

MAINE STATE LEGISLATURE

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**Phase 1 Workgroup Report in response to
the Maine EMS Study conducted by The EMSSTAR Group, LLC.**

February 1, 2006

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Executive Summary

In the summer of 2004, a team of EMS consultants from The EMSSTAR Group, LLC (Annapolis, MD) conducted a review of Maine's Emergency Medical Services system. This review, which was endorsed by the Department of Public Safety ("Department") and Maine Emergency Medical Services ("MEMS") came as a result of a Legislative Resolve, which was passed in 2003, but not funded. It would be an additional year before funds could be obtained from a combination of sources and the review commenced.

This review followed the template developed by the National Highway Traffic Safety Administration (NHTSA) with the addition of comments regarding funding matters. At the foundation of the review are the NHTSA standards for EMS systems:

- Regulation & Policy
- Resource Management
- Human Resources & Training
- Transportation
- Facilities
- Communications
- Public Information, Education, and Prevention
- Medical Direction
- Trauma Systems
- Evaluation

The EMSSTAR team used the NHTSA standards as a benchmark and responded to their observations of the Maine EMS in the form of both narrative and specific recommendation. These observations came following both written testimony received prior to the team's onsite visit and through interviews conducted in Portland, Augusta, and Bangor, with videoconferencing links to Caribou.

When the EMSSTAR report (Appendix A) was received, it was posted on the Maine EMS web site. Within a few weeks the report became one of the state's most frequently downloaded documents.

The issue of how to best utilize this review was the subject of much discussion by the Board of EMS, MEMS staff, regional coordinators, and many others. Several recommendations were repeated in different areas and others were no longer germane because the objective of the recommendation had been accomplished. The resulting recommendation list was then combined into 4 areas:

- Regulation & Policy / Resource Management / Communications
- Human Resources / Public Information, Education, and Prevention
- Transportation / Facilities
- Medical Direction / Trauma Systems

For several months, MEMS staff conducted information sessions throughout the state, presenting the EMSSTAR report and soliciting participation in the above workgroups. Those who were interviewed by the EMSSTAR team were directly contacted by staff and invited to participate in the workgroups.

The charge from the Board to the workgroups was to carefully review the individual recommendations and then to accept, reject, or modify and prioritize each recommendation. Appendix B contains the list of workgroup participants.

The following facilitators were then contracted to work with each group as described:

- Randall Bumps, Vice President, The Cianchette Group, Portland (Medical Control / Trauma Systems)
- Alan Hinsey, Management Intervention Services, Rockland (Regulation & Policy / Resource Management / Communications)
- Mike Roberts, Management Intervention Services, Rockland (Human Resources / Public Information, Education, and Prevention and Transportation / Facilities)

As each workgroup conducted their review and recommendations, there were recurrent themes that emerged: the lack of understanding about the EMS system by the public and the Legislature, and the inadequate financial support for a system whose role continues to expand, and whose role in health care and public safety is unequalled.

Of note, and illustrative of one of the primary concerns in the EMSSTAR report, is the fact that while this study was deemed important enough by the Legislature to be the subject of a Resolve, it was not funded. Instead, the responsibility rested upon Maine EMS to pursue and secure approximately \$50,000 in funding.

Nonetheless, it was the consensus among the workgroups that while funding is an important priority, there are other measures that can and should be done to improve Maine's EMS system.

There is no prescribed format for taking action following a study such as that conducted by EMSSTAR as each state/system have different operational guidelines. The Board of EMS decision was to break the recommendation into multiple phases:

- Review and prioritization (done)
- Developing an action plan for high priority items
- Implementing high priority items*
- Review of medium priority items
- Implementation of medium priority items

* Because of the anticipated impact of the high priority recommendations, before proceeding to the medium priority items, it may be beneficial to conduct an independent follow-up review. The purpose of this follow-up review would be to obtain objective input with regard to the priorities, progress, and direction.

