

Southern Maine EMS

2011-2012 Work Plan:

Through the process of restructuring SMEMS, the board is committed to continuing the work delineated by Maine EMS in the FY12 Contract. As the organization has recently suffered significant losses in the form of staff and is rebuilding itself financially, the following discussion will review some of the rebuilding steps prior to discussion of the contract's deliverables.

Goal #1 – Attain Financial Stability: Without a stable financial platform from which to work, the organization's abilities will be limited. While daunting, this goal may be easier to attain than some, as long as the organization's partner services and hospitals are willing to continue contributing in the form of financial assessments.

- 1) Objective #1 – Attain the Regional Contract from State EMS
 - a. Strategy #1– Create, vet and propose a functional work plan that addresses the deliverables defined by Maine EMS
- 2) Objective #2 – SMEMS will, at least in the short term, continue to rely on financial assessments from both the services and the hospitals. The Board of SMEMS wishes to create an environment in which services understand the purpose of the assessment and what to expect from the organization once that assessment has been paid.
 - a. Strategy/Intervention #1 - If the contract is awarded to SMEMS, draft a letter to regional services explaining the current condition of SMEMS along with the plan to restructure the organization. This will include a detailed discussion of what the organization will be doing for the services over the contract duration. Attach this to the service's assessment
 - b. Strategy/Intervention #2 – Follow these mailings up with sub-regional meetings with the services using these forums to discuss face to face with service leadership, service members and hospital representatives the status of SMEMS, how the organization found itself in this condition and the proposed work plan moving forward.
 - c. Strategy/Intervention #3 - This time will also be used to poll the services regarding their wishes of a regional office. Explain to services that SMEMS is contracted annually by the state to fulfill a set number of deliverables. Describe those deliverables to the stakeholders and inquire if there are other ways in which the organization can assist them.
 - i. One such meeting has been set up for Tuesday August 30th at Maine Medical Center's Dana Auditorium
 - ii. Working on similar meetings south of Portland and north of Portland
- 3) Objective #3 – While the services are a very important piece of the organization's final future the other important contributors are regional

hospitals. Again, the events of this past spring put at jeopardy the hospital assessments. SMEMS must create an understanding of the value of these assessments and what the hospitals are contributing to.

- a. Strategy/Intervention #1 – Draft a letter to each of the hospitals that explains the current status of SMEMS and the plan for restructuring the organization. As well, detail the planned activities of the organization, as outlined in the contract with Maine EMS, and describe to the hospitals the value of their continued support of the organization.
 - b. Strategy/Intervention #2 – Follow these letters up with face-to-face meetings with each hospital’s leadership which would include but is not limited to the hospital’s EMS medical director/point of contact, the hospital’s ED director, and, if possible, the hospital’s CEO, CFO and CMO. These meetings will become an opportunity to perform outreach with each hospital and describe the activities and value of the regional EMS system
- 4) Objective #4 – SMEMS must have ongoing dialogue with all of its local stakeholders and its constituents must have ongoing knowledge of its activities and functions. This can be assured in a number of ways:
- a. Strategy/Intervention #1 – Regularly attend local meetings – This list could include, but is not limited to, the following
 - i. Cumberland and York County Fire Chief’s Meetings, Cumberland/Oxford Fire Chief’s Association, Local hospital meetings (MMC/Mercy, SMMC, Parkview/Mid Coast, Goodall), as well as pertinent Maine EMS meetings (such as the MDPB, QI Committee, Operations, MDPB subcommittee meetings, etc.)
 - ii. The Board will look for other pertinent meetings and when deemed necessary, will attend these as well.
 - b. Strategy/Intervention #2 – Reach out to current hospital contacts and service leadership explicitly inviting them to Regional Medical Directors meetings.
 - c. Strategy/Intervention #3 – During the hospital meetings referenced above, discuss the value of regular follow-up meetings with the collected group of hospital leadership.
 - d. Strategy/Intervention #4 – Create an organizational Newsletter that is distributed to the local services and hospitals on a regular basis. This could include information regarding upcoming education, quality improvement information, and other articles of interest.

