



Redington
Fairview
General
Hospital


REDINGTON-FAIRVIEW GENERAL HOSPITAL

Redington-Fairview General Hospital ("RFGH") and **Town of Mercer Rescue** ("the company") shall enter into this agreement dated **November 19, 2019**, where RFGH shall provide and re-supply medication for the emergency treatment of patients in accordance with the following:


- 1. **POLICY:** It is the policy of the RFGH Pharmacy to have established guidelines for the provision, monitoring and re-supplying of the medication in the ambulance drug boxes.
- 2. **PURPOSE**
 - A. To provide medications in accordance with the State-wide Protocols of Emergency Medical Services (EMS).
 - B. To define the procedure for maintaining and restocking medications adhering to all regulatory requirements.
 - C. **NOTE** – The Company does not use RFGH EMS drug boxes and therefore does not have access to controlled substances.
- 3. **PROCEDURE**
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 - B. **Charges** – All drugs used from a drug box, by a service, will be billed to the service monthly. Out of drug box medications will be billed at the beginning of the month after they are picked up from the hospital pharmacy. Outdated out of drug box medications will be returned to the hospital Pharmacy for one to one exchange, without further billing.
- 4. **TERMINATION:** This agreement may be terminated at any time by either party upon 30 days written notice to the other.

AUTHORIZED SIGNATURES

Pharmacy Director, Redington-Fairview General Hospital:


Lisa D. Caswell, R.Ph.
11/19/19
(date)

Chief of Service of **Town of Mercer Rescue**


Adam Keene
11/19/19
(date)

(signature)
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**CONTINUOUS QUALITY
IMPROVEMENT PLAN
FOR**

TOWN OF MERCER RESCUE

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INTRODUCTION

Maine Emergency Medical Services requires all licensed Emergency Medical Services (EMS) agencies establish a quality assurance program. This requires all EMS agencies to provide the plan to Maine EMS when licensing.

Continuous Quality Improvement (CQI) is an ongoing process in which all levels of health care are encouraged to team together, without fear of management repercussion, to develop and enhance the EMS system. Based on EMS community collaboration and a shared commitment to excellence, CQI reveals potential areas for improvement of the EMS system, training opportunities, highlights outstanding clinical performance, audits compliance of treatment protocols and allows the review of specific illnesses or injuries and their associated treatments. This program contributes to the continued success of our emergency medical services system through a systematic process of review, analysis and improvement.

CQI implements the principles of quality improvement by defining standards, monitoring the standards and evaluating their effectiveness. It places increased emphasis on the processes of care and service rather than on the performance of individuals. It also emphasizes the role of leadership in continuous quality improvement rather than only on solving identified problems and maintaining improvement over time.

PURPOSE

The purpose of the Town of Mercer Rescue CQIP is to establish a department wide process and provide an effective tool for evaluating and improving the quality of prehospital care within the MEMS region. This tool will focus on improvement efforts to identify root causes of problems and interventions to eliminate or reduce those problems. While striving to improve the system, the CQIP will also recognize excellence in performance and service to the community.

DEFINITIONS

BLS	Basic Life Support
ALS	Advanced Life Support
CQI	Continuous Quality Improvement
CQIC	Continuous Quality Improvement Coordinator
CQIC	Continuous Quality Improvement Committee
CPIP	Continuous Quality Improvement Plan
MEMS	Maine Emergency Medical Services

SECTION I - STRUCTURE & ORGANIZATIONAL DESCRIPTION

I. ORGANIZATION

Dana J. Knight, EMS Director, Aaron Gordon, Asst Director/QA Coordinator

A. Organizational Chart

QA Coordinator reviews runs, non compliance issues directed to the EMS Director.

B. Mission Statement

The Town of Mercer Rescue's mission is to make the CQI process a learning opportunity and to be non-punitive, however, issues of non-compliance will be handled accordingly in conjunction with the standards set under Maine EMS rules and laws.

CQI

The CQI mission is to promote the highest level of quality in prehospital care within the Town of Mercer Rescue by providing CQI, education, monitoring tools and anticipatory planning.

C. Goals of the Continuous Quality Improvement Program

1. Empower EMS providers to provide consistently the highest quality of emergency medical care in the MEMS region.
2. Provide leadership and guidance in promoting quality in the local EMS system with the cooperation of EMS providers in an educational and non-punitive environment.
3. Develop leadership to create an acceptance and belief in quality improvement and educate provider management regarding the importance of the commitment to quality improvement.