Timetable of Events

November 2003 – June 2004	Contract with EMSSTAR; internal assessment of MEMS system using the NHTSA benchmark categories; written testimony provided to EMSSTAR.
July 2004	EMSSTAR Team in-state interviews
August 2004	EMSSTAR Report received and posted on MEMS web site.
September – November 2004	Report discussed by Board of EMS and course of action developed.
December 2004 – May 2005	Presentations to EMS services to solicit volunteers for Phase 1 workgroups. Contracts with facilitators – meeting schedule planned.
June – December 2005	Phase 1 workgroups convene and prioritize recommendations.
February 1, 2006	Review of Phase 1 recommendations by the Board of EMS with public input on the next steps.
February – September 2006*	Development of action plans for high priority items to include, but not be limited to changes in the EMS Law and Rules.
September 2006*	Request Department bill to implement changes to the Maine EMS Law.
Spring 2007*	If the necessary laws are changed as recommended, begin the rulemaking process as required by statute.
Winter 2007/Spring 2008*	Implement changes to the EMS Rules.
Spring / Summer 2008*	Review of medium priority items; consider mid-point independent reassessment.

* There are a great many variables affect the ability to accurately project the work plan timeline. The magnitude of the potential changes is such that they should be done with careful attention to the understanding and support of those affected.

EMSSTAR Recommendations Accomplished

Accelerate the implementation of the electronic data collection system that utilizes the revised NHTSA data set.

- *Maine EMS Run Report System (MEMSRR) went “live” on January 1, 2006, with web-based data entry. Contract with ImageTrend, Inc., has been amended to expand the number of available PC entry software licenses available. Additional instructor training scheduled for Feb 2006.*

Explore means to integrate the data collection system with other public safety and health data systems.

- *Trauma/EMS Grant Application funded by HRSA will enable linkage of non-crash EMS data during 2006. Crash data continue to be linked via the Crash Outcomes Data Evaluation (CODES) grant project (ME DHHS).*

In cooperation with other state agencies, develop a plan to assure that Emergency Medical Dispatcher (EMD) training is required for all personnel answering 9-1-1 EMS calls.

- *LD 1373, which was supported by both Maine EMS and the Emergency Services Communications Bureau (PUC) was passed by the Legislature in 2005 and became effective in September 2005. This law requires EMD certification for PSAP call takers by January 1, 2007. Maine EMS has been working with ESCB on Functional Job Description for staff to perform these duties and applicant interviews were conducted in January 2006.*

Modify the Maine EMS Prehospital Treatment Protocols to authorize all EMS providers statewide to request air medical transport units without on-line medical direction.

- *Approved by the Medical Direction and Practices Board in September 2005.*

High Priority Recommendations

In order to have an effective statewide EMS system, recommendations identified as ‘high’ must be the top priority. Only after the “high” recommendations are accomplished should efforts and resources turn to the next level.

Develop a consensus based policy to promulgate term limits, representation, conflict of interest, and other parliamentary matters for the Board of EMS and entities under its jurisdiction, consistent with the strategies proposed in the Core Functions Statements (*see Appendix C*).

Modify the EMS Act to repeal the portions of the section on regional councils associated with advising the Board on licensure of EMS agencies, examinations of EMS personnel, and certification and decertification of EMS personnel.

Allow the number, boundaries, and office location for regions to evolve based on the changing needs of the local EMS system and take advantage of the annual opportunity to invite new approaches.

- *The Regulation and Policy workgroup spent considerable time discussing and debating the merits of a regional EMS office system and was unable to achieve consensus. It was agreed that in the next phase of this project, groups/individuals who will be assigned to implement these recommendations must perform the study/analysis needed to determine the most effective future EMS structure. The workgroup recommends that the 2nd phase work be based upon the values/principles, and foundational recommendations put forward by the Phase 1 workgroup. See Appendix C.*

Educate EMS providers about the capabilities of the data collection system and the customized reports and information that can be obtained from Maine EMS.

Assure continued funding for the electronic data collection system that is not dependent on grant funding.

Explore means to integrate the data collection system with other public safety and health data systems.

Remove the requirement for regional approval of initial training programs and place this function at the state level.

Develop and implement a process for institutional and agency approval for ongoing course delivery modeled after contemporary accreditation processes that precludes the requirement for individual course approval.

Repeal the rule requiring pre-approval of continuing education programs. Replace it with a rule requiring documentation of course content and student participation that can be reviewed after the fact by Maine EMS.

Implement the AVOC training requirement without any further postponements of the effective date. (Transportation)

Conduct a needs analysis of sending facilities to identify the staffing and scope of practice expectations for patients requiring interfacility transport.

