

WEBVTT

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Clary Mole: Hello, and welcome to EMS Focus Webinar Series hosted by the National Highway Traffic Safety Administration's Office of EMS. My name is Clary, and I'll be your moderator for today's session.

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00:00:23.780 --> 00:00:34.530

Clary Mole: Today's webinar, Working Together for Safer Responses, Collaboration Strategies for EMS and Highway Safety Partners, will examine how strengthened relationships between EMS highway safety

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00:00:34.690 --> 00:00:43.229

Clary Mole: EMS and highway safety can help advance a safe system approach, improve post-crash care for patients, and enhance responder safety.

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00:00:43.590 --> 00:00:45.890

Clary Mole: Today, you'll hear from Maine Bureau

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Clary Mole: of Highway Safety and the Main Office of EMS,

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00:00:49.930 --> 00:00:59.100

Clary Mole: They will discuss their statewide collaboration model, how it brings EMS together to support safer, more efficient roadway responses.

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Clary Mole: The EMS-focused webinar brings federal, state, and highway... excuse me, local leaders directly to you, which provides members of the EMS community with a unique opportunity to learn more about federal EMS efforts and programs.

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00:01:14.130 --> 00:01:18.560

Clary Mole: Before we begin, Let me cover a few quick housekeeping items.

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Clary Mole: Please use the Q&A button on your Zoom control panel to submit questions throughout the session.

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Clary Mole: We'll address them during the last 15 minutes of the webinar. Feel free to submit the questions as they come to mind. Our facilitator will organize them for our Q&A portion.

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00:01:35.820 --> 00:01:42.400

Clary Mole: Closed captioning is available by simply clicking the Show Captions button at any time to enable this feature.

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00:01:42.980 --> 00:01:52.109

Clary Mole: Let's start by focusing on the mission of NHTSA's Office of EMS. Our office supports the improvement of patient care in the out-of-hospital setting.

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00:01:52.420 --> 00:01:57.260

Clary Mole: Nationwide by bringing together data and experts.

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Clary Mole: to identify critical issues in the EMS field, collaborating with partners, including federal, state, excuse me, federal agencies and national organizations.

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Clary Mole: To address those issues, and to promote awareness and education about best practices and evidence-based guidelines.

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Clary Mole: So, one way we achieve our mission is to provide resources.

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Clary Mole: The resource hub on EMS.gov makes it easy to browse, search, download documents, And reports, and guidelines.

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00:02:32.160 --> 00:02:42.729

Clary Mole: These resources are created by NHTSA's Office of EMS, members of the Federal Interagency Committee on EMS, or FICEMS, and others to advance EMS practices.

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00:02:42.840 --> 00:02:51.220

Clary Mole: To access these materials, scan the QR code on your screen, Or visit www.ems.gov.

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00:02:55.010 --> 00:03:01.710

Clary Mole: This is a public health entity that focuses on the issues of death and serious injury on our nation's highways.

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00:03:01.970 --> 00:03:12.390

Clary Mole: Each year, tens of thousands of people die in motor vehicle crashes. But what's significant is that 43% of those victims were still alive when EMS arrived.

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00:03:12.610 --> 00:03:17.860

Clary Mole: That tells you there's a critical window where intervention can be... can change outcomes.

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00:03:18.040 --> 00:03:23.589

Clary Mole: This opportunity and responsibility depends on effective and collaborative post-crash care.

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00:03:24.100 --> 00:03:30.590

Clary Mole: A successful crash response doesn't start with EMS arrival; it starts with detection and dispatch.

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00:03:30.860 --> 00:03:36.750

Clary Mole: 911 telecommunicators, EMS clinicians, and highway safety partners each play a role

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00:03:36.900 --> 00:03:45.599

Clary Mole: and shaping what happens next. From 911 activation to the care delivered on scene, every action influences the survivability.

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00:03:46.390 --> 00:03:51.430

Clary Mole: When care is delivered quickly and appropriately, injuries are less likely to become fatal.

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00:03:51.610 --> 00:03:56.850

Clary Mole: Survival depends on how Patient care moves across the response system.

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00:03:57.230 --> 00:04:03.640

Clary Mole: From 911 to EMS to trauma centers, each link in the chain plays a role.