4. Provide leadership in developing programs that implement the CQI process by providing examples of high quality training and educational resources.
5. Develop and provide an atmosphere of encouragement and support that promotes excellence and personal accountability to provider personnel in all levels of management and field staff.
6. Create constancy in the CQI process to maximize efficiency and effectiveness in each EMS provider organization.
7. Promote rapid and appropriate quality treatment of all patients regardless of economic or social status in the quickest and most efficient manner possible.
8. Evaluate the benefits of new programs and procedures to provide “State of the Art” health care.
9. Provide a conduit for communication between EMS providers and other agencies to positively resolve issues in addition to providing education and encouraging growth within the EMS system.

II. STRUCTURE

A. CQI Team

1. The Town of Mercer Rescue CQI Team is responsible for the oversight and implementation of the department CQIP including data collection and evaluation.
2. The Town of Mercer Rescue Team will function with direction and under the auspices of the department’s Medical Director and QI Coordinator.

III. EMERGENCY MEDICAL SERVICE PROVIDER

A. QUALITY IMPROVEMENT INFORMATION AND DATA REQUIREMENTS

The EMS Provider’s CQIP should involve EMS system participants including but not limited to dispatch agencies, training programs, hospitals, specialty care centers and other EMS service providers. A regional approach, with collaboration between EMS service providers serving neighboring communities, is highly recommended.

CQIP’s should include indicators which address, but are not limited to, the following:

- Personnel
- Equipment and Supplies

- Documentation and Communication

- Clinical Care and Patient Outcome
- Skills Maintenance/Competency
- Transportation/Facilities
- Public Education and Prevention
- Risk Management

Indicators should be tracked and trended to determine compliance with their established thresholds as well as reviewed for potential issues. Indicators should be reviewed for appropriateness on a quarterly basis with an annual summary of the indicators performance. Air Medical Providers may reference CAMTS to identify potential indicators they may wish to implement in their system.

Services must maintain on-going records ensuring compliance to the requirements set forth in the CQIP. This monitoring system should provide a standardized guideline for the assessment, identification, evaluation, feedback and implementation of changes to meet the needs of the EMS system.

1. Structure

The Town of Mercer Rescue's CQIP will be reviewed and approved by MEMS for compatibility with the rules and best practices.

The organizational chart shall reflect the integration of the CQIP in the organization. The EMS Provider's CQIP should include the following:

- a. A CQI Team under the direction of the Medical Director or CQI Coordinator. Lead staff will have expertise in management of the EMS provider's CQIP. The following staffing positions are identified:
 - EMS Provider's Medical Director or designee having substantial experience in the practice of emergency medicine. A practicing ED physician or a physician practicing in emergency medical care is highly recommended.
 - QI Program Coordinator
 - Data Specialist

NOTE: Availability of resources can vary greatly between urban and rural agencies. It is understood that there are variances in staffing and staff responsibilities (organizations with limited resources may combine positions).

- b. An internal CQI Technical Advisory Group with members including, but not limited to:
 - Medical Director or designee having substantial experience in the practice of emergency medicine. A practicing ED physician or a physician practicing in emergency medical care is highly recommended.

- Chief/EMS Administrator or designee.
- QI Program Coordinator.
- Service Personnel (Physicians, RNs, Paramedics, EMTs).
- Other system participants.

2. Responsibilities

The Town of Mercer Rescue's CQIC should be the primary source of CQIP activity reporting. The CQIC will perform the following functions:

- a. Cooperate with MEMS and the Regional QI Committee in carrying out the responsibilities of Town of Mercer Rescue CQIP and participate in Sub-regional CCQIC.
- b. Cooperate with MEMS in the implementation of State required EMS system indicators.
- c. Cooperate with MEMS in monitoring, collecting data, and evaluating the State and regional/local EMS system indicators, both required and optional.
- d. Cooperate in the re-evaluation and improvement of State and local EMS system indicators.
- e. Conduct meetings for internal review of EMS provider information and development of performance improvement programs related to the findings.
- f. Establish a mechanism to receive input from MEMS, other service providers and other EMS system participants for the development of performance improvement programs.
- g. Assure routinely scheduled CQIP training and in-service education for EMS provider personnel.
- h. Prepare plans for expanding or improving the EMS Provider's CQIP.
- i. Participate in meetings and presentations of state and local EMS system information for peer review to local designated advisory groups and other authorized constituents.

3. Annual Reports

The EMS Provider's CQI Team will annually publish summary reports of CQIP activity for distribution to MEMS and other groups as determined.

