physician's Assistants 4 Nurse practitioners 16 Locums Physicians
St. Mary's Regional Medical Center	Christopher Bowe, MD	18 Physicians 7 Physician's Assistants 0 Nurse practitioners
Stephens Memorial Hospital	Michael Mohseni, MD	19 Physicians 1 Physician's Assistants 0 Nurse practitioners
Franklin Memorial Hospital	Steven Zanella, DO	4 Physicians 2 Physician's Assistants 0 Nurse practitioners

		3 Locums PAs Multiple Locums physicians
Rumford Hospital	Alfred Riel, MD	See CMMC

Over the past four years multiple attempts and platforms have been used to encourage OLMC training for our regional OLMC providers. Although somewhat successful, the past results have been a mix of self-reporting and use of the OLMC training tools. As of June 30, 2014 our region had 73% of our ED providers confirmed as having received some OLMC training. With the changes in staffing reported by our hospitals and the increase in the use of locums additional strategies need to be employed to increase and verify our numbers. Now that the OLMC program has been distributed on disk, we expect to get closer to our goal of 100% compliance. As of June 2014 27% of OLMC control providers in our region were locums, which presents a difficult training challenge. We will continue to work with our ED directors achieve our goal. Hospital education department have expressed a willingness to work with us. We will also continue to provide face to face presentations at a staff meeting at our five hospitals.

Service Level Medical Directors:

Med-Care, NorthStar, PACE, LifeFlight, and United ambulance service have clearly identified medical directors for their services. Each of these services also provides Paramedic Interfacility Transport services to their local hospital(s). EMS Rules requires each PIFT service have a service medical director. The involvement and activities of these directors varies, but all five medical directors are very active with service level QI, education, and provider evaluation. These five services account for more than 50% of the calls in our region.

Med-Care	Alfred Riel, MD
United	Rich D'Alessandro, MD
NorthStar	Steve Zanella, DO
PACE	Michael Mohseni. MD
LifeFlight	Peter Tilney, DO

Services in the region that do not have a service specific medical director use Rebecca Chagrasulis, MD, the regional medical director for medical direction. Dr. Chagrasulis and Joanne Lebrun continue to seek other interested physicians to assist with these tasks. Andre Couture, DO from St. Mary's Regional Medical Center has expressed an interest in assisting. Each hospital ED has identified an EMS liaison to help formalize this support. Chris Bowe, MD at SMRMC; Alfred Riel, MD at Rumford; Steve Zanella, DO at FMH; Michael Mohseni, MD at SMH and Lanny Oliver, MD and Rich D'Alessandro at CMMC. The interest among physicians willing to provide medical direction for a specific service is very limited, as the cost and liability associated with this is quite high.

Interventional cardiologists William Phillips, MD and Alan Langburd, MD have provided both 12 lead review and in-service presentations to area services on STEMI calls.

Tammie Willoughby, MD an EM physician at CMMC has recently expressed a greater interest in prehospital providers and has begun to do ride alongs with area services. She has also just implemented a program for medical students and residents to do observations with area ambulance services, so it is hoped that her interest in EMS can be expanded to further interaction with local services to help with service level medical direction.

Tammie Willoughby, MD an EM physician at CMMC continues to do ride alongs with area services. During this past year, she implemented a ride along program with area ambulance services for medical students and residents. The program has been well received. Tammie has also recently been appointed to the Lewiston/Auburn 911 Committee. Dr. Willoughby also led the successful citizen's initiative to redesign the traffic pattern on Route 4. This is one of the most dangerous roads in our state. It will now be safer due to her leadership.

In this region, we are very fortunate to have eight medical directors regularly attend regional meetings and participate in regional EMS activities. Dr. Chagrasulis communicated with all medical directors about the protocol process and provided a summary of the changes. She kept them informed of medication shortages and changes. Drs. Riel, Chagrasulis, Mohseni, Bowe, Couture, and Tilney were active participants in the Airway QI project and provide education to EMS providers. Drs. D'Alessandro, Tilney, Riel, Mohseni, and Zanella provide service level QI review and education for their specific services and reviewed PIFT and 12 leads for their local services.

Dr. Chagrasulis provided in-service education to the newly formed transport service (New Gloucester) on the expectations she has as a medical director. She provided a review of cases, commented on their QI process and discussed the importance of proper and complete documentation. Dr. Chagrasulis also met with multiple regional services to discuss QI issues and provide feedback to these services and providers.

Dr. Chagrasulis announced she will be stepping down as regional medical director sometime in the fall of 2014. We have begun the process of recruiting a replacement.

Strategies used to address the issue of service level medical directors included:

1. Including Emergency Medicine (EM) Providers in our email and educational notifications.
2. Supporting regional EMS service chiefs in their need for service level medical directors, using what we have for resources. Dr. Chagrasulis used both face to face meetings to assist services with QI issues and she also used the MEMSRR QI notes feature to review PCRs and provide direct feedback. Our regional QI coordinator also works with all services and is a conduit for QI review and issue resolution.
3. Fostering the EMS outreach experience of new residents and medical students with EMS.

4. Maintaining close contact with existing service level medical directors and encouraging their participation in regional activities.

The documents that support this section can be found in Appendix A.

Quality Improvement

Airway Review Project:

All regional EMS services have been participating in our Airway QI program. This project began in July of 2009 as an off shoot of the Maine EMS Airway QI program that had been initiated by Steven Diaz, MD former State EMS Medical Director. Dr. Diaz advocated that quality review of airway should always be done, as these are often the most critical patients and often the key to reducing their morbidity and mortality is excellent airway management. We continued to perform an in-depth review of each EMS calls where the patient required airway management.

Our regional airway QI team met on the second Wednesday of each month from July 2013 through June 2014. At each meeting the team reviewed a selection of airway cases from the prior month, selected from the Regional Airway Report on MEMSRR. During the past 12 months (July 1, 2013 to June 30, 2014), 174 Airway cases were reviewed by the Airway QI Team. Twenty-three (23) EMS services had airway calls in this time period and all have had some of their cases reviewed by the regional Airway QI team. However, 100% of airway cases are reviewed by the regional QI staff and regional medical director. For the period of July 1, 2013 to June 30, 2014, there have been 493 emergency calls that have met the criteria for the MEMSRR airway QI query, which includes any and all forms of airway management with the exception of the application of O2 only, capnography only, or CPAP only. This means the airway review covers basic interventions as well as advanced interventions.

The regional medical director and regional QI coordinator also reviewed all CPAP only calls, to assure that CPAP use was in accord with the protocol. For the period of July 1, 2013 to June 30, 2014 CPAP was used in the region 131 times. 100% of the CPAP calls were found to be in compliance with the Maine EMS protocols. The use of capnography as a diagnostic tool in patients who have not needed airway interventions continues to increase. In the past 12 months our MEMSRR report has revealed 488 calls when capnography was used. During the same period in FY2013 capnography was used 371 times. The following table illustrates the increased use in capnography as a diagnostic tool over a four year period.

Time Period	June 2013 – May 2014	June 2012 – May 2013	June 2011 – May 2012	June 2010 – May 2011
ETCO2 use	488	371	286	99

The series of strategies developed in FY2010 to achieve the overall goal to assure that patients have their airways managed in an optimal manner were followed in FY2014.

The success of advanced airway and the return of spontaneous circulation (ROSC) in the field are also tracked through our Airway QI process. For the period of June 1, 2013 to May 31, 2014, twenty-two (22) ET were successfully placed on the first attempt; six (6) were unsuccessful on first attempt; forty-six (46) King airways were successfully placed on the first attempt with five (5) unsuccessful on the first attempt; four (4) LMAs were placed successfully on the first attempt, with one (1) unsuccessful on the first attempt. There were 159 cardiac arrests in this 12 month period with 35 having ROSC in the field.

The airway review process continues to evolve. EMS services are expected to review their airway calls each month. EMS services are notified by email if they have calls that will be reviewed at the monthly airway meeting. This notification has resulted in increased attendance from prehospital providers and EMS Service QI in attending and participating in our Airway QI meeting. This is resulting in improved understanding of airway care and the documentation of that care.

EMS Services that have attended and participated in a regional airway QI meeting in the past twelve months include; Poland Rescue, Buckfield EMS, Jay Rescue, NorthStar, PACE, United, New Gloucester EMS, Lisbon EMS, Wilton Fire, Auburn Fire, Monmouth Rescue, Turner Rescue, and Med-Care Ambulance.

Services that have had airway calls reviewed by the committee during the past year are Andover, United, Oxford, Turner, Auburn, Lisbon, New Gloucester, NorthStar, Med-Care, PACE, Tri-Town, New Sharon, New Portland, Poland, Bates EMS, Monmouth Rescue, Mechanic Falls, Chesterville Fire, Bethel, Rumford Fire, Buckfield, LifeFlight and Stoneham.

Many airway calls involve a non-transporting service and their transporting service, or a BLS service and their ALS backup. These calls were reviewed together with feedback being provided to both services. Over the course of the year, improvements were noted in the completeness and clarity of documentation on these calls. Emphasis was on reducing dual documentation of procedures and improved clarity in the narrative of tasks performed. A clarification was made as to documenting the transfer of care and identifying the paramedic in charge of the patient when services back each other up on a call.

An electronic data entry tool was used at the airway QI meetings. We have a comprehensive database of our reviews so comparisons of issues and improvements can be tracked.

1. Service Level QI Process:

- a. The process we use was created in FY2009 and has been modified incrementally, however the basic process has remained the same.

- b. The calls are identified by using a standard report that is located in MEMSRR favorites (Region 2 Airway Report). The report hyperlinks to the actual call to facilitate the review process.
- c. Services are expected to review the call and concentrate on the airway component; however this is not to the exclusion of the overall call. There is a criterion for that review that was developed by the team. Services are now required to use the QI notes field of the MEMSRR system to document their review. Our goal is to have all services use the MEMSRR QA/QI feature. The message type in the review is "Airway Review". Twelve (12) of fourteen (14) ground transport services are using the QI notes feature. Four (4) of our 24 non-transporting services are also using QI notes. However, many of these services have few or no runs or no airway runs.
- d. Once the review is accomplished, the service QI rates the airway management on the call using criteria and nomenclature developed by the Airway QI team. The nomenclature for the ratings used is Optimal, Acceptable, Suboptimal and Substandard.

2. Regional QI Process:

- a. Each month the regional office runs the MEMSRR airway report. The PDF of the patient care reports are printed out along with service QI notes.
- b. Reports are stamped "For QI only," packets for reviewers are assembled, and the review is conducted using standardized criteria described above.
- c. All regional EMS services are invited to attend the monthly meeting. The following attended during this past year. Rebecca Chagrasulis, MD, Alfred Riel, MD; Peter Tilney, DO; Michael Choate, LifeFlight; Tom Doak, EMT-P, Wilton; Lee O'Connor, EMT-P, Poland; Paul Marcolini, EMT-P, Carmen Fortin, RN, CEN, Gabe Gunning, EMT-P, NorthStar; Nathan Yerxa, EMT-P, United, Lisa Bennett, EMT-I, and Chip Richardson, EMT-P, Buckfield; James MacDonnell, EMT-I, Michael Blakemore, EMT-P and Dennis Everson, EMT-P, Lisbon; Gary Sacco, EMT, New Gloucester; Steve Smith, EMT-P, NorthStar, Med-Care and Jay Fire; Chris Moretto, EMT-P, Med-Care; Dennis Kerrigan, EMT-P, Monmouth; Howard Palmer, EMT-P and Bob Hand, EMT-P, PACE; Michel Vining, EMT-I, Weld, Bob Kolinowsky, EMT-I Turner and Joanne LeBrun have all participated in the past 12 months.
- d. The meeting date and time is the second Wednesday of each month at 1:00 pm at the Tri-County EMS office.
- e. Following the review, feedback was returned to service QI and providers. Action plans are developed for any educational or QI issues identified.

A summary of issues focusing on Airway QI are listed in the table below

Issue	Result	Action
Narrative documentation	Continued to see significant improvements in the format and	TCEMS provided documentation courses in a face to

	completeness of narrative. More providers are using either the CHART or SOAP format	face format to 7 services. Services were being asked to turn off the auto-narrative generator.
Transporting while doing CPR	Dangerous, ineffective compressions	Continue to explain termination of resuscitation. Met with providers and services to reinforce concepts. United developed an algorithm for Code transport and disposition.
Moving Patient to ambulance before managing airway	Delay in oxygenation and airway management	Assisted services with determining what equipment must go into home/scene
Responding to remote location without needed resuscitation equipment	Delays in caring for patient	Assisted services with developing policies for remote response including equipment.
Documentation of airway procedures done prior by hospital or another service, being documented as done by transferring service.	Significant improvements have been made in this area. EMS Providers are using the narrative more consistently to note what has been done by others and are no longer entering these in the procedure box.	Continue to provide feedback as needed
BVM Use – documentation of the effectiveness of BVM management	The documentation of the effectiveness of BVM has greatly improved.	Continue to provide feedback and education
Use capnography with BVM.	Promotes safety for patient. Services are reviewing this with their providers. The data shows increased use of ETCO2	Continue to support this contemporary practice
Use of MEMSRR QI Notes. Not all services are using QI notes feature.	There has been an increase in the number of services consistently using the QI notes feature	Continue to support this practice and to note this at the airway review meetings. Meet

	to review airway calls and give feedback to providers.	with services not using QI notes and discuss the importance.
Airway failure documentation continues to be a problem.	Lack of documentation of why an advanced airway failed - inhibits the ability of the EMS system to respond with additional education or tools, to prevent future airway failures.	Created an educational paragraph on the importance of documenting failure. Encourage the use of assistive devices.
Basic airway management – requesting all providers use an OPA and an NPA in each nare when using a BVM whenever possible.	The lack of the proper use of adjuncts results in under ventilation and oxygenation.	We are seeing improvements in this area. Provided education at spring QI coordinators meeting and Regional Medical Director sent out email on this topic to all services. Suggested this strategy be included in 2015 protocol revision. Continue to provide education to QI coordinators and ICs.
United Ambulance PCR data interface with Zoll and MEMSRR	Incomplete information, cannot run MEMSRR reports with the same info as other services	United, Zoll, and Maine EMS continue to work on this, but this is still an issue.
Results of Treatment -	Lack of proper documentation makes it difficult to determine if treatment was effective.	Document both in dropdown notes and narrative.
Use of assistive devices when intubating	Unsuccessful intubation is a concern. Multiple airway attempts on a patient is not desirable	Continue to encourage, educate and train with the bougie.

Future strategies include

1. Continue to provide education in documentation to services, QI coordinators and ICs.
2. Continue to assist services with the update of their service specific QI Plans to achieve a measurable benchmark.

EMS Service QI

All services in the Tri-County EMS region participated in the Maine EMS out of hospital cardiac arrest (OHCA) study. The regional results were sent to Maine EMS QI Committee. The regional results showed 39% of patients that had ROSC upon admission to the ED survived to be discharged. United Ambulance provided an even more in-depth look at its data which is included in Appendix B.

Many regional services have made excellent progress with their QI program. All services participated in the protocol rollout for December 2013.

At our regional quality coordinator meeting on April 3, services reported the results of their QI projects and the educational programs they offered to support their QI plan. Ideas were brainstormed to assist low volume services on how to improve quality. Ideas included holding QI case reviews with area transporting services and developing a list of common critical problems and having scenario based training sessions on these subjects. A QI survey was sent to all EMS Services in December 2013 asking for information on their service specific QI plan and indicators. Seventeen services responded to this survey – nine (9) transporting services and eight (8) non-transporting services. A copy of the survey can be found in the appendix B.

All services are in compliance with regional and state QI expectations, but the regional medical director and regional staff continues to work with one particular service to help them improve their QI activities as their activity has not been meeting the standard. An educational agreement was created and has been implemented.

EMS Service	Contact	QI Activity	Education as a result of QI
Med-Care Ambulance	Christopher Moretto, EMT-P and Steve Smith, EMT-P	100% review Airway QI. Uses QI notes. Attended airway meetings Is conducting reviews with local non-transporting services and hospitals. Attended QI Coordinator Meeting	12 lead, IO use; Documentation; extrication; on scene management. IV Pump training; basic skills review. Joint training with Rumford Fire and Rumford ED.
United	Nate Yerxa, EMT-P,	Extensive QI Program. New this past 5 months pump training and use; Zofran use; OHCA study; CPAP use. Airway QI.	Pump training, out of hospital cardiac arrest training, CPAP device selection and use.

		Attended airway meetings. Provides notes on airway QI. Is conducting reviews with local non-transporting services, hospitals, dispatch and LfeFlight. Attended QI Coordinator Meeting	
PACE	Robert Hand and Howard Palmer	Reviewed cases for Airway QI. Out of town calls, calling in back up 12 lead review. Has begun to attend airway QI. Is conducting reviews with local non-transporting services. Using QI notes feature. Attended QI Coordinator Meeting.	Sign offs and refusals, IV starts.
Oxford	James Lavertu, EMT-P	100% review; Reviewed cases for Airway QI. Uses QI notes.	12 lead review, emergency childbirth; Documentation;
NorthStar	Steve Smith, EMT-P	Reviewed cases for Airway QI. 12 leads in 10 minutes. Pain scales with appropriate treatments Consistently uses QI notes. Attended airway meetings. Reviewed calls with area non-transporting services and hospital. Attended QI Coordinator Meeting	Remote rescue, cardiac resuscitation
New Gloucester	Shelly Chipman	100% review; reviewing airway cases. Using QI notes. Attended airway meetings. Attended QI Coordinator Meeting	Pediatric assessment and care; Cardiac arrest review and simulation training, case reviews with regional medical

			director
Poland	Lee O'Connor	Reviewing airway cases and 100% reviewing of calls. Using QI notes feature of MEMSRR. Attended airway meetings.	12 lead review with emphasis on ST elevation but lack of symptoms. Cardiac interventionalist provided in-service education
LifeFlight	Mike Choate	Revamped QI program. Reviewing all critical care and airway calls.	Airway management, pediatrics, burns, standards of care
Lisbon	Mike Blakemore, Dennis Everson	Reviewed cases for Airway QI. Attended airway meetings. 100% review; Using QI notes feature of MEMS. Attended QI Coordinator Meeting	Trauma review and cardiac review. Case reviews with non-transporting services. HPS scenarios and BLS and ALS airway management
Bethel	David Hanscom and Berta Broomhall	Reviewed cases for Airway QI. Provides 100% review. Using MEMSRR QI features for notes. Attended QI Coordinator Meeting.	Cardiac arrest and trauma care. BLS and ALS skills sessions
Bates College	Sarah Burkey	Reviewed airway calls; Performing QI on all calls. Reviewing calls with transporting services. Using the MEMSRR QI features for notes.	Documentation, medical assessment
Weld	Michel Vining and Bruce Farnum	No airway calls; does 100% review of all calls. Encourage the use of the MEMSRR QI features for notes.	Assist with linking QI to education.
Trackside EMS	Serae Hemond	No calls this period as a season service.	Has been using the MEMSRR QI features for notes. Education on motor cross injuries prior to season opening. Link QI to annual education

Stoneham	Peg Frost	Reviewing airway calls; 100% review of calls. Encourage the use of the MEMSRR QI features for notes.	Assist with linking QI to education.
Tri-Town	John Hamel, Dan Greany	Airway QI; 100% review: and Chest pain, trauma calls Using QI notes feature in MEMSRR. Reviews with hospital.	Training on when to call ALS back up.
Auburn Fire	Geoff Low and Chris Moretto	Reviewed cases for Airway QI. Random review of all emergency calls and 12 lead submission Narrative format and procedure documentation continues to improve. Using QI notes feature in MEMSRR	Monthly CEU training topics have been selected based on influx of certain types of calls or due to trends discovered during the QI process.
Turner	Bob Kolinowsky	Refusals and 100% review. Dr. Chag and Joanne LeBrun continue to meet with service improve compliance. Beginning to use QI notes.	Review of calls, specific to suspected cardiac Regional QI coordinator still doing 100% review. Dr. Chag and Joanne LeBrun will continue to work with service.
Farmington Fire	Tim Hardy	No airway calls, but reviewing 100% of all calls.	Assist with linking QI to education.
Chesterville Fire	Ed Hastings	Reviewing 100% of call and reviewing airway calls. Using QI notes.	Providing in-service education. Assist with linking QI to education.
Industry First Responders	Kevin Gurney, Mike Senecal	Reviewing 100% of calls.	Assist with linking QI to education and encourage joint case reviews with NorthStar. Encourage the use of QI notes.
New Sharon Fire	Tory Moarr	QI activity has improved.	Assist with linking QI

		100% review.	to education and encourage joint case reviews with NorthStar. Encourage the use of QI notes.
Wilton Fire	Tom Doak	Reviewing 100% of calls QI notes being used. Reviewing some calls with transporting provider service.	Encourage review of calls with transporting service.
Rumford Fire	Richard Coulombe	Reviewing airway calls. 100% review. Using QI notes and reviewing some calls with transporting service.	Extrication and scene management, BLS skills, joint training with Med-Care and Rumford ED.
Andover Fire	Elaine Morton	100% review. Encourage the use of QI notes. Had their first airway call in 3 years.	Four members in EMT course.
Carrabassett Valley Fire	Courtney Knapp	100% review	BLS skills, off road rescue, and encourage joint case reviews with NorthStar.
Kingfield Fire	Chuck Twitchell	100% review of calls. Attended QI meeting. Will begin to use QI notes. Very few calls.	Con-ed provided regular in service. Will create a list of in-service education based on high criticality and low volume. Will review cases with NorthStar.
New Portland Fire	Brian Rundlett	100% review of calls. Attended QI meeting. Will begin to use QI notes, but very few calls.	BLS skills, off road rescue, spinal immobilization Will create a list of in-service education based on high criticality and low volume. Will review cases with NorthStar.
Minot Fire	Jim Allen	100% review of calls.	Assist with linking QI to education encourage joint case reviews with United.

			Encourage the use of QI notes.
Mechanic Falls Fire	Jen Casey	Reviewed airway calls; 100% review of calls. Are using MEMSRR QI notes.	12 lead review. BLS and ALS skills, assessment.
Otisfield Fire	Beth Damon	100% review of calls.	Assist with linking QI to education and encourage joint case reviews with PACE and Oxford. Encourage the use of QI notes.
Buckfield	Chip Richardson	Reviewed cases for Airway QI; 100% review of calls. Attended airway meetings. Uses QI notes consistently. Attended QI Coordinator Meeting	Capnography education, overdose, cardiac arrest review.
Harrison Fire	Dana Laplante	reviewing 100% of calls,	Assist with linking QI to education and encourage joint case reviews with PACE and United. Encourage the use of QI notes.
Greene Fire Dept	George Farris	No airway calls; 100% review of calls,	Assist with linking QI to education. Encourage the use of QI notes. Continue to support QI efforts.
Paris Fire	Eric Poland	No airway calls. 100% reviewing of calls.	Assist with linking QI to education. Encourage the use of QI notes. Continue to support QI efforts. and encourage joint case reviews with PACE.
Woodstock Fire	Ken Ruff	No airway calls. 100% review is being done.	Continue to support QI efforts, encourage the use of QI notes and link QI to education and

			encourage joint case reviews with PACE.
Greenwood Fire	Albert Curtis	No airway calls. 100% review is being done.	Assist with linking QI to education. Encourage the use of QI notes. Continue to support QI efforts and encourage joint case reviews with PACE.
Sabattus Fire	Amy Laverdiere	No airway calls, Reviewing all calls. (New administration)	Using QI notes. Continue to support their efforts and provide further education and QI tools. 2 members enrolled in EMR course. Encourage joint case reviews with United.
Jay Fire	Steve Smith, EMT-P	Airway review; 100% review. Review with transporting service.	BLS Skills review.
Livermore Falls Fire	Cassandra Purington	No airway calls. 100% review is being done.	Continue to support their efforts and provide further education and QI tools. Encourage joint review with NorthStar

We will continue to do outreach with services. Services with low volume and no volume services have little actual real experience to review. However, these services do provide in-service education on the types of calls they must be prepared for such as the arrest, MVCs, drowning and off road rescues. Group of services are doing periodic training together. At our April QI Coordinator meeting a discussion on reviewing cases with transporting services and developing a training scenario strategy was discussed as a method of Quality Improvement.

Cardiac Cath Lab Activation Program and 12 Lead Recognition:

Twenty one EMS Services currently participate in the prehospital cardiac catheterization activation program in our region. This program, which began in 2005, continues into FY2014. All cath lab activations that exceed 90 minutes are reviewed by the “Door to Balloon” QI committee at the Central Maine Heart and Vascular Institute (CMHVI). This multidisciplinary committee meets once each month. EMS Services participate in these

meetings. The staff researcher for CMHVI has access to the Maine EMS Electronic Run Report System and uses these records as part of her QI review. Technical assistance is provided to the researcher on the MEMSRR system by the regional office staff. This researcher also provided us with outcome data for the Maine EMS OHCA study that was conducted this winter/spring. An IRB was required to release the information, but the researcher was instrumental in that process.

The committee looks for every opportunity to improve patient outcome. Prehospital providers have recognized 100% of STEMI and the rapid transfer to the Heart Center has become very consistent. One area of improvement needing work is to refine the STEMI algorithm a bit. In the past year there have been two cases of borderline elevation without symptoms. Upon review, these patients might have been better served to have been evaluated in the ED prior to the interventionalist being called. However, these cases did fit the 2 mm ST elevation criteria, but had no symptoms and did not require PCI. However, data continues to show that STEMIs are not being missed and prehospital providers are consistently obtaining their first 12 lead within 10 minutes of contacting the patient.

EMS data is being used by both Central Maine Medical Center and St. Mary's Regional Medical Center to support their chest pain center accreditation metrics.

Drs. William Phillips and Alan Langburd, both cardiac interventionalists have been providing over-read feedback on select prehospital 12 leads. They also reviewed the 4th version of the regional 12 lead test and provided in-service education to two EMS services.

For the period of July 2013 to June 2014 there were 10 Door to Balloon QI meetings.

Maine EMS QI Activities:

Joanne Lebrun consistently attends and participates in the MEMS QI Committee meetings and activities. The current statewide QI activity is an analysis of out of hospital cardiac arrests. All services in the region participated in this project and the regional staff assisted services with obtaining final outcome data.

The documents that support this section can be found in Appendix B.

Training Coordination

Supporting the learning needs of the EMS services in our region continues to be a priority. Over the past 12 months EMS licensure courses came to their conclusion while others were planned and started. Our regional office approved continuing education programs. Many specialty education programs were conducted in the region by United, APEMS, and NorthEast Mobile Health. We have also seen an increase in service level education that focused on reinforcing skills with providers and education that was linked to quality indicators. Maintaining our EMS training center license as well as our American Heart Association Community Training Center is important to help meet the needs of our services.

Licensure courses:

During the past 12 months licensure courses have been conducted in the region as detailed in the table below. A total of 115 students enrolled in our courses with 93 students successfully completing. This is an overall 80.8% successful completion rate.

Twice each year, a traditional (face to face) EMT Course is held in Lewiston to meet the traditional needs of adult learners. An EMT course specifically scheduled for the Bates College students began in September and followed the school's schedule. This course is used as a recruitment tool by Bates EMS Non-Transporting Service. Bates EMS providers participate in the practical aspects of this course which helps them maintain their skills, while working with prospective members.

New Gloucester requested an EMT class specifically for their area. The service became licensed as a transporting service this fall and needed more providers to fill their ranks. A joint class with Gray Rescue was planned and offered with each service recruiting and sending seven members. Durham EMS also sent two members. Instructors from the department have agreed to teach the program as part of their daily duties, which has reduced the cost of the program.

Two blended learning EMT course were conducted. The fall program had two practical skills cohorts – Lewiston and Scarborough. The spring course had practical skills cohorts in Mexico and Bowdoinham. This type of class (combination of face to face classes and on-line, asynchronous learning) was in the planning stages for more than a year. These courses were very successful. Students included those who had no prior medical background to those who were formerly licensed. This has met a need to help recruit providers who live in rural areas and have difficulty finding or traveling long distances to face to face class and those who have busy schedules and have not been able to commit to the traditional class schedule of 45, 3 hour lessons over a 4 to 5 month period.

An EMR Course was held in Lisbon to assist the Lisbon, Wales, and Sabattus Fire Departments with the recruitment of new members for their newly established non-

transporting services. In response to regional demand an Advanced EMT Course was conducted in Lewiston with 12 students.