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00:04:04.080 --> 00:04:11.870

Clary Mole: Highway safety partners help enable seamless responses through traffic management, Scene safety, and coordinated planning.

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00:04:11.990 --> 00:04:19.880

Clary Mole: Strong collaborations across this continuum, especially with EMS and highway safety, lead to faster care and better outcomes.

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00:04:20.200 --> 00:04:22.169

Clary Mole: That brings us to today's focus.

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Clary Mole: Maine demonstrates how cross-agency data sharing supports smarter planning, how integrated EMS and highway safety leadership strengthens responses, and how coordinated practices create a scalable model that other states can adapt.

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Clary Mole: It is now my pleasure to first introduce our first speaker.

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Clary Mole: Lauren V. Stewart is the Bureau of Highway Safety Director within Maine's Department of Public Safety.

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Clary Mole: Director Stewart will share how Maine's cross-agency data sharing and collaborative planning have advanced roadway safety and how they have leveraged available funding opportunities. Director Stewart, the floor is yours.

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00:05:13.550 --> 00:05:15.450

Clary Mole: You're not audible, yet.

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00:05:15.910 --> 00:05:16.949

Clary Mole: Do I just do it?

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00:05:18.150 --> 00:05:20.230

Director Lauren Stewart: Good afternoon, and thank you, Clary.

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Director Lauren Stewart: Good morning, good afternoon to everybody, the participants, depending on where you are. I'm really excited to talk with you all today, and usually I like to start out by sharing a little bit about Maine. For those of you who may not be familiar, Maine is widely considered the most rural state

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Director Lauren Stewart: In the US, based on the percentage of its population living in rural areas, estimates place over 60% of our population in a rural location.

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Director Lauren Stewart: 50%, approximately 50% of our land area is nearly uninhabitable, and it consistently ranks at the top for rural population density.

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Director Lauren Stewart: We're more rural than urban. In fact, there are only 3 urban clusters. Portland, which is our largest city in Cumberland County.

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Director Lauren Stewart: Lewiston, Auburn, and Androscoggin County, and Bangor in Penobscot County. And if you can see the map on the screen, I've listed the 16 counties and where they're located around the state.

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Director Lauren Stewart: Our largest county, Aroostik, at the very top of the state, only has a population of a little over 67,000, yet this county is larger than both Connecticut and Rhode Island combined.

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Director Lauren Stewart: Maine itself has a population of just over 1.3 million. We have 3,500 miles of coastline and 17 million acres of forest land, which is home to 6,000 lakes and ponds.

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Director Lauren Stewart: So, reliable technology, including internet, is difficult at best in many places in Maine, and as you can imagine, sometimes it takes EMS considerable time to get to the scene of a crash, and considerable time to transport to the nearest hospital.

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Director Lauren Stewart: We only have one Level 1 trauma center, and that is in Portland in Cumberland County. These are just a few reasons why post-crash care advances are so important to Maine.

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Director Lauren Stewart: State Highway Safety Offices and EMS are increasingly collaborating on post-crash care by including EMS into safety plans, focusing on responders' safety both inside and outside the emergency vehicles, and utilizing data for quality improvement.

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Director Lauren Stewart: For us here in Maine, collaboration initially began in the early 2000s through our Traffic Records Coordinating Committee.

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Director Lauren Stewart: Maine EMS and the Bureau of Highway Safety saw an opportunity to collect run reporting data electronically, and we built a system to allow pre-hospital providers, such as EMTs and paramedics, to use laptops to immediately enter run information directly after the run.

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Director Lauren Stewart: The Highway Safety Office could then use real-time EMS data, including response times and patient outcomes, to improve and inform state safety plans and to increase our timely data entry into the National Fatality Analysis Reporting System.

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Director Lauren Stewart: Further collaboration with our EMS resulted in increasing NEMSIS compliance through collection of these standardized data elements.

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Director Lauren Stewart: Through the safe system approach.

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Director Lauren Stewart: We are hearing more about how highway safety and EMS and 911 can work together.

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Director Lauren Stewart: If zero is our goal, it's imperative that we share information and resources to make our safety plans stronger and more inclusive.

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Director Lauren Stewart: So what can EMS offer to the state highway safety offices?

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Director Lauren Stewart: Easy answer? Data. Asking your highway safety office about the data you have and what they might need is a great place to start.