Perform a comprehensive review of the Paramedic Interfacility Transport Module and revise the content based on the needs analysis findings.

Conduct a review of destination selection criteria utilized by EMS personnel.

In conjunction with the design of the electronic EMS reporting system, implement a method of assessing the rationale for destination selection made by EMS personnel for all transports.

Focus the PIER campaign on increasing the awareness of elected officials and decision-makers about the current status and urgent fiscal needs of Maine's EMS system.

Develop and implement comprehensive and integrated EMS public information, education, and relations program.

Elevate the priority of PIER within each agency's priorities such that it remains a critical focus at the state, regional, and local level.

Establish a mechanism for rapid dissemination of policy decisions, meeting minutes, and other announcements of interest to EMS personnel.

Develop and promulgate job descriptions for local and regional medical directors.

Develop and require appropriate training for any individual who will provide on-line medical direction to EMS providers.

- *Workgroup consensus on this recommendation is that the Maine EMS Board direct the MDPB to continue work on the training document currently in draft. In doing so, the MDPB should solicit input from others outside the Board. When the training product is finalized ACEP has already endorsed it in concept. Thus, it should go to the Maine Hospital Association for their endorsement.*
- *The goal is that there be one universal training program statewide.*

Medium Priority Recommendations

The recommendations in this category were determined to be important to an effective EMS system, but only after the high priority needs were resolved.

Establish a stable, dedicated funding source for the state EMS system that reflects the state's commitment to protecting the health and safety of Mainers in accordance with the statement of intent associated with the Maine EMS Act.

- *Following extensive discussion, the above recommendation was placed in the medium category by majority vote, not consensus. The workgroup agrees that this is a very important issue, but divided on whether there could be some gains within current resources that would help gain support for future stable funding. All were in agreement that without adequate funding, many of the changes necessary to improve Maine's EMS system will not be possible.*

Pursue an increased appropriations and sufficient FTEs for the state EMS office to execute the regulatory mandates of the EMS Act and EMS regulations expected of the Board and state EMS office.

- *The Phase 1 workgroup noted that this should be moved to a high priority within this group of recommendations.*

Develop and implement a statewide EMS communications plan.

Conduct an assessment of the existing EMS radio system. Explore the possibility of funding upgrades and enhancements with homeland security and/or public health preparedness funding.

Explore alternative resources and partnerships to accelerate compliance with the AVOC requirement. (HR)

Encourage increased utilization of the hospital-based video conferencing network to facilitate increased opportunities for distance learning for EMS providers.

Develop a strategy and a program to analyze the response times statewide and distribute the information to each agency. Revise the rules to eliminate the 20 minute annual average response time. In its place, require all EMS agencies to develop a stated response goal using contemporary methods (i.e. fractile response times) based on a specific needs assessment for their response area. This report should be reviewed during the annual licensure renewal process.

Convene a pharmacy subcommittee of the Board to investigate options for ambulance restocking that would eliminate the need for ambulance services to carry multiple drug boxes.

Amend Maine EMS Rules to require that every EMS agency have a physician medical director. The agency medical director should have primary responsibility for assessment and assurance of the competence of every EMS provider.

Regional medical directors should be charged to assist and facilitate the efforts of local medical directors and to participate in the development of statewide EMS protocols.

Require local and regional EMS medical directors to complete a nationally recognized medical directors' course within the first year of their appointment.

- *The group that develops the training program should simultaneously draft a Maine-specific program component that stands alone and could be used by those medical directors who have been previously trained elsewhere.*

Develop formal mechanisms to utilize physicians who have expertise in emergency medical services in all aspects of the Maine EMS system.

- *Workgroup consensus that this will follow from adoption of the proposed Medical Director job descriptions and the OLMC training program.*

Develop and maintain a state trauma registry.

- *Does the Maine DHHS public health surveillance system have the ability to incorporate this function?*

Utilize trauma registry data, patient care reporting data, and other relevant data sources to drive EMS education, quality improvement, and injury prevention programs.

- *There was workgroup consensus on these recommendations; however, more resources are needed if they are to become a reality. There is currently volunteer participation in independent systems / hospitals. It is difficult to collect data from trauma system hospitals (non trauma centers).*

Low Priority Recommendations

The recommendations categorized as ‘low’ were deemed to have minimal net impact on the statewide EMS system. As such, it is possible they may never be implemented.