The New Gloucester/Gray EMT Course resulted in five new members for each service. The Bates course resulted in five new members for the Bates EMS First Response unit. Fifty EMT students have taken the NREMT cognitive exam with 37 having passed it as of the writing of this report. The remaining 13 still have opportunities to retake the written exam. This is a 74% pass rate. Twenty-one students have not applied for their EMT NREMT cognitive exam at this time. Two of the ten EMR students have applied for and passed their NREMT cognitive exam at this time. The remaining 8 still need to apply. One of the twelve AEMTs has passed the NREMT cognitive exam. The remaining AEMT students still need to apply.

Three other training centers also conduct licensure programs in our region – Atlantic Partners EMS, United Ambulance Service, and NCTI a division of American Medical Response (AMR). No information on the courses they provide in the Tri-County EMS Region is available.

Course Name and Location	Date	Enrolled	Successfully Completed Course	Result of Regional Assessment?	Result of Request?	Result of QA/QI?
EMT Lewiston	September 2013 to January 2014	15	12	Yes	No	No
EMT Lewiston (Bates)	September 2013 to February 2014	14	12	Yes	Yes	No
EMT New Gloucester	September 2013 to March 2014	16	10	Yes	Yes	No
EMT Blended Learning – Lewiston cohort	September 2013 to January 2014	11	9	Yes	No	No

EMT Blended Learning – Scarborough cohort	September 2013 to January 2014	7	4	Yes	No	No
EMT Lewiston	January to June 2014	10	9	Yes	No	No
EMT Blended Learning – Mexico cohort	February to June 2014	9	7	Yes	Yes	Yes
EMT Blended Learning – Bowdoinham cohort	February to June 2014	11	10	Yes	Yes	Yes
EMR Lisbon	March to June 2014	10	10	Yes	Yes	Yes
AEMT Lewiston	Feb to June 2014	12	10	Yes	Yes	No

Quality Improvement Activity – Education

During the reporting period, quality improvement activities were supported through the regional EMS program in several ways. The details follow.

1. Protocol Education:

Protocol education for EMS ICs and other EMS providers was provided on October 30, 2013 in Lewiston. Dr. Rebecca Chagrasulis was a lead presenter and Joanne Lebrun was the moderator. Guest presenters included Dr. Matt Sholl, MEMS Medical Director, Chris Paré, Paramedic and Don Sheets, Paramedic. More than 35 providers attended this program. Another protocol rollout was presented on November 25 in the Norway area. Dr. Chagrasulis was the lead presenter at this session, which was attended by nearly 40 EMS providers. Additional programs providing protocol updates to another 200 providers were provided as part of service level education –

including Med-Care, NorthStar, United, Poland, Jay, Lisbon, Buckfield, Turner, and New Gloucester.

One issue with protocol education is the lack of materials for the Emergency Medical Responder. No protocol education direction was provided by MEMS or the MDPB on their specific protocols or specific education. Questions were referred to Don Sheets at MEMS.

Many providers used the on-line program available through MEMSED.

Dr. Chagrasulis, our regional EMS Medical Director sent a protocol education presentation to each emergency department director in our region to be circulated to both the OLMC staff as well as to nursing staff for their review.

Paper protocol books were printed at the request of regional services. Fifteen hundred books have been distributed. Every EMS student in our licensure courses received a paper copy of the current EMS protocol, as well as instructions for the electronic version.

During the spring of 2014 additional sessions on termination of resuscitation and the operation of pumps were held. Dr. Rebecca Chagrasulis and Joanne Lebrun held a follow up session for protocol questions and clarification on March 19, 2014.

2. CEH Request Form:

During a 2014 work plan strategy session, Paul Marcolini, Paramedic; regional QI Coordinator suggested a possible strategy for linking QI with associated educational activities might be to add a check box to the Maine EMS CEH form that asked "This CEH program has been organized as a result of a QI initiative". The thought was this strategy might help us identify more of these programs. That suggestion was brought to the Maine EMS Operations Team by the regional coordinator and discussed. Although it is not a recordable or searchable field on the ImageTrend system, it has been found to be useful and services in the region have used this. A training session on CEHs will be held in the coming months and its use will continue to be encouraged.

During the past year, many services requested CEH approval for topics directly related to quality review activities.

Service education as a result of QI activities for the reporting period have included, assessment review with the Human Patient Simulator; Cardiac Arrest review; Advanced Airway skills training; trauma assessment review; termination of resuscitation; transfer of care; extrication; emergency childbirth; allergy, EPI and anaphylaxis; KED use; spinal assessment; documentation; IO use; new products; BLS and ALS Skills.

From July 2013 to June 2014, our regional office approved 256 programs. This has resulted more than 1000 hours of training for our regional services. These programs provide education to EMS providers and are primarily delivered close to home. All CEH programs are now being approved using the Maine EMS on-line entry system. The attendance rosters for those programs approved by the regional EMS office are being entered by the regional office staff following the program.

Other programs offered in the Tri-County EMS Region since July 1, 2014 include multiple Pediatric Education for Prehospital Providers (PEPP), multiple PHTLS and ITLS courses; LifeFlight Ground Safety Courses, Human Patient Simulator Programs and AVOC courses.

The documents that support this section can be found in Appendix C.

Regional Council Meetings

In the Tri-County EMS Region, there are many opportunities for EMS stakeholders to network, have input into regional activities, as well as to receive and distribute information essential to EMS services, providers, and hospitals.

Quality Council:

The membership of our Quality Council includes all EMS services, Emergency Department nurse managers and physician directors. Also attending are the regional EMS staff, including the regional medical director, and the regional representative to the Maine Board of EMS. Although not all EMS services attend this meeting, all are invited. The meetings were held on even months, on the day after the meeting of the Maine Board of EMS. The Quality Council met on October 3, and December 5, 2013 and February 6, April 3, and June 5, 2014.

The minutes and the agendas of the meetings are included in this report.

Tri-County EMS Board:

The Tri-County EMS Board of Directors met four times this past year on September 9 and November 4, 2013 and on March 10 and June 9, 2014. Go To Meeting, an on-line meeting format was used for the November and June meetings.

For the past 35 years, the Board of Directors has served as the regional council in accordance with the definition in the EMS rules. It is a regionally representative group that includes members from each of the five regional hospitals and EMS Services. Members of the board represent emergency medicine, emergency nursing, hospital administration, EMS practice, EMS service administration, fire service, and education. The Tri-County EMS Board is responsible for the legal operation of Tri-County EMS, Inc. Among its many responsibilities the board supervises staff, approves the budget, insures that the activities of the organization meet the mission, and selects a medical director.

The current directors are:

Lori Metayer, RN, EMT-P, LifeFlight

Randy Gauvin, PA-C, Franklin Memorial Hospital - Treasurer

Michael Mohseni, MD, Director of Emergency Medicine Stephens Memorial Hospital,
Medical Director PACE

Alison Newton, RN, Manager ED Stephens Memorial Hospital

Rebecca Chagrasulis, MD, Vice President Stephens Memorial Hospital and active
Emergency Physician at Stephens Memorial Hospital, Regional Medical Director, -
President

Alfred Riel, MD, Director of Emergency Medicine, Rumford Hospital, Medical Director Med
Care

Karen Cole, RN, Emergency Nurse and Supervisor, Rumford Hospital

Michael Senecal, EMT-P, Manager NorthStar EMS, Franklin Memorial Hospital

Robert Hand, EMT-P – PACE Paramedic Service

Scott Hunter, EMT-B, Fire Chief Oxford Fire and EMS
Tina Legere, CEO, Central Maine Medical Center
Larry Hopperstead, MD, Surgeon, Central Maine Medical Center
Rich D'Alessandro, MD, Emergency Physician Central Maine Medical Center, Medical Director - United Ambulance Service
Christopher Bowe, MD, Director of Emergency Medicine, St. Mary's Regional Medical Center
Kevin Oliveira, RN Director Emergency Dept, St. Mary's Regional Medical Center
Dean Milligan, EMT-P, Med-Care Ambulance Service
Joseph LaHood, United Ambulance Service
Geoff Low, EMT-P, Auburn Fire Department
Lee Ireland, EMT-P, NorthStar
Joanne LeBrun, Regional Coordinator

The minutes and agendas from the meetings are included in this document.

The Tri-County EMS Region has a history and practice of offering many opportunities for input and the Tri-County EMS Board seeks input from many groups. During the reporting period an EMS representative from Franklin County was added to the Tri-County EMS Board. Lee Ireland is the operations manager for NorthStar and also a member of Industry First Responders. Michael Senecal was moved to an open Franklin Memorial Hospital administration position.

During the reporting period EMS Service Chiefs and EMS providers were kept informed of both important regional and statewide activities through a variety of methods including the judicious use of email, face to face meetings, Web Go To Meeting, Facebook and the regional website.

The documents that support this section can be found in Appendix D.

Public Information, Education, and Relations

Rural Access to AED Project:

Our Regional EMS office and EMS services continue to be active in supporting those agencies, businesses and organizations that have AEDs. This includes providing training in the use of the devices as well as checking the devices on an annual basis and replacing the batteries and pads as needed.

During FY2014 period electronic reminders were sent to all organizations and schools registered with the regional AED project encouraging the inspection of their AEDs. Following these reminders many AED owners ordered replacement pads and batteries. The email uses an interactive, electronic database that was created to support the AED recipients. As of June 30, 2014, 148 facilities representing 134 organizations entered their information into the database. This web based database is linked to an interactive map that shows where these AEDs are located in the region. The map now shows the location of 205 AEDs. Work will continue over the next year to encourage all organizations with AEDs to register them with our database.

Our staff facilitated the purchase of AEDs for the Roman Catholic Diocese of Maine, and a large local construction business.

The regional office lent AEDs to services providing care at the Lisbon Moxie Festival, the LA Balloon Festival and the Dempsey Challenge.

Area EMS services including United Ambulance, Med-Care, NorthStar, Chesterville Fire, Oxford Fire, Wilton Fire and Otisfield Fire updated their electrodes and assisted area organization in updating as well. NorthStar assisted Franklin Printing and the Franklin County Sheriff's office with the purchase of new AED. Stephens Memorial Hospital also added AEDs to their campus location.

EMS Supplement:

Tri-County EMS again participated in the annual EMS Week Supplement, a collaborative project sponsored by the six EMS regions and Maine EMS in May 2014. Tri-County EMS has been a full supporter of this supplement for the entire four years it has been published.

Hands Only CPR and AED use:

Regional EMS staff, United Ambulance and Central Maine Heart and Vascular Institute provided public education on February 1, 2014 – to the 50 attendees of the “Heart to Heart” program. Each family group also received a “mini Anne” kit to take home to practice and share Hands Only CPR training with other family and friends. The kit also included a self-instruction DVD on Hands Only CPR. Other presentations included the importance of calling 911 and surviving a cardiac arrest.

Specialty Education: As an American Heart Association (AHA) Training Center, our office and staff provide support to over 220 CPR, ACLS, and PALS instructors. We maintain the equipment and media to support the educational outreach programs provided by these instructors. During FY2014 we have trained 36 new CPR instructors; updated 70 existing CPR instructors, trained 254 participants in ACLS and 84 in PALS.

PIER Workshop: A workshop for EMS Service leadership in public information, education and relations was scheduled for May31, 2014. Unfortunately it had to be rescheduled due to low enrollment. It was rescheduled for September 20, 2014. However, it has been postponed as the Public Relations Specialist; our resource for this program, had their position eliminated. Plans are underway to reschedule. This one day program will include presentations on how outreach and public education can help your EMS service; using social media to promote an EMS service; participating in a trade show; and how to get your story in the paper press conference. Resources for health education of the public that can be customized and used in an EMS service's area will also be discussed. This will be a free program and hoped to be an annual event.

Public Relations Survey: In an attempt to catalog and summarize the public education and outreach activities of our EMS Services, a survey to assess these activities has been developed. Services will receive a summary of ideas. In addition this survey seeks suggestions from services as to what type or PIERS training they would find helpful.

The documents that support this section can be found in Appendix E.

Maine EMS Meetings

Operations Team Meetings: Regional Coordinator, Joanne LeBrun attended all scheduled Operations Teams meetings held by Maine EMS during the contract period. Attendance at this meeting benefits EMS providers, services and hospitals as contemporary information is shared, ideas are exchanged, new information is learned, suggestions for improvements in the system are made, and relationships among regional staff and central office staff are strengthened. This allows the Regional Coordinator to give correct, current information to other regional staff, EMS providers, services, hospitals, and others in the region.

Examples of the benefits of a recent Operations Team meeting are described below.

E Licensing System: The December 2013 Operations Team meeting included an orientation to the new Maine EMS website and the on-line EMS licensing system. This allowed Joanne LeBrun to discuss these system improvements with EMS services and EMS students.

Meeting with S. Sears, MD: Dr. Sears attended the December Operations Team meeting to renew his relationship with the regional and central EMS staff. A project to work collaboratively to assist our EMS services with updating their infection control plans was discussed.

OSHA Compliance Update: Mike LaPlante from the Bureau of Labor Standards Safety Works program attended our meeting and described the benefits of his program assisting EMS with coming into OSHA compliance. This service is free and confidential. This information was relayed to services.

Web EOC: Jon Powers updated us on Web EOC and on the new HAN. This orientation will help us be more effective in an emergency operation. As coordinators we became more familiar with these statewide capabilities and resources.

Infection Control Update: Representatives from the Maine CDC and from Maine General Infection Control attended our June 2014 meeting and updated us on current infection control information and practices.

Medical Direction and Practices Board (MDPB) Rebecca Chagrasulis, MD serves as the Tri-County EMS regional medical director. With the exception of two meetings while on a scheduled vacation in February and while at a mandatory CMS meeting in May, she has attended all of the MDPB meetings. Both of these were excused absences with Matt Sholl, State Medical Director being notified in advance. Dr. Alfred Riel attended the February MDPB retreat in her stead. Joanne Lebrun, the EMS Regional Coordinator also attended all MDPB meetings, during the period. Dr. Chagrasulis was the lead presenter for two regional protocol educational programs, conducted three regional protocol review input sessions in July 2013, and sent all regional emergency department medical directors and nurse managers a presentation on the protocol changes. She also communicated with all regional

medical directors and pharmacists throughout the protocol development process seeking their input and keeping them informed. She actively participated in the protocol review process and will present on the Pediatric Protocol section for the 2015 protocol revision.

Dr. Chagrasulis also attended the regional quality council meeting, regional board meetings, regional QI meeting and airway QI meetings. She routinely communicates with local medical control and has remained in contact with pharmacists and services about medication shortages.

Regional involvement in the MDPB is important for it allows regional staff to gain contemporaneous knowledge of issues and the context in which they are discussed. Minutes of a meeting cannot accurately reflect all that happens at a meeting. Another benefit of regional staff attending this meeting is it allows essential information to be shared with EMS Providers, Instructors, Services, hospitals and emergency physicians in a timely fashion. Attending the meetings allows input into the decision making process as varied points of view helped improve decisions. Being present at the meeting helps to dispel misunderstandings and correct misinformation that often circulates in EMS community based on hearsay.

Maine EMS QI Meeting: Joanne LeBrun attended all the Maine EMS QI meetings held from July 2014 to June 2014. She actively participated in developing the QI indicators for the committee. The current study is on out of hospital cardiac arrests. Joanne assisted her services with the reporting of this data and reported the regional data to Maine EMS.

Participating in the statewide QI committee benefits the Tri-County Region as it provides an opportunity to hear how others are approaching QI and aids us statewide in the goal of developing a more uniform approach to QI. A more uniform system will help improve our overall EMS system by comparing our regional activities, successes and weakness with those of the others regions and to look for opportunities to improve.

The documents that support this section can be found in Appendix F.

Other EMS Projects:

CISM: Provided support to the regional CISM team who provided services on 16 occasions in the past 12 months to regional services and hospitals.

Protocol – Had protocols printed to support the need and request of area EMS services.

Medication Administration Chart – with the expertise of area hospital pharmacists, created laminated medication administration charts specific to medications that must be used with pumps, (NOREPI and Epi). Distributed these cards to hospital pharmacies for inclusion in EMS drug boxes and with EMS service medication pumps. .

Stroke Education Program – supported the efforts of the CODE Stroke Team at Central Maine Medical Center in the creation of a CODE Stroke in-house program that recognizes and uses the prehospital Code Stroke information to expedite the care of possibly stroke patients.

Maine EMS Awards Ceremony and Memorial Wreath Laying: Regional staff assisted with the organization and promotion of this year’s Maine EMS Awards Ceremony and Memorial Wreath Laying.

Rural Access to AED Project: The regional coordinator is participating as a member of the steering committee for the three year RAED grant project of Medical Care Development and the Maine Cardiovascular Committee. This includes sharing expertise and documents from prior successful AED projects and promoting the project among our regional services.

The documents that support this section can be found in Appendix G.

Financial Report

See Appendix H.

Appendix A - Medical Control Plans – supplemental information

1 **2013 Maine EMS Protocols**

2 **One Large Change**

- Format change
- Given that MEMS is no longer publishing the protocols as pocket sized books, the protocols are no longer confined by the prior format
- The MDPB was interested in reviewing other formats

3 **New England EMS Consortium**

- Working with all New England states to create a common protocol set
 - As time goes on, the majority of protocols will be shared across the New England states
- Also, working to adopt a common format
- Have decided to adopt the New Hampshire format

4 **Purple (Definitions) Section**

- Not many changes
- One significant change:
 - Clarified language regarding fluid boluses
 - Removed term “fluid challenge” in favor of fluid bolus
 - Added language to define fluid bolus as:
 - “Specifically, running a large bore IV wide-open until the desired clinical condition or until a desirable blood pressure, based on the patient’s underlying condition, is achieved.”

5 **Brown (Forward) Section**

- Continue to work on the “MEMS patient/run record” section (Brown 7)
 - Added language to insist that some run report be left at hospital (either the completed run report OR a “quick sheet”)

6 **Blue (Respiratory) Section**

- No major changes
- Throughout the Blue and Red (Cardiac) section, the protocols leave guidance on use of nitroglycerine in patients using erectile dysfunction medications
- Recent recommendations decrease the time from use of those medications and delivery of nitroglycerine from 72 to 48 hours

7 **Red (Cardiac) Section**

- Cardiac Arrest
 - Recommend capnography and resuscitation on scene
 - Added – “consider basic measures only in pulseless patient” under the Manage Airway section
- Added post resuscitation care algorithm
 - Guides goals for SPB and ventilatory rate
 - Also allows for consideration of therapeutic hypothermia

8

9 **Red (Cardiac) Section**

- Pacing/Cardioversion
 - Prior protocols required OLMC for pre-procedural sedation or pain control in one

setting but not the other

- For ease of operations and standardization, have made pain control or sedation a standing order in both

10 **Red (Cardiac) Section**

- Big Change:
 - Have considered the “best” pressor to use in hypotensive patients throughout the protocols
 - 2012:
 - Approximately 250 cases in which pressors used
 - Roughly evenly split between the following indications:
 - Sepsis
 - Cardiogenic shock after cardiac arrest
 - Cardiogenic shock in MI

11 **Red (Cardiac) Section**

- 2012 Surviving Sepsis Update discouraged the use of dopamine
 - Increased arrhythmias and other adverse effects
 - ? Worse survival
- Encouraged the use of Norepinephrine
-

12 

13 

14 

15 

16 **Comparison of Dopa and Norepi in the Treatment of Shock**

- 858 pts received dopa/821 pts received norepi
- No significant difference in the rate of death at 28 days – even in sepsis (>1000 pts)
- Dopamine was associated with more arrhythmias
- Among pts with cardiogenic shock, rate of death higher in dopamine pts
-

17 

18 **Maine EMS Vasopressor Selection**

- Based on discussion and review of the literature, the MDPB has opted to convert to Norepinephrine as the vasopressor of choice for Maine EMS patients requiring vasopressors
- Have also required the use of pumps in ALL patients receiving vasopressors
 - 2011 required pumps only in pedi patients receiving pressors

19 **Gold (General Medical) Section**

- Allow EMT's to offer IM Epi in anaphylaxis without OLMC
 - Added definitions of anaphylaxis
- Final steps in the anaphylaxis algorithm have allowed for IV epi in “push” form.
 - Have changed this to IV infusion via pump
-

- 20  **Rapid Anticonvulsant Prior to Arrival (RAMPART) Study**
- 21  **MEMS Seizure Management**
- Large double blinded EMS based study
 - Measured time to delivery of medication, time to cessation of seizures, # of pts requiring ETT, rate of hospitalization, ICU admission rate, recurrent sz within 24 hours, hypotension
 - IM midazolam out performed IV lorazepam
- 22  **MEMS Seizure Management**
- Based in this experience, have adopted the dosing range used in the RAMPART trial
 - Increased dosing of IV midazolam to 5 mg to better reflect the lorazepam dosing in RAMPART (4mg)
 - Increased dosing of IM midazolam to 10 mg (equal to the RAMPART dosing)
- 23  **Abdominal Pain and Nausea/Vomiting**
- Added clarification to patient's requiring 12 lead in abdominal pain
 - Patients with Cardiac risk factors or provider's discretion
 - Removes OLMC need for provision of pain medication in abdominal pain
 - Added ondansetron oral dissolving tablets as option for N/V
- 24  **Green (Trauma) Section**
- Multiple minor changes
 - Adopted language of the CDC's trauma triage guideline, removed revised trauma score, clarified and rearranged the hemorrhage section, etc.
 - Pain Protocol – adopted National Pain Guideline recommendations
 - Removed need for OLMC in all cases other than isolated head injury and hemodynamic compromise
 - Added IN option
- 25  **New Protocol**
- Termination of Resuscitation in Traumatic Cardiac Arrest
 - Modeled largely on the NAEMSP and ACSCoT guideline
 - Allows for termination of resuscitative efforts in arrest due to trauma
- 26  **Yellow (Environmental/Tox) Section**
- Added minor changes for clarification and to update the section
 - Added ped options in the organophosphate section
 - Also – Updated the "Combative Patient Protocol"
 - Increase dosing range to 4-10 mg
 - No need to OLMC
- 27  **Pink (Pediatric) Section**
- Added three new protocols
 1. Pediatric Pain Control
 - Pain scoring
 - IV/IN options for pain control
 2. Pediatric Nausea/Vomiting
 - IV and ODT options for nausea in pediatrics
 3. Apparent Life Threatening Events

- No other MAJOR changes

28  **Grey (Operations) and Black Sections**

- No Major Changes

29  **Protocol Update Process**

- MDPB has been increasingly involved with the protocol update education
- In 2013 this will continue
- First – work closely with Education Committee to craft the update message
- Second – Work closely with the Education Committee to DELIVER that message

30  **What Does that “Look” Like?**

1. With an Education Committee member, create “talking points” for each section
 - What are the important things about each section that providers should know
2. Record a “Fireside Chat” about each section of the protocols
 - High level insight into the “why” behind each change
3. Regional train-the-trainer classes
4. Uniquely created MEMSEd content for online protocol update
5. Develop FAQ’s and White Papers about the protocol updates

31  **White Papers**

1. Pediatric Pain Control - Becky
2. ALTE – Kate
3. Pressors In EMS - Tim
4. Traumatic Arrest - Jonnathan
5. Seizures (Midazolam dosing change) - Whit
6. Drowning - Peter
7. Post Arrest Care - Kevin

32  **FAQ’s**

- Along with the White Papers (which are intended to be larger scope and deal with larger changes or additions) the MDP will create a “Frequently Asked Questions” section
- Intended to address the most common questions encountered regarding the protocol update.

33  **Thank You**

34 

Appendix B - Quality Improvements – supplemental information

Joanne LeBrun

From: Chief Sacco <ngfr1@maine.rr.com>
Sent: Wednesday, February 26, 2014 10:15 AM
To: Joanne LeBrun
Subject: New Gloucester

Good Morning; here are three incidents that I pick for no particular reason outside of having them QI from another set of eyes.

13-R1-054

13-R1-060

13-R1-001

Thank you again for taking the time to be here tonight I appreciate it.

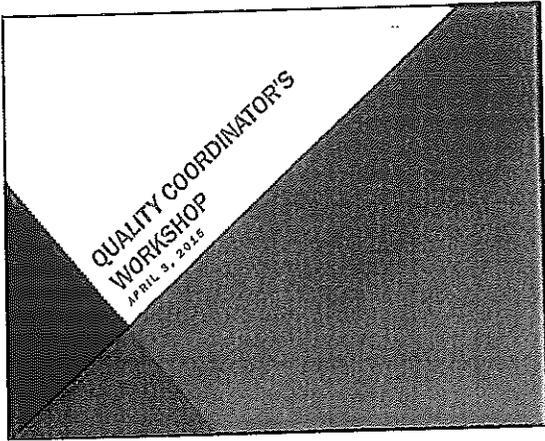
Gary J Sacco
Fire Chief
New Gloucester Fire & Rescue
611 Lewiston Road
Ph # 207-926-4142 Fax# 207-926-4424
Please note all mail goes to 385 Intervale Road

Tri-County EMS

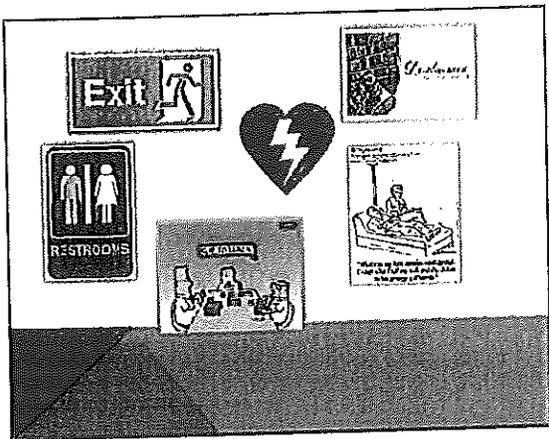
Quality Coordinator Agenda

April 3, 2014

- 8:30 am Welcome – Joanne LeBrun and Rebecca Chagrasulls, MD
- 9:00 am Airway QI Project Reports – Paul Marcolini
- 10:00 am Break
- 10:15 am Case Presentations – Nate Yerxa and Steve Smith
- 11:15 am Maine EMS QI Projects – Joanne LeBrun
 - Aspirin
 - OHCA
 - PIFT
 - Maine EMS Data re: Run Completion
- 12pm Lunch
- 12:15 pm Working Lunch – Report of Maine EMS Activities
 - Board of EMS
 - Bureau of Labor Standards
 - MDPB –
 - Protocol
 - Release of next protocol – feedback
 - Educational approach for next rollout.
- 1:00 pm Round Table on Service QI Projects
- 2:00 pm Contract Work Plan: Brainstorming for FY 2015
 - Contract deliverables
 - Indicators
 - Survey
- 2:45pm Summary 15 min
- 3pm Adjourn

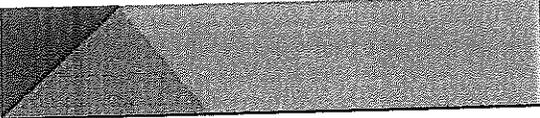




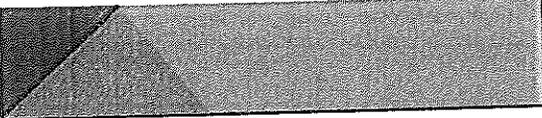


WELCOME

- Housekeeping -
- Exits
- Lunch
- Rest Rooms
- AED
- Disclaimer
- Confidentiality

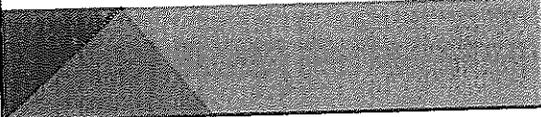


HELLO
my name is



AGENDA

- Airway Project Review
- Case Presentations
- Maine EMSQI Projects
- Update on Maine EMS Activities
- Round Table: Service Specific Indicators, Questions, Idea Sharing
- FY 2016 Contract Brainstorming session



WHY WE ARE HERE



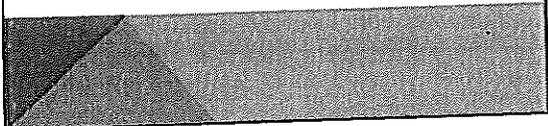
MAINE EMS REQUIRES:

- 6. The applicant has established a service level Quality Assurance/Quality Improvement Committee (as approved under 33 M.R.S.A. § 92-A), or has identified a Board-approved Quality Assurance/Quality Improvement committee in which the service will participate, and has submitted a quality assurance plan that is subject to Maine EMS approval.
- 7. The applicant has designated a service director, who shall act as the point of contact for the service.
- 8. The applicant has identified the designated infection control officer for the proposed service.