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Director Lauren Stewart: What are some of the EMS data that could be helpful to a highway safety office?

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Director Lauren Stewart: Well, first... number of crashes that EMS responds to in any given year.

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Director Lauren Stewart: Number of seriously injured crash patients that EMS treat in a year.

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Director Lauren Stewart: Number of crash patients that were unrestrained... unrestrained or ejected from a vehicle.

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Director Lauren Stewart: Roadway locations that frequently result in serious injury crashes.

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00:09:41.310 --> 00:09:45.839

Director Lauren Stewart: Run times, including rural locations and patient outcomes.

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Director Lauren Stewart: and numbers of crashes involving first responders, both inside and outside the vehicle. Data such as this can help highway safety offices

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00:09:56.190 --> 00:10:06.939

Director Lauren Stewart: And professionals understand the scope of post-crash care and lead to possible countermeasures that increase post-crash care outcomes and help to ensure first responder safety.

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Director Lauren Stewart: Now we'll ask the question, what can state highway safety offices offer to EMS?

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Director Lauren Stewart: State Highway Safety Offices are usually heavily involved in their state's Traffic Records Coordinating Committee, and can offer information regarding data integration and planning.

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Director Lauren Stewart: They can offer funding for projects directed at first responder safety, including alerting technology designed to prevent roadside deaths.

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Director Lauren Stewart: They can offer funding and resources, such as NHTSA EMS assessments, to identify gaps in best practices in legislation.

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Director Lauren Stewart: We can fund research projects. In Maine, we funded a run report data analysis and a lights and sirens research project for our EMS office.

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Director Lauren Stewart: You can fund education specific to EMS, such as the importance of seatbelts and the dangers of fatigue and drowsy driving.

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Director Lauren Stewart: And we can always fund public education, such as helping the public understand their role in an emergency, and of course, for the slow down, move over law.

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Director Lauren Stewart: All right, if you're wondering where to start to establish, maintain, or strengthen the connection between EMS and the State Highway Safety Office.

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Director Lauren Stewart: One good place to start is by finding out where your state EMS office resides and who your state EMS directory is. Each state may be set up a little bit differently.

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Director Lauren Stewart: In Maine?

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Director Lauren Stewart: Director O'Neal and I are very fortunate that we both reside in the Department of Public Safety, and we both report to the same Commissioner. We meet at least weekly through our Bureau Directors meetings.

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Director Lauren Stewart: And, any other time, because Director O'Neal is engaged in our Traffic Records Coordinating Committee and the other committees that we have.

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Director Lauren Stewart: But no matter where your office resides, you can make connections.

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Director Lauren Stewart: by ensuring... oops, I think I went one too far there. Sorry. By ensuring that EMS is a key stakeholder and participant in the development of your strategic highway safety plans and your triennial highway safety plans.

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Director Lauren Stewart: Inviting your EMS folks to participate in your state coalitions or committees. For Maine, that's our Maine Transportation Safety Coalition.

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Director Lauren Stewart: I've mentioned it before, but make sure your EMS is an active member of your Traffic Records Coordinating Committee.

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Director Lauren Stewart: Discuss and explore opportunities for collaboration, including data and funding for training, public outreach, and equipment.

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Director Lauren Stewart: Working together towards zero by involving your EMS folks in your highway safety efforts, states can leverage expertise and data to strengthen post-crash care outcomes, enhance responder safety, utilize effective countermeasures to save lives, and be fully integrated into the safe system approach.

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Director Lauren Stewart: Thank you again for the opportunity to share Maine's successful relationship between our State Highway Safety Office and our EMS.

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Director Lauren Stewart: My contact information is here on this slide, and please feel free to reach out at any time.

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Clary Mole: Thank you, Director Stewart. Next, we'll hear from Will O'Neal, State EMS Office Director for Maine, and he's also the staff representative of the State to Maine EMS Board.

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Clary Mole: Director O'Neal will discuss how alignment

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Clary Mole: between highway safety and EMS systems improved safety in Maine, particularly given the state's rural geography.

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Clary Mole: He'll also highlight opportunities for practical collaboration and how coordinated operational practices strengthen EMS response.

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Clary Mole: Director O'Neal, the floor is yours.