B. ALS STAFFING REQUIREMENTS AND RESPONSIBILITIES

1. Medical Director Guidelines

Shall be a physician licensed in the State of Maine with experience in emergency medical care. Must be knowledgeable of the policies, protocols, and procedures set forth by MEMS.

2. Medical Director Responsibilities

- a. Demonstrate management's commitment and dedication to the goals outlined in the CQIP by serving as a team leader for the organization, providing educational opportunities, training, support and encouraging communication of skills to facilitate the team building network.
- b. Shall be responsible for coordinating and implementing an approved provider agency CQIP that focuses on the opportunity for improvement as well as identification and prevention of potential concerns within the organization, implements resolutions to these problems and evaluates the outcome, as well as provides the positive recognition when an opportunity is provided.

3. Quality Improvement Coordinator Requirements

This person should be either: 1) a physician, registered nurse or physician assistant that is licensed in Maine and has experience in emergency medicine and emergency medical services or 2) an EMS provider who is or has been licensed in Maine within the last two (2) years and who has at least two (2) years experience in prehospital care. Preferably, this person is licensed to the highest level of care provided by the service.

4. Quality Improvement Coordinator Responsibilities

- a. Shall act as a liaison between the prehospital personnel and the Medical Director, ED physicians, Hospitals other provider agencies, Regional EMS Office and MEMS.
- b. Shall initiate, implement and evaluate the agency's quality improvement program.
- c. Shall be responsible for monitoring documentation of program operations within the agency, as required for evaluation by MEMS and/or the Regional EMS office.

- d. Shall monitor EMS personnel compliance to policies, procedures and protocols and ability to function within the scope of practice.
- e. Shall demonstrate management's commitment and dedication to the goals outlined in the CQIP by serving as a team leader when providing training and educational opportunities, encouragement, support and communication skills to promote an EMS system that delivers the best available patient care.
- f. Shall participate in their regional CQI committees/process.

C. REVIEW OF PATIENT CARE DATA

1. Run Report Forms

A minimum of thirty (or the total if <30) randomly selected runs, or 10 %, whichever is greater, must be reviewed each month by the CQI Coordinator or by the designated peer review staff for at least the following:

- a. Complete documentation
- b. Ordering of prehospital patient care treatment
- c. Compliance with protocols
- d. Response times and prolonged on-scene times
- e. E.T. attempts and placement.
- g. Proper documentation of Against Medical Advice (AMA) forms (review with PLN).

2. Concurrent and Retrospective Clinical Review Topics

The Regional CQIC may select a clinical topic on a quarterly basis to be audited by agencies; examples; cardiac arrest patients, patients with head trauma, respiratory distress patients. The audit may be used to evaluate efficacy of prehospital care in relation to the topic chosen (utilizing data obtained from e-PCRs). Examples of this may include: timely administration of ACLS drugs, documentation of responses to the administration of medications and/or procedures. These reports will be forwarded by the service to the Regional Committee and may be used to determine recommendations to the MEMS QA/I Committee.

IV. CASE REVIEW FORMS/CASE REVIEW CONFERENCE

A. INITIATING A CASE REVIEW

To request that a call be reviewed, a request may be initiated, and forwarded to Aaron Gordon, the QI Coordinator, or Dr. Donald Zarfos, MD Medical Director. The report should be forwarded to the person responsible for reviewing incidents within the agency or facility and a report back to the requesting agency.

A Case Review request may be initiated by any physician, provider, or hospital who feels that any of the following have occurred:

- Treatment/action resulting in positive patient outcome.
- Patient care related to an adverse patient outcome.
- Deviation from MEMS treatment protocols.
- Conflicts with existing State law and/or MEMS policy.
- Situations that pose a threat to the safety of patients or providers of prehospital care.
- Situations that serve as an educational tool for EMS providers.

When the request involves the QI Coordinator, or CQI Committee member normally responsible for the initiation of the case reviews, the request should be forwarded to the Regional EMS Office.

If there is any doubt as to who is the responsible reviewing party, the Regional EMS office will provide direction.

B. CONDUCTING A CASE REVIEW

Upon receipt of a Case Review request, the person responsible for the investigation shall:

- Review the EMS patient care record, and associated documents.
 - Collect statements from the involved personnel if needed to determine action necessary.
 - Establish the need for further action.
- Involve the appropriate agency representatives.

C. CONDUCTING A CASE REVIEW CONFERENCE

1. Responsible Reviewing Party

The responsible reviewing party shall notify the appropriate personnel and determine a time and date that the Medical Director, CQI Committee and all involved personnel can attend the Case Review Conference (CRC).