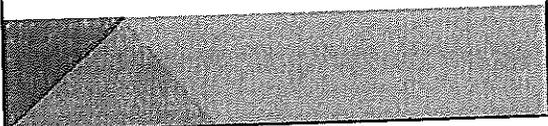
**MAINE EMS QUALITY IMPROVEMENT PROGRAM
JANUARY 2012**

EMS provider agencies, dispatch agencies, hospitals, regional councils and the state EMS office, all play an important role in the implementation of an integrated Quality Improvement program. Healthcare is a constantly evolving and dynamic field. To ensure that patients receive the best care, it is imperative to routinely re-evaluate standards of care, develop strategies for implementation of new policies and procedures, and identify our strengths and weaknesses in meeting those standards. From a medical/legal perspective, such a program reduces risk by reinforcing the delivery of appropriate patient care.

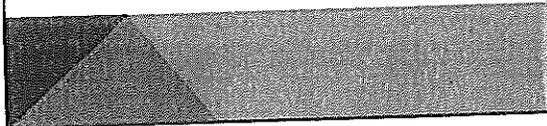


The Clinical Quality Management Program for Maine EMS (NEMS) is designed according to these philosophies:

1. That quality improvement and improvement (QI/QO) activity originates, and is focused, at the service level.
2. That the focus of quality improvement activities is determined according to customer needs; these customers being patients, physicians, facilities, other healthcare providers, regulatory agencies, and others.



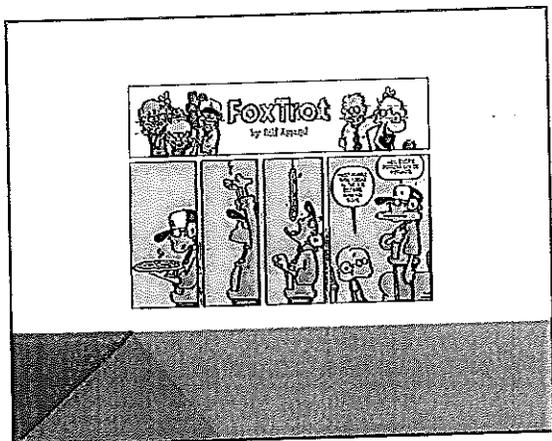
3. Utilizes performance measures that monitor process performance and prioritize correction of root causes in the process and system design that provide the opportunities for errors and problems to occur. Correction of problems at an individual level may be warranted, although many such cases may ultimately have root causes in the recruitment, orientation, training processes, or the organizational culture. Correction of such issues should be an early priority.

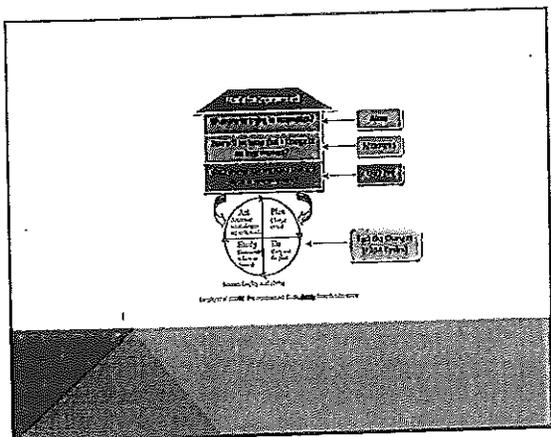


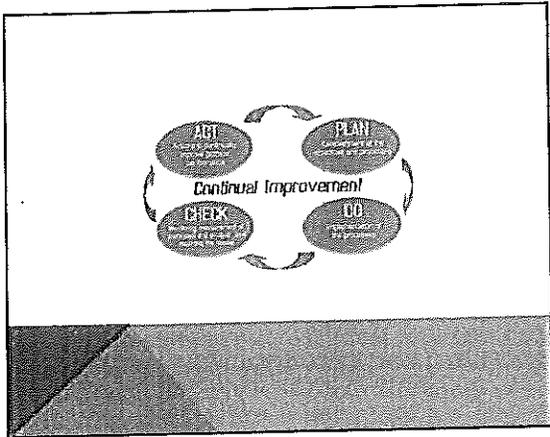
4. That every provider has unlimited potential and a desire to succeed if placed in an environment that adequately supports, educates, and nurtures a sense of pride and responsibility.

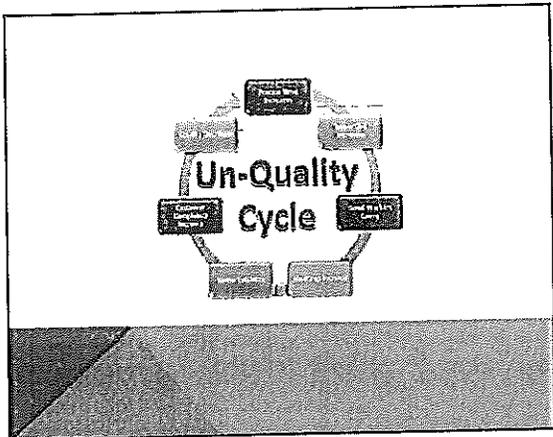
6. That a provider's effectiveness is determined by their environment and only minimally by their individual skills.

6. That it is the responsibility of management to create the appropriate environment, supply the correct resources, communicate complete and accurate expectations, and educate personnel in the proper techniques of delivering consistently high quality services.

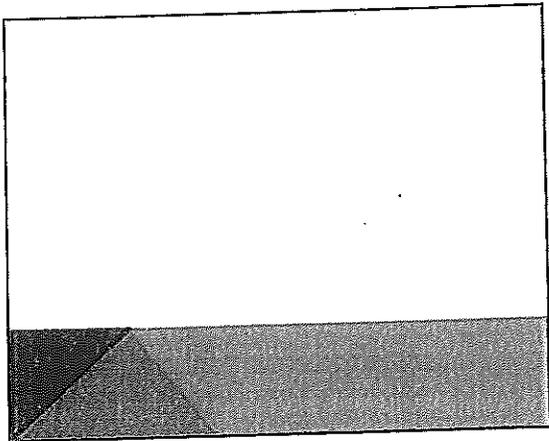


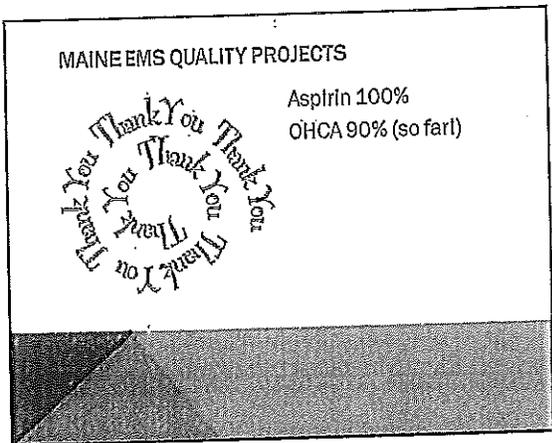






THINK QUALITY!
QUALITY
IMPROVEMENT
IS A NEVER ENDING
PROCESS

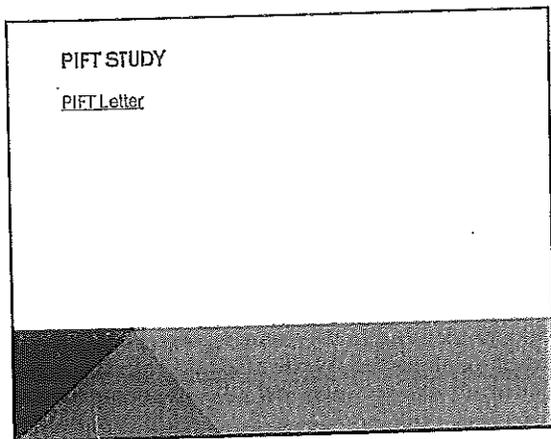




MAINE EMS QUALITY PROJECTS

Aspirin 100%
OHCA 90% (so far!)

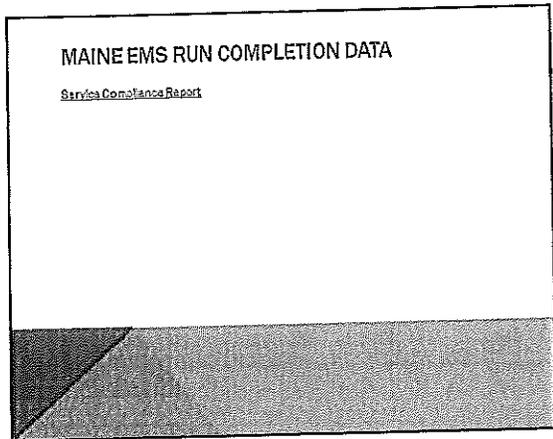




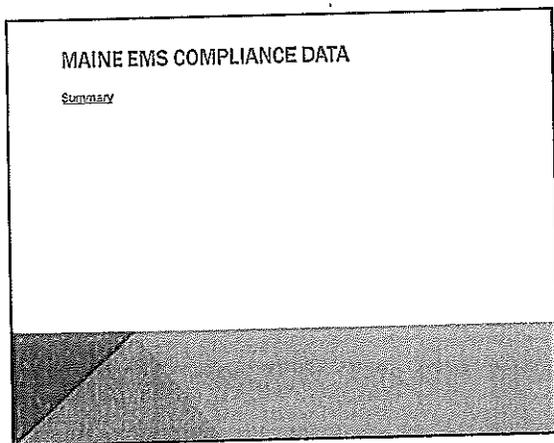
PIFT STUDY

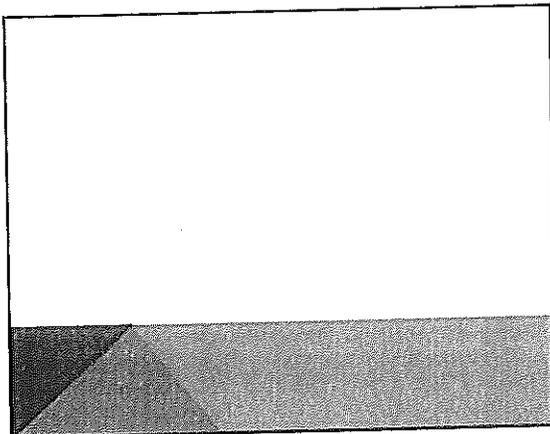
PIFT Letter

MAINE EMS RUN COMPLETION DATA
Service Compliance Report

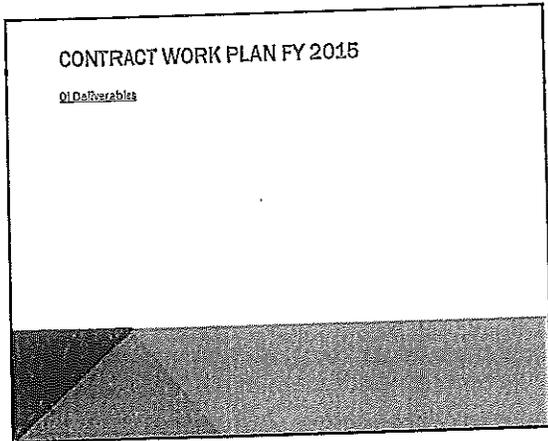


MAINE EMS COMPLIANCE DATA
Summary

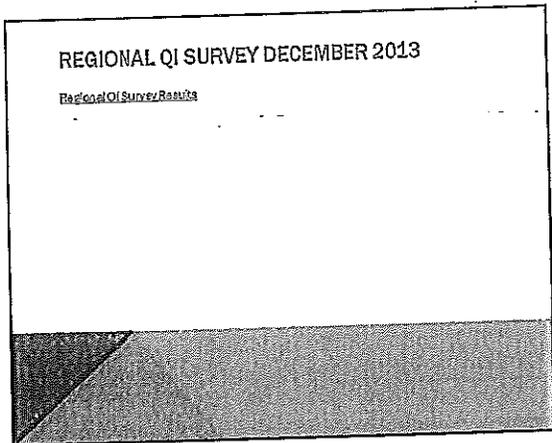




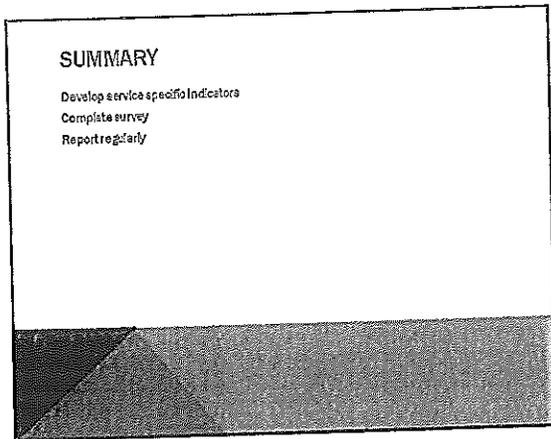
CONTRACT WORK PLAN FY 2015
QI Deliverables



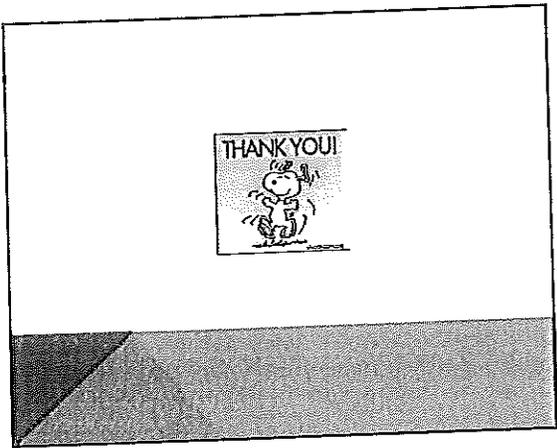
REGIONAL QI SURVEY DECEMBER 2013
Regional QI Survey Results



SUMMARY
Develop service specific indicators
Complete survey
Report regularly

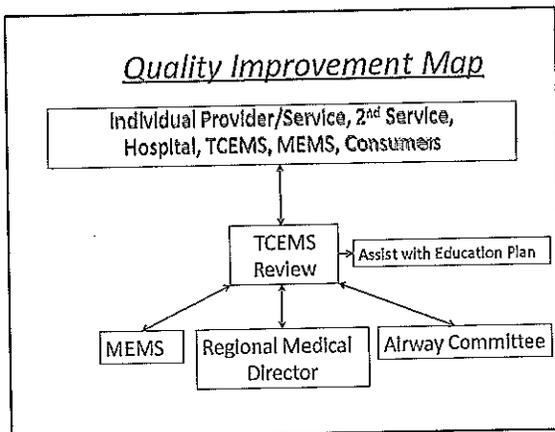


4/2/2014



Tri-County EMS
Regional Quality Coordinators
April, 2014

- TriCounty EMS QI Meeting
- Objectives:
 - Review of January 2013 – December 2013 data
 - Identify areas for improvement
 - Compare airway data 2012 - 2013
 - Report card of improvements made since last Regional QI meeting
 - Discuss findings from four current airway articles



**Quality Improvement Data
January 2013– December 2013**

- Review process: TriCounty EMS
 - Total number of services reporting with calls meeting airway criteria: **20**
 - Total number of airway reports reviewed by TriCounty (100%): **469 - average 39/month**
 - Approximately 10% are trauma MOI

**Quality Improvement Data
January 2013– December 2013**

Review process: Airway Committee

- Average number of airway reports reviewed by Airway Committee per month: **12**
- Average number of airway reports where Airway Committee requests service level QI follow-up per month: **2**

**Quality Improvement Data
January 2013– December 2013**

- Total number of airway reports for CPAP *only*: **110** (113 - 10/2011 – 10/2012)
- Total number of airway reports for Capnography *only*: **460** (326 - 10/2011 – 10/2012)
- Total number of cardiac arrests: **151**
- Total number of ROSC: **32**
- IFT with airway procedures: **26**

**Quality Improvement Data
October 2012– October 2012**

**Documentation/Treatment common Issues
2012**

- Missing results in treatment - *Improved*
- Defining ET attempt - *Improved*
- Airway failure documentation - *Continues*
- QI notes on state data form - *Improving*
- Monthly airway reports – *Improved*

**Quality Improvement Data
January 2013– December 2013**

Documentation/Treatment common Issues

- Incomplete narrative/lack of narrative format
- Incorrect/incomplete use of dropdown menus
- Missing results post treatment
- Documentation of treatment by hospital or other service
- Documentation of missed/missing treatment
- Quality Improvement notes with PCRs

**Preoxygenation and Prevention of Desaturation During
Emergency Airway Management**

Scott D. Weingart, MD, Richard M. Levitan, MD *Acn Emerg Med*, 2012;50:166-175

Passive Oxygenation

- CPAP
- Head Elevation 20 – 30 degrees (Reverse Trendelenburg)
- Nasal Cannula at 15LPM
- Jaw Thrust (OPA) + NPA

www.emcrit.org

Clinical paper
Endotracheal intubation versus supraglottic airway insertion in out-of-hospital cardiac arrest*
 Henry E. Wang^{1*}, Daniel Seydlo⁸, John A. Stouffer¹, Steve Lin^{6*}, Justin R. Carlson¹,
 Christian Vahlnekar⁹, Cema Sears⁹, Richard P. Verbeek⁴, Raymond Fowler¹⁰,
 Alamed H. Jibri⁹, Karl Koenig¹, James Christensen¹, Anshirvan Minocha¹⁰,
 Joseph Brandt¹, Thomas Rea^{10,2*}, The ROC Investigators
Resuscitation, 2012

- Age, sex, bystander CPR, witnessed, initial rhythm all controlled for in multivariate analysis
- **ETT increased probability of ROSC**
- **ETT increased of 24 hr survival**

"In this study we observed that compared with successful SGA insertion, successful ETI was associated with increased survival to hospital discharge with satisfactory functional status..."

ASSESSING THE IMPACT OF PREHOSPITAL INTUBATION ON SURVIVAL IN OUT-OF-HOSPITAL CARDIAC ARREST
 Joshua Egly, MD, Don Custodio, MD, Nathan Bishop, DO, Michael Prescott, MD,
 Victoria Lueck, PhD, Raymond E. Jackson, MD, Robert A. Saver, DO
Prehosp Emerg Care 2011; 15:44-49

- Intubation increases survival to hospital but not to discharge alive in AS and PEA
- Endotracheal intubation decreases survival to discharge in VF and VT patients by about 50%

Experimental paper
Impairment of carotid artery blood flow by supraglottic airway use in a swine model of cardiac arrest*
 Nicolas Segel¹, Demetris Yanoopoulos^{2*}, Brian D. Mohoney³, Ralph J. Fraccone⁴, Timothy Mitsuura⁵,
 Colin G. Cowles⁵, Scott H. McNeire⁶, David G. Chase⁷
Resuscitation 2012; 83:1025-1030

- Do SGA's impair carotid blood flow?
- Is large balloon in retropharyngeal space deleterious?
- Animal study: Pigs in VF with CPR

Take Homes – What we know...

- SGA's significantly decrease carotid blood flow
- SGA's appear to have potential deleterious effects
- Animal models study – "Imperative that human studies occur."

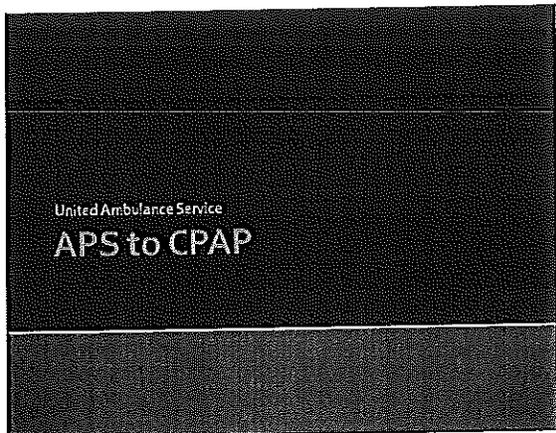
QI Strategies

- TriCounty EMS as a consultant for:
 - New QI team members
 - Review of calls for team member
 - Difficult calls
- Wording of QI assessment:
 - Ask Questions, gather facts, not judgmental
 - Education not punitive
 - Start with protocols
- QI information is not discoverable

Quality Improvement Data

Questions?

Thank You!
Paul Marcolini
ppmarcolini@gmail.com
795-2873



APS to CPAP

- Beginning of 2013
- Airway Review Process— CPAP
- Found reports with lengthy times to initiate CPAP therapy.

APS to CPAP

- Looked at 2012 (full year) CPAP Calls
- 13 Calls with an At-Patient-Side time to CPAP greater than 15 minutes.
- 36 Calls with an At-Patient-Side time to CPAP greater than 10 minutes.
- 51% of CPAP calls took greater than 10 minutes to initiate CPAP therapy

APS to CPAP

Why?

APS to CPAP

- Formulated several hypotheses to explain the delayed therapy.
 - The patient didn't present with CHF or APE
 - EMS interventions exacerbated CHF or APE
 - It was a last line therapy because initial therapies were not effective.
 - Oxygen run time for the device

APS to CPAP

- Contacted several providers randomly and at various times and asked the question...
 - "I'm having trouble figuring out why it takes so long to initiate CPAP therapy in 51% percent of our patient, can you help me with this? Why do you think it takes so long?"

APS to CPAP

- The CPAP device uses too much oxygen to use on a portable oxygen tank.
- The CPAP is stored in the truck not in the jump kit so I don't always remember to grab it when I go into the house.
- The CPAP doesn't fit in the jump kit

APS to CPAP

- The mask is uncomfortable for most of the patients, I use it when I know there is no other choice only.
- The rubber strap on the mask pulls the patient's hair out when I apply it. That makes me dislike it.

APS to CPAP

- Armed with information we knew we needed to find a CPAP device that would do the following;
 - Run for an extended length of time on a portable oxygen tank
 - Have a comfortable mask
 - Non-rubberized head strap
 - Small enough to fit in an over stuffed jump kit

APS to CPAP

- We also knew we wanted to a new device that allowed for full use of the protocol and thus the ability to nebulize medications while administering CPAP

APS to CPAP

- First Attempt 
- O2ResQ
 - Softer head strap.....
 - Softer mask and seal.....
 - Ability to nebulize medication.....
 - Uses less oxygen.....
 - Smaller.....

APS to CPAP

- Second Attempt 
- Flow Safe II
 - Softer head strap.....
 - Softer mask and seal.....
 - Ability to nebulize medication.....
 - Uses less oxygen.....
 - Smaller.....

APS to CPAP

- Training
- The device itself is simple to use and rather intuitive.
- The manometer required the most time
- UAS made video for training

APS to CPAP

- Crew Opinion
 - After implementing the new CPAP device on all the ambulances we randomly polled the crews about their likes and dislikes of the device.

APS to CPAP

- The device is great! It so easy to hook the neb up.
- Finally a soft mask and head strap that doesn't make my patient cry or go bald.
- I used the device the other day and it worked well while we EVAC'd the patient, though the mask is a little large for a small patient.

APS to CPAP

- Another Problem
 - We need another mask size
 - Contacted the vendor
 - Worked a deal for medium masks only without the CPAP device

APS to CPAP

- Implementation Challenges
 - Stockpile of Oxy-Peep
 - Deployment Lag Due to Overstock
 - Jump Kit Space Issues

APS to CPAP

- The Jump Kit
 - Overstocked with equipment seldom used
 - Widespread agreement that the seldom used equipment is crucial to daily operations
 - It was clear we weren't going to reduce the inventory of the bag
 - Solution...The CPAP device was repackaged

APS to CPAP

- Deployment
 - 2 CPAP devices per ambulance
 - 1 spare medium mask
- Location
 - 1 CPAP in the ambulance
 - 1 CPAP in the jump kit

APS to CPAP

- It took approximately 9 months to get the CPAP into service.
- January 2014 was when the CPAP was repackaged and placed in the jump kit.
- Data will be analyzed continuously with results being measured at 6 months and 1 year.

APS to CPAP

- Looked at 2013 CPAP Calls
- 15 Calls with an At-Patient-Side time to CPAP greater than 15 minutes.
- 24 Calls with an At-Patient-Side time to CPAP greater than 10 minutes.
- 38% of CPAP calls took greater than 10 minutes to initiate CPAP therapy

APS to CPAP

- Goal
 - 85% of CPAP within 10 minutes of being APS
 - 10% of CPAP within 15 minutes of being APS
 - 5% of CPAP greater than 15 minutes of being APS

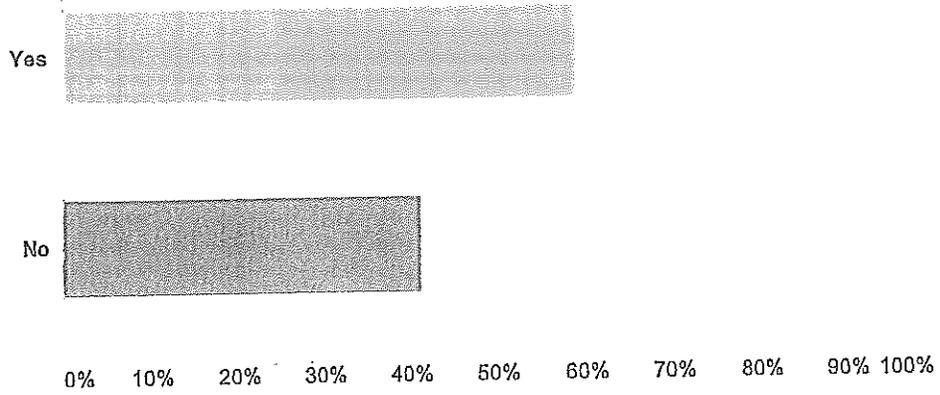
APS to CPAP

Questions?

Iri-County EMS Service Quality Indicators

Q3 In the past year, have you reviewed or updated your service level QI plan?

Answered: 17 Skipped: 0

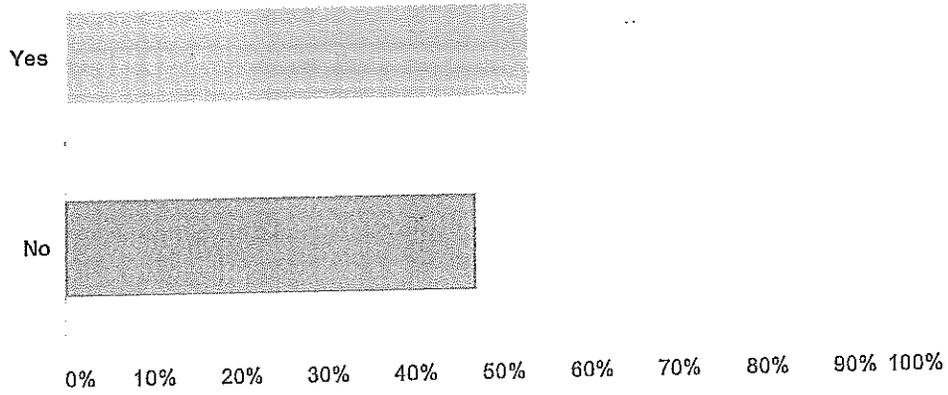


Answer Choices	Responses
Yes	58.82% 10
No	41.18% 7
Total Respondents: 17	

Iri-County EMS Service Quality Indicators

Q4 Will you be doing any revisions or updates to your QI plan in 2014?