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Director Wil O'Neal: Thank you so much, Clary, and thank you to Director Stewart. I would just share, I think Director Stewart is well known on the national stage, and to her transportation safety peers.

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00:14:11.800 --> 00:14:23.080

Director Wil O'Neal: I'm hopefully not as well known, but I did want to introduce myself briefly. I've been in EMS since I became an EMT in 1997 in Albuquerque, New Mexico. I've worked as a paramedic in the 2000s.

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00:14:23.080 --> 00:14:37.350

Director Wil O'Neal: an EMD quality assurance professional, a CEO, regional CEO, and I've worked across the Southwest, the Northwest, and now in the Northeast, with 28 years total in EMS, and the last two here,

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Director Wil O'Neal: as my humble honor to be the Director of Maine EMS.

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Director Wil O'Neal: The reason I share that is because in that entire 28-year career, I have longed for an engaged partner who cares as much about safety and looks at the state as a system in the way that Director Stewart does.

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Director Wil O'Neal: She's talked quite a bit about some of the advantages that we have, and I'm...

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Director Wil O'Neal: gonna beleaguer some of those points, because they're just so worth talking about. But one of the first things that I wanted to highlight is that, some of what I'm going to talk about from the EMS perspective are things we've accomplished. Some of it's our inspiration, designed to give you inspiration, and some of it's ambition, things we have here in Maine that we're going to be looking

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00:15:14.020 --> 00:15:27.249

Director Wil O'Neal: to work together on. And that in Maine, we do have some unique advantages that I think it's very important to be transparent about. So when we say two agencies, one system, and a shared responsibility for safety, like.

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Director Wil O'Neal: Lauren said, we report to the Commissioner of Public Safety, who was just down the hall from my office, and right down the hall from her office, the number of doors, that proximity we've talked about.

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00:15:37.660 --> 00:15:39.500

Director Wil O'Neal: That absolutely matters.

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00:15:39.650 --> 00:15:51.989

Director Wil O'Neal: And I think here in Maine, that does give us a bit of a unique advantage. I will address that more here in a second. Additionally, here in Maine, through rule and cost, we have a unified EMS data set.

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00:15:51.990 --> 00:16:08.459

Director Wil O'Neal: So 100% of the EMS agencies in Maine under our rules operate under the same EPCR that then has a hospital hub download for outcomes. So we're able to leverage all the EMS data in our state, and I know that's a unique advantage that many states do not share.

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Director Wil O'Neal: We also have a data team independently inside our office of EMS. Please don't tell people.

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Director Wil O'Neal: Because they might take it. But, you know, having a team that can really finesse and look at our data in real time and report it out, export it to different places, is tremendously valuable in our efforts through the TRCC and to continue to look at post-crash safety

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Director Wil O'Neal: And more importantly, to build

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Director Wil O'Neal: our future of mutual safety programs for the two of us working together. So, I want to just get those things out of the way.

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Director Wil O'Neal: Our teams aren't big enough.

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Director Wil O'Neal: because we work at the state level, and I think there's very few folks I've run into that are my peers that say, oh, we've got plenty of resources. I may, rumor had, heard it from Hawaii, but that's all I'm going to say about that. Other than that. Our teams aren't big enough, and here in Maine, we have another unique challenge that I'm going to address head-on, which is we're a no-mandate state.

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Director Wil O'Neal: So even if Director Stewart and I, as the EMS Director, say, hey, we have this great idea, we'd like X rule to say that at least folks have to have an ambulance coverage plan in their county, region, area.

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Director Wil O'Neal: Right? We cannot, from a legislative perspective, force that through. It goes through a very cumbersome secondary process, and I would say unpopular is not even the word I would use to describe that, in terms of the cultural climate. So, those challenges are real for us.

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Director Wil O'Neal: Lastly, I would say, despite the tremendous ability we have to pull credit.

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Director Wil O'Neal: crash data around pedestrian and other types of injury and crashes, we're still very challenged around ambulance crashes, and even more so around secondary events, or kind of that fourth wave events, right? The third and fourth vehicle that have an accident after we've cleared an intersection.

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Director Wil O'Neal: So, those are some things I wanted to talk about before I move to the next slide. And then lastly, Maine is really unique in another way in that, as you look at the Ambulance Desert Study, which was done by one of our key physicians here.