Goal #2 – Hire a new Regional Coordinator – It is clear that the organization deserves a highly functioning regional coordinator. Unfortunately, the organization will not be able to hire such an individual until some of the above tasks have been completed and the financial foundation of the organization is stabilized. Once the Board believes the organization has financially stabilized, recruitment of a regional coordinator will begin.

- 1) Objective #1 - The future regional director must be a licensed EMS provider, preferably paramedic, and must as well have significant experience with education, QI and management. This person must be highly motivated and must balance affability with strong leadership skills.
 - a. Strategy/Intervention #1 – Once ready, the organization will begin advertising for a new regional coordinator. This will be organized by a sub-committee of the board with details to follow.
 - b. Strategy/Intervention #2 – Create a subcommittee of the SMEMS Board that will focus on the process of hiring a regional coordinator and have essential work completed so that when the Board feels financially stable, the hiring process will immediately begin. Examples of essential work could include job descriptions, necessary qualities, operational plan for advertising, etc.
 - c. Strategy/Intervention #3 – Interim Regional Coordinator – Should the process of hiring a permanent Regional Coordinator be delayed, the board will consider appointing an interim Regional Coordinator
- 2) In the immediate term, the Board will focus on hiring a Regional Coordinator, however, given the population of Southern Maine as well as the number of providers and volume of calls, the organization will need a staff of more than one to including a project-manager type position to assist in either QI activities or Education/Training as well as a administrative assistant. These positions will be addressed at a later date and after the hiring of a regional coordinator.

Goal #3 – Complete the deliverables of Maine EMS: As detailed above, a significant amount of the energies of the SMEMS Board will, in the near future, be placed toward rebuilding the organization. The board recognizes however that a significant piece of the restructuring process will include aggressively completing the deliverables detailed in the Maine EMS Contract. During this rebuilding stage, the organization may approach these slowly and methodically with a goal to excel and exceed past performance. During the restructuring process, the organization will rely on the Board members to perform the bulk of the contract deliverables. To best meet the goals of the contract, the Board will designate members to take lead on the various deliverables.

- 1) Medical Control/Medical Direction Lead Board Member – Marlene Cormier
- 2) QI Lead Board Member – Matt Sholl
- 3) Training/Coordination and Education Lead Board Member - Koslosky
- 4) Public Information, Education and Relations Lead Board Member – Brent Libby

Deliverable #1 - Medical Control and Medical Direction: Assess results of the plan developed in FY10 for regional, hospital and service level medical direction. Using this information:

- 1) Update the plan to achieve Online Medical Control certification for all individuals in a position of providing medical control to EMS
- 2) Promote, assist, and facilitate the development of service medical directors

Deliverables: 100% compliance by June 30, 2012. With regards to medical control certification, compliance will be evidenced by implementation with all hospitals within the region, With regard to service medical directors, compliance will be evidenced by the following:

- 1) Education services on the benefits of service level medical direction
- 2) Assisting services with procedures of recruitment of service level medical directors
- 3) Fostering the role of service medical directors among potential medical director candidates
- 4) Assisting services to clearly identify roles and responsibilities for service medical directors.

Revised plan and activity report will be submitted no later than December 31, 2012 for review and approval by Maine EMS with a progress report submitted no later than June 1, 2012, Submit a final report covering the contract period no later than September 1, 2012

This Deliverable will be lead by a Marlene Cormier.

Approach:

- 1) Medical Direction
 - a. Need to first rediscover the roles of Hospital EMS Medical Director
 - i. MMC – Matt Sholl
 - ii. SMMC – Mike Schmitz
 - iii. Mid Coast – Marlene Cormier
 - iv. Parkview – Dr Depete
 - v. York - Tony Bock – has stepped down as ED Chief
 - vi. Goodall - Kent Hall – has stepped down as ED Chief
 - vii. Mercy - ? John Southall
 - viii. Bridgton - ? Doug Collins
 1. Need to reach out to the last 4 and assure they are still the hospital contacts. If they are not, need to figure out who is the contact for that hospital
 - a. What is the contact’s ability to attend the Medical Director’s meeting at SMEMS
 - b. Also, reach out to the listed medical directors in Donnie’s most recent report and figure out how to engage them