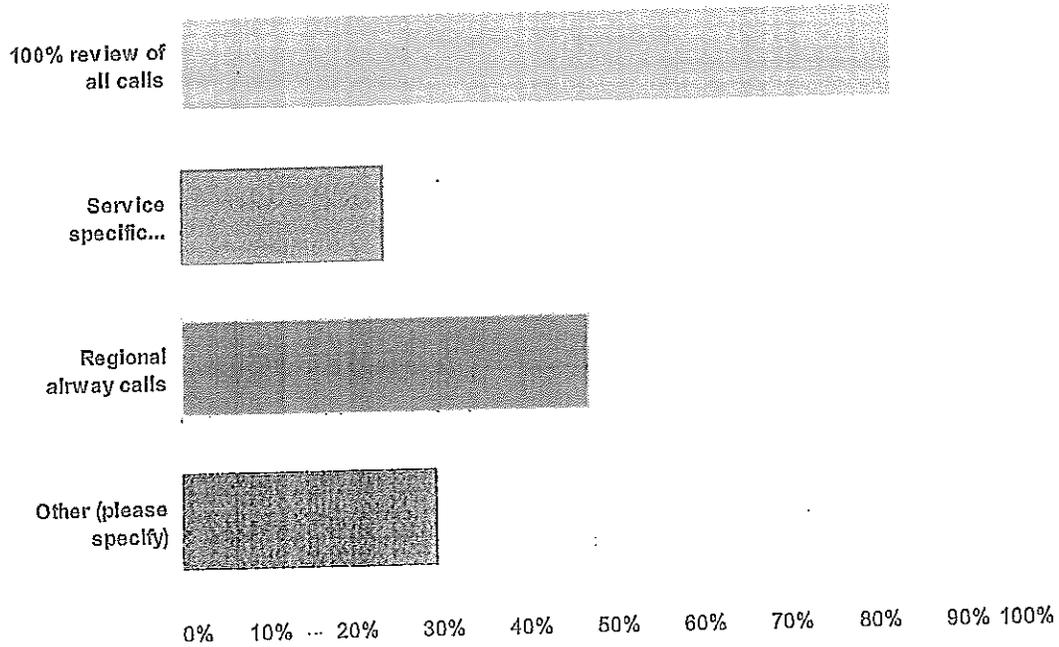
Answered: 17 Skipped: 0



Answer Choices	Responses	
Yes	52.94%	9
No	47.06%	8
Total		17

Q5 What type of quality review do you conduct on a regular basis?

Answered: 17 Skipped: 0



Answer Choices	Responses	
100% review of all calls	82.35%	14
Service specific Indicators	23.53%	4
Regional airway calls	47.06%	8
Other (please specify)	29.41%	5

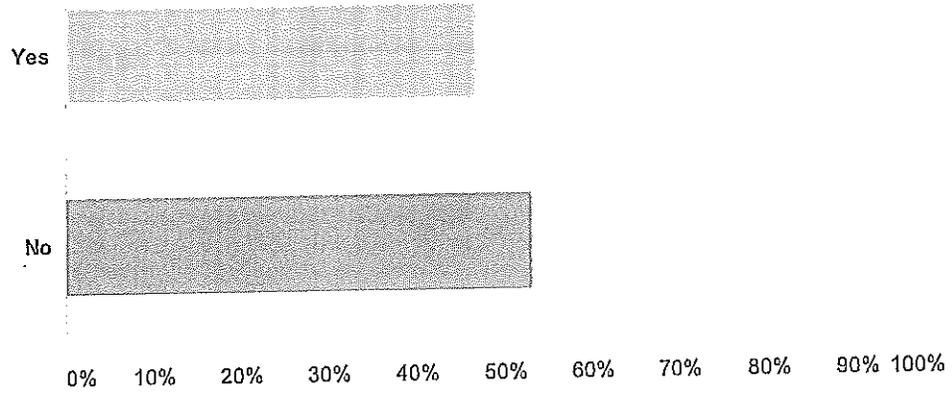
Total Respondents: 17

#	Other (please specify)	Date
1	ASA	1/25/2014 12:01 PM
2	Random review of all emergency calls and 12 lead submission	12/27/2013 3:08 PM
3	Time Response	12/27/2013 2:20 PM
4	Unresponsive - CPR	12/27/2013 8:55 AM
5	We are close to 100%, that's certainly where I'd like to be.	12/26/2013 1:51 PM

Iri-County EMS Service Quality Indicators

Q6 In addition to your monthly review of all service airway calls, do you have other service specific quality indicators you review for your service?

Answered: 17 Skipped: 0



Answer Choices	Responses	
Yes	47.06%	8
No	52.94%	9
Total		17

Tri-County EMS Service Quality Indicators

Q7 Please briefly describe any service specific indicators you have used during the past year.

Answered: 8 Skipped: 0

#	Responses	Date
1	Chest pain, trauma calls	12/30/2013 8:51 AM
2	12 leads in 10 minutes. Pain scales with appropriate treatments	12/27/2013 12:47 PM
3	Response times and time to EMS arrival	12/27/2013 8:57 AM
4	use or non use of the KED; Patient Refusal; PEDI Calls (under 12); Life Flight	12/27/2013 8:42 AM
5	Spinal Protocol, where we needed at this call, did they start treatment and assessment before Med-Care arrived	12/27/2013 7:58 AM
6	12 Lead EKG Review, Spinal Assessment Review, PIFT, ALS Backups, Airway Management, Cardiac Arrest, Cath-Lab Activation, Random Truck Review, New Employee Review, License Upgrade Review, New Medication, New Protocol, No Patient Chief Complaint Documented, Code 11, Supervisor/Management Review, Nitroglycerine Admin without 2 sets of vital signs documented, Patient Refusals	12/27/2013 7:28 AM
7	O2 usage for specific types of calls.	12/27/2013 12:47 AM
8	Out of town calls, calling in back up - much of the extras we do are fiscal type review.	12/26/2013 1:53 PM

Iri-County EMS Service Quality Indicators

C: Please briefly describe any educational programs delivered or operational changes made during this past year, based on your service specific quality indicators.

Answered: 7 Skipped: 10

#	Responses	Date
1	Training on choosing a trauma based hospital vs. local	12/30/2013 8:51 AM
2	None as we are secondary responders only	12/27/2013 8:57 AM
3	CQI meets with training	12/27/2013 8:42 AM
4	training with med-care	12/27/2013 7:58 AM
5	EZ-IO Refresher Training, KED Refresher, Child Safety Seats, Spinal Assessment Protocol Refresher, King Airway Training, Hospice Care, LifePAK AED Refresher, Ventricular Assist Device Overview, Hemorrhage Control - QuikClot & Tourniquets, Airway Management, EMD for EMS, Trauma Arrest, Grief Management for EMS	12/27/2013 7:28 AM
6	Review of calls, specific to suspected cardiac or stroke patients.	12/27/2013 12:47 AM
7	We have done an airway documentation class. I'm sure there were others?!	12/26/2013 1:53 PM

Tri-County EMS Service Quality Indicators

Q9 Please briefly describe any educational programs delivered or operational changes made during this past year, based on your 100% review of service calls.

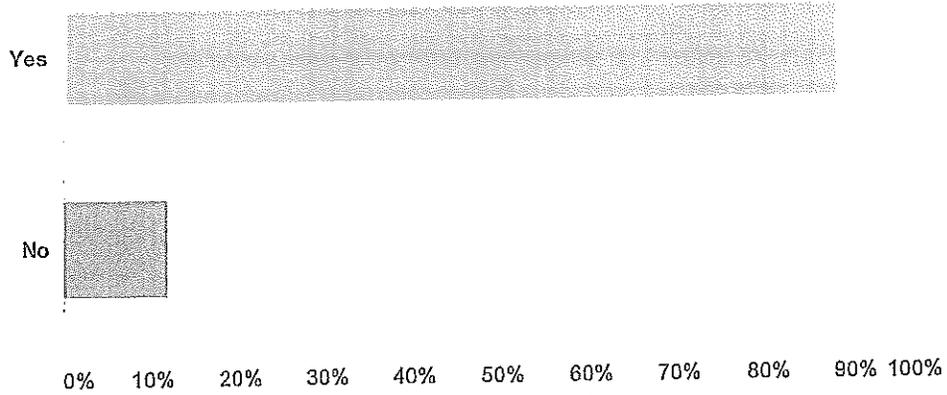
Answers: 17 Skipped: 0

#	Responses	Date
1	I am just learning the CI process. I am working to get better and develop a program.	3/25/2014 4:48 PM
2	Focused education on assessment and documentation. We have found that we lack skills in documentation. Once reviewing the cases with providers, we discover it is a documentation issue. We have focused on CVA pts and importance of documentation. We have also focused on documentation of effectiveness of interventions IE. BVM or O2 etc.	1/25/2014 12:03 PM
3	trainings have been scheduled based on areas needing improvement seen during QI	1/7/2014 1:29 PM
4	Due to our low number of calls and low number of providers, we usually talk about runs together, which is not a major change from the status quo.	1/4/2014 5:54 PM
5	Continuing training with PACE.	12/30/2013 11:35 AM
6	Run report training specifically aimed at improving narratives	12/30/2013 8:52 AM
7	No operational changes but monthly CEU training topics have been selected based on influx of certain types of calls or due to trends discovered during the QI process.	12/27/2013 3:08 PM
8	From review of reports, list has been made of areas to gain improvement, better documentation.	12/27/2013 2:21 PM
9	Have done a documentation class and a spinal assessment class based off of QA	12/27/2013 12:59 PM
10	Working on a 2 person cardiac arrest simulation with our metl man	12/27/2013 12:47 PM
11	Documentation classes IO classes 12 Lead classes	12/27/2013 11:18 AM
12	1. Educational for who should respond, who should make patient contact, when to assist with CPR, and who should be a scene marker only. 2. What interventions are allowed at MVC's.	12/27/2013 9:02 AM
13	Last year Lisbon EMS has set up one on one training base on CQI	12/27/2013 8:43 AM
14	nothing	12/27/2013 7:58 AM
15	Based on the quality improvement review process we have changed our staffing and increased the number of trucks on the road. We have tailored our schedule to reflect the demand that we encounter on a daily basis and we have created a inclement weather policy and assessment matrix. Our educational programs that are held at shift change and once a month in the evening are directly related to the quality improvement process and review.	12/27/2013 7:31 AM
16	Protocol reviews	12/27/2013 12:47 AM
17	12-Lead, Epi Usage, medical case reviews.	12/26/2013 1:54 PM

Iri-County EMS Service Quality Indicators

Q10 Are you using the QI notes feature of the Maine EMS Run Report program to enter your QI Notes and provide feedback and dialogue with your EMS providers?

Answered: 17 Skipped: 0



Answer Choices

Responses

Yes

88.24%

15

No

11.76%

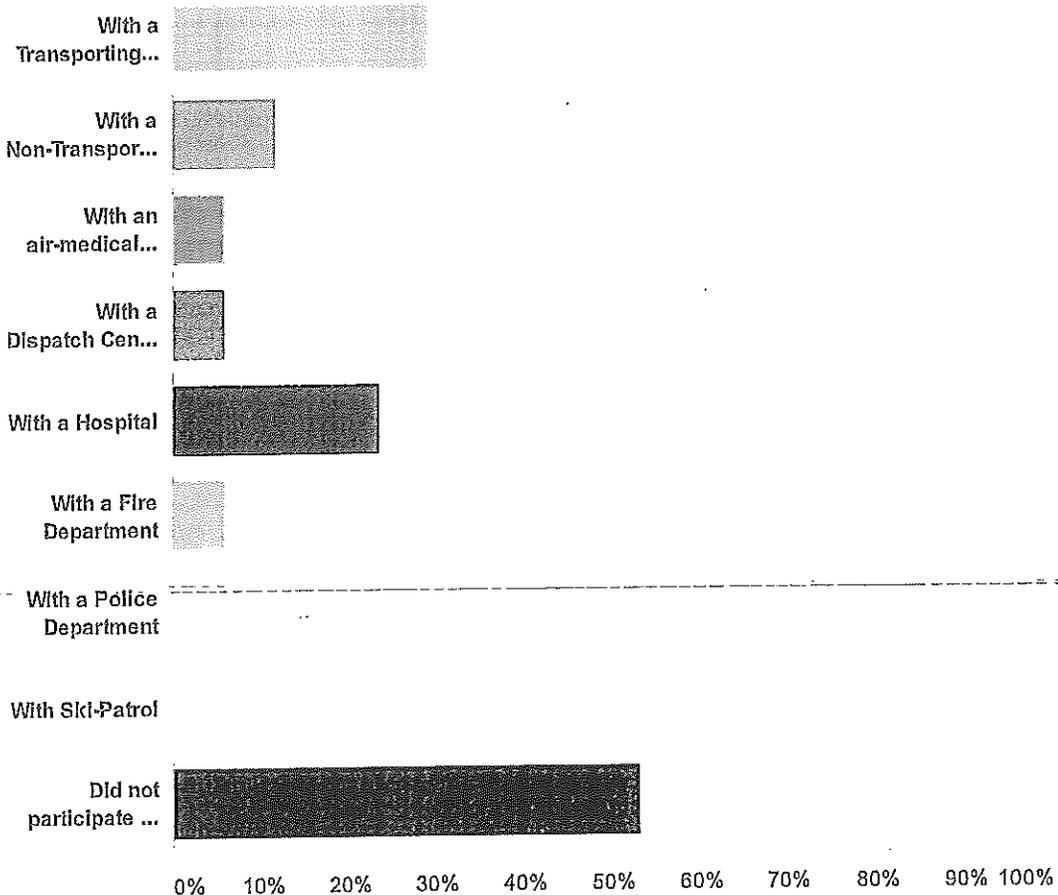
2

Total

17

Q11 During 2013 did your service conduct or participate in any case reviews/QI reviews with any other service(s) or agency? Please check all that apply.

Answered: 17 Skipped: 0



Answer Choices	Responses	Count
With a Transporting service	29.41%	5
With a Non-Transporting service	11.76%	2
With an air-medical service (such as LifeFlight)	5.88%	1
With a Dispatch Center (RCC)	5.88%	1
With a Hospital	23.53%	4
With a Fire Department	5.88%	1
With a Police Department	0.00%	0
With Ski-Patrol	0.00%	0
Did not participate in any QI reviews with other agencies	52.94%	9

Total Respondents: 17

Purpose

A strong Quality Improvement program is an essential component of a successful EMS Service. This brief survey asks a few questions about your service's specific QI program. The questions are short and include what indicators you are following, what you have learned about your service through the process, and any changes you might have made in the past 6 months.

Your participation in this survey will help us improve our quality program both here in our EMS Region and throughout the State. Thank you for your participation. If you have any questions, please email me at lebrunj@cmhc.org or call me at 207 795-2880.

Thanks - Joanne LeBrun

*1. Service Name

2. Service QI Coordinator contact information.

Name:

Email Address:

Phone Number:

*3. In the past six months, have you reviewed or updated your service level QI plan?

Yes

No

Other (please specify)

*4. What type of quality review do you conduct on a regular basis?

100% review of all calls

Service specific Indicators

Regional airway calls

Other (please specify)

*5. In addition to your monthly review of all service airway calls, do you have other service specific quality indicators you review for your service?

Yes

No

Service Specific Indicators

6. Please briefly describe any service specific indicators you have used during the past six months.

7. Please briefly describe any educational programs delivered or operational changes made during this past six months, based on your service specific quality indicators.

Findings from service level review

***8. Please briefly describe any educational programs delivered or operational changes made during this past six months, based on your QI program.**

QI Notes and MEMSRR

***9. Are you using the QI notes feature of the Maine EMS Run Report program to enter your QI Notes and provide feedback and dialogue with your EMS providers?**

- Yes
- No
- I would like to, but am not sure how to do this.

***10. During the past six months did your service conduct or participate in any case reviews/QI reviews or training with any other service(s) or agency to help improve performance and quality? Please check all that apply.**

- With a Transporting service
- With a Non-Transporting service
- With an air-medical service (such as LifeFlight)
- With a Dispatch Center (RCC)
- With a Hospital
- With a Fire Department
- With a Police Department
- With Ski-Patrol
- Did not participate in any QI reviews with other agencies

Joanne LeBrun

From: Nathan Yerxa <yerxa@unitedambulance.net>
Sent: Tuesday, May 13, 2014 5:34 PM
To: Joanne LeBrun; Paul Marcolini
Subject: FW: United Ambulance Service 2013 Out-of-Hospital Cardiac Arrest Statistics

Joanne & Paul,

I wanted to share with you both the results of the OHCA QI project for 2013. Below is an e-mail that I sent out to United Management, Board Members, and the Service Medical Director.

Thanks,
Nate

Nathan C. Yerxa, AAS/CCNREMTF

Performance Improvement Coordinator

United Ambulance Service
192 Russell Street
Lewiston, ME 04240
(207) 777-6006 ext. 212
nathan.yerxa@unitedambulance.net

Confidential

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From: Nathan Yerxa
Sent: Tuesday, May 13, 2014 5:29 PM
To: richdmd; Rich D'Alessandro; oliverl@cmhc.org; Paul Gosselin; Joseph Lahood; CBoweMD@stmarysmaine.com
Subject: United Ambulance Service 2013 Out-of-Hospital Cardiac Arrest Statistics

Good day all,

As part of a MEMS (Maine Emergency Medical Services) QI project we initiated an in depth look at our management and statistics regarding OHCA (Out-of-Hospital Cardiac Arrest) patients. With the results in, and rechecked, I am pleased with the outcome and wanted to share it with all of you. I think the data outlines the great job our EMS providers are doing on a regular basis as well as the great work from CMMC and SMRMC ERs.

United Lewiston/Auburn:

United Ambulance Service – Lewiston/Auburn Division						
Initial Rhythm	# Patients in Rhythm	ROSC Achieved	ROSC Maintained to ER	Survival to Admission	Survival to Discharge	Percent Survival (D/C)

						Hospital)
VF/VT	17	12	12	11	10	58.23%
Asystole	28	7	7	4	1	3.57%
PEA	12	8	8	6	3	25.00%
All Rhythms	57	27	27	21	14	24.56%

Resuscitation was attempted 63.3% of the time for cardiac arrest patients in the Lewiston/Auburn division (90 patients, 57 resuscitation attempts).

Of the patients who were resuscitated, 29.82% were found to initially be in VF (ventricular fibrillation) or VT (ventricular tachycardia). If the patient had a VF/VT arrest they had a 70.59% chance of having a pulse on arrival to the ER with a 58.23% chance of surviving to hospital discharge. If the initial rhythm was asystole the patient had a 25.00% chance of having a pulse on arrival to the ER with a 3.57% chance of surviving to hospital discharge. If the patient had an initial rhythm of PEA (pulseless electrical activity) they had a 66.67% chance of having a pulse on arrival to the ER with a 25.00% chance of surviving to hospital discharge.

Regardless of the initial rhythm the patient was found to be in, if we exam all rhythms together, the cardiac arrest patient had a 47.37% chance of arriving to the ER with a pulse and a 24.56% chance of surviving to hospital discharge.

United Bridgton:

United Ambulance Service – Bridgton Division						
Initial Rhythm	# Patients in Rhythm	ROSC Achieved	ROSC Maintained to ER	Survival to Admission	Survival to Discharge	Percent Survival (D/C Hospital)
VF/VT	3	1	1	1	1	33.33%
Asystole	3	2	1	1	1	33.33%
PEA	2	1	1	1	0	0%
All Rhythms	8	4	3	3	2	25.00%

Resuscitation was attempted 57.14% of the time for cardiac arrest patients in the Bridgton division (14 patients, 8 resuscitation attempts).

Of the patients who were resuscitated, 21.43% were found to initially be in VF (ventricular fibrillation) or VT (ventricular tachycardia). If the patient had a VF/VT arrest they had a 33.33% chance of having a pulse on arrival to the ER with a 33.33% chance of surviving to hospital discharge. If the initial rhythm was asystole the patient had a 33.33% chance of having a pulse on arrival to the ER with a 33.33% chance of surviving to hospital discharge. If the patient had an initial rhythm of PEA (pulseless electrical activity) they had a 50.00% chance of having a pulse on arrival to the ER with a 0.00% chance of surviving to hospital discharge.

Regardless of the initial rhythm the patient was found to be in, if we exam all rhythms together, the cardiac arrest patient had a 37.50% chance of arriving to the ER with a pulse and a 25.00% chance of surviving to hospital discharge.

United – Lewiston/Auburn/Bridgton:

United Ambulance Service – Bridgton Division						
Initial Rhythm	# Patients in Rhythm	ROSC Achieved	ROSC Maintained	Survival to Admission	Survival to Discharge	Percent Survival

			to ER			(D/C Hospital)
VF/VT	20	13	13	12	11	55.00%
Asystole	31	9	8	5	2	6.45%
PEA	14	9	9	7	3	21.43%
All Rhythms	65	31	30	24	16	24.62%

For all of United, resuscitation was attempted 62.5% of the time for cardiac arrest patients (104 patients, 65 resuscitation attempts)

Of the patients who were resuscitated, 30.77% were found to initially be in VF (ventricular fibrillation) or VT (ventricular tachycardia). If the patient had a VF/VT arrest they had a 65.00% chance of having a pulse on arrival to the ER with a 55.00% chance of surviving to hospital discharge. If the initial rhythm was asystole the patient had a 25.81% chance of having a pulse on arrival to the ER with a 6.45% chance of surviving to hospital discharge. If the patient had an initial rhythm of PEA (pulseless electrical activity) they had a 64.29% chance of having a pulse on arrival to the ER with a 21.43% chance of surviving to hospital discharge.

Regardless of the initial rhythm the patient was found to be in, if we exam all rhythms together, the cardiac arrest patient had a 47.69% chance of arriving to the ER with a pulse and a 24.62% chance of surviving to hospital discharge.

If there are any questions, suggestions on how to present the data, or other comments and feedback please let me know. I will be working to put together a comparison of the OHCA arrest statistics across the country from services that make that data publicly known to help gauge United's success and find benchmarks for the future.

Thank you,
Nate

Nathan C. Yerxa, AAS/CCNREMTF

Performance Improvement Coordinator

United Ambulance Service
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Lewiston, ME 04240
(207) 777-6006 ext. 212
nathan.yerxa@unitedambulance.net

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Airway Committee Meeting July 10, 2013

Summary of airway reports for June 2013

There were a total of 11 Services reporting. Of which, two had only capnography or CPAP as a reported airway procedure.

Total number of patient reports reviewed: 32

Total number of reports for CPAP: 8

All were within protocol.

Total number of reports with airway procedures: 24

Total number of reports for Capnography: 41

Advanced Airway Success:

Our monthly average of advanced airways is five. This month we had seven advanced airways used. There were five ET placements all successful on the first attempt, and two King airways were also placed successfully on the first attempt.

Additional Information:

For the second month in a row, we have greater than 40 patients that received capnography as the only "airway procedure". As usual, the majority of our airway calls were medical, with only 1 trauma call listed for an airway procedure. There were no IFTs with airway procedures this month.

We had a total of 14 cardiac arrests, with ROSC at three.

Airway Committee Meeting August 14, 2013

Summary of airway reports for July 2013

There were a total of 9 Services reporting. Of which, one had only capnography or CPAP as a reported airway procedure.

Total number of patient reports reviewed: 46

Total number of reports for CPAP: 15

All were within protocol. Only 8 of these 15 CPAP calls also used capnography.

Total number of reports with airway procedures: 31

Total number of reports for Capnography: 28

Advanced Airway Success:

Our monthly average of advanced airways is five. This month we had eight advanced airways used. There were two ET intubations, one successful on the second attempt, and one unsuccessful after two attempts. There were four successful King airways placed on first attempt, and one unsuccessful King after one attempt. There was also an unsuccessful LMA on one attempt.

Additional Information:

This month we had a drop in our "capnography only: usage. For the past two months we have had greater than 40 calls where capnography was the only airway procedure listed. This month, that number dropped to 28. In July there were no trauma MOI calls with airway procedures. There was one IFT with airway procedures this month. A number that we will begin to track is capnography and CPAP use. This month we had only 8 of 15 CPAP use calls with capnography. While we were two services (9) below our average number of services (11) with airway procedures, our overall airway procedure numbers increased.

We had a total of 14 cardiac arrests, with ROSC at five.

Airway Committee Meeting Sept. 11, 2013

Summary of airway reports for Aug. 2013

There were a total of 13 services reporting. Of which, one had only capnography as a reported airway procedure.

Total number of patient reports reviewed: 28

Total number of reports for CPAP: 7

All were within protocol. Only 1 of these 7 CPAP calls also used capnography.

Total number of reports with airway procedures: 21

Total number of reports for Capnography: 40

Advanced Airway Success:

Our monthly average of advanced airways is five. This month we had 6 advanced airways used. There were two ET intubations, both successful on the first attempt. And, there were four successful King airways placed on first attempt. There were no LMA attempts this month.

Additional Information:

This month had an increase in our "capnography only usage", which brought us back to 40 as the only airway procedure listed. Last month our number was 28. In August, there were three trauma MOI calls with airway procedures, and one IFT with airway procedures. While our overall numbers of airway calls were down for the month, we actually had an increase in services reporting airway procedures. We had a total of 12 cardiac arrests, with ROSC at one.

Airway Committee Meeting October 9, 2013

Summary of airway reports for September 2013

There were a total of 10 Services reporting for September.

Total number of patient reports reviewed: 30

Total number of reports for CPAP: 7

All were within protocol. Only 2 of these 7 CPAP calls also used capnography.

Total number of reports with airway procedures: 23

Total number of reports for Capnography: 38

Advanced Airway Success:

Our monthly average of advanced airways is five. This month's report shows less ALS airway use, and less success. We had a total of three ET attempts, one successful on first attempt, and two unsuccessful on first attempt. We also had two unsuccessful King placements on the first attempt, and one successful LMA placement on the first attempt. Providers still are not documenting why the airway attempts failed. We need to emphasize that that is an important part of documentation. And, there seems little effort to troubleshoot the miss. They make the decision of ALS airway need, but after one attempt drop back to BLS instead of troubleshooting the miss, including boogie use.

Additional Information:

We had a total of three trauma calls, and two IFT calls where air procedures were part of treatment. We had a total of 12 cardiac arrests, and four ROSC. This month we had our first airway procedures report from Rumford Fire, and our second from Bates EMS.

Airway Committee Meeting November 13, 2013

Summary of airway reports for October 2013

There were a total of 13 Services reporting for October.

Total number of patient reports reviewed: 44

Total number of reports for CPAP: 11

All were within protocol. Five of these 11 CPAP calls also used capnography.

Total number of reports with airway procedures: 33

Total number of reports for Capnography: 45

Advanced Airway Success:

Our monthly average of advanced airways is five. This month's report shows six successful advanced airways. All were King airways and all successful on first attempt. There was no LMA or ET use.

Additional Information:

We have been trending an increase in capnography use, and this month we were above our monthly average at 45. There were a total of two IFT with airway procedures. We had a total of 12 cardiac arrests, with ROSC at three.

Airway Committee Meeting December 11, 2013

Summary of airway reports for November 2013

There were a total of 12 Services reporting for October.

Total number of patient reports reviewed: 43

Total number of reports for CPAP: 10

All were within protocol. Three of these 10 CPAP calls also used capnography.

Total number of reports with airway procedures: 33

Total number of reports for Capnography: 45

Advanced Airway Success:

Our monthly average of advanced airways is five. This month's report shows ten successful advanced airways. All airways were placed successfully one the first attempt. There were 3 ET intubations, 6 King airways placed and one LMA.

Additional Information:

We have been trending an increase in capnography use, and this month again, we were above our monthly average at 45. There were a total of 4 IFT with airway procedures. We had a total of 16 cardiac arrests, with ROSC at three.

Airway Committee Meeting January 8, 2014

Summary of airway reports for December 2013

There were a total of 13 Services reporting for December, five services with Capnography or CPAP only.

Total number of patient reports reviewed: 38

Total number of reports for CPAP: 8

All were within protocol. Of these 8 CPAP calls, 5 also used capnography.

Total number of reports with airway procedures: 30

Total number of reports for Capnography: 46

Advanced Airway Success:

Our monthly average of advanced airways is five. This month's report shows seven successful King airway placements on the first attempt, two unsuccessful King placements on the first attempt. There were three successful ET placements, two on the first attempt, and one on the third attempt. There was one LMA placed, apparently successfully – data was missing in the dropdown menu, for a total of 10 ALS airways. There was no mention of boogie assist with the ET taking three attempts to place the tube.

Additional Information:

We had a drop in services reporting QI reports. Only NorthStar submitted QI notes for the month. There were no IFT airway procedures. We had a total of 19 cardiac arrests, with ROSC at five.

Airway Committee Meeting February 12, 2014

Summary of airway reports for January 2014

There were a total of 10 Services reporting for January, one service with CPAP as only procedure.

Total number of patient reports reviewed: 40

Total number of reports for CPAP: 10

All were within protocol. Of these 10 CPAP calls, only 1 also used capnography.

Total number of reports with airway procedures: 30

Total number of reports for Capnography: 34

Advanced Airway Success:

Our monthly average of advanced airways is five. This month's report shows three successful King airway placements on the first attempt. There was one chest decompression.

Additional Information:

We caught back up on service QI notes, with all larger services submitting notes on the state PCR report. There were 2 IFT airway procedures. We had a total of 6 cardiac arrests (previous 6mos average 12.8), with ROSC at 1. This is a significant drop in monthly cardiac arrests. We had a slightly above average number of trauma airway procedures at 6. Also of note is an increase in heroin overdoses at 6 where there was an airway procedure of at least suctioning.