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Director Wil O'Neal: Maine has almost more ambulance stations per capita than almost any other place. So we've got plenty of ambulance folks

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Director Wil O'Neal: Right? The problem is, we're also so rural that we're way down towards the middle, towards the bottom, in terms of our ability to get where people are. And a lot of that has to do with access and infrastructure. There's a whole section of our states that, as Lauren articulated, does not even really have a road through it.

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Director Wil O'Neal: a big section of the state, remarkably large when you see it in person, I would say. So I just wanted to highlight that before I move through.

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Director Wil O'Neal: That rural geography certainly amplifies roadway and response risk both, and that's why our post-crash safety risk project was so important.

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Director Wil O'Neal: So, as we look to align safety here in Maine, one of the things that Lauren talked about is, you know, you need to know where your person is.

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Director Wil O'Neal: For EMS, we're actually really hard to find, even for me. My national peers, some are in Department of Health, some are in Transportation, some are in the Department of Regulation, some are in licensing, some have their own office. Here, we're in public safety.

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Director Wil O'Neal: The nice thing is, that variability is not actually the same for highway safety. As I've learned from Director Stewart, your highway safety office exists pretty much in the same place across the board in your government, and so it's fairly easy for you as an EMS

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Director Wil O'Neal: Agency, state official to reach out and find those folks, as the opposite may not be as true.

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Director Wil O'Neal: That said, you know, the tremendous ability of our department to work with a department like Lauren's to wade into a large project like post-crash safety.

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00:19:40.310 --> 00:19:55.820

Director Wil O'Neal: And look at the way we could leverage those relationships to pull funding in to provide training and information, to connect vehicles to modems that then could talk to road signs and applications, to give pedestrians a way to pre-alert for post-crash.

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Director Wil O'Neal: Right? And help keep our providers safe. And then from there, to look at how can we build that out to continue to increase public awareness and continue to leverage the next layer of

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00:20:05.520 --> 00:20:09.960

Director Wil O'Neal: You know, fancy signs and technology as it becomes available.

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Director Wil O'Neal: The other piece of that that I want to make sure and highlight is, there's a lot of tertiary and secondary benefits to our relationship.

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Director Wil O'Neal: in not just a project like post-crash safety with Director Stewart, but just in the relationship in general, right? Because as we started carving things out, and we said, okay, now we have connected vehicles that can talk to road signs and do these things.

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Director Wil O'Neal: we realized that also those vehicles have AVL that talk to the closest dispatch center, right? And so in a rural state like Maine that maybe didn't have that before, now I'm enabling closest EMS unit response, which has the potential to reduce the number of miles on the road that my EMS vehicles are traveling Code 3,

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Director Wil O'Neal: by default, reducing their risk of injury or death, right? So all these things, as you start to kind of pull the threads on them, I think they're very important. And each one of them, you can kind of articulate the clear value of.

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Director Wil O'Neal: Another component of that is, as dispatch is able to look at units in real time and have a better idea of where they are, that gives our whole system the potential to improve. It brings in QA data, it brings in timestamps, it allows us to look at time-sensitive illness, things that we really care about. And now, as we're starting to see the crossover in trauma data and talking about survivability post-crash.

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Director Wil O'Neal: Time-sensitive illness is really going to become a portion of that.

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Director Wil O'Neal: So I think those things in particular are really important. I wanted to make sure and highlight is, you know, in the benefit of working with Director Stewart's team, we found secondary and then occasionally tertiary benefit as projects have unfolded, and I think that's important to know.

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Director Wil O'Neal: A little bit busy on this slide, but I think it's just important to talk about, you know, depending on where you are, you may not be in a state agency director's seat where you can walk across to your director and say, let's do a million dollar project to connect 200 ambulances, right? So, start small.

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Director Wil O'Neal: like, where is your shared area? Where is your shared working group? If you're just one agency and you have access to just your data, connect with your highway safety office and talk about what would be a cross-agency work group. Who is already doing a TRCC or has a like workgroup, a PAC?

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Director Wil O'Neal: That you can participate in, so that you can start asking questions about your data and their data. Because, you know, the reality is, even as we start small.

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Director Wil O'Neal: the crossover's obvious, right? If I'm a small agency, let's say I have an ambulance that goes out 50 miles a day.