2. Review of Information

The Case Review Conference will require a review of all information necessitating the conference and any additional information that may be pertinent to the review. The Medical Director or their designee is responsible for determining the need for further action. The Medical Director may make the determination that the incident requires one of the following:

a. Positive Recognition:

A CRC may be held to evaluate outstanding performance to be utilized for positive education feedback. An evaluation and recommendations report shall be forwarded to the MEMS Medical Director.

b. No Further Action Necessary:

Complete a Case Review Conference Report stating the conclusion of the review and forward a copy of the report to the MEMS Medical Director. Maintain the original document in the Case Review Report File.

c. Need For Education:

The Medical Director shall determine if the need for education is related to an individual or is of an educational value to the EMS system, or both.

d. EMS System Education:

The review has led to the opportunity to provide educational value to benefit the system (i.e., a piece of equipment has proven to be defective when used in certain environments). A Case Review Conference Report shall be completed and a copy forwarded to the Regional Medical Director. Maintain the original report in the Case Review Report File. Suggestions for system-wide improvements will be submitted to Regional CCQIC and addressed through education.

d. Referral to the Regional office or MEMS for further review/action

3. Plan of Action

The determination has been made that an individual or individuals would benefit from the initiation of the education process.

- a. Identify the Area of Improvement - i.e., skills deficiency, lack of working knowledge of MEMS protocols, etc.
- b. Recommend a Plan of Action - For example, the agency may be requested to provide skills training, further monitoring, protocol updates, etc. In this circumstance, the Medical Director will request follow-up in writing from the agency and will determine the period in which this is to be provided. Maintain the original Case Review Conference Report in the Case Review Report File.
- c. Initiate the Plan of Action - Provide the education, monitoring, etc., as determined by Medical Director.
- d. Evaluation of the Outcome - The Medical Director will evaluate the outcome of the process, the need to re-evaluate at a future date if necessary or to provide further education. This information should be included in follow-up form on a Case Review Conference Report and a copy submitted to the MEMS Medical Director. Maintain the original report in the Case Review Report File.

4. Disciplinary Action Needed

The need for disciplinary action should only be initiated if the Medical Director determines the situation reflects grounds for disciplinary action under Maine EMS Rules and Regulations. All pertinent information should then be forwarded immediately to MEMS for consideration of further action.

SECTION II - TRAINING AND EDUCATION

Once the decision to take action or to solve a problem has occurred, training and education are critical components that need to be addressed. Education needs will be identified in reports given to the Regional EMS Office. The Regional Office will make recommendations for educational offerings Region-wide based on these reports and reports from CQI Task Forces.

The Regional CQIC is responsible for educational oversight and also ensures that agencies maintain documentation that all training requirements have been met by all EMS system participants. Agencies are ultimately responsible for ensuring that staff is adequately trained. The rosters and records of training must be made available to MEMS upon request.



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11/19/19
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Chief of Service of **Town of Mercer Rescue**


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SOP 9: Quality Improvement & Quality Assurance

Effective date:01/01/2019

Revised:01/01/21

POLICY: There will be a written Performance Improvement Program to continuously monitor and evaluate important aspects of patient care and/or services provided in all major functions, clinical or non-clinical, of the Town of Mercer Rescue..

PURPOSE:

1. To provide a systematic process which will result in a continuous cycle of assessment and improvement of key performances within the department that have a positive, direct or indirect effect on patient outcome; and in those areas that cross departments, through collaboration.
2. To pursue opportunities to improve patient care and/or services by resolving identified problems.
3. To evaluate, through monitoring and evaluation, the quality, appropriateness and safety of care/services and clinical performances; and to provide one-on-one feedback to providers using the Maine EMS Electronic Run Reporting QA/QI system.
4. To follow the process (s) proscribed by the Atlantic Partners EMS and Maine EMS for evaluating and reporting of Performance Improvement activities.
5. To document and report findings, conclusions, recommendations, and actions taken on a monthly basis to the Rescue Chief and EMS staff.
6. To participate in the Atlantic Partners EMS Quality Improvement Committee, and in its QI activities and focused audits.
7. To annually review this plan/program to assure definition of important aspects of care, appropriateness of indicators, and methods of evaluation.

ASSIGN RESPONSIBILITY:

The EMS QI Coordinator will be responsible for Performance Improvement activities of the QI coordinator within the EMS department and for keeping the Rescue Chief and EMS staff continually informed of PI activities. The EMS QI Coordinator will report to the Rescue Chief.