Airway Committee Meeting March 12, 2014

Summary of airway reports for February 2014 (through 2/24)

There were a total of eight Services reporting for February, one service with Capnography as only procedure.

Total number of patient reports reviewed: 38

Total number of reports for CPAP: 15

All were within protocol. Of these 15 CPAP calls, five also used capnography.

Total number of reports with airway procedures: 23

Total number of reports for Capnography: 35

Advanced Airway Success:

Our monthly average of advanced airways is six. This month's report shows four successful King airway placements on the first attempt, and one successful ET placement on the first attempt. There were two chest decompressions.

Additional Information:

There was one IFT airway procedures

We had a total of eight cardiac arrests (previous 7mos average 11.6), with ROSC at 0. This is the second month we were below our average number cardiac arrests – though we are pulling data prior to the end of the month. We were at our average number of trauma airway procedures at five. We also had two cardiac arrests where the MOI was trauma. Also of note are two cases where chest decompression was part of the treatment.

Airway Committee Meeting April 9, 2014

Summary of airway reports for March 2014

There were a total of thirteen services reporting for March, three services with Capnography or CPAP as their only procedure.

Total number of patient reports reviewed: 46

Total number of reports for CPAP: 9

All were within protocol. Of these 9 CPAP calls, five also used capnography.

Total number of reports with airway procedures: 37

Total number of reports for Capnography: 59

Advanced Airway Success:

Our monthly average of advanced airways is six. This month's report shows: three successful ET placements on the first attempt, five successful King airways placed on first attempt, and one LMA placed on first attempt. There were no "unsuccessful" ALS airways placed.

Additional Information:

There was one IFT airway procedures
We had a total of 16 cardiac arrests (previous 7mos average 11.6), with ROSC at 3 (Junction/King, Idioventricular/OPA+2NPA, Vfib/ET). We had only three trauma calls with airway procedures. Andover Fire submitted its first airway procedure in two years.

Airway Committee Meeting May 15, 2014

Summary of airway reports for April 2014

There were a total of 13 Services reporting for April, two services with CPAP or capnography as only procedure.

Total number of patient reports reviewed: 54

Total number of reports for CPAP: 13

All were within protocol. Of these 13 CPAP calls, three also used capnography.

Total number of reports with airway procedures: 30

Total number of reports for Capnography: 41

Advanced Airway Success:

Our monthly average of advanced airways is five. In April we had a total of 16 advanced airway attempts. This month's report shows three successful ET intubations all on the first attempt. There were two unsuccessful ET intubations, one on the first attempt, and one with two attempts. There were 10 successful King airway placements all on first attempt, and one unsuccessful King placement with one attempt. Interesting, one ET intubation failure (two attempts) and one King failure were on the same patient.

Additional Information:

We are once again seeing summer numbers for airway procedures. Historically, there tends to be an increase in airway procedures and calls in general in June, July and August

There were 2 IFT airway procedures

We had a total of 21 cardiac arrests, which is above average, even for our summer increase in volume. We achieved ROSC for 6 patients.

Surprisingly, we didn't have an airway procedure for a trauma patient this month.

Airway Committee Meeting June 11, 2014

Reports as of 5/27/2014

Summary of airway reports for May 2014

There were a total of 13 Services reporting for May, two services with CPAP or capnography as the only procedure.

Total number of patient reports reviewed: 54

Total number of reports for CPAP: 18

All were within protocol. Of these 18 CPAP calls, four also used capnography.

Total number of reports with airway procedures: 36

Total number of reports for Capnography: 36

Advanced Airway Success:

Our monthly average of advanced airways is five. In May we had a total of 6 advanced airway attempts. This month's report shows two successful ET intubations on the first attempt, and three unsuccessful ET intubations, all on the first attempt. There were 2 successful King airway placements all on first attempt, There was no LMA usage. There was one ET placement with documented bougie use; we should bring bougies back into our discussion with failed ET placements.

Additional Information:

We are once again seeing summer numbers for airway procedures.

There were four IFT with airway procedures.

We had a total of 9 cardiac arrests. We achieved ROSC for 1 patient.

We had airway procedures for five trauma patients and airway procedures for 5 overdose patients. Four of our overdose patients with airway procedures had heroin as their drug of choice. There was one ET placement with documented bougie use, we should bring bougies back into our discussion with failed ET placements.

MEMO TO EMS CHIEFS

FROM: DR. CHAGRASULIS

RE: PARAMEDIC IN CHARGE, TRANSFER OF CARE

7/25/13

From discussions at our Tri-County Airway Review Committee, it appears that when one unit arrives to back another unit up, it is difficult to tell which paramedic is in charge of the call.

When a paramedic arrives to take care of a patient, and another paramedic arrives on the scene, the initial paramedic remains in charge of the call unless there is a conversation such that the other paramedic agrees to take charge of the patient, and this is documented in the record (that the care of the patient is transferred).

Tri-County EMS Service Quality Indicators

Purpose

A strong Quality Improvement program is an essential component of a successful EMS Service. This brief survey asks a few questions about your service's specific QI program. The questions are short and include what indicators you are following, what you have learned about your service through the process, and any changes you might have made.

Your participation in this survey will help us improve our quality program both here in our EMS Region and throughout the State. Thank you for your participation. If you have any questions, please email me at lebrunj@cmhc.org or call me at 207 795-2880.

Thanks - Joanne LeBrun

*1. Service Name

2. Service QI Coordinator contact information.

Name:

Email Address:

Phone Number:

3. In the past year, have you reviewed or updated your service level QI plan?

Yes

No

*4. Will you be doing any revisions or updates to your QI plan in 2014?

Yes

No

*5. What type of quality review do you conduct on a regular basis?

100% review of all calls

Service specific indicators

Regional airway calls

Other (please specify)

*6. In addition to your monthly review of all service airway calls, do you have other service specific quality indicators you review for your service?

Yes

No

Tri-County EMS Service Quality Indicators

Service Specific Indicators

7. Please briefly describe any service specific indicators you have used during the past year.

8. Please briefly describe any educational programs delivered or operational changes made during this past year, based on your service specific quality indicators.

Findings from service level review

***9. Please briefly describe any educational programs delivered or operational changes made during this past year, based on your 100% review of service calls.**

QI Notes and MEMSRR

***10. Are you using the QI notes feature of the Maine EMS Run Report program to enter your QI Notes and provide feedback and dialogue with your EMS providers?**

Yes

No

Tri-County EMS Service Quality Indicators

*** 11. During 2013 did your service conduct or participate in any case reviews/QI reviews with any other service(s) or agency? Please check all that apply.**

- With a Transporting service
- With a Non-Transporting service
- With an air-medical service (such as LifeFlight)
- With a Dispatch Center (RCC)
- With a Hospital
- With a Fire Department
- With a Police Department
- With Ski-Patrol
- Did not participate in any QI reviews with other agencies

Appendix C - EMS Training Programs – supplemental information

TRI-COUNTY EMS, INC.
300 MAIN STREET
LEWISTON, MAINE 04240
(207) 795-2880

DT: June 24, 2013

RE: COURSE DETAILS

This is to confirm the particular details for the upcoming
EMT-B Course (120 hours) Course # 13-06-2-00226-097

DATES & TIMES Beginning Monday, September 9, 2013; Monday & Thursday evenings 6:00 p.m. -10:00 p.m. and there will be some Saturdays 8:00 a.m. - 4:00 p.m. The course is scheduled to end January 8, 2014. (See calendar)

PLACE: Central Maine Medical Center, Lewiston, ME, Wilson Hall
Tri-County EMS classroom
Use Hammond St. entrance – Call for directions 795-2880
Clinical sites will include: Central Maine Medical Center, Rumford Hospital, Med-Care Ambulance and PACE Ambulance

INSTRUCTOR: Beth Scott, EMT-P

COST: Tuition will be \$720.00 which will include ID Badge, required criminal background check, professional liability insurance and fee for one practical license exam. The cost of textbooks will be \$150.00. The following textbooks must be purchased and brought to each class.

- *Brady 12th Edition Emergency Care for EMT-Basic, Textbook & Workbook* (ISBN: 0132795760)
- *2010 BLS for Healthcare Providers Workbook* (ISBN: 978-1-61669-039-7)

Textbooks will be available for purchase from Tri-County EMS or can be purchased from the supplier of your choice such as Amazon.com.

PRE-REQUISITES:

- * Minimum age 18 yrs required or must have permission from Regional EMS office.
- * Current CPR certification at the Health Care Provider Level or Professional Rescuer Level is encouraged but not required, as certification will be included in the course.
- * Prior to beginning the clinical portion of the course students will be required to show proof of immunization to mumps, measles, rubella, varicella, and Hepatitis B and have had a recent TB test and current flu vaccination.

PLEASE NOTE:

1. Make tuition check (\$720.00) payable to Tri-County EMS. Please return registration material and fee payment to: Tri-County EMS, 300 Main St., Lewiston, ME 04240. Registrants must submit a course application to Tri-County EMS, 300 Main Street, Lewiston, Maine 04240. Credit Card payments are also available for this course and for textbooks.
2. Textbooks are available to be purchased at the Tri-County EMS office or from the supplier of your choice. The cost to purchase textbooks from Tri-County EMS is \$150.00; which includes Brady 12th Edition Emergency Care for EMT-Basic Book and Workbook for \$135.00; 2010 BLS for Healthcare Providers Workbook and certification card for \$15.00.
3. Application, registrations and fee must be submitted no later than Friday, August 30, 2013.
4. Once the class size limit is reached (18), no further registrants will be accepted. Minimum class size is 12 students.
5. College credit is not available for this course. However, a certificate of course completion from Tri-County EMS will be awarded.

TRI-COUNTY EMS, INC.
300 MAIN STREET
LEWISTON, MAINE 04240
(207) 795-2880

DT: September 10, 2013

RE: COURSE DETAILS

This is to confirm the particular details for the upcoming
EMT-B Course (120 hours) Course # 13-09-2-00731-099

DATES & TIMES Beginning Monday, September 30, 2013; Monday & Wednesday evenings 6:00 p.m. -9:00 p.m. and there will be some Saturdays 9:00 a.m. - 4:00 p.m. The course is scheduled to end February 6, 2014.

PLACE: Bates College Campus
Room: G-10 Pettengill
Clinical sites will include: Central Maine Medical Center, Rumford Hospital, United Ambulance, Med-Care Ambulance and PACE Ambulance

INSTRUCTOR: Darlene Peters, EMT-P, IC

COST: Tuition will be \$720.00 which will include ID Badge, required criminal background check and professional liability insurance.
The cost of textbooks will be \$155.00. The following textbooks must be purchased and brought to each class.

- *Brady 12th Edition Emergency Care for EMT-Basic, Textbook & Workbook* (ISBN: 0132795760)
- *BLS for Healthcare Providers Workbook* (ISBN: 978-1-61669-039-7)
- *Maine EMS Prehospital Treatment Protocol Book*

The above textbooks will be available for purchase from Tri-County EMS or a supplier of your choice. An ebook is available and can be purchased from a supplier of your choice such as Amazon. Those purchasing an ebook will still need a workbook (\$50.00) and a Healthcare Provider book (\$15.00).

PRE-REQUISITES:

- * Minimum age 18 yrs required or must have permission from Regional EMS office.
- * Current CPR certification at the Health Care Provider Level or Professional Rescuer Level is encouraged but not required, as certification will be included in the course.
- * Prior to beginning the clinical portion of the course students will be required to show proof of immunization to mumps, measles, rubella, varicella, tetanus and Hepatitis B and have had a recent TB test.

PLEASE NOTE:

1. Make tuition check (\$720.00) payable to Tri-County EMS. Please return registration material and fee payment to: Tri-County EMS, 300 Main St., Lewiston, ME 04240. Registrants must submit a course application to Tri-County EMS, 300 Main Street, Lewiston, Maine 04240. Credit Card payments are also available for this course and for textbooks.
2. Textbooks are available to be purchased at the Tri-County EMS office or from the supplier of your choice. The cost to purchase textbooks from Tri-County EMS is \$155.00; which includes Brady 12th Edition Emergency Care for EMT-Basic Book and Workbook for \$140.00; and BLS for Healthcare Providers Workbook and certification card for \$15.00.
3. Application, registrations and fee must be submitted no later than **Wednesday, September 25, 2013**.
4. Once the class size limit is reached (18), no further registrants will be accepted. Minimum class size is 12 students.
5. College credit is not available for this course. However, a certificate of course completion from Tri-County EMS will be awarded.

Tri-County
MAINE EMS
Your Life Support Team

TRI-COUNTY EMS, INC.
300 MAIN STREET
LEWISTON, MAINE 04240
(207) 795-2880



Date: June 18, 2013

RE: COURSE DETAILS

This is to confirm the particular details for the upcoming
EMT Blended Learning Course # 13-06-2-20114-098D

Tri-County EMS is offering a blended learning Emergency Medical Technician (EMT) Course. This means that the majority of your course work will be done on-line, on your computer. There will be five, 7 hour face to face, in-class sessions with your instructor to learn the practical skills needed to be a successful EMT. Students will be required to complete all assignments in accordance with the class schedule and can expect to spend about 20 hours each week on the course doing the required reading, answering discussion questions, and completing the on-line quizzes. This is about the same amount of time students in a face to face class must also spend learning the material. See the document "My Pace Chart" for specifics about the course load.

An on-line class is challenging and exciting. Participants must make time to do the assignments, participate in the discussions and be open minded in learning. Participants must have reliable internet access and a working email address. See "Technical Requirements" for more details.

Students who successfully complete this course will be eligible for Maine EMS licensing testing and Maine EMS licensure as well as National Registry of EMT certification. More details on this are in the course handbook.

DATES & TIMES The course will officially begin on September 1, 2013 ending January 24, 2014. (See "My Pace Chart" for weekly assignments.) The face to face (in-class sessions) will be on September 19; October 17; November 23; December 19; and January 16, 2014 and will be from 8:30 am to 4:30 pm. (See calendar) (Once enrolled, students will have access to the class materials by August 1. Assignments will not be due until after September 1)

SPONSOR: Tri-County EMS

PLACE: Face to face; in-class sessions will be held at
Tri-County EMS (located at Central Maine Medical Center, Lewiston, ME)
In Wilson Hall - Tri-County EMS classroom
Use Hammond St. entrance – Call for directions 795-2880
Clinical sites will include; Central Maine Medical Center, Rumford Hospital, Med-Care
Ambulance, PACE Ambulance, and North East Mobile Health Services

INSTRUCTOR: Dennis Russell, Med., ATC, CSCS, EMT-P, I/C

COST: Tuition will be \$720.00, which will include ID Badge, required criminal background check, professional liability insurance and fee for one practical licensing exam.

The purchase of a course access code is required. The textbooks include the required course access code or the access code can be purchased separately. See price list below.

- *Brady 12th Edition Emergency Care for EMT-Basic, Textbook & Workbook* (Paper version) with course access code - \$180.00
- *Brady 12th Edition Emergency Care for EMT-Basic, Electronic Textbook* with course access code - \$120.00
- Course Access code (has own book) \$70.00
- *2010 BLS for Healthcare Providers Workbook* (ISBN: 978-1-61669-039-7) \$15.00

Textbooks and eBooks for this course must be purchased from Tri-County EMS as they contain the needed course access code. Students who have their own books can purchase just the access code from Tri-County EMS.

- PRE-REQUISITES:**
- * Minimum age 18 yrs required or must have permission from Regional EMS office.
 - * Current CPR certification at the Health Care Provider Level or Professional Rescuer Level is encouraged but not required, as certification will be included in the course.
 - * Prior to beginning the clinical portion of the course students will be required to show proof of immunization to mumps, measles, rubella, varicella, and Hepatitis B and have had a recent TB test and current flu vaccination.

PLEASE NOTE:

1. Make tuition check (\$720.00) payable to Tri-County EMS. Please return registration material and fee payment to: **Tri-County EMS, 300 Main St., Lewiston, ME 04240.** Registrants must submit a course application to Tri-County EMS, 300 Main Street, Lewiston, Maine 04240. Credit Card payments are also available for this course and for textbooks.
2. Course access codes and textbooks must be purchased at the Tri-County EMS office.
- Application, registrations and fee must be submitted no later than **Wednesday, August 28, 2013.**
4. Once the class size limit is reached (18), no further registrants will be accepted. Minimum class size is 12 students.
5. College credit is not available for this course. However, a certificate of course completion from Tri-County EMS will be awarded.

Tri-County
MAINE EMS
Your Life Support Team

TRI-COUNTY EMS, INC.
300 MAIN STREET
LEWISTON, MAINE 04240
(207) 795-2880



Date: June 18, 2013

RE: COURSE DETAILS

This is to confirm the particular details for the upcoming
EMT Blended Learning Course # 13-06-2-20114-098E

Tri-County EMS is offering a blended learning Emergency Medical Technician (EMT) Course. This means that the majority of your course work will be done on-line, on your computer. There will be eleven, 3 hour face to face, in-class sessions with your instructor to learn the practical skills needed to be a successful EMT. Students will be required to complete all assignments in accordance with the class schedule and can expect to spend about 20 hours each week on the course doing the required reading, answering discussion questions, and completing the on-line quizzes. This is about the same amount of time students in a face to face class must also spend learning the material. See the document "My Pace Chart" for specifics about the course load.

An on-line class is challenging and exciting. Participants must make time to do the assignments, participate in the discussions and be open minded in learning. Participants must have reliable internet access and a working email address. See "Technical Requirements" for more details.

Students who successfully complete this course will be eligible for Maine EMS licensing testing and Maine EMS licensure as well as National Registry of EMT certification. More details on this are in the course handbook.

DATES & TIMES The course will officially begin on September 1, 2013 ending January 24, 2014. (See "My Pace Chart" for weekly assignments.) The face to face (in-class sessions) will be on Wednesday evenings from 6 pm to 9 pm. (See calendar for specific dates) (Once enrolled, students will have access to the class materials by August 1. Assignments will not be due until after September 1)

SPONSOR: Tri-County EMS

PLACE: Face to face; in-class sessions will be held at North East Mobile Health Services Classroom located at 24 Washington Ave, Scarborough, ME 04074.

Clinical sites will include: Central Maine Medical Center, Rumford Hospital, Med-Care Ambulance, PACE Ambulance, and North East Mobile Health Services

INSTRUCTOR: Dennis Russell, Med., ATC, CSCS, EMT-P, I/C

COST: Tuition will be \$720.00, which will include ID Badge, required criminal background check, professional liability insurance and fee for one practical licensing exam.

The purchase of a course access code is required. The textbooks include the required course access code or the access code can be purchased separately. See price list below.

- *Brady 12th Edition Emergency Care for EMT-Basic, Textbook & Workbook* (Paper version) with course access code - \$180.00
- *Brady 12th Edition Emergency Care for EMT-Basic, Electronic Textbook* with course access code - \$120.00
- Course Access code (has own book) \$70.00
- *2010 BLS for Healthcare Providers Workbook* (ISBN: 978-1-61669-039-7) \$15.00

Textbooks and eBooks for this course must be purchased from Tri-County EMS as they contain the needed course access code. Students who have their own books can purchase just the access code from Tri-County EMS.

- PRE-REQUISITES:**
- * Minimum age 18 yrs required or must have permission from Regional EMS office.
 - * Current CPR certification at the Health Care Provider Level or Professional Rescuer Level is encouraged but not required, as certification will be included in the course.
 - * Prior to beginning the clinical portion of the course students will be required to show proof of immunization to mumps, measles, rubella, varicella, and Hepatitis B and have had a recent TB test and current flu vaccination.

PLEASE NOTE:

1. Make tuition check (\$720.00) payable to Tri-County EMS. Please return registration material and fee payment to: **Tri-County EMS, 300 Main St., Lewiston, ME 04240**. Registrants must submit a course application to Tri-County EMS, 300 Main Street, Lewiston, Maine 04240. Credit Card payments are also available for this course and for textbooks.
2. Course access codes and textbooks must be purchased at the Tri-County EMS office.
Application, registrations and fee must be submitted no later than **Wednesday, August 28, 2013**.
4. Once the class size limit is reached (18), no further registrants will be accepted. Minimum class size is 12 students.
5. College credit is not available for this course. However, a certificate of course completion from Tri-County EMS will be awarded.



TRI-COUNTY EMS, INC.
300 MAIN STREET
LEWISTON, MAINE 04240
(207) 795-2880



Date: December 23, 2013

RE: COURSE DETAILS – (EMT Bowdoinham)

This is to confirm the particular details for the upcoming
EMT Blended Learning Course # 13-12-2-20114-102E

Tri-County EMS is offering a blended learning Emergency Medical Technician (EMT) Course. This means that the majority of your course work will be done on-line, on your computer. There will be thirteen, 3 hour face to face and one 8 hour Saturday, in-class sessions with your instructor to learn the practical skills needed to be a successful EMT. Students will be required to complete all assignments in accordance with the class schedule and can expect to spend about 20 hours each week on the course doing the required reading, answering discussion questions, and completing the on-line quizzes. This is about the same amount of time students in a face to face class must also spend learning the material.

An on-line class is challenging and exciting. Participants must make time to do the assignments, participate in the discussions and be open minded in learning. Participants must have reliable internet access and a working email address. See "Technical Requirements" for more details.

Students who successfully complete this course will be eligible for Maine EMS licensing testing and Maine EMS licensure as well as National Registry of EMT certification. More details on this are in the course handbook.

DATES & TIMES The course will officially begin on February 3, 2014 ending June 7, 2014. Weekly assignments will be detailed in the Course Handbook. The face to face (in-class sessions) will be on Tuesday evenings from 6 pm to 9 pm. (See calendar for specific dates) Once enrolled, students will have access to the class materials by February 3. The first assignment will not be due until after February 9th.

SPONSOR: Tri-County EMS

PLACE: Face to face; in-class sessions will be held at
Bowdoinham Fire/Rescue; 57 Post Road, Bowdoinham, ME 04008

Clinical sites will include: Central Maine Medical Center, Rumford Hospital, St. Mary's Regional Medical Center, Med-Care Ambulance, PACE Ambulance, and North East Mobile Health Services

INSTRUCTOR: Dennis Russell, M.Ed., ATC, CSCS, NP, I/C

COST: Tuition will be \$720.00, which will include ID Badge, required criminal background check, professional liability insurance and fee for one practical licensing exam.

MATERIALS:

A CourseConnect access code and EMSTesting access code are required for the course. See Registration Form for pricing details.

- Course Access Codes (must be purchased from Tri-County)
- Brady 12th Edition Emergency Care for EMT-Basic Textbook (Paper copy) (ISBN: 9780132543804)
- 2010 BLS For Healthcare Providers Workbook (ISBN: 978-1-61669-039-7)
- 2013 Maine EMS Protocol Book (11/2013)

PRE-REQUISITES:

- * **Minimum age 18 yrs required or must have permission from Regional EMS office.**
- * Current CPR certification at the Health Care Provider Level or Professional Rescuer Level is encouraged but not required, as certification will be included in the course.
- * Prior to beginning the clinical portion of the course students will be required to show proof of immunization to mumps, measles, rubella, varicella, and Hepatitis B and have had a recent TB test, Pertussis (required for student doing clinical at St. Mary's Regional Medical Center), and current flu vaccination.

PLEASE NOTE:

1. Application, registrations and fee must be submitted no later than **Friday, January 24, 2014.**
2. Once the class size limit is reached (18), no further registrants will be accepted. Minimum class size is 12 students.
3. College credit is not available for this course. However, a certificate of course completion from Tri-County EMS will be awarded.
4. For Veterans – Tri-County EMS is an approved training center for the Department of Veterans Affairs. We will accept a Certificate of Eligibility from Veterans wishing to take a course.

Pre-Registration/Payment Policies

- Seats cannot be held without payment.
- Payment required at time of registration.
- Students enrolled on a first come, first served basis.
- Please register by January 24, 2014.
- Visa/MasterCard/Discover, Check, Cash or Company Purchase Order acceptable.

Refund

- Refunds will be given if withdrawal is prior to **February 12, 2014** as specified in handbook.
- Course access codes and textbooks may be returned prior to the start of the course provided they are in the original condition, still sealed and not activated.

Cancellations

- All classes require minimum enrollment. Tri-County EMS reserves the right to cancel classes/workshops. You will be notified of any cancellations two days prior to start date.
- If class is cancelled by Tri-County EMS, tuition will be refunded.

Background Check

- Criminal background checks are required.

To Register

By Phone

- Call 207-795-2880 - **Credit Card** payments can be made by phone.

By Fax

- Registrations can be pre-faxed to: 207-795-2476. Payment must be made to hold spot.

By Mail

- Fill out the form below and include your check made payable to Tri-County EMS or purchase order information.
 Tri-County EMS
 Attn: Diane Kelley
 300 Main St
 Lewiston, ME 04240

In Person

- The Tri-County EMS office is located at Central Maine Medical Center, 300 Main St., Lewiston, ME 04240. Use the Hammond St., entrance – under the maroon awning.
- The Tri-County EMS office is open 8:30 am – 4:30pm Monday – Friday.

Registration

Please print clearly

Name: _____ Daytime Phone: _____

Date of Birth: _____

Employer: _____

Mailing Address (indicate work or home): _____

City _____ State: _____ Zip: _____

E-Mail (for contact regarding schedule change/cancellation): _____

Course #	Course Title	Start Date	Costs
13-12-2-20114-102E	EMT Blended Spring	February 3, 2014	Tuition: \$720.00
Materials	Course Access Codes (MUST PURCHASE)		Must Buy: \$100.00
	Textbook (Paper Text) (optional if borrowed or purchased from other sources)		\$100.00
	2010 AHA BLS for Healthcare Providers Workbook (optional if borrowed or purchased from other sources)		\$ 15.00
	2013 Maine EMS Protocol Book (recommended but optional)		\$ 10.00
Total			\$

NOTE: If all materials are purchased together from Tri-county EMS deduct \$25.00 from total.

The Family Rights and Privacy Act of 1974 is intended to protect access and the release of Student records and personal data. The information provided on this registration form is protected information and is kept private. It is for course use only.



TRI-COUNTY EMS, INC.
300 MAIN STREET
LEWISTON, MAINE 04240
(207) 795-2880



Date: December 23, 2013

RE: COURSE DETAILS – (EMT Mexico)

This is to confirm the particular details for the upcoming
EMT Blended Learning Course # 13-12-2-20114-102S

Tri-County EMS is offering a blended learning Emergency Medical Technician (EMT) Course. This means that the majority of your course work will be done on-line, on your computer. There will be seven, 8 hour face to face, in-class sessions on Saturday's with your instructor to learn the practical skills needed to be a successful EMT. Students will be required to complete all assignments in accordance with the class schedule and can expect to spend about 20 hours each week on the course doing the required reading, answering discussion questions, and completing the on-line quizzes. This is about the same amount of time students in a face to face class must also spend learning the material.

An on-line class is challenging and exciting. Participants must make time to do the assignments, participate in the discussions and be open minded in learning. Participants must have reliable internet access and a working email address. See "Technical Requirements" for more details.

Students who successfully complete this course will be eligible for Maine EMS licensing testing and Maine EMS licensure as well as National Registry of EMT certification. More details on this are in the course handbook.

DATES & TIMES The course will officially begin on February 3, 2014 ending June 7, 2014. Weekly assignments will be detailed in the Course Handbook. The face to face (in-class sessions) will be on Saturday's from 8:30 am to 5:00 pm. (See calendar for specific dates) Once enrolled, students will have access to the class materials by February 3. The first assignment will not be due until after February 9th.

SPONSOR: Tri-County EMS

PLACE: Face to face; in-class sessions will be held at
Med-Care Ambulance, 290 Highland Terrace, Mexico, ME 04257

Clinical sites will include: Central Maine Medical Center, Rumford Hospital, St. Mary's Regional Medical Center, Med-Care Ambulance, PACE Ambulance, and North East Mobile Health Services

INSTRUCTOR: Dennis Russell, M.Ed., ATC, CSCS, NP, I/C

COST: Tuition will be \$720.00, which will include ID Badge, required criminal background check, professional liability insurance and fee for one practical licensing exam.

MATERIALS: A CourseConnect access code and EMSTesting access code are required for the course.
See Registration Form for pricing details.