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Director Wil O'Neal: If it does that 7 days a week, right, and does it several weeks out of that year, because we keep them busy, now just that one vehicle is on the... just on the road 18,000 to 20,000 miles a year, right? And we're talking potentially more than that as your fleet of vehicle grows, etc. And so, the connection of one point of safety

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00:22:50.730 --> 00:22:53.680

Director Wil O'Neal: And some of those that I'm going to talk about a little more tangibly in a second.

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Director Wil O'Neal: it's an exponent how it grows out from your initial effort, and I want to make sure and stress that.

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00:23:00.960 --> 00:23:09.480

Director Wil O'Neal: Additionally, as we look at shared crash response and outcome data, joint roadway and scene safety education, we can ask questions about

142

00:23:09.780 --> 00:23:26.579

Director Wil O'Neal: What's going on? What's going on with our ambulances? Is speed an issue with our ambulances? Do we have safety equipment or cameras on our ambulances? Or policies that support EMS safety in place across your jurisdiction, or even just at your agency?

143

00:23:27.600 --> 00:23:41.469

Director Wil O'Neal: A question that I like to ask a lot, now that I'm at the state level, and I've seen it at the local level, and at the federal level, I worked at an international company as well. How often do we train emergency vehicle operators on safe driving?

144

00:23:42.620 --> 00:24:07.289

Director Wil O'Neal: It's not a national policy that I've seen, it's not a state policy in most places. We leave that a lot of times up to the local jurisdiction, but what I've seen, and this is just my anecdotal experience, is most folks do it pre-hire, and it's not done again, or it's on some sort of maybe every two, five-year requirement. Even FedEx and law enforcement partners train much more regularly for things that we're doing every day, and I think it just makes sense to look at that as

145

00:24:07.540 --> 00:24:26.010

Director Wil O'Neal: Is that a safety initiative that we could talk to our highway safety partners about? Driver training around safe EMS operations? I feel like that's the kind of thing that would get Director Stewart's ear almost immediately, right? And the kind of thing that opens up other conversations about whole processes happening, and are they efficient?

146

00:24:26.790 --> 00:24:38.140

Director Wil O'Neal: You know, that said, we're wading into a new program, and when I talked about starting small, you know, I had the potential with Director Stewart to work on a very large-scale project, and I think

147

00:24:38.260 --> 00:24:42.520

Director Wil O'Neal: I feel like, one guy's perspective, that we were very, very successful.

148

00:24:42.790 --> 00:24:51.179

Director Wil O'Neal: But where we really see success, I think, sometimes is on those small things. So we're starting a new project that we're going to roll out as a microlearning called the Five Points.

149

00:24:51.310 --> 00:25:09.219

Director Wil O'Neal: And this is around gurney strap safety, and specifically the use of shoulder straps, right? Got data that reflects this, this is a highway safety problem, it's an EMS problem, it's a policy problem for agencies, and the state could consider looking at, should it be regulated? In Maine, it absolutely is.

150

00:25:09.320 --> 00:25:22.130

Director Wil O'Neal: But we still see difficulty with... and challenges with compliance, right? So we're rolling out education programs and recognition programs. We have a new one called the Five Points Program, where essentially you and your partner on the ambulance do a call-out.

151

00:25:22.410 --> 00:25:30.840

Director Wil O'Neal: The person up front, before they put the vehicle in drive, yells to the person in back, 5 points. The person in back confirms, 5 points.

152

00:25:31.020 --> 00:25:35.049

Director Wil O'Neal: We know that patient is properly secured with the shoulder straps in place.

153

00:25:35.420 --> 00:25:53.290

Director Wil O'Neal: That seems maybe silly, but it's a small way that we start a culture to improve patient safety at the agency level with an individual patient that makes it doable for me, the individual paramedic, but doable for us on a larger scale as a system, even up to a policy component working with our

154

00:25:53.300 --> 00:25:55.709

Director Wil O'Neal: Partners over in Highway Safety.

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00:26:00.330 --> 00:26:07.419

Director Wil O'Neal: A big thing that I wanted to make sure that I stress is, can you look and say where your safest EMS programs are?

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00:26:08.230 --> 00:26:10.289

Director Wil O'Neal: That's a big challenge for me in Maine.