Establish an EMS plan and state mobilization disaster plan to guide the future of emergency service delivery in the State of Maine.

Create a mutual aid plan that encompasses all EMS agencies and obtain signed mutual aid agreements.

Implement a resource management system that can monitor available EMS resources on a contemporary basis in the State of Maine.

Develop and implement statewide recruitment and retention programs.

Remove barriers that prevent registered nurses, physician’s assistants, and flight crews who possess appropriate credentials from functioning in the prehospital environment and effectively serving as part of the EMS system.

Develop an equitable compensation schedule to assure pay parity among regional medical directors.

- *Workgroup consensus that this is outside the realm of the MEMS system as the Regional Medical Directors are engaged by the regional councils. However, the workgroup supports the recommendation.*
- *More important than compensation is legal coverage for state credentialed medical directors.*

Establish criteria for marine EMS transport units.

Summary of discussion by the Regulation and Policy workgroup regarding regional EMS offices.

One of the most discussed and debated topics in this workgroup was that regarding regional offices. At the conclusion of the “Future Role for Regional Offices” discussion, the group agreed on the following items:

1. All agreed that there are definitely “disconnects” between “Providers” and the EMS System. Providers who do not attend meetings are not involved with or connected to System-wide information & decisions.
2. All agreed that regardless of the final regional/local system used (if indeed there is a regional/local system used in the future), it is important for those regional/local offices to stay out of EMS regulatory functions.
3. All agreed that the old regional boundary lines might not be functional going forward.
4. All agreed that this workgroup was not able to reach a unanimous decision, or even a strong consensus, regarding the “Future Role of Regions” in the Maine EMS System.

The regional offices in Maine are each independent, not for profit, 501(C)(3) corporations with their own Boards of Directors. Originally designed in the late 1970s to align with the 5 Department of Human Services regional field offices, a few years later, the area once considered Southern Maine EMS was split into two regions – forming Mid Coast EMS in the process.

The regional offices are each staffed as determined by their respective Board of Directors. Because each regional board is responsible for the operation of its offices, office hours, salaries, and benefits vary by region, as do the number of providers and services.

Base funding from Maine EMS comes in the form of a contract for services. These contracts and payments are the same for each region, regardless of geographic size or population. Additional funding is provided by Maine EMS based upon the number of services and vehicles in each region. 75% of the service and vehicle fees are paid to the regional office covering the service’s base area. Since 1996, funding has also been provided through a federal EMS for Children Grant. The EMSC funding has specific deliverables and is only available as long as the federal grant is available for this purpose. Since 2002, Maine EMS has also been the recipient of funding from a Rural Access to Emergency Devices Grant. A portion of these funds has been distributed to regional offices to help support CPR/AED training and office support for same.

The independent nature of these organizations is viewed by some as a strength, by some as a weakness, but by all as a challenge.

Because these are independent organizations, funding in addition to that provided by the state is necessary. This merger of public and private funding supports services beyond

what state funding at its current levels would be able to do and may result in local “buy-in” and support for current projects and new initiatives. The regional offices may be positioned to better evaluate the educational needs of their area and to coordinate programs based upon these needs.

However, many of the perceived weaknesses also come as a result of this same independent organizational structure. The very nature of six agencies responding to local needs results in inconsistencies with regard to office operations. Regional office staff is perceived as first protecting their own “turf” and not looking out for the needs of the state EMS system. Many of these staff also spend ~ 20% of their time on fund raising efforts and many services feel pressured to provide funding to these offices, which in turn adds to local costs. Services who do not pay the regional subsidies are assessed higher tuition for education and those that do pay are perceived as having greater access to the regional offices.

Regional inconsistencies may also promote both competitions between the regions and at the same time a monopoly within a region. The result is a situation that creates redundancies, additional bureaucracy, and leads to a lack of “checks and balances” with too much control beyond the reach of local EMS services and providers. The manner in which the regions have been delegated or assumed quasi-regulatory functions makes effective state oversight difficult and may provide a feeling that the regional offices have too much involvement in what should be state functions (e.g. licensing and examinations),

Recognizing that the recommendations in the EMSSTAR report regarding the regional office structure and responsibilities are perhaps the most significant, in terms of impact, the Phase 1 workgroup focused on the values and principles of a successful EMS system. It then rests with the Phase 2 workgroup to perform the study and analysis needed to determine the details of the future EMS structure and do so based upon the values, principles, and foundational recommendations put forth in Phase 1.