- b. Once these positions are established – can then begin polling the local hospital regarding physicians interested in becoming medical directors
 - i. We have a list from Donnie located in the most recent report to the state with services that do and do not have medical directors (titled FY 11 mid-year Report to MEMS)
 - 1. Based on this report – Donnie accounted for 63 of the 77 services in the Southern Maine EMS catchment area
 - a. 77 based on the SMEMS Website
 - b. Those missing medical direction AS OF THAT TIME INCLUDE: Ogunquit, Wells Fire, York Beach, York Fire, Alfred, Lebanon, Newfield, North Berwick, Waterboro, Buxton, Hollis, Arundel, Goodwin’s Mills, Kennebunk, Kennebunk Port, Saco, Cumberland, Gray, Limington, Raymond, Sacopec, Windham, Yarmouth, Long Island, Scarborough Downs, Bath, Bowdinham, Georgetown, Phippsburg, Topsham, Cundy’s Harbor, Durham, Harspswell, and BIW for a total of 35 that do not have Medical Directors
 - i. 45% of services in Southern Maine do not have medical direction.
 - 2. Reach out to the above services and discover any barriers to medical direction.
 - a. In the past, have heard from some services that insurance and liability have been a barrier.
 - b. Other potential barriers include financial remuneration to the medical director.

2) Medical Control –

- a. Again, the Board believes a primary step is making sure that each hospital has a medical director for EMS and /or a primary contact for the SMEMS Leadership
 - i. Once each hospital has a medical director/point of contact, we can begin polling that group to ask the following
 - 1. How many staff do they have?
 - 2. How many of those staff members have taken the OLMC course?
 - 3. What can SMEMS do to help encourage those that have not taken the course to do so?
 - a. Could we come to a staff meeting and discuss the OLMC course?
 - b. Or could we come to a staff meeting and present the OLMC course?

Deliverable #2 - Quality Improvement:

1. Provide technical assistance to local EMS agencies for development and implementation of an integrated Quality Improvement (QI) plan that will, in large part, evaluate (assess) and develop (assure) competencies for EMS providers. Local QI plans should include all EMS providers with whom they routinely interact:
 - a. For non-transporting services this should include the primary transporting service; and
 - b. For ambulance services, this should include services with whom they routinely provide or receive ALS backup or mutual aid; and
 - c. Receiving hospital(s) for patients treated/transported.
2. Service plans should include:
 - a. Identifying QI indicators with benchmark data (including trending)
 - b. Educational programs conducted as a result of QI activities
 - c. Follow-up data to evaluate training/educational programs

The plans shall include performance indicators and clinical outcomes. The regional office shall function as a liaison between state and local QI committees.

Deliverable: 100% compliance by the June 30, 2012. Compliance shall be evidenced by

- 1) The implementation of a regional integrated QI plan;***
- 2) Implementation of the QI plan throughout the region; and***
- 3) The response by regional stakeholders.***

Further, a report of measurable outcomes, to the extent available, shall be considered additional evidence of compliance.

Submit revised plan and activity report to Maine EMS no later than December 31, 2011, with a progress report submitted no later than June 1, 2012,

Submit a final report covering the contract period no later than September 1, 2012.

This Deliverable will be lead by Matt Sholl.

Approach –

The approach to regional QI will have to be managed differently in the short term as the organization is restructuring. Once a regional coordinator has been hired, the strategy will change.

- 1) Short Term Approach – During the restructuring process, the organization will rely on the Board members to perform the bulk of the contract

deliverables. To best meet the goals of the contract, the Board will designate members to take lead on the various deliverables.