157

00:26:10.720 --> 00:26:21.660

Director Wil O'Neal: I don't think I have great data, and I'm not even sure I'm asking the question the right way, but I would encourage anybody who's an EMS leader to ask that question of your own agency. Who's your safest driver? Is it your trainer?

158

00:26:21.920 --> 00:26:37.400

Director Wil O'Neal: Or is it someone else? And in your state, who is your safest by criteria that we could draw out as KPI? Who's your safest EMS agency, and what learning points do they have to offer? Do they have a rigorous driver training program in place? Do they train annually, quarterly? Do they have

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00:26:37.400 --> 00:26:45.889

Director Wil O'Neal: cameras and speed detection equipment in place? You know, do they have established FTO programs that people have to be in for 2 or 3 years before they're rolled out?

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00:26:45.890 --> 00:26:48.949

Director Wil O'Neal: Or is it, much like our agency occasionally does.

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00:26:48.970 --> 00:27:01.000

Director Wil O'Neal: put the light green with the dark green and get them out the door, right? Which, as we know, can contribute to risk. So, you know, those things I've talked about, speed detection, safe roadway monitoring, dash cameras, etc.

162

00:27:01.970 --> 00:27:12.760

Director Wil O'Neal: But one other thing I wanted to mention was reducing Code 3 response. You know, this is a big one to me, and Director Stewart, we've talked about this a lot, but I think industry-wide, this has been a challenge for a number of years.

163

00:27:12.760 --> 00:27:26.149

Director Wil O'Neal: You know, we can look at time-sensitive illness around cardiac arrest, anything that puts a hole or blunt trauma on you, but really what we want to see is a reduction overall in the number of vehicles traveling in emergency mode on the roadway when the data does not support it.

164

00:27:26.150 --> 00:27:45.709

Director Wil O'Neal: And that would be outcomes data, right? Did you arrive at a hospital, get admitted, and then need to be discharged after some period of time, or did you not survive? And

was it worth it to increase the risk? We were able to look at this in Albuquerque, New Mexico. I would encourage other systems to just look and say, hey, just as a general start.

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00:27:45.770 --> 00:27:58.560

Director Wil O'Neal: Using the data that we have available, are there Code 3 responses we might be able to reduce risk by doing less of? Because the data does not support that we're seeing patients ever leave those scenes emergently.

166

00:27:58.700 --> 00:28:03.070

Director Wil O'Neal: Eye injuries were a category that we found very quickly in looking into that.

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00:28:03.280 --> 00:28:08.030

Director Wil O'Neal: But... I do want to move on to make sure that we stay on time.

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00:28:09.120 --> 00:28:10.300

Director Wil O'Neal: And, you know.

169

00:28:10.430 --> 00:28:15.070

Director Wil O'Neal: again, I was talking a little bit before about what the evidence was telling us. You know.

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00:28:15.710 --> 00:28:33.000

Director Wil O'Neal: if... for us, wake effects remain understudied wherever you go. That's the thing that bothers me. I'd like to know a lot more about how many accidents we create, rather than the things we're doing to help people. Whole blood administration by EMS is obviously... has the potential to improve pre-hospital trauma outcomes.

171

00:28:33.350 --> 00:28:53.169

Director Wil O'Neal: But a unique challenge in many states, and one we have here in Maine, is we have a lot of one-lane rural highways that are way out there. Your time to being identified as someone who had a crash could be significant. Your time to have someone respond to that crash could be significant. So while some areas in Maine may start with that 43%, some areas in Maine may start more like a 12%.

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00:28:53.310 --> 00:29:12.499

Director Wil O'Neal: And we really want to look at, as we roll those programs out on a larger scale, how do we leverage that partnership with highway safety and the data that's available through NHTSA, right, 911.gov, EMS.gov, rather, and our partner, Director Stewart, to really make sure we're making common sense decisions around financing, funding, and legislating those things.

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00:29:12.520 --> 00:29:20.190

Director Wil O'Neal: Lastly, you know, As things move forward.

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00:29:20.660 --> 00:29:23.290

Director Wil O'Neal: Things have moved forward faster than us.

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00:29:23.910 --> 00:29:39.570

Director Wil O'Neal: Right? As an ambulance agency, I had policies for safety around ambulances, but now I've got community paramedics out there, some of them in their POVs. I've got fly car models with nurses and CCT trucks joining up, and I've got physician response in the field.