- Course Access Codes (must be purchased from Tri-County)
- Brady 12th Edition Emergency Care for EMT-Basic Textbook (Paper copy) (ISBN: 9780132543804)
- 2010 BLS For Healthcare Providers Workbook (ISBN: 9781616690397)
- 2013 Maine EMS Protocol Book (11/2013)

PRE-REQUISITES: * **Minimum age 18 yrs required or must have permission from Regional EMS office.**
* Current CPR certification at the Health Care Provider Level or Professional Rescuer Level is encouraged but not required, as certification will be included in the course.
* Prior to beginning the clinical portion of the course students will be required to show proof of immunization to mumps, measles, rubella, varicella, and Hepatitis B and have had a recent TB test, Pertussis (required for student doing clinical at St. Mary's Regional Medical Center), and current flu vaccination.

PLEASE NOTE:

1. Application, registrations and fee must be submitted no later than **Friday, January 24, 2014.**
2. Once the class size limit is reached (18), no further registrants will be accepted. Minimum class size is 12 students.
3. College credit is not available for this course. However, a certificate of course completion from Tri-County EMS will be awarded.
4. For Veterans – Tri-County EMS is an approved training center for the Department of Veterans Affairs. We will accept a Certificate of Eligibility from Veterans wishing to take a course.

Tri-County EMS
 300 Main St., Lewiston, ME 04240
www.tricountyems.org
 207-795-2880
kelleydi@cmhc.org

Pre-Registration/Payment Policies

- Seats cannot be held without payment.
- Payment required at time of registration.
- Students enrolled on a first come, first served basis.
- Please register by January 24, 2014.
- Visa/MasterCard/Discover, Check, Cash or Company Purchase Order acceptable.

Refund

- Refunds will be given if withdrawal is prior to **February 12, 2014** as specified in handbook.
- Course access codes and textbooks may be returned prior to the start of the course provided they are in the original condition, still sealed and not activated.

Cancellations

- All classes require minimum enrollment. Tri-County EMS reserves the right to cancel classes/workshops. You will be notified of any cancellations two days prior to start date.
- If class is cancelled by Tri-County EMS, tuition will be refunded.

Background Check

- Criminal background checks are required.

To Register

By Phone

- Call 207-795-2880 - **Credit Card** payments can be made by phone.

By Fax

- Registrations can be pre-faxed to: 207-795-2476. Payment must be made to hold spot.

By Mail

- Fill out the form below and include your check made payable to Tri-County EMS or purchase order information.
 Tri-County EMS
 Attn: Diane Kelley
 300 Main St
 Lewiston, ME 04240

In Person

- The Tri-County EMS office is located at Central Maine Medical Center, 300 Main St., Lewiston, ME 04240. Use the Hammond St., entrance – under the maroon awning.
- The Tri-County EMS office is open 8:30 am – 4:30pm Monday – Friday.

Registration

Please print clearly.

Name: _____ Daytime Phone: _____
 Date of Birth: _____
 Employer: _____
 Mailing Address (indicate work or home): _____
 City _____ State: _____ Zip: _____
 E-Mail (for contact regarding schedule change/cancellation): _____

Course #	Course Title	Start Date	Costs
13-12-2-20114-102S	EMT Blended Spring	February 3, 2014	Tuition: \$720.00
Materials	Course Access Codes (MUST PURCHASE)		Must Buy: \$100.00
	Textbook (Paper Text) (optional if borrowed or purchased from other sources) (A discount will be applied if purchasing both textbook & Access Codes)		\$100.00
	2010 AHA BLS for Healthcare Providers Workbook (optional if borrowed or purchased from other sources)		\$ 15.00
	2013 Maine EMS Protocol Book (recommended but optional)		\$ 10.00
Total			\$

NOTE: If all materials are purchased together from Tri-county EMS deduct \$25.00 from total.

The Family Rights and Privacy Act of 1974 is intended to protect access and the release of Student records and personal data. The information provided on this registration form is protected information and is kept private. It is for course use only.

TRI-COUNTY EMS, INC.
300 MAIN STREET
LEWISTON, MAINE 04240
(207) 795-2880

DATE: December 3, 2013

RE: COURSE DETAILS

This is to confirm the particular details for the upcoming
EMT Course (120 hours) Course # 13-12-2-00226-101

DATES & TIMES Beginning **Monday, January 27, 2014**; Monday & Thursday evenings 6:00 p.m. -10:00 p.m. and there will be some Saturdays 8:00 a.m. - 4:00 p.m. The course is scheduled to end May 31, 2014. (See calendar)

PLACE: **Central Maine Medical Center, Lewiston, ME, Wilson Hall
Tri-County EMS classroom**
Use Hammond St. entrance – Call for directions 795-2880
Clinical sites will include: Central Maine Medical Center, St. Mary's Regional Medical Center, Rumford Hospital, Med-Care Ambulance and PACE Ambulance

INSTRUCTOR: Beth Scott, EMT-P

COST: Tuition will be \$720.00 which will include ID Badge, required criminal background check, professional liability insurance and fee for one practical license exam. The cost of textbooks will be \$160.00. The following textbooks must be purchased and brought to each class.
◦ *Brady 12th Edition Emergency Care for EMT-Basic, Textbook & Workbook* (ISBN: 0132795760)
◦ *2010 BLS for Healthcare Providers Workbook* (ISBN: 978-1-61669-039-7)
◦ *2013 Maine EMS Protocol Book (11/13)*
Textbooks will be available for purchase from Tri-County EMS or can be purchased from the supplier of your choice such as Amazon.com.

PRE-REQUISITES: * **Minimum age 18 yrs required or must have permission from Regional EMS office.**
* Current CPR certification at the Health Care Provider Level or Professional Rescuer Level is encouraged but not required, as certification will be included in the course.
* Prior to beginning the clinical portion of the course students will be required to show proof of immunization to mumps, measles, rubella, varicella, and Hepatitis B and have had a recent TB test and current flu vaccination.

PLEASE NOTE:

1. Make tuition check (\$720.00) payable to Tri-County EMS. Please return registration material and fee payment to: **Tri-County EMS, 300 Main St., Lewiston, ME 04240**. Registrants must submit a course application to Tri-County EMS, 300 Main Street, Lewiston, Maine 04240. Credit Card payments are also available for this course and for textbooks.
2. Textbooks are available to be purchased at the Tri-County EMS office or from the supplier of your choice. The cost to purchase textbooks from Tri-County EMS is \$160.00; which includes Brady 12th Edition Emergency Care for EMT-Basic Book and Workbook for \$135.00; 2010 BLS for Healthcare Providers Workbook and certification card for \$15.00; 2013 Protocol Book \$10.00.
3. Application, registrations and fee must be submitted no later than **Friday, January 17, 2014**.
4. Once the class size limit is reached (18), no further registrants will be accepted. Minimum class size is 12 students.
5. College credit is not available for this course. However, a certificate of course completion from Tri-County EMS will be awarded.



Tri-County EMS
 300 Main St., Lewiston, ME 04240
www.tricountyems.org
 207-795-2880
 kelleydi@cmhc.org

Pre-Registration/Payment Policies

- Seats cannot be held without payment.
- Payment required at time of registration.
- Students enrolled on a first come, first served basis.
- Please register by Friday, January 17, 2014.
- Visa/MasterCard/Discover, Check, Cash or Company Purchase Order acceptable.

Refund

- Refunds will be given if withdrawal is prior to the 3rd class as specified in handbook (minus \$65.00 background fee).
- Textbooks may be returned prior to the start of the course provided they are in the original condition and still sealed.

Cancellations

- All classes require minimum enrollment. Tri-County EMS reserves the right to cancel classes/workshops. You will be notified of any cancellations two days prior to start date.
- If class is cancelled by Tri-County EMS, tuition will be refunded.

Background Check

- Criminal background checks are required.

To Register

By Phone

- Call 207-795-2880 - Credit Card payments can be made by phone.

By Fax:

- If paying by credit card or purchase order please fill out form below and fax to 207-795-2476.

By Mail

- Fill out the form below and include your check, purchase order or credit card information.

Tri-County EMS
 Attn: Diane Kelley
 300 Main St
 Lewiston, ME 04240

In Person

- The Tri-County EMS office is located at Central Maine Medical Center, 300 Main St., Lewiston, ME 04240. Use the Hammond St., entrance -- under the maroon awning.
- The Tri-County EMS office is open 8:30 am -- 4:30pm Monday -- Friday.

Registration

Please print clearly

Name: _____ Daytime Phone: _____

Date of Birth: _____

Employer: _____

Mailing Address (indicate work or home): _____

City _____ State: _____ Zip: _____

E-Mail (for contact regarding schedule change/cancellation): _____

How did you learn about this class? _____ Website _____ Referral _____ EMS Service _____

Course #	Course Title	Start Date	Cost
13-12-2-00226-101	EMT-Basic Tuition	Jan. 27, 2014	\$720.00
	EMT-B Books (Emergency Care Textbook & Workbook \$135.00; Healthcare Provider Workbook & Card \$15.00; Protocol book \$10.00)		\$160.00
Total			\$ _____

Payment Information: Visa MasterCard Discover Check (payable to TCEMS) Purchase Order
 (month) (year)

Card Number: _____ Exp. Date: _____ CVC Code: _____

Name on Card: _____ Signature: _____ Date: _____

Billing address for Credit Card _____

The Family Rights and Privacy Act of 1974 is intended to protect access and the release of Student records and personal data.
 The information provided on this registration form is protected information and is kept private. It is for course use only.

TRI-COUNTY EMS, INC.
300 MAIN STREET
LEWISTON, MAINE 04240
(207) 795-2880

Date: December 23, 2013

RE: COURSE DETAILS

This is to confirm the particular details for the upcoming
Advanced EMT (AEMT) Course #13-12-2-20114-103

Tri-County EMS is offering an Advanced Emergency Medical Technician (AEMT) Course. There will be Twenty-two (22), 8 hour face-to-face, in-class sessions with your instructor. Access to the internet for the online portion of the course is required as is a current email address.

160 Hours Classroom; 100 Hours Clinical Rotations and 50 Hours Field Internship

DATES & TIMES February 13, 2014 – June 26, 2014
Thursdays; 8:30 am – 5:00 pm (see schedule)

PLACE: Tri-County EMS, Lewiston, ME 04240; Call for directions or google 20 Hammond Street for bldg. location. The bldg. is brick with a porch and maroon awning.

INSTRUCTOR: Dennis Russell, M.Ed., ATC, CSCS, NP, I/C

COST: Tuition will be \$1,300.00.
As part of your tuition you will be issued a shirt to be worn for all clinical and field internships as well as a student ID badge. Professional liability insurance for your activities as a student and the fee for the required criminal background check are also included. The cost for textbooks, access codes and licensing exam fees are **not** included in the tuition. Textbooks can be purchased from Tri-County EMS or from your own sources.

MATERIALS: The following are required for this course. See Registration Form for pricing details.

- Brady "Advanced EMT: A Clinical-Reasoning Approach" 1st Edition Textbook (paper copy) (ISBN: 9780135030431)
- Nursing Drug Reference
- 2010 BLS For Healthcare Providers Workbook (ISBN: 978-1-61669-039-7)
- 2013 Maine Protocol Book (11/2013)

- PRE-REQUISITES:**
- * **Minimum age 18 yrs required.**
 - * Current Maine EMT License or equivalent.
 - * Current CPR certification at the Health Care Provider Level
 - * Proof of immunization to mumps, measles, rubella, varicella, tetanus, and Hepatitis B, PPD, a recent TB test with the past 12 months, Pertussis (if doing clinical at St. Mary's Regional Medical Center), and a Flu Vaccine for the current season.

PLEASE NOTE:

1. Application, registrations and fees must be submitted no later than **Friday, January 24, 2014.**
2. Once the class size limit is reached (15), no further registrants will be accepted. Minimum class size is 10 students.
3. College credit is not available for this course. However, a certificate of course completion from Tri-County EMS will be awarded.

Tri-County EMS
 300 Main St., Lewiston, ME 04240
www.tricountyems.org
 207-795-2880
kellydi@cmhc.org

Pre-Registration/Payment Policies

- Seats cannot be held without payment.
- Payment required at time of registration.
- Students enrolled on a first come, first served basis.
- Please register by January 24, 2014.
- Visa/MasterCard/Discover, Check, Cash or Company Purchase Order acceptable.

Refund

- Refunds will be given if withdrawal is prior to February 20, 2014 as specified in handbook.
- Course access codes and textbooks may be returned prior to the start of the course provided they are in the original condition, still sealed and not activated.

Cancellations

- All classes require minimum enrollment. Tri-County EMS reserves the right to cancel classes/workshops. You will be notified of any cancellations two days prior to start date.
- If class is cancelled by Tri-County EMS, tuition will be refunded.

Background Check

- Criminal background checks are required.

To Register

By Phone

- Call 207-795-2880 - Credit Card payments can be made by phone.

By Fax

- Registrations can be pre-faxed to: 207-795-2476. Payment must be made to hold spot.

By Mail

- Fill out the form below and include your check made payable to Tri-County EMS or purchase order information.
 Tri-County EMS
 Attn: Diane Kelley
 300 Main St
 Lewiston, ME 04240

In Person

- The Tri-County EMS office is located at Central Maine Medical Center, 300 Main St., Lewiston, ME 04240. Use the Hammond St., entrance – under the maroon awning.
- The Tri-County EMS office is open 8:30 am – 4:30pm Monday – Friday.

Registration

Please print clearly

Name: _____ Daytime Phone: _____
 Date of Birth: _____
 Employer: _____
 Mailing Address (indicate work or home): _____
 City _____ State: _____ Zip: _____
 E-Mail (for contact regarding schedule change/cancellation): _____

Course #	Course Title	Start Date	Costs
13-12-2-20114-103	AEMT Course Tuition	January 30, 2014	Tuition: \$1,300.00
	Textbook -- Advanced EMT: A Clinical-Reasoning Approach (paper copy optional if borrowed or purchased from other sources)		\$128.00
	2010 AHA BLS for Healthcare Providers Workbook (optional if borrowed or purchased from other sources)		\$ 15.00
	2013 Maine EMS Protocol Book (recommended but optional)		\$ 10.00
Total			\$

The Family Rights and Privacy Act of 1974 is intended to protect access and the release of Student records and personal data. The information provided on this registration form is protected information and is kept private. It is for course use only.

TRI-COUNTY EMS, INC.
300 MAIN STREET
LEWISTON, MAINE 04240
(207) 795-2880

DT: March 17, 2014

RE: COURSE DETAILS

This is to confirm the particular details for the upcoming
Emergency Medical Responder Course (56 hours) Course # 14-03-2-22541-104

DATES & TIMES Beginning **Wednesday, March 26, 2014**; see schedule for exact dates - from 6:00 PM to 10:00 PM on weeknights, and some **Saturday's** from 8:00 AM to 4:00 PM (see schedule). The course is scheduled to end June 2014.

PLACE: Lisbon Town Office
Training Room (Use Police Dept entrance)
300 Lisbon St.
Lisbon, Maine 04250

INSTRUCTOR: Stephen Smith, EMT-P, IC

COST: Tuition will be \$420.00.
The cost of textbooks will be \$150.00. The following textbooks must be purchased and brought to each class.

- *Brady 9th Edition Emergency Medical Responder Textbook & Workbook*
- *BLS for Healthcare Providers Workbook* (ISBN: 978-1-61669-039-7)
- *Maine EMS Prehospital Treatment Protocol Book December 1, 2013*

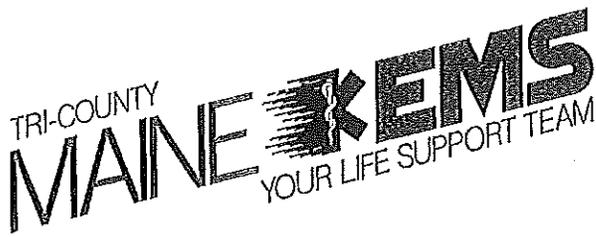
Textbooks will be available for purchase from Tri-County EMS or can be purchased from the supplier of your choice such as Amazon.

PRE-REQUISITES:

- * **Minimum age 18 yrs required or must have permission from Regional EMS office.**
- * Current CPR certification at the Health Care Provider Level or Professional Rescuer Level is encouraged but not required, as certification will be included in the course.
- * Prior to beginning the clinical portion of the course students will be required to show proof of immunization to mumps, measles, rubella, varicella, tetanus and Hepatitis B and have had a recent TB test.

PLEASE NOTE:

1. Make **tuition** check (\$420.00) payable to Tri-County EMS. Please return registration material and fee payment to: **Tri-County EMS, 300 Main St., Lewiston, ME 04240**. Registrants must submit a course application to Tri-County EMS, 300 Main Street, Lewiston, Maine 04240. Credit Card payments are also available for this course and for textbooks.
2. Textbooks are available to be purchased at the Tri-County EMS office or from the supplier of your choice. The cost to purchase textbooks from Tri-County EMS is \$150.00; which includes Brady 9th Edition Emergency Medical Responder Book and Workbook for \$130.00; BLS for Healthcare Providers Workbook, certification card and Maine EMS Prehospital Treatment Protocol Book for \$20.00.
3. Application, registrations and fee must be submitted no later than **March 26, 2014**.
4. Once the class size limit is reached (16), no further registrants will be accepted. Minimum class size is 12 students.
5. College credit is not available for this course. However, a certificate of course completion from Tri-County EMS will be awarded.



Tri-County EMS
 300 Main St., Lewiston, ME 04240
www.tricountyems.org
 207-795-2880
 kelleydi@cmhc.org

Pre-Registration/Payment Policies

- Seats cannot be held without payment.
- Payment required at time of registration.
- Students enrolled on a first come, first served basis.
- Please register by March 26, 2014.
- Visa/MasterCard/Discover, Check, Cash or Company Purchase Order acceptable.

Refund

- Refunds will be given if withdrawal is prior to the 2nd class as specified in handbook.
- Textbooks may be returned prior to the start of the course provided they are in the original condition and still sealed.

Cancellations

- All classes require minimum enrollment. Tri-County EMS reserves the right to cancel classes/workshops. You will be notified of any cancellations two days prior to start date.
- If class is cancelled by Tri-County EMS, tuition will be refunded.

To Register

By Phone

- Call 207-795-2880 - Credit Card payments can be made by phone.

By Fax:

- If paying by credit card or purchase order please fill out form below and fax to 207-795-2476.

By Mail

- Fill out the form below and include your check, purchase order or credit card information.

Tri-County EMS
 Attn: Course Registrar
 300 Main St
 Lewiston, ME 04240

In Person

- The Tri-County EMS office is located at Central Maine Medical Center, 300 Main St., Lewiston, ME 04240. Use the Hammond St., entrance – under the maroon awning.
- The Tri-County EMS office is open 8:30 am – 4:30pm Monday – Friday.

Registration

Please print clearly

Name: _____ Daytime Phone: _____

Date of Birth: _____

Employer: _____

Mailing Address (indicate work or home): _____

City _____ State: _____ Zip: _____

E-Mail (for contact regarding schedule change/cancellation): _____

How did you learn about this class? _____ Website _____ Referral _____ EMS Service _____

Course #	Course Title	Start Date	Cost
14-03-2-22541-104	Emergency Medical Responder Tuition	March 26, 2014	\$420.00
14-03-2-22541-104	Emergency Medical Responder Books		\$150.00
Total			\$

Payment Information: Visa MasterCard Discover Check (payable to TCEMS) Purchase Order

(month) (year)

Card Number: _____ Exp. Date: _____ CVC Code: _____

Name on Card: _____ Signature: _____ Date: _____

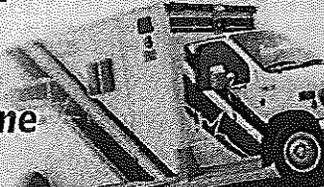
Address for Card: _____ City/State: _____ Zip: _____

For Office Use Only				
Received:	Check #	Amount:	Date:	Receipt#:

The Family Rights and Privacy Act of 1974 is intended to protect access and the release of Student records and personal data. The information provided on this registration form is protected information and is kept private. It is for course use only.

EMS Educational Program: Hip Fractures

Sponsored by Tri-County EMS &
The Orthopaedic Institute of Central Maine
at Central Maine Medical Center



Tuesday, March 18, 2014

5:30 pm to 8 pm

Green Ladle at Lewiston High School, East Avenue, Lewiston

Tri-County EMS



Your Life Support Team

Come join your EMS Colleagues for an evening of education on assessment and management of the hip fracture patient for prehospital providers

Scheduled speakers for the evening are:

Jeff Bush, M.D., and Mike Regan, M.D.

from Central Maine Orthopaedics; Swapna Gummadi, M.D.,

from Central Maine Hospitalists and Rich D'Alessandro, M.D.

from the Central Maine Medical Center Emergency Department



Benefit of formal hip fracture programs:

- Focus on timeliness from diagnosis through treatment

Role of EMS in hip fracture systems of care:

- Identification of hip fracture patient in the field
- Appropriate pre-hospital care
- Transport

System planning for improved care

- Maine EMS Continuing Education credit will be awarded

Please RSVP by emailing Diane Kelley at Kelleydi@cmhc.org or calling her at 207 795-2880.

There is no charge for this conference, but an RSVP is needed as a light dinner and refreshments will be served.

Appendix D - Regional Council Meetings - supplemental information

Tri-County EMS, Inc
Monday, June 9, 2014 - 2:00 p.m. to 4:00 pm
On-line Web Go To Meeting Format
Meeting Agenda

Welcome, Introductions: Rebecca Chagrasulis

Minutes from March 10, 2014

Financial Reports: Randy Gauvin and Joanne LeBrun
Monthly Expense Reports – through April
Annual Budget Process

Reports:

Board of EMS Report – Lori Metayer
Regional Medical Director's Report: - Rebecca Chagrasulis, MD
Regional Report: - Joanne LeBrun

Old Business:

Regional Medical Director Job Description and Search
Workplan FY 2015

New Business:

Other:

Next meeting – September 8, 2014 2pm to 4 pm Franklin Memorial Hospital,
Farmington

June 9, 2014
Tri-County EMS
Meeting Minutes
Meeting Location: Web Go To Meeting

Present: Bob Hand, Randy Gauvin, Lori Metayer, Alfred Riel, Lee Ireland, Becky Chagrasulis, Michael Senecal, Scott Hunter,

Excused: Kevin Oliveira, Michael Mohseni, Tina Legere, Alison Newton, Joe LaHood, Chris Bowe, Rich D'Alessandro, Dean Milligan

Staff: Joanne LeBrun

Welcome and Introductions:

Becky Chagrasulis, President called the meeting to order at 2:05 pm. She welcomed all Board Members and everyone introduced themselves.

The minutes from the March 10, 2014 meeting were reviewed and no changes were noted. The minutes were approved. (Gauvin/Senecal)

Financial Reports:

Randy Gauvin reviewed the financials as of April 30, 2014. Items to note included:

For April 2014 Balance Sheet

- Central Maine Medical Center was paid \$50,000 in March 2014 and new balance will be paid now that journal entries through April have been received.
- Undeposited funds is just the timing of the deposit – checks are processed when received – but the actual deposit is often made the next day, as the bank run is in the morning.

For April 2014 Profit and Loss Budget Performance

- The revenue for our licensing programs is ahead of the expenses. Revenue and expense for AEMT was not included in budget.
- Currently running two EMT programs with 32 students enrolled, one EMR course with 10 enrolled and one AEMT with 12 enrolled.
- Other programs: primarily the revenue and expense for AED and AED supply purchases and for an ITLS (trauma training) program.
- Activity for AHA CTC programs are on track. Program demand has begun to increase this spring.
- Printing and distributing protocol books was a net gain of \$3080.00
- Insurance expense included professional liability insurance for our training center.
- Radio communications included the annual lease for Mosher Hill.
- As an office we are mindful of reducing expenses and increasing revenue, while maintaining quality services.

A motion to approve the financial report was made and passed unanimously. (Metayer/Riel)

The question was raised as to whether staff had received any wage adjustment? It was suggested that this be discussed during the budget process and at the next meeting.

Budget Process: The Board agreed that the Executive Committee should draft the FY2015 budget and present it at the September meeting.

Maine EMS Report:

Lori Metayer reported on recent Board of EMS activities.

- Eleven of 12 Community Paramedic Programs are up and running. The Muskie School is working with Maine EMS to develop evaluation tools and strategies.
- A subcommittee is working on the FY2015 Work plan for the regional contracts.
- The Investigations Committee recently investigated a sexual harassment complaint.
 - The EMS Provider said he did not think he had proper training and this was partly why he had this offense. Lori recommended that all EMS Services assess their annual sexual harassment training and make sure it is robust.
 - A policy to allow those being investigated to attend an investigations hearing through technology is being considered. If created, it would be tightly controlled and only used in extenuating circumstances.
- The Narcan bill being has become law.
- A process for a paramedic to reenter the EMS system and regain a license after more than a two year expiration has been developed. This can be done only through a CAHEP approved Training Center. It is only for the Paramedic level at this time.
- Education Committee is proposing to publish each Training Center's Retention and Pass Rates on the Maine EMS website.
- The Operations Team is working on an infection control project to help services update their policies and procedures.
- Maine EMS is in the process of recruiting a licensing agent as Dawn Kinney's replacement.
- Jay Bradshaw and Lauren from the AG's office will be attending a meeting in Chicago to work on EMS Interstate issues.
- A group to look at Elder Safety has been formed.

Medical Director's Report: Becky Chagrasulis, MD reported that the protocol review process was underway. The MDPB will be holding an input web meeting prior to meeting on each section. All EMS providers are invited to attend. This is modeled on the web meetings that were held in Tri-County during the current protocol revision process. When the complete summary of changes comes out, these will be circulated and a meeting held to discuss them.

The Pediatric Protocols will be based on the national PEGASUS Project. It is intended that all of New England will operate under the same prehospital Pediatric Protocols.

Dr. Chagrasulis noted that she and Joanne will continue to keep everyone informed about upcoming protocol input sessions. All EMS providers and medical control providers will be invited to participate and provide input.

Regional Report:

Joanne LeBrun distributed and briefly highlighted her regional report. (See attached)

Medical Director Search:

The job description has been revised. Letters will be sent to all EM department managers at regional hospitals and asked to send to EM staff. The interview committee will include the current executive committee, Lori Metayer, Bob Hand and Dean Milligan. Becky will continue to be active in EMS, including remaining on the Tri-County EMS Board and working at SMH.

Next meeting: Becky reminded the Board that the next meeting would be on September 8, 2014 at Franklin Memorial Hospital in Farmington.

Adjournment: The meeting ended at 3:30 pm.

Regional Report: June 9, 2014

MEMS Contract Activities:

Submitted required contract report for May 31, 2014.

Created proposed work plan to meet the deliverables in the scope of work proposed by Maine EMS for FY2015. Submitted as required to meet the May 21, 2014 deadline.

Annual Corporate Filing: The annual filing for the corporation is complete.

EMS Educational Programs: Two EMT Courses, one EMR (Lisbon) and one Advanced EMT (Lewiston) are being held this spring. The locations are Lewiston, with a blended learning EMT course with 2 learning cohorts (Mexico and Bowdoinham). Planning is underway for EMT courses for the fall of 2014.

Quality Improvement: The regional airway review project continues to meet every month. This meeting continues to be well attended. A Quality Coordinator meeting was held on April 3, 2014. This was well attended and several presentations on service specific projects were presented.

AED Project: AEDs are still available at the state contract price (\$675.00). During this fall we assisted schools, churches, businesses and EMS services with obtaining supplies. Joanne was invited to speak about AEDs at a meeting of the business managers for all the Catholic Parishes in Maine. Many of these parishes now want to purchase AEDs. One was already purchased by the Chancery in Portland and an in service was provided.

Quality Council: Our regional quality council met on June 5, 2014.

Tri-County EMS, Inc
Financial Report Notes for June 9, 2014

For April 2014 Balance Sheet

- a. Central Maine Medical Center was paid \$50,000 in March 2014 and new balance will be paid now that journal entries through April have been received.
- b. Undeposited funds is just the timing of the deposit – checks are processed when received – but the actual deposit is often made the next day, as the bank run is in the morning.
- c. Our accounts receivables include the hospital assessment for which payments have now been received.

For April 2014 Profit and Loss Budget Performance

1. The revenue for our licensing programs is ahead of the expenses. Revenue and expense for AEMT was not included in budget.
2. Currently running two EMT programs with 32 students enrolled, one EMR course with 10 enrolled and one AEMT with 12 enrolled.
3. Other programs: primarily the revenue and expense for AED and AED supply purchases and for an ITLS (trauma training) program.
4. Activity for AHA CTC programs are on track. Program demand has begun to increase this spring.
5. Printing and distributing protocol books was a net gain of \$3080.00
6. Insurance expense included professional liability insurance for our training center.
7. Radio communications included the annual lease for Mosher Hill.
8. As an office we are mindful of reducing expenses and increasing revenue, while maintaining quality services.