Appendix A – The EMSSTAR Report

For the convenience of this e-mail, the EMSSTAR report has not been inserted. The full report is available at the Maine EMS web site:

<http://www.maine.gov/dps/ems/news.html>

For a printed copy, please call Maine EMS (626-3865) or send an e-mail to maine.ems@maine.gov

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Appendix C

Six Core Functions of an effective Maine EMS System

1. System-Wide Oversight & Policy Formation Function

WHAT

For an effective statewide EMS system, an oversight and policy-making authority (such as a statewide committee or board) must be established to have the primary responsibility for directing the overall function and mission of the EMS system. This authority will be responsible for setting the standards needed to ensure that consistent and acceptable EMS services are delivered throughout the state.

WHO

The actual final composition of the Board will require more detailed & in-depth discussion and research, however, the workgroup agrees on the following essential elements for constructing an effective oversight & regulatory board for EMS in Maine:

- A successful and effective Board must possess: 1) Members with vision/leadership skills; 2) Members who are focused on public and EMS consumer needs first; 3) balanced membership is essential – membership of the board should not be based solely on provider group representation.
- The Commissioner of DPS should be a voting member of the Board.
- Board must contain knowledgeable member(s) of the public.
- The workgroup recommends that various board selection models be studied further, such as: 1) Board determined by election; 2) A Board of Trustees model; 3) A school board or selectmen model; 4) various methods of nominating board members for appointment, etc.

WHERE

The EMS oversight and regulatory board should be organizationally “housed” within the Maine Department of Public Safety. The bulk of Board meetings and centralized Board functions will take place at the EMS/DPS office in Augusta.

HOW

The actual final policies & procedures that will govern how the Board operates will require more detailed & in-depth discussion and research, however, the workgroup agrees on the following essential elements regarding the operation of the Board:

- Board members must publicly identify any potential conflicts of interest.
- Term Limits may be considered.
- Board will have responsibility to hire/fire EMS Director and Medical Director.
- Board should not become bogged down in the minutia of research/analysis – focus should be on over-arching policy recommendations.
- Board must have input into and oversight responsibility for the EMS operating budget.
- Board has authority to delegate certain decisions to staff.

2. Oversight and Formation of Medical Protocols and Policies

Function

WHAT

For an effective statewide EMS system, an authority must be established to have the primary responsibility for setting and monitoring standard protocols and policies that will guide & direct the appropriate delivery of medical services and treatments that are administered throughout the statewide EMS system

WHO

- A “full time” physician who becomes the statewide EMS Medical Director.
- 100% dedicated time to EMS, however, this position will also interact and coordinate with other state and federal agencies.
- Must be non-biased/objective.
- Consider the Bureau of Health & Chief Medical Examiner models.
- Must understand policy making; research methods; and EMS procedures;
- Must possess ability to direct others.
- Must have considerable experience and knowledge in EMS.
- However, not required to be Board Certified in Emergency Medicine.
- Must possess Vision and Leadership skills.
- Must be primarily focused on public and EMS consumers.

WHERE

Position to be located at the Maine EMS Offices in Augusta.

HOW

- Position will be appointed by the EMS Board (hiring and firing).
- Medical Director “program” must have its own budget/cost center – developed with EMS Board involvement and oversight.
- Medical Director will perform the functions shown above (in the “What”) with input from appropriate experts and providers.
- A wide range of input must be solicited when developing policies, procedures and protocols.
- All Policies, procedures, protocols, recommendations developed by the Medical Director must go to the EMS Board for final approval, unless that authority has been delegated by the Board to the State Medical Director.
- The Medical Director must be involved with the Education and Training initiatives developed by the EMS.

3. EMS Administrative, Regulatory and Coordinating Function

WHAT

For an effective state-wide EMS system, a centralized authority (such as a centralized state agency) must be established to have the primary responsibility for managing the administrative functions of the EMS system (budgeting, interface with Legislature, coordination with other agencies/jurisdictions, a clearinghouse for information for service providers and the public, etc.) and the regulatory functions (licensing, certification, investigation, inspections) needed to ensure that a consistent and acceptable level of EMS services are delivered throughout the state.