- a. Objective #1 - The Board member leading this deliverable will begin by reviewing the current EMS QI activities that are ongoing throughout the region.
 - i. Strategy/Intervention #1 - This will occur by polling the members of the Medical Director's Committee and inquiring about their current activities or any activities they are aware of within the region.
 - b. Objective #2 - Once this review is complete, the lead Board member will act to help organize the current QI activities and collate the information coming from the sub-regional level. This information will be pushed back to the hospitals and the services participating to date and will hopefully act to encourage other hospitals and services to participate in the process.
 - i. Strategy/Intervention #1 - To date, the known regional QI activities include the MaineHealth 12 Lead QI Program, the Maine Medical Center Airway Review program, and the Mid Coast monthly QI meetings. These programs, in particular the airway program, will be reviewed for consideration of expanding to the regional level.
 - ii. Strategy/Intervention #2 - As well, the physicians leading the above mentioned programs undoubtedly have a unique vantage allowing them to discover QI trends at the sub-regional level. These physicians will be approached to share their input and insight with SMEMS in an effort to use this information to guide regional educational efforts.
 - c. Objective #3 - Grow the regional QI program
 - i. Strategy/Intervention #1 - During Regional meetings, be they meetings the region attends or meetings the region hosts, the Board's QI leader will query the regional services and hospitals to discover other QI activities or QI interests that can be built into the region's QI program. Along with the afore mentioned 12 lead and Airway programs, other potential QI areas of focus may include trauma patients, OHCA patients, patient sign off's etc.
- 2) The Organization's Long term approach to Quality Improvement will need to be structured by the regional coordinator but will comply with the proposed state EMS QI manual's suggestion of creating sub-regional QI committees that feed information the regional QI committee. The regional QI committee will in turn push this information to the state's QI committee.
- a. The regional QI committee will propagate any state level QI Markers as well as develop and propagate any regional specific QI Markers
 - b. The organization's QI contact will act as a subject matter expert and will actively assist in the creation of these sub-regional QI committees

by meeting directly with hospital and service leadership as well as attending any sub-regional QI Meetings.

- c. The regional QI Meeting will also function as a “step-up” from the sub-regional or service level QI process for any events that meet the following classifications:
 - i. Any event in which an EMS provider is charged with a criminal offense (these events will prompt immediate notification of Maine EMS but the regional processes will also be involved)
 - ii. Any event in which a sentinel event occurs
 - iii. Any circumstance in which the service or sub-regional process has exhausted its abilities to mitigate the event.
- d. In all future efforts, SMEMS will attempt to find venues to evaluate the spectrum of emergency medical care, beginning at the level of dispatch when appropriate, continuing through the EMS care and ending by using hospital information to identify the patient’s outcome.

Deliverable #3 - Training Coordination:

1. Coordinate and assist with EMS training programs as identified by:
 - a. EMS services;
 - b. QI activities; and
 - c. Regional needs assessment

Deliverable: 1) Submit revised plan and activity report to Maine EMS no later than December 31, 2011, with a progress report submitted no later than June 1, 2012. 2) Submit a final report covering the contract period no later than September 1, 2012. Reports should include a copy of the assessment tool used and a summary of the responses.

This Deliverable will be lead by a specified Koslosky.

Approach: Again, the region's educational tempo will be different in the organization's rebuilding stage than it will once a regional coordinator is hired. Initial efforts will be focused on meeting with stakeholders and creating a vision for future efforts.

Goals: The overarching goal of the region's approach to education will be to ensure that services and providers have ample opportunity to receive high quality instruction in both their primary EMS education as well as their continuing educational efforts.

- 1) Objective #1 – Continue the maintain the current course commitments
 - a. Strategy/Intervention #1 – At present, SMEMS has one Paramedic course and one basic class ongoing. The Board has committed resources and has made a priority the completion of the ongoing EMS courses. Brent Libby has met with those instructors and has been able to create a plan for the completion of these courses.
 - b. Strategy/Intervention #2- In the fall, SMEMS had scheduled 4 EMT-Basic courses and 1 Paramedic course. Given the current status of SMEMS and the level of involvement that a paramedic course would entail, the Board has voted to postpone the paramedic course that was scheduled to begin in the fall. After further discussion, the Board has decided to old three of the four scheduled EMT courses. These three courses have stand-alone instructors and were schedule based on requests from outside EMS services interested in hosting these classes. As those communities are highly vested in those classes, the Board has decided to continue through with those classes. One other EMT class was scheduled for the fall; however, this class was to be held by SMEMS staff and was to be held at the SMEMS offices. Given the current status of the organization, this class has been postponed.