Tri-County EMS, Inc
Monday, March 10, 2014 - 2:00 p.m. to 4:00 pm
St Mary's Regional Medical Center
Meeting Agenda

Welcome, Introductions: Rebecca Chagrasulis

Minutes from November 4, 2013

Financial Reports: Randy Gauvin and Joanne LeBrun
Monthly Expense Reports –
Annual compilation

Reports:

Board of EMS Report – Lori Metayer
Regional Medical Director's Report: - Rebecca Chagrasulis, MD
Regional Report: - Joanne LeBrun

Old Business:

New Business:

FY2015 Contract

Other:

Next meeting – June 9, 2014 2pm to 4 pm Web-Go-To-Meeting Online

March 10, 2014
Tri-County EMS
Meeting Minutes

Meeting Location: St Mary's Regional Medical Center, Lewiston, ME

Present: Kevin Oliveira, Lee Ireland, Alfred Riel, Rich D'Alessandro, Chris Bowe, Becky Chagrasulis, Michael Senecal, Dean Milligan,

Excused: Michael Mohseni, Randy Gauvin, Tina Legere, Alison Newton, Lori Metayer, Scott Hunter, Joe LaHood

Staff: Joanne LeBrun

Guest: Andre Couture, DO

Welcome and Introductions:

Becky Chagrasulis, President called the meeting to order at 2:05 pm. She welcomed all Board Members and everyone introduced themselves. Andre Couture, DO is an EMS physician at St. Mary's and is very interested in becoming more involved with our EMS system.

The minutes from the November 4, 2013 meeting were reviewed and no changes were noted. The minutes were approved. (Oliveira/Senecal)

Financial Reports:

Joanne LeBrun gave the financial report for Randy Gauvin, as of February 2014.

Items to note included:

For February 2014 Balance Sheet

- Central Maine Medical Center was paid \$50,000 in February 2014 and new balance will be paid once March journal entries are received.
- Undeposited funds is just the timing of the deposit -- checks are processed when received -- but the actual deposit is often made the next day, as the bank run is in the morning.
- Our accounts receivables include the hospital assessment for which we anticipate payment in March 2014.

For February 2014 Profit and Loss Budget Performance

- We received our second contract payment (\$15078.00) from Maine EMS following the submission of our December 2013 report.
- Enrollment in EMT Courses has increased this year. Currently running two programs with 32 students enrolled. Licensing course revenue is up from last year.
- We are conducting an Advanced EMT Course with 12 students. Our first since 2010.
- Other programs: primarily the revenue and expense for AED and AED supply purchases and for ITLS (a trauma training program)
- Activity for AHA CTC programs are on track. Programs increase in the late winter and spring.
- Personnel is an estimate based on past actual.
- Printing and distributing protocol books was a net gain of \$2800.00
- As an office we are mindful of reducing expenses and increasing revenue, while maintaining quality services.

Maine EMS Report:

Lori Metayer provided a written report of the recent Board of EMS activities. Discussion followed on the Narcan bill being considered by the legislature. Maine ACEP is in favor of this bill. It was noted that the legislative bill mixed the layperson and the EMS provider. It was noted that the MDPB discussed this at their February retreat and the bill is being closely followed by Maine EMS.

Joanne Lebrun noted that Maine EMS Exam representatives are working with Pearson-Vue to attempt to create a traveling cognitive EMS licensing exam strategy. This has been successful in other rural states that lack commercially available Pearson-Vue testing centers.

The Maine EMS awards deadline is March 15, 2014. It was suggested that possibly Maine EMS could conduct a survey to solicit ideas about generating more interest and support of the awards.

The Maine EMS Board also discussed the contracts for the coming years and will be looking to adjust the format and timeline.

Mike Senecal provided a report on the Sterling Ambulance situation. He noted the Board has tabled this until the April meeting.

Medical Director's Report: Becky Chagrasulis, MD reported she was unable to attend the February MDPB retreat due to a previously scheduled vacation out of the country. Dr. Alfred Riel and Joanne Lebrun attended in her place. Dr. Riel reported presentations at the retreat included an overview of the EMS system in Maine, a literature review on current topics in EM including spinal management and prehospital cooling. LifeFlight gave a presentation. The MDPB and LifeFlight agreed to work more closely on the LifeFlight protocols. The protocol review process was also briefly discussed.

Dr. Chagrasulis noted that she and Joanne will keep everyone informed about upcoming protocol input sessions. All EMS providers and medical control providers will be invited to participate and provide input.

Regional Report:

Joanne LeBrun distributed and briefly highlighted her regional report. (See attached)

FY 2015 Contract:

Joanne Lebrun distributed the draft of the contract deliverables. There are similarities to the current contract. There is a strong push for achieving 100% compliance with OLMC training. A lengthy discussion ensued. Joanne distributed a copy of the recently updated disks she received from Maine EMS. All medical directors agreed to take it back to their hospital and talk with their Learning Management Systems (LMS) specialist to see if this could be made part of the system. Kevin Oliveira requested a release be obtained from Maine EMS to place the materials on-line. Rich D'Alessandro asked if CMEs could be awarded for this. A paper version of the program including the quiz was requested as this could be used at staff meetings to help achieve the goal. Joanne agreed to work on these items.

Radio Report:

The Mosher Hill generator has been repaired.

New Business:

Becky Chagrasulis, MD announced she will be stepping down as regional medical director in about 6 months. She hopes that a new medical director will be in place by September 1. Becky will continue to be active in EMS, including remaining on the Tri-County EMS Board and working at SMH. A discussion on the replacement process followed. Joanne circulated the current job description. This will be sent out to the Board

for their review and will be finalized at the June meeting. Following the June meeting, a notification will be sent out to all EM providers in the region seeking applications from interested physicians. The goal is to have a candidate prior to the August Maine EMS Board meeting, as the Board of EMS must approve all regional medical directors.

Next meeting: Becky reminded the Board that the next meeting would be on June 9, 2014 and will be an on-line web-go-to-meeting format.

Adjournment: The meeting ended at 3:50 pm.

Maine EMS Board report – March 5, 2014

Legislative update: Maine EMS is closely watching the proposed bill to allow non EMS providers to administer Narcan, it has been determined that in 2013, 99 percent of clients with an overdose had EMS contact with an ALS provider. Maine EMS will support an amendment of this bill that has restrictions acceptable to Maine EMS, Jay is following

No budget updates at this time

Education Committee: Education committee will soon publish pass rates for each training center for courses at all levels

Data Committee: John Powers states that critical updates for the new version of the run report format will be coming in the spring, he is unsure of what they look like at this time

Exam Committee: Long discussion among board members regarding a consistent message for length of time from passing course, and the ability to test for full course completion, currently it is three years, national registry is two. It was agreed that we would support changing to the Registry standard but this would require a rules change

It appears that Maine may have an improvement in first time pass rate for licensure courses this year, but numbers are low so it is difficult to evaluate as a whole

The Caribou region lost a Pearson Vue testing center so students have to travel for hours to test in some classes, consideration for other methods of teaching are being considered

EMD Committee: has not met

OPS Committee: Discussing EMS week publication planning, CBRN update, QA/QI plan

Work Plan 2014: Discussion regarding a work plan for 2014, the board agreed that we need to have an increased vision and purpose, items that need evaluation: Rules, especially around equipment, QI, Exam, Regional contracts, disciplinary actions (especially around revoking a license), a work group was formed to look at our current charter and goals (I am a member of this sub committee)

Contract work group: The regional reports were evaluated by a small group of board members, they developed a draft to streamline the process, the process is complex and somewhat repetitory, all except Aroostook meet the contract deadline, Aroostook will appeal the potential fine the board can apply for the late submission

Functional Position Description: The board discussed the need to assure that this meets all guidelines that are non-discriminatory and meet ADA standards

Awards Committee: has been named, applications due March 15th

Personnel: 12 qualified applicants for Dawn Kinneys position, interviews in process

Sterling Ambulance request: Tabled waiting for further information

PEGASUS: data request accepted by board for study

MDPB: They had a retreat, currently reviewing papers that have been submitted, also the group agreed to be more engaged in the development of LifeFlight of Maine protocol development

EMS week: Jay stated that there will be a minimal celebration for EMS week, success has been waning in the last several years

Respectfully

Lori Metayer

Regional Report: March 10, 2014

EMS Educational Programs: Two EMT Courses are being held this winter. The locations are Lewiston and a blended learning course with 2 learning cohorts (Mexico and Bowdoinham). An EMR course is scheduled for Lisbon and will begin late March. An AEMT began on February 13 with 12 students.

Quality Improvement: The regional airway review project continues to meet every month. This meeting continues to be well attended.

AED Project: AEDs are still available at the state contract price (\$675.00). Tri-County EMS has been asked to participate in an AED grant through Medical Care Development. Over the next three years, MCD will be placing more than 300 AEDs in rural areas. MCD knows of the success we had with our AED grant and wants to be inclusive. In February staff provided a presentation to the public on the importance of calling 911 and an educational session on Hands Only CPR.

2013 Protocol: The new protocols have been instituted. Printing the protocols was a success.

Contract Projects:

- Working on a plan to have all Online Medical Control providers take the Maine EMS OLMC program.
- Out of Hospital Cardiac Arrest QI project is in progress.
- A workshop on public relations for EMS Services has been scheduled for May 31.

Contract for FY2015:

- Submitted letter of interest to be a region for FY2015
- Will receive deliverables in coming month.
 - Must write a proposed work plan and return to Maine EMS by the end of May.
 - Contract will begin July 1.

Annual Supplement for EMS Week: There will be another supplement for statewide papers published on May 16, 2014 to precede EMS Week. Our regional share is \$850.

Tri-County EMS, Inc
Monday, September 9 - 2:00 p.m. to 4:00 pm
Stephens Memorial Hospital – Board Room
Meeting Agenda

Welcome, Introductions: Rebecca Chagrasulis

Minutes from June 10, 2013

Financial Reports: Randy Gauvin and Joanne LeBrun
Monthly Expense Reports – June 30, 2013
Budget review – FY 2014

Reports:
Board of EMS Report – Lori Metayer
Regional Medical Director's Report: - Rebecca Chagrasulis, MD
Regional Report: - Joanne LeBrun

Old Business:
Radio System Report – Randy Gauvin and Joanne LeBrun

New Business:
Regional contract and strategies for FY2014
Proposed meeting schedule for calendar year 2014

Other:

Next meeting – November 4, 2013 2pm to 4 pm On Line meeting with Go-To-Meeting

September 9, 2013
Tri-County EMS
Meeting Minutes
Meeting Location: Stephens Memorial Hospital

Present: Lori Metayer, Alison Newton, Scott Hunter, Joe LaHood, Becky Chagrasulis, Robert Hand, Michael Senecal, Rich D'Alessandro, Al Riel

Excused: Dean Milligan, Geoff Low, Kevin Oliveira, Michael Mohseni, Chris Bowe, Tina Legere, Randy Gauvin,

Staff: Joanne LeBrun

Welcome and Introductions:

Becky Chagrasulis, President called the meeting to order at 2:04 pm and called the roll. She welcomed all Board Members and everyone introduce themselves. Lori Metayer joined the meeting via Face Time and a quorum was achieved.

The minutes from the June 10, 2013 were reviewed and no changes were noted.

Financial Reports:

Randy Gauvin, Treasurer presented the financial reports as of June 30, 2013.

Items to note included:

For June 2013 Balance Sheet

- a) Central Maine Medical Center was paid \$40,000 in July 2013 and will be paid the balance due \$34,843 in September. Did not receive journal entries for May and June until August 2013
- b) Undeposited funds is just the timing of the deposit – checks are processed when received – but the actual deposit is often made the next day, as the bank run is in the morning.
- c) Our accounts receivables include the hospital assessment.

For June 2013 Profit and Loss Budget Performance

- We received our third contract payment (10,052.00 from Maine EMS following the submission of our 11 month report. (submitted May 31, 2013).
- Did not have adequate enrollment for a summer EMT class and only had 3 EMT courses in FY 2013, so licensing course revenue was down.
- Other programs: primarily the revenue and expense for AED and AED supply purchases.
- Activity for AHA CTC programs declined slightly, specifically ACLS. This is likely to be cyclical. The demand for courses continues to climb, especially PALS and BCLS. As an office we are mindful of reducing expenses and increasing revenue, while maintaining quality services.

Randy noted that an accounting compilation will be done this year. Last year FY2012 a review was done. A review is done every fifth year. Chasse and Associates is our accounting firm.

FY2014 Draft Budget:

Randy Gauvin made the second presentation on the draft FY2014 Budget, reviewing the noted provided at the June 2013 meeting. Joanne LeBrun explained the increased demand for courses this coming year.

Budget Notes:

1. The draft FY2014 is based on actual experience from FY 2012 and FY 2013.
2. The budget assumes similar conditions as FY2013.
3. Funding from the State of Maine is expected to remain approximately the same as FY2013.
4. Educational programs were treated conservatively in this budget. For example: an Advanced EMT course was not included in the budget; however, if one is held, the revenue would offset the expenses. However, 5 EMT Programs, 1 EMR Course and 2 Refresher Courses are already planned for FY2014.
5. The AHA Community Training Center activities continue to rise, especially in BCLS, ACLS and PALS tuitions will be increased slightly to offset increased expense. Have begun to pay small stipend to assisting instructors. Will increase number of courses being offered.
6. A small course tuition increase is needed to offset the increased cost of the practical licensing exam which takes twice as long as the old format and must be conducted on Saturday's to accommodate the additional time. The cost of this exam is about \$130.00 per student.
7. Continue to seek other training and grant opportunities that meet our mission.
8. Did not include CISM Training; although this a need that should be considered for inclusion in the budget if possible
9. FY2014 is a compilation year so audit expenses should be less than in FY2013
10. Will seek shared expenses on radio communications sites.
11. Includes a small increase for clerical staff. Both Diane and Michel should have an increase based on their excellent work performance. (Approximately 2%)
12. Use VISA Card points when possible, to purchase office and EMS supplies/equipment and reduce those line items.

Motion to approve budget: Newton/Senecal Unanimous pass.

Maine EMS Report:

Lori Metayer reported on the recent activities of the Board of EMS.

- Only short meetings were held over the summer.
- Next meeting is October 4, 2013
- Investigations
 - Great progress has been made with reducing unlicensed practice. There have been none of these cases over the past four month.
 - Recent case involved a provider who practiced outside of his license level. He was in an advanced training program, but was not being precepted at the time of the breach.
 - A license was denied for a person who has not shown enough rehabilitation.
- Physician representative position is open on the board.
- Lori noted that if people have concerns about EMS issues, they are welcome to bring them to her.
- New Protocols
 - Concerns were expressed about the requirements of pumps for EMS services. Issues raised included the cost, maintenance, training and use. The question was asked why services could not just choose not to use pressors?
 - TCEMS Board members want to be informed of the pumps issue.
- Community Paramedic: Twelve projects, the maximum for now have been submitted to Maine EMS. Ten have been formally approved. The remaining two are expected to be approved in the coming month.

Medical Director's Report: Becky Chagrasulis, MD reported that the MDPB has been working on the revision of the protocols.

- The final draft is expected to be reviewed at the September 2013 MDPB meeting. Three regional meetings to get feedback on the protocols were held over the summer. Comments were submitted to Matt Sholl, MD and Jay Bradshaw.

- Matt Sholl has created a description of a Maine EMS approved tourniquet. This will be posted on the Maine EMS website.
- Protocol Education:
 - On-line education is being developed.
 - Regional face to face protocol roll outs will be held in each EMS Region. Regional medical directors will be participating in these.
 - Becky and Joanne will create a summary of the protocol revisions and send to local EMS medical directors.
 - There are concerns about the treatment of anaphylaxis and the use of epinephrine. There will be added emphasis on this in our region.

Regional Report:

Joanne LeBrun distributed and briefly highlighted her regional report. (See attached)

Radio Report:

Randy reported there are multiple services using our site. Recently, there was a lot of noise (interference) at the site and some adjustments were made. Randy noted:

- The tower on Mosher Hill will need some maintenance. An estimate for repairs has been requested.
- Once that information is received, the executive committee can meet and discuss the plan.
- The site was cleared by the local high school forestry program.
- The VHF repeater is working very well. Will likely begin using this in Farmington
- May query hospitals about a radio day and link education to radio testing. Project will need to be developed.
- Connect at CMMC may be receptive to working on this with us.

Contract Strategies: Becky Chagrasulis discussed the contract strategies that were discussed by the executive committee and submitted to Maine EMS as required by the contract.

Next meeting: Becky reminded the Board that the next meeting would be on November 4, 2013 at 2:00 pm and will be an on-line meeting.

Adjournment: The meeting ended at 3:50 pm.

Tri-County EMS, Inc
Financial Report Notes for September 9, 2013

For June 2013 Balance Sheet

- a. Central Maine Medical Center was paid \$40,000 in July 2013 and will be paid the balance due \$34,843 in September. Did not receive journal entries for May and June until August 2013
- b. Undeposited funds is just the timing of the deposit – checks are processed when received – but the actual deposit is often made the next day, as the bank run is in the morning.
- c. Our accounts receivables include the hospital assessment.

For June 2013 Profit and Loss Budget Performance

1. We received our third contract payment (10,052.00 from Maine EMS following the submission of our 11 month report. (submitted May 31, 2013).
2. Did not have adequate enrollment for a summer EMT class and only had 3 EMT courses in FY 2013, so licensing course revenue was down.
3. Other programs: primarily the revenue and expense for AED and AED supply purchases.
4. Activity for AHA CTC programs declined slightly, specifically ACLS. This is likely to be cyclical. The demand for courses continues to climb, especially PALS and BCLS. As an office we are mindful of reducing expenses and increasing revenue, while maintaining quality services.

Regional Report: September 9, 2013

MEMS Contract Report:

The final report for the FY 2013 contract for the period July 1, 2013 to June 30, 2013 was submitted both in paper format and electronically to Maine EMS on August 30, 2013.

The work plan for the FY2014 was submitted on August 30, 2013 to meet the September 1 deadline.

EMS Educational Programs: Three EMT-Basic Courses will be held this fall. One is in Lewiston, another in New Gloucester, a third is a blended learning course with all but 40 hours being completed through and interactive on-line format. A fourth course for Bates College students is in the final planning stages. An EMS Refresher is also being planned for October.

Quality Improvement: The regional airway review project continues to meet every month. This meeting continues to be well attended. Consideration is being given to possibly adding the review of some PIFT and refusal cases to the review. Also being considered is a review of the use of Epi for anaphylaxis. Recently, there have been some QI issues concerning this

AED Project: AEDs are still available at the state contract price (\$675.00). During the summer, we assisted 3 churches, and 2 businesses with getting an AED and have provided in-service training for them. A "back to school" reminder email was set to all AED recipients who are on our auto-email list to remind them to check their devices at the start of the school year. Many have responded with needed to replace electrodes. So the reminder was useful.

Mass Casualty Training: Some EMS services have been holding triage tag days; tagging all patients coming to the hospital on a chosen day with a triage tag. CMMC and SMRMC are participating. We would like to get all hospitals and services participating in the exercise.

Quality Council: Our next regional quality council will be on October 3, 2013.

2013 Protocol Draft: The protocol has been circulated for review. Three conference calls were held in July with Dr. Chagrasulis, Joanne LeBrun, EMS Chiefs and other interested parties participating, asking questions and providing input.

Paper protocol books - 46 services have requested more than 700 paper copies of the 2013 Protocol Book. Joanne received 2 bids from area printers and when the final protocol is ready, will have them printed. They will cost no more than \$10.00 each. Protocols will only be available from Maine EMS as an electronic application.

Tri-County EMS, Inc
Monday, November 4, 2013 - 2:00 p.m. to 4:00 pm
On-Line Web Go To Meeting
Meeting Agenda

Welcome, Introductions: Rebecca Chagrasulis

Minutes from September 9, 2013

Financial Reports: Randy Gauvin and Joanne LeBrun
Monthly Expense Reports – estimated as of September 30, 2013

Reports:

- Board of EMS Report – Lori Metayer
- Regional Medical Director's Report: - Rebecca Chagrasulis, MD
 - IV Pumps
- Regional Report: - Joanne LeBrun

Old Business:

Radio System Report – Randy Gauvin and Joanne LeBrun

New Business:

Other:

Next meeting – March 10, 2014 2pm to 4 pm St. Mary's Regional Medical Center.

November 4, 2013
Tri-County EMS
Meeting Minutes

Meeting Location: On-Line Meeting with Web Go To Meeting

Present: Tina Legere, Kevin Oliveira, Scott Hunter, Joe LaHood, Becky Chagrasulis, Robert Hand, Michael Senecal, Dean Milligan,

Excused: Michael Mohseni, Chris Bowe, Randy Gauvin, Alison Newton, Lori Metayer

Staff: Joanne LeBrun

Welcome and Introductions:

Becky Chagrasulis, President called the meeting to order at 2:05 pm and called the roll. She welcomed all Board Members and everyone introduced themselves.

The minutes from the September 8, 2013 meeting were reviewed and no changes were noted. The minutes were approved. (LaHood/Senecal)

Financial Reports:

Joanne LeBrun gave the financial report for Randy Gauvin, as of September 30, 2013.

Items to note included:

For September 2013 Balance Sheet

- Central Maine Medical Center was paid \$45,000 on September 20, 2013 and will be paid the new balance once journal entries are received. The due to CMMC is an estimate based on experience. Have not received journal entries for July to September 2013.
- Undeposited funds is just the timing of the deposit – checks are processed when received – but the actual deposit is often made the next day, as the bank run is in the morning.
- Our accounts receivables include the hospital assessment.

For September 2013 Profit and Loss Budget Performance

- We received our first contract payment (\$25130.00) from Maine EMS following the submission of our signed contract.
- Enrollment in EMT Courses has increased this year. Currently running four programs with 60 students enrolled. Licensing course revenue is up from last year.
- Other programs: primarily the revenue and expense for AED and AED supply purchases and for ITLS (a trauma training program)
- Activity for AHA CTC programs are on track. Programs offered during the summer months are limited.
- Personnel is an estimate based on past actual.
- Operational expenses include annual Directors and Officers Liability and General Liability Insurance
- As an office we are mindful of reducing expenses and increasing revenue, while maintaining quality services.

Radio Report: Joanne reported that the generator at Mosher Hill was struck by lightning on or about Oct 20, 2013 and the electrical panel and the generator were damaged and are not operable at this time. It can be repaired. She has contacted the insurance company to see if it will be a covered claim. Maine Generator will provide pictures and the cost to repair.

Maine EMS Report:

Joanne provided a summary of the Board activities. All 12 Community Paramedic Projects have been approved. They are now entering the operational and data collection phase. A summary of each project will be made available on the Maine EMS website.

Regional Report:

Joanne LeBrun distributed and briefly highlighted her regional report. (See attached)

Medical Director's Report: Becky Chagrasulis, MD reported that the MDPB has been working on educating providers about the protocols.

- Our regional protocol session was held on October 30, 2013. Approximately 35 providers attended this meeting. She mentioned that the Education Committee did a nice job on the educational materials. Protocol education is also on the MEMED website.
- She and Joanne will host 2 protocol meetings with the chiefs in late January 2014. To review the process and get feedback for the next protocol revision.
- She was unable to attend the MDPB meeting on Oct 16 when the IV pump requirement was discussed and then changed. She has sent an email out to all services asking for feedback on the IV pumps issue, which she will bring to the MDPB and Maine EMS.
- Dr. Chagrasulis expressed concern about how to avoid being labeled as being non-progressive, while really examining the risk: benefit of these decisions. Gathering information from services is a priority. There is a need for the system to get more pre-hospital provider input.
- Pumps will be required for non-transporting EMS services.

Following her report, there was a lengthy discussion about how these decisions affect services. The 5 EMS services at the meeting expressed their concerns about the pump issue and how this change would be affecting them. All needed more time to get the pumps and all had to shift money from other projects to purchase pumps. There is a concern that each time the MDPB decides on a device, there must be sufficient dialogue about the risk: benefits and time and expense to implement.

New Business: Mike Senecal announced that he will be moving into the slot for administration representing Franklin Memorial Hospital and he requests that Lee Ireland move into the EMS slot, currently served by NorthStar. There were no objections.

Next meeting: Becky reminded the Board that the next meeting would be on March 10, 2014 at St. Mary's Regional Medical Center at 2:00 pm.

Adjournment: The meeting ended at 3:30 pm.

Tri-County EMS, Inc
Financial Report Notes for November 4, 2013

For September 2013 Balance Sheet

- a. Central Maine Medical Center was paid \$45,000 on September 20, 2013 and will be paid the new balance once journal entries are received. The due to CMMC is an estimate based on experience. Have not received journal entries for July to September 2013.
- b. Undeposited funds is just the timing of the deposit – checks are processed when received – but the actual deposit is often made the next day, as the bank run is in the morning.
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For September 2013 Profit and Loss Budget Performance

1. We received our first contract payment (\$25130.00) from Maine EMS following the submission of our signed contract.
2. Enrollment in EMT Courses has increased this year. Currently running four programs with 60 students enrolled. Licensing course revenue is up from last year.
3. Other programs: primarily the revenue and expense for AED and AED supply purchases and for ITLS (a trauma training program)
4. Activity for AHA CTC programs are on track. Programs offered during the summer months are limited.
5. Personnel is an estimate based on past actual.
6. Operational expenses include annual Directors and Officers Liability and General Liability Insurance
7. As an office we are mindful of reducing expenses and increasing revenue, while maintaining quality services.

Regional Report: November 4, 2013

MEMS Contract Activities:

Dr. Chagrasulis and Joanne LeBrun met with the physician and nurse manager of the ED at SMRMC. Meetings with the remaining hospitals will be conducted over the course of the year. A summary of protocol changes was sent to all regional EMS Medical Directors. A regional "Learn CPR Day" is being planned for May 2014. A public education and relations conference for EMS services is being planned for March 2014.

EMS Educational Programs: Four EMT Courses are being held this fall. The locations are Lewiston, New Gloucester, a blended learning course with 2 learning cohorts (Lewiston and Scarborough) and Bates College. An ALS Refresher is being planned and an EMR course is also being plan. AEMT is being developed for offering in the winter spring of 2014. More EMT courses are also being planned for the winter/spring 2014.

Quality Improvement: The regional airway review project continues to meet every month. This meeting continues to be well attended. Consideration is being given to possibly adding the review of some PIFT and refusal cases to the review. Also being considered is a review of the use of Epi for anaphylaxis. Recently, there have been some QI issues concerning this

AED Project: AEDs are still available at the state contract price (\$675.00). During this fall we assisted schools, churches, businesses and EMS services with obtaining supplies. Joanne was invited to speak about AEDs at a meeting of the business managers for all the Catholic Parishes in Maine. Many of these parishes now want to purchase AEDs. One was already purchased by the Chancery in Portland and an in service was provided.

Quality Council: Our next regional quality council will be on December 5, 2013.

2013 Protocol: The protocol roll out was conducted on October 30. Thirty-five providers attended. Dr Chagrasulis and Joanne LeBrun were the hosts and presenters. Matt Sholl, MD, state medical director, Chris Pare and Don Sheets from the Maine EMS Education Committee also presented at his program.

Paper protocol books - are being readied for the printer.