IMPORTANT ASPECTS OF CARE/SERVICE:

Provide Emergency Care

1. Assure the availability of reliable equipment and supplies
 - a. Conduct regular equipment maintenance and maintain a log of required maintenance and repairs.
2. Staffing and Competence
 - a. Assure that all staff maintains licensure requirements according to Maine EMS.

- b. Assure that all staff maintains competence in the operation of emergency vehicles.
 - c. Assure that all staff provides adequate/appropriate performance of procedures and duties.
3. Education
- a. Continuing education will be based upon need as determined by studies of low frequency, high frequency, and high risk procedures.
 - b. Staff will maintain competency in current medical practices/standards through participation in standardized continuing education programs, literature reviews, web-based training and video or conference presentations.
 - c. Staff will complete all mandatory annual training as required by Mercer Resue.
4. Patient and Public Education
- a. Staff will maintain competency in patient and public education through participation in in-service programs, in patient relations, communication skills, and customer service as needed.

Provide Safety in the Delivery of care and in Day-to-Day Operations

1. Patient
- a. Security of patients will be maintained while the patient is under the care of EMS staff.
 - b. Security of patient belongings and dwellings will be reasonably assured prior to leaving the scene.
 - c. The safety of the patient will be assured through safe practices on the part of EMS staff.
 - Handling and moving patients in a manner that prevents injury to the patient and to staff.

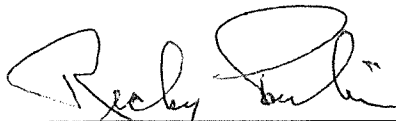
Mercer Rescue Policy

Mercer Rescue will abide by the following:

- Must obtain a purchase order, to be approved by The Selectboard, for any and all items required for the operation of Mercer Rescue, before the time of purchase.
- Must provide a monthly report to The Town with the date, time and nature of any calls responded to (per 3-9 Maine EMS). Reports must be provided at the 1st Selectboard Meeting of each month.
- Will maintain all necessary supplies as required by law (per Chapter 17 Maine EMS).
- Will work within the budget approved at Town Meeting.
- Must provide a list of all EMTs, and a copy of their license, who volunteer with Mercer Rescue and report any changes in volunteers in monthly report.
- Will obtain EMT license outside of Mercer Rescue, unless the volunteer is a resident of Mercer; in which case The Town will pay for the volunteer to complete training as long as the volunteer remains an active member of Mercer Rescue for a period of not less than 2 years' time. If the volunteer leaves Mercer Rescue before this time has been completed, the volunteer must reimburse The Town for the cost of the training.
- Will sign a release form if issued a key to the Town Office building.
- Will provide The Town with any updated certificates or licenses as they are obtained by the volunteer.
- Will restock their "go bags" during regular office hours.
- Must complete an information sheet with The Town.
- Must be sworn in within 2 weeks of joining Mercer Rescue.
- Volunteers must be licensed before responding to any calls.

The Town is not responsible for the following:

- Any injury to the patient or volunteer incurred before, during, or after responding to a call (per the "Good Samaritan" law 14 M.R.S. § 164).
- Providing Workers' Compensation coverage.
- Any damage inflicted upon the volunteer's vehicle before, during, or after responding to a call.



1st MO



2nd MO



3rd MO

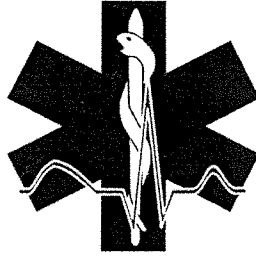
Date: 4/14/2022

Date: 4-14-22

Date: 4/14/22

Adopted: April 14, 2022

Mercer



Rescue

Dispatch Policies and Procedures

The town of Mercer Rescue department requests to be dispatched in any of the following instances within Mercer town limits and at the request of any other agency. We also request that the Somerset Regional Communications Center follows its standard procedure for toning, and that Mercer Rescue is toned before the responding transporting agency is toned. In the event no response is given after two tones if time allows, please contact the Rescue Chief or Deputy Chief at any or all numbers provided. In the event Mercer Rescue is out of service for any reason Somerset RCC will be notified immediately.

- Any time a transporting ambulance responds
- For any Carbon Monoxide related incidents
- For any hazardous Materials incidents
- At the request of another agency
- If the on duty dispatcher deems a need

If the on duty dispatcher has any question on whether or not Mercer Rescue is needed please call the Chief or Deputy Chief at any time.