WHO

The Director of EMS and the EMS staff – at the direction of the EMS Board.

WHERE

Headquartered in the EMS Central Office.

HOW

- Manage protocols, quality assurance/improvement functions, education accreditation process, licensing/regulatory/investigative functions, data collection process, emergency preparedness functions.
- Provide staff services to the EMS Board.
- Employ sufficient staff at the EMS office to effectively handle all of these functions.
- The workgroup recommends that the EMS Board add the positions needed to carry out all required functions, such as: a full time Medical Director and a public information, education and public relations staff person (at least part-time position dedicated to this function).

4. Quality Assurance and Quality Improvement Function

WHAT

For an effective state-wide EMS system, a coordinated Quality Assurance and Quality Improvement (QA/QI) system and procedures must be established, monitored and enforced to ensure that a consistent and acceptable level of EMS services are delivered throughout the state.

WHO

- EMS Board will approve and enforce the QA/QI standards
- However, the functional responsibility (data collection/ analysis/ maintenance of reporting structures, etc) will fall under EMS Central Staff (the EMS Director, Medical Director or other central office staff).

WHERE

Function to be centrally located at the Maine EMS offices in Augusta.

HOW

- EMS Board will approve the QA/QI standards that are developed by EMS staff.
- EMS Board will enforce the QA/QI standards.
- Standards must be uniformly enforced statewide.
- QA/QI must become part of the “fabric” of the Maine EMS system – it must become integrated into all functions of the statewide EMS system (not just clinical issues).
- Key indicators and standard must be established for quality of care in Maine.
- Data collected must be reflective of all components of the EMS system.

5. Education and Accreditation Function

WHAT

For an effective statewide EMS system, service providers must receive the training, education and continuing education required to allow them to deliver a consistent and acceptable level of EMS services throughout the state. The education and training provided to EMS service providers must be accredited by meeting or exceeding the standards set by the EMS Board (see Function #1). The Maine EMS system must also seek out, promote and ensure that effective training for EMS administrators is available statewide.

WHO

- EMS Board will be responsible for oversight of the EMS training and education system in Maine.
- However, the functional responsibility (managing the “accreditation” process – applications, course review; data collection, etc.) will be the responsibility of the EMS central office staff.

WHERE

- Administration and management of EMS training and education system will be done centrally at the EMS headquarters in Augusta.
- Training/course delivery will take place throughout the state.

HOW

- EMS training and education must be provided statewide.
- To provide the most effective training and education, coordination and communications with existing higher education institutions in Maine is encouraged.
- EMS training and education programs and providers must be accredited by Maine EMS.
- When developing accreditation standards, the EMS Board should review other existing models in the US.
- A streamlined CEH process must be developed.
- The quality of training must be consistent throughout the state.
- Maine EMS must develop strategies to ensure that EMS administrator training is widely accessed throughout the state.
- A system for certification of EMS educators/trainers must be maintained.

6. Public Information, Education and Public Relations Function

WHAT

For an effective statewide EMS system, the public must be educated and informed about the EMS system. In addition, an effective public relations strategy and approach must be developed and delivered to ensure that the EMS system receives the understanding and support it needs from the public to deliver a consistent and acceptable level of EMS services throughout the state.

WHO

- EMS Board will be responsible for oversight of the EMS public information, education, and public relations functions.
- However, the functional responsibility for public information, education and public relations will be assigned to the EMS central office staff.
- Designate a position (at least part-time) within the EMS central office staff to perform these public information, education and public relations functions.

WHERE

- Administration and management of EMS public education and public relations functions will be done centrally at the EMS headquarters in Augusta.
- However, actual public education and public relations services will be delivered throughout the state.

HOW

- The responsibilities of this new position, if established, must be fully integrated into the “fabric” of the statewide EMS system.
- Leadership for public information, education and public relations must come from the EMS Board and EMS central office.
- Partner with other public agencies to deliver EMS public information, education and public relations message when appropriate.
- **Note to EMS Board, EMS staff, and policy makers:** “marketing; public relations; and advocacy” are not “dirty words”. In fact, they are essential for the EMS system to successfully achieve its mission in Maine.