**Tri-County EMS
Quality Council
Agenda**

Thursday, June 5, 2014

1. Welcome –
 - a. Introductions
2. Maine EMS Report and OPS – Lori Metayer and Joanne
 - a. Progress of Community Paramedic Program
 - b. Investigations
 - c. Paramedic expiration reentry process.
 - d. Retention and pass rates
 - e. Draft QI Rules – comments requested
 - f. Narcan for Law Enforcement and Fire Fighters
 - g. Staff report
 - i. Licensing agent search
 - ii. Funding
 - h. Equipment equivalency
 - i. Infection Control Project - OPs
- 3.
4. MDPB – – Rebecca Chagrasulis, MD
 - a. Protocol Process
 - i. Next section review input conference call June 17 at 3 pm
 - ii. PEGASUS project – Airway, Allergic reactions, Shock and Spine Management
5. QI Report – Joanne LeBrun
 - a. Airway review process
 - i. Next meeting Wednesday, June 11, 2014 in Lewiston
 - b. Cardiac QI Project
6. Regional News – Joanne LeBrun
 - a. Courses
 - b. Contract - workplan
 - c. Meetings –
7. Auburn Fire Dept – Dean Milligan
8. Old Business:
 - a. Transfer of Care Form –
 - i. Tasks that remain - Training – ED staff
9. Other
10. Next meeting – September 4, 2014

**Tri-County EMS
Quality Council
Minutes**

Thursday, June 5, 2014

Attendees: Joanne Lebrun, Al Riel, Randy Gauvin, Pete Allen, Steve Smith, Carmen Fortin, Becky Chagrasulis, Heather Cady, Lisa Bennett

1. Welcome –
 - a. Introductions

2. Maine EMS Report and OPS – Lori Metayer and Joanne – Board meeting held yesterday.
 - a. Progress of Community Paramedic Program – Going well, United and Northstar involved. Steve Smith mentioned they had 5 or 6 to start now 2 or 3. Maybe some local advertising. 12 programs have been approved and all but 1 active. On 4/15 a major report went to the legislature.
 - b. Investigations – Not reporting criminal background. Prepare ethics for MEMS. Joe Lahood is working on.
 - c. Paramedic expiration reentry process – If a person lets license expire there is a new process to get relicensed without having to redo everything. An approved training center can evaluate past trainings, come up with a plan based on portfolio.
 - d. Retention and pass rates – All training centers report this for all courses. This is based on raw numbers and no reason for why a student drops is required. Raises some questions of “real” numbers.
 - e. Draft QI Rules – comments requested – This fall MEMS will create rules which will go out to public hearing regarding quality. Need suggestions, etc., Joanne to send to all coordinators and quality members to review.
 - f. Narcan for Law Enforcement and Fire Fighters – Bill has been passed. Departments have to sign on and do the training. Posted on MEMS Website. Services will be responsible to purchase kits.
 - g. Staff report
 - i. Licensing agent search – still looking (undecided)
 - ii. Funding – flat, same money as last year.
 - h. Equipment equivalency – Pumps, do not need 60cc drip sets. Pump to be equivalent.
 - i. Infection Control Project – Ops – Not much being done now. Start peripheral had to wear many gloves. Some stuff will be put on MEMSED. (skin – personal protection; protecting ourselves; decontamination – what should be used).

3. MDPB – – Rebecca Chagrasulis, MD
 - a. Protocol Process
 - i. Next section review input conference call June 17 at 3 pm – The Blue section will be reviewed in June. Looking for input on the Gold section which will be reviewed in July.
 - ii. PEGASUS project – Airway, Allergic reactions, Shock and Spine Management – Incorporate this into the Pediatric Protocol. Would like to roll out Pedi section before others.
 - iii. New Medical Director – Dr. Chag will be stepping down. Looking for a new Medical Director.

4. QI Report – Joanne LeBrun
 - a. Airway review process
 - i. Next meeting Wednesday, June 11, 2014 in Lewiston
 - b. Cardiac QI Project – There has been some successful cardiac and airway calls. All the data in and a report will come out in September.

5. Regional News – Joanne LeBrun
 - a. Courses – courses are winding down, no summer courses. Advanced EMT Class is finishing up, EMT & EMR PSE will be held in June.
 - b. Contract – workplan – responded, medical control and medical direction. Talk to services to see how they are getting. Help to identify liaison in each of the 5 hospitals. Quality improvement –continue to do airway. Look at cardiac arrests and get services to look at cardiac and make comments in QI notes.
 - c. Meetings –

6. Auburn Fire Dept – Dean Milligan
 - a. Auburn to become a Transporting Service.
7. Old Business:
 - a. Transfer of Care Form – Move off this and create inservice policy. Need to get reports done before going home.
 - i. Tasks that remain - Training – ED staff
8. Other
9. Next meeting – September 4, 2014

Tri-County EMS

Quality Coordinator Agenda

April 3, 2014

- 8:30 am Welcome – Joanne LeBrun and Rebecca Chagrasulls, MD
- 9:00 am Airway QI Project Reports – Paul Marcolini
- 10:00 am Break
- 10:15 am Case Presentations – Nate Yerxa and Steve Smith
- 11:15 am Maine EMS QI Projects – Joanne Lebrun
 - Aspirin
 - OHCA
 - PIFT
 - Maine EMS Data re: Run Completion
- 12pm Lunch
- 12:15 pm Working Lunch – Report of Maine EMS Activities
 - Board of EMS
 - Bureau of Labor Standards
 - MDPB –
 - Protocol
 - Release of next protocol – feedback
 - Educational approach for next rollout.
- 1:00 pm Round Table on Service QI Projects
- 2:00 pm Contract Work Plan: Brainstorming for FY 2015
 - Contract deliverables
 - Indicators
 - Survey
- 2:45pm Summary 15 min
- 3pm Adjourn

**Tri-County EMS
Quality Council
Minutes**

Thursday, April 3, 2014

Attendees: Joanne Lebrun, Paul Marcolini, Becky Chagrasulls, Howard Palmer, Mary Rich, Peter Tilney, Robin Gilbert, Lisa Bennett, Nate Yerxa, Chuck Twitchell, Brian Rundlett,, Steve Smith, Mek Blakemore, Berta Broomhall,

1. Welcome –
 - a. Introductions

2. Maine EMS Report – April. 2, 2014 – Joanne Lebrun
 - a. Board Activity
 - Maine EMS is recruiting a licensing agent to fill the position vacated by Dawn Kinney
 - Community Paramedic – all 12 programs have been approved – nearly all are up and operating. The Muskie Center will be helping with creating quality indicators.
 - Awards nominations have been received.

3. MDPB – Rebecca Chagrasulls, MD
 - A retreat was held in February
 - Will be starting the next protocol review process. There will be a series of webinars to gather input for changes. Send ideas to Dr. Chag.

4. QI Report – Joanne LeBrun
 - a. OHCA project underway. Thanks to all for sending in data so quickly.
 - b. All PIFT services have been asked to send 2013 data to Maine EMS.
 - c. Region has received contract deliverables. Part of QI Coordinators meeting will be to discuss the QI deliverables.

5. Regional News – Joanne LeBrun
 - a. Contract deliverables were reviewed and ideas exchanged.
 - b. Maine Bureau of Labor Standards – services were encouraged to take advantage of a BLS Compliance Review. Really helps prepare for an audit. Completely confidential – will help service come into compliance.
 - c. ED Diversion is happening very frequently. Joanne has meeting with CMMC today to learn more and express concern. Will keep services informed.

Meeting adjourned 1:15 PM – Roundtable QI Discussion was continued.

**Tri-County EMS
Quality Council
Agenda**

Thursday, February 6, 2014

1. Welcome –
 - a. Introductions
2. Maine EMS Report and OPS – Lorí Metayer and Joanne
 - a. On line licensing
 - b. Medical Control Disc
 - c. Contract
3. MDPB – – Rebecca Chagrasulis, MD
4. QI Report – Joanne LeBrun
 - a. Airway review process
 - i. Next meeting Wednesday, February 12, 2014 in Lewiston
 - b. Cardiac QI Project
 - c. STEMI Project - refinement
5. Regional News – Joanne LeBrun
 - a. Courses
 - b. Projects
 - c. Meetings –
 - i. March 18th – Hip Fractures
 - ii. April 3 – QI
 - iii. May
 1. EMS Week
 2. CPR
 3. Public Relations Workshop
6. Old Business:
 - a. Transfer of Care Form –
 - i. Tasks that remain - Training – ED staff
7. Other
8. Next meeting - April 3, 2014 – QI Coordinator Meeting – all are welcome

**Tri-County EMS
Quality Council
Minutes**

Thursday, February 6, 2014

Attendees: Joanne Lebrun, Paul Marcolini, Becky Chagrasulis, Al Riel, Randy Gauvin, Greg Levin, Robin Gilbert, Tom Doak, Lisa Bennett, Steve Smith, Nate Yerxa, Joe LaHood, Kevin Oliveira, Peggy McRae, Lori Metayer

1. Welcome –
 - a. Introductions.
 - b. Diane Kelley is away at a marathon in New Orleans – we all wish her well.
2. Maine EMS Report – February 5, 2014 –
 - a. Board Activity – board meeting was canceled due to weather
3. MDPB – Rebecca Chagrasulis, MD
 - The protocol implementation seemed to go well. Looking for feedback on protocols for next round
 - Still some misunderstanding about when to terminate resuscitation.
4. QI Report – Joanne LeBrun
 - a. Airway review – next meeting Feb. 12, 2014
 - b. OHCA project underway. Services have begun to send in data. Please use the electronic link if possible.
 - c. Recent cases of concern with STEMI. Cardiologist wants to consider possibly refining the protocol. There was a case of a patient with just 2 mm elevation that had no symptoms and cath lab was activated as appropriate. Cardiologist concerned this patient might have been better being evaluated in ED first before activation. Joanne has met with CMHVI and the interventionalist, further review is needed.
 - d. Quality Coordinator Meeting on April 3, 2014 all are welcome.
5. Regional News – Joanne LeBrun
 - a. Maine EMS is rolling out an on-online licensing process. Joanne saw a preview at the Ops team meeting and gave a presentation to the group of the web site. There will be both a public and private area. Students will use this to create a profile and will be able to access MEMSED and MEMSRR. Not quite ready, just in testing phase.
 - b. Maine EMS is working on the contract deliverables for the regional contracts. Looking at changing the reporting process and timing.
 - c. The OLMC disk has been revised and reformatted. Need to develop strategies to get OLMC providers who have not completed the program to do so. Drs. Riel and Chagrasulis agreed to do a review. Robin Gilbert, Education Manager at CMMC said she would investigate getting this on their LMS.
 - d. The EMS Supplement will be printed on May 16 for EMS Week. All regions are participating.
 - e. Awards nominations will be accepted until March 15.
 - f. A public relations workshop for EMS will be held on May 31 at CMMC.
 - g. A hip fracture presentation that includes dinner will be held on March 18. Please register in advance.
 - h. Advanced EMT will begin on Feb 13. Currently 12 students enrolled. Two EMT courses are underway.
6. Transfer of Care Form
 - a. The form is complete, but training of ED staffs is needed prior to implementation.

Meeting adjourned 1:45 PM

**Tri-County EMS
Quality Council
Agenda**

Thursday, December 5, 2013

1. Welcome –
 - a. Introductions
2. Maine EMS Report – Dec. 4, 2013 – Lori Metayer
 - a. Board Activity
 - b. Community Paramedicine Update
 - c. Staff update
3. MDPB – – Rebecca Chagrasulls, MD
 - a. Protocols process
4. QI Report – Joanne LeBrun
 - a. Alrway review process
 - i. Next meeting Wednesday, December 11, 2013 in Lewiston
 - b. PIFT Project
 - c. Cardiac QI Project
5. Regional News – Joanne LeBrun
 - a. Courses
 - b. Projects
6. Old Business:
 - a. Transfer of Care Form –
 - i. Tasks that remain - Training – ED staff
7. Other
8. Next meeting - February 6, 2014

**Tri-County EMS
Quality Council
Minutes**

Thursday, December 5, 2013

Attendees: Joanne Lebrun, Paul Marcolini, Randy Gauvin, John Hamel, Joe LaHood, Peg McRae, Steve Smith, Lori Metayer, Carmen Fortin, Diane Kelley (scribe)

1. Welcome –
 - a. Introductions

2. Maine EMS Report – Dec. 4, 2013 – Lori Metayer
 - a. Board Activity
 - Lori talked about the Protocol roll out. A topic that came up was if you haven't taken the protocol update meeting then providers can't do any new things on protocol. Some concerns around this. Also, concerns about amount of drugs given.
 - Joanne along with Dr. Chag to host Protocol Feedback Webinar sessions. This will happen sometime mid-January.
 - Lori stated there is a new website being launched on Monday for MEMS.
 - Joanne mentioned there is a new online licensing site through ImageTrend. This will allow folks to check their status for credits to relicense.
 - b. Community Paramedicine Update
 - NorthStar - Steve Smith said two have enrolled so far but no updates yet.
 - c. United - Joe LaHood said seventeen have enrolled.
 - d. The Education Committee has recommended and the Board approved changes to the IC education requirement, eliminating the student teaching requirement and making it the responsibility of Training Centers to evaluate competency and preparedness to teach.

3. MDPB – Rebecca Chagrasulis, MD
 - Attended Samoset. MDPB will host a retreat in February.
 - b. Protocols process
 - Protocol was rolled out. Online portion is being used.
 - MDPB seems to have no interest in creating an EMR section, need to have a protocol that covers EMR's.
 - Android App now available, Apple App still coming.
 - 250 Protocol Book have arrived at Tri-County EMS. Will ship to folks how ordered in our region first. 1500 ordered.
 - Drug boxes being updated as well.

4. QI Report – Joanne LeBrun
 - a. Airway review process
 - Next meeting Wednesday, December 11, 2013 in Lewiston
 - Will do a year end report
 - b. PIFT Project
 - Statewide. Collecting update curriculum, create protocol on Transfers.
 - Joe LaHood said he met with Medical Examiner regarding guidelines as to what to do with a decedent, when a patient died enroute.
 - c. Cardiac QI Project
 - Look at 1 year worth of cardiac arrests from pre-hospital providers. Need clear definitions of what the ultimate outcome is. Plan not defined yet.

5. Regional News – Joanne LeBrun
 - a. Courses
 - Had many requests for the AEMT and EMT Blended Course.
 - Joanne would like to offer a NAEMSE course in the Spring.
 - b. Projects
 - Working on infection control plan

6. Old Business:

a. Transfer of Care Form –

- The form is tied w/code stroke. Both models hope to be out by December 1st
- Peg McRae – code stroke policy now has a team that responds. The team consists of a CT Scan person, Pharmacist, Phlebotomist, Nursing supervisor
- Education project – out to EMS Providers with PowerPoint presentation.
 - Tasks that remain - Training – ED staff

Meeting adjourned 2:08 PM

**Tri-County EMS
Quality Council
Agenda**

Thursday, October 3, 2013

1. Welcome –
 - a. Introductions

2. Maine EMS Report – October 2, 2013 – Lori Metayer
 - a. Board Activity
 - b. Community Paramedicine Update
 - c. Staff update

3. MDPB – – Rebecca Chagrasulis, MD
 - a. Protocols process

4. QI Report – Joanne LeBrun
 - a. Airway review process
 - i. Next meeting Wednesday, October 10, 2013 in Lewiston
 - b. MEMS QI Project - OHCA
 - c. PIFT Project

5. Regional News – Joanne LeBrun
 - a. Courses:
 - i. 4 EMT-B courses in progress.
 - b. Trilage Tag Day

6. Old Business:
 - a. Stroke - Transfer of Care Form –
 - i. Tasks that remain - Training – ED staff

7. Other

8. Next meeting - December 5, 2013

**Tri-County EMS
Quality Council
Meeting Minutes**

Thursday, October 3, 2013

Attendees: Tom Doak, Lisa Buck, Al Riel, Carmen Fortin, Robin Gilbert, Joanne Lebrun, Diane Kelley (scribe)

1. Welcome –
 - a. Introductions

2. Maine EMS Report – October 2, 2013 -
 - a. Board Activity –
 - Looking for a Physician to work on the Board. Greg Coin will represent hospitals. J. Gerrish will take the Public spot. Two being considered for the Fire Chief spot.
 - ME EMS is cutting budgets.
 - The Investigation committee has shown that services have failed to relicense in a timely manner.
 - A work plan will be created over the course of a year. Clarification around roles of regions, CEH's.
 - b. Community Paramedicine Update
 - Underway, 1st pilot project to submit data soon.
 - c. Staff update
 - An EMS Provider pled guilty to child porn charges.
 - Person let license lapse, sent waiver to get reinstated and was denied.

3. MDPB – – Rebecca Chagrasulis, MD
 - a. Protocols process
 - See Dr. Chag's report
 - b. Protocol sessions
 - Flyer coming out on dates/times. Protocol is on ME EMS
 - c. Protocol app and books
 - App will be available mid to end of November. The app will be updated not more than once a quarter. Books will be available as well.

4. QI Report – Joanne LeBrun
 - a. Cardiac Project
 - i. Reports
 - Paul Marcolini looking at outcomes
 - b. Airway review process
 - i. Next meeting Wednesday, October 9, 2013 in Lewiston
 - c. QI Survey – October
 - Part of contract with ME EMS. Need to do work around it. Paul Marcolini and Dr. Chag came up with a survey that will go out to services. Will see how this has helped QI.
 - d. PIFT Project
 - Survey coming out next week.

5. Regional News – Joanne LeBrun
 - a. Poland new base
 - Being built, opening October 19th
 - b. Courses:
 - i. 4 EMT-B courses in progress.
 - Blended EMT courses going well
 - ii. 1 ALS refresher is being planned
 - Talking to services to see how to do, will know more by month end
 - c. Triage Tag Day
 - d. Save the date – December 12 – Hip Fractures - postponed
 - 5-8 PM

- e. Regional – Learn CPR Day – May 3, 2014
 - This would be Family & Friends CPR. CMHVI doing a CPR day. Would be great to get Rumford, Bridgton and services all to do something on same day.
 - f. Public Relations Communications Conference for EMS – tentative March 2014
 - Held on a Saturday. Show folks how to speak to community, etc., maybe hold annually with a theme.
 - g. Mid-Coast Conference – MCOT, MAA, Stroke and Medical Directors as well as programs.
6. Old Business:
- a. Transfer of Care Form –
 - i. Tasks that remain - Training – ED staff
 - Start using form In December. The smaller form reflects what has been discussed. ME EMS says you can use any form but need to use form. To be used region-wide.
7. Other
8. Next meeting - December 5, 2013
- Will invite Jon Powers

Meeting adjourned 2:10 PM

Appendix E -Public Information, Education, and Relations – supplemental information

EMS Public Relations Survey

A strong public information, education & relations (PIERS) program is critical to a successful EMS service. EMS services need to celebrate their successes & achievements and most importantly let the public know. This short survey is designed to find out what kinds of activities are being done in our region by our services. I will summarize and share these ideas with everyone. The second purpose of this survey is to find out what type of education and resources you would find helpful to create a robust Public Relations Program for your service. If you would complete this survey by June 15, 2014 that would be greatly appreciated. If you have any questions please give me a call at 795-2880.

*1. Service Name:

2. In the past year has your service done any of the following?

- Placed a press release in a newspaper
- Been featured in a TV spot
- Been interviewed for a news article
- Submitted a service picture to the newspaper
- Used social media to publicize an event
- Held an open house
- Held a fund raiser
- Participated in a local trade show
- Given a presentation at a local club/organization
- Provided education to residents in the community
- Made outreach visits to community members
- Sponsored a local sports team
- Other (please specify)

3. Would you be interested in learning more about how public relations and education can help your service?

- Yes
- No

4. I would like to learn more about the following:

- Writing a press release
- Giving an interview
- Using social Media
- Having a booth for a trade show
- Taking pictures
- Offering public education
- Other (please specify)

5. Contact information (optional):

Name:

e-mail address:

Thank you for taking the time to complete this survey. Your input is greatly appreciated.

Tri-County EMS and Central Maine Medical Center Present

Putting Your Best Foot Forward – A Workshop on Public Information, Education and Relations (PIER) for your EMS Service

Saturday, May 31, 2014 at Central Maine Medical Center, Lewiston, Maine

12 High St. Conference Center, Rooms A, B, and C

8:30 am to 1:30 pm

Topics:

- 8:30 am **Welcome and Introductions**– Joanne LeBrun
- 8:40 am **Public Relations 101** – How Outreach and Public Education can help your service. Chuck Gill, VP Communications CMMC
- 9:00 am **The Art of the Interview** –
Tips and strategies for responding to questions asked by the public. Chuck Gill
- 9:30 am **A Case Study** – How local services are integrating into their service business plan
- 10:00 am Break
- 10:15 am **Taking Your Message to the Community** – Tips on displays, trade show etiquette, venues, and how to craft your message. Susan Smith, Public Relations Specialist, CMMC
- 11:15 am **Using Social Media** – Best Practices to send out your message. Tessa Herland, Social Media Specialist, CMMC
- 12:15 pm Break
- 12:30 pm **What will get you in the papers?** How to tell if it your story is newsworthy – Randy Dustin, Manager Communications, CMMC
- 1:15 pm Question and Answers and Evaluation
- 1:30 pm Adjournment

There is no charge for this workshop, all are welcome to attend. Please register in advance so we have enough materials for all.

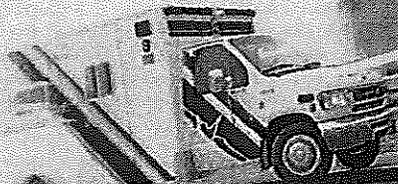
Please reserve your space by phone or email to Diane Kelley 207 795-2880 or kellyvdi@cmhc.org

Light refreshments will be provided.

“Putting Your Best Foot Forward”

A Workshop on Public Information, Education and Relations (PIER) for your EMS Service

Sponsored by Tri-County EMS & Central Maine Medical Center



Saturday, May 31, 2014

8:30 am to 1:30 pm

Central Maine Medical Center, Lewiston, ME
Conference Center Room A, B and C. Use the 12 High St. entrance for easiest access, take stairs or elevator to the lower level
Free parking available in the garage.

Tri-County EMS



Your Life Support Team

Come join your EMS Colleagues for this workshop and learn how to effectively promote your service



Topics:

- **Public Relations 101 - How Outreach and Public Education can help your service**
- **The Art of the Interview - Tips and strategies for responding to questions asked by the public**
- **A Case Study - How local services are integrating PIER into their service business plan**
- **Taking Your Message to the Community - Tips on displays, trade show etiquette, venues, and how to craft your message**
- **Using Social Media - Best Practices to send out your message**
- **What will get you in the papers? How to tell if it is newsworthy**

Light refreshments will be provided.

CEHs in Preparatory and Operations will be awarded.

Please RSVP by emailing Diane Kelley at Kelleydi@cmhc.org or calling her at 207 795-2880.
There is no charge for this workshop, all are welcome to attend. Please register in advance so we have enough materials for all.

“Putting Your Best Foot Forward”

A Workshop on Public Information, Education and Relations (PIER) for your EMS Service

Sponsored by Tri-County EMS & Central Maine Medical Center



Saturday, September 20, 2014

8:30 am to 1:30 pm

Central Maine Medical Center, Lewiston, ME
Conference Center Room A, B and C. Use the 12 High St. entrance for easiest access, take stairs or elevator to the lower level
Free parking available in the garage.

Tri-County EMS



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There is no charge for this workshop, all are welcome to attend. Please register in advance so we have enough materials for all.

Appendix F - Maine EMS Meetings – supplemental information

Appendix G - Other EMS Projects - supplemental information

Appendix H - Financial Report – supplemental information

Financial Statements

**Tri-County Emergency
Medical Services, Inc.**

June 30, 2013

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Statements of Financial Position	2
Statements of Activities	3
Statements of Cash Flows	4

INDEPENDENT ACCOUNTANTS' COMPILATION REPORT

Board of Directors
Tri-County Emergency Medical Services, Inc.
Lewiston, Maine

We have compiled the accompanying statements of financial position of TRI-COUNTY EMERGENCY MEDICAL SERVICES, INC. (Tri-County EMS) (a non-profit corporation) as of June 30, 2013, and the related statements of activities and cash flows for the year then ended. We have not audited or reviewed the accompanying financial statements and accordingly, do not express an opinion or provide any assurance about whether the financial statements are in accordance with accounting principles generally accepted in the United States of America.

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.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

Management has elected to omit substantially all of the disclosures required by accounting principles generally accepted in the United States of America. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the Organization's financial position, changes in net assets, and cash flows. Accordingly, these financial statements are not designed for those who are not informed about such matters.

Accounting principles generally accepted in the United States of America require that assets with useful lives of over one year be capitalized and depreciated over that useful life. TRI-COUNTY EMS follows the practice of expensing all equipment in the year acquired. The effects of this departure from accounting principles generally accepted in the United States of America on the accompanying financial statements have not been determined.



CERTIFIED PUBLIC ACCOUNTANTS

December 19, 2013

Tri-County Emergency Medical Services, Inc.
STATEMENTS OF FINANCIAL POSITION
June 30, 2013 (Compiled) and 2012 (Reviewed)

	<u>2013</u>	<u>2012</u>
<u>ASSETS</u>		
CURRENT ASSETS		
Cash	\$ 108,885	\$ 93,289
Accounts receivable	100,037	86,442
Supplies inventory, at cost	11,770	10,671
Total current assets	<u>220,692</u>	<u>190,402</u>
	<u>\$ 220,692</u>	<u>\$ 190,402</u>
 <u>LIABILITIES AND NET ASSETS</u>		
CURRENT LIABILITIES		
Accrued employee benefits	<u>13,309</u>	<u>13,118</u>
Total current liabilities	<u>13,309</u>	<u>13,118</u>
OTHER LIABILITIES		
Due to Central Maine Medical Center	<u>78,212</u>	<u>38,079</u>
Total liabilities	<u>91,521</u>	<u>51,197</u>
NET ASSETS		
Unrestricted	<u>129,171</u>	<u>139,205</u>
Total net assets	<u>129,171</u>	<u>139,205</u>
	<u>\$ 220,692</u>	<u>\$ 190,402</u>

The accompanying Independent Accountants' Compilation Report should be read with this financial statement.

Tri-County Emergency Medical Services, Inc.
STATEMENTS OF ACTIVITIES
June 30, 2013 (Compiled) and 2012 (Reviewed)

	<u>2013</u>	<u>2012</u>
CHANGES IN UNRESTRICTED NET ASSETS		
Support		
State contracts	\$ 50,420	\$ 50,260
State special service contracts	1,945	0
Donations	<u>640</u>	<u>632</u>
	<u>53,005</u>	<u>50,892</u>
Revenue		
Educational program	202,958	208,948
Quality assurance	49,850	49,850
Service fees and assessments	20,053	17,853
Vehicle licensing fees	1,816	3,104
Interest income	324	558
Other income	<u>413</u>	<u>2,081</u>
	<u>275,414</u>	<u>282,394</u>
Net assets released from restriction	<u>0</u>	<u>6,456</u>
Total support and revenue	<u>328,419</u>	<u>339,742</u>
Expenses		
Direct program expenses		
Educational program	125,844	118,623
Communications	10,680	11,705
Medical direction	<u>11,964</u>	<u>12,916</u>
	<u>148,488</u>	<u>143,244</u>
Support service expense		
Personnel	143,426	129,978
Management and general	<u>46,539</u>	<u>34,570</u>
	<u>189,965</u>	<u>164,548</u>
Total expenses	<u>338,453</u>	<u>307,792</u>
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	<u>(10,034)</u>	<u>31,950</u>
CHANGES IN TEMPORARILY RESTRICTED NET ASSETS		
Net assets released from restriction	<u>0</u>	<u>(6,456)</u>
INCREASE (DECREASE) IN TEMPORARILY RESTRICTED NET ASSETS	<u>0</u>	<u>(6,456)</u>
INCREASE (DECREASE) IN NET ASSETS	(10,034)	25,494
NET ASSETS, BEGINNING OF YEAR	<u>139,205</u>	<u>113,711</u>
NET ASSETS, END OF YEAR	<u>\$ 129,171</u>	<u>\$ 139,205</u>

The accompanying Independent Accountants' Compilation Report should be read with this financial statement.

Tri-County Emergency Medical Services, Inc.
STATEMENTS OF CASH FLOWS
For the years ended June 30, 2013 (Compiled) and 2012 (Reviewed)

	<u>2013</u>	<u>2012</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Increase (decrease) in net assets	\$ (10,034)	\$ 25,494
Adjustments to reconcile net assets to net cash provided (used) by operating activities:		
(Increase) decrease in accounts receivable	(13,595)	(7,156)
(Increase) decrease in inventories	(1,099)	(865)
Increase (decrease) in accrued liabilities	191	(5,924)
Increase (decrease) in due to CMMC	40,133	(26,036)
Total adjustments	<u>25,630</u>	<u>(39,981)</u>
Net cash provided (used) by operating activities	<u>15,596</u>	<u>(14,487)</u>
 NET INCREASE (DECREASE) IN CASH	 15,596	 (14,487)
 CASH, BEGINNING OF YEAR	 <u>93,289</u>	 <u>107,776</u>
 CASH, END OF YEAR	 <u>\$ 108,885</u>	 <u>\$ 93,289</u>

The accompanying Independent Accountants' Compliance Report should be read with this financial statement.