- 2) Objective #2 – At present, there are other agencies heavily involved in regional continuing education efforts. The regional office must become involved with regional continuing education, either by creating novel programs or by partnering with the organizations that are presently teaching throughout the region.
 - a. Strategy/Intervention #1 – At present, the MaineHealth EMS Program has been active in creating regular continuing educational offerings held at the regional hospitals. To date, SMEMS has not been involved in this process, however, potential exists for SMEMS to partner with MaineHealth in holding these events.
- 3) Objective #2 – Gain awareness of the current EMS educational efforts and create a coordinated, synergistic vision for education in the future.
 - a. Strategy/Intervention #1 – At present, there exist three Training Centers in the Southern Maine EMS catchment area with rumors of another organization interested in becoming a training center. Not all of the existent Training Centers will be able to continue teaching primary paramedic courses. As well, not all of the existent training centers are interesting longitudinal, continuing educational efforts. SMEMS will meet with interested educational partners to discuss future regional education plans including a plan for regional paramedic education given the upcoming need for approval to teach courses leading to national registry.
- 4) Objective #4 – Grow the organization’s educational platform.
 - a. Strategy/Intervention #1 – The hospital held conferences are a good start to continuing education in the region but further options exist. Once the office becomes stabilized and staff are hired, another potential for the organization is to create a group of highly qualified EMS instructors that can hold on site courses for interested EMS Services. These courses may consist of standard trainings such as ACLS, PALS, etc. or may be novel courses such as a 12 lead refresher of a CPAP orientation. Future plans may include creation of a “menu” of classes that the organization can offer that is made available to the services for review.

Deliverable #4 - Regional Councils:

1. Conduct regional council meetings on a quarterly basis (minimum requirement) to assure representation of the EMS community and the community at large. At a minimum the following stakeholders shall be represented to foster networking among and between relevant entities to the EMS system in Maine:
 - a. Community at large
 - b. Hospitals
 - c. Post secondary education
 - d. EMS service administrators
 - e. EMS field providers
 - f. Elected/appointed officials, or municipal official.
2. Expand attendance at Council meetings and information dissemination.

Deliverable: Submit copies of meeting agendas and minutes to Maine EMS at least quarterly or as they are available, whichever is more frequent, and a final activity report covering the contract period no later than September 1, 2012. Reports should include details on efforts to expand participation in Council meetings and efforts to communicate Council activities throughout the region(s).

This Deliverable will be lead by Brent Libby and Marlene Cormier.

SMEMS Board Meetings: During the restructuring process, the Board of Southern Maine EMS has been meeting on a weekly basis in an effort to restructure and reorganize SMEMS. This pattern of meetings will continue for the short term and Maine EMS will be forwarded copies of the Board's minutes upon approval after the subsequent meeting.

As the organization stabilizes, the frequency of Board meetings will likely decrease, however, Maine EMS will be made aware when this occurs and Board minutes will continue to be made available to Maine EMS upon review of the Board at subsequent meetings.

During the restructuring phases, the organization will be reaching out to regional stakeholders to fill all empty board positions as well as to encourage stakeholders to become involved in both the Board meetings as well as the Regional Medical Director's meetings.

Deliverable #5 - Public Information, Education, and Relations:

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

This Deliverable will be lead by Brent Libby.

Deliverable: Submit revised plan and activity report to Maine EMS no later than December 31, 2010, with a progress report submitted no later than June 1, 2012. 2) Submit a final report covering the contract period no later than September 1, 2012.

Deliverable #6 - Attendance and Participation in Maine EMS meetings:

1. Regional requirements Maine EMS meeting attendance and participation include the following:
 - a. Regional Coordinator at Operations Team meetings;
 - b. Regional Medical Director in Medical Directions and Practice Board meetings; and
 - c. Regional QI representative in MEMS QI Committee meetings.

Deliverable: Attendance at specified meetings.

This Deliverable will be managed by a number of the Board Members.

Goal #7 - Other projects:

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

Deliverable: Submit activity report to Maine EMS no later than December 31, 2011, and a final report covering the contract period no later than September 1, 2012.

1. No later than December 31, of each year during the contract period, submit an independently prepared financial report for the prior fiscal year.