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00:29:39.750 --> 00:29:55.330

Director Wil O'Neal: So those are other areas of potential risk and danger that we're talking about in this continuum of safety that we really want to address with our highway safety partners, right? And internally, right, with MSEMISO and with EMS.gov, to say, okay, based on all the data we have together.

177

00:29:55.470 --> 00:30:06.540

Director Wil O'Neal: EMS fellows working in the field, what do they bring? You know, we're seeing that they do a lot of BLS skills, a lot of ALS skills, and very rarely a physician skill. We know if they're running Code 3, they increase risk.

178

00:30:06.540 --> 00:30:15.939

Director Wil O'Neal: How do we put all those things together to draw up a program that supports a protocol from a pilot project so we know what safe physician response should look like in any state?

179

00:30:15.940 --> 00:30:35.269

Director Wil O'Neal: So, I know I talked a lot, because these topics are of great interest to me, but I just wanted to wrap up and let folks know that the last piece of what I see here, and where

I really think we have the potential for our agencies to connect, not just with highway safety, but downstream with our hospital partners, is on the outcomes data piece.

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00:30:35.310 --> 00:30:53.329

Director Wil O'Neal: That is so crucial for us to be able to move to the next part of the discussion on how do we finance fund things, is that piece of data, is how are we impacting with the efforts that we're putting into place, and what populations are we trying to serve? So, thank you for the time today, really appreciate it, and I'm going to pass it back to y'all for any questions.

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00:30:56.890 --> 00:30:58.490

Clary Mole: Thank you, Director O'Neal.

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00:30:58.660 --> 00:31:07.499

Clary Mole: Okay, now we'll move over to the Q&A portion of today's webinar. Please submit questions using the Zoom Q&A feature at any point.

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00:31:07.830 --> 00:31:16.380

Clary Mole: And any unrespons... or responses to any unanswered questions, we're going to be putting those, online with the archive.

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00:31:16.670 --> 00:31:19.279

Clary Mole: version of this recording on EMS.gov.

185

00:31:19.630 --> 00:31:23.019

Clary Mole: So, question number one.

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00:31:23.230 --> 00:31:33.039

Clary Mole: Director Stewart or O'Neal, can I get either one of you to talk about your Section 405 funds and how they were applied to post-crash care or UMS?

187

00:31:34.700 --> 00:31:44.539

Director Lauren Stewart: Sure, yeah, thank you for the question. I'd be happy to, to start talking about that, and then maybe Director O'Neal can, fill in some information, but...

188

00:31:44.630 --> 00:31:53.320

Director Lauren Stewart: As you can imagine, the... we used the HAS Alert system because it was easy for us to jump onto a master agreement

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00:31:53.330 --> 00:32:10.070

Director Lauren Stewart: that another state was already using, so we went that route. It's very, very expensive. Director O'Neal indicated a million, but it was, like, a million.4, and there's no amount of the 405H funding that's going to cover a project quite that large.

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00:32:10.100 --> 00:32:15.239

Director Lauren Stewart: But Maine was, one of the three states who qualified

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00:32:15.300 --> 00:32:20.629

Director Lauren Stewart: for, Section 405E Comprehensive Distracted Driving Money.

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00:32:20.710 --> 00:32:30.550

Director Lauren Stewart: And so every year that we were eligible for the comprehensive distracted driving money, we got a little over \$2.4 million in 405E money.

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00:32:30.880 --> 00:32:40.050

Director Lauren Stewart: And because, our, MUC compliance was always, at least 75% compliant,

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00:32:40.100 --> 00:32:53.319

Director Lauren Stewart: with the latest edition of MUC, we were able to flex 75% of that 405E comprehensive distracted driving to other 402-eligible uses. So, for those of you that are

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00:32:53.320 --> 00:33:09.259

Director Lauren Stewart: unfamiliar with the funding sources. 402 is a very flexible funding source that state highway safety offices get to do all of their projects, and then the 405 are incentive grants, so not all states qualify for all of the incentive grants.

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00:33:09.290 --> 00:33:19.019

Director Lauren Stewart: But we got a lot of money in the 405E back in the day, and we have a finite number of years to spend that money.

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00:33:19.050 --> 00:33:34.879

Director Lauren Stewart: So I was sitting on a large pot of older 405E money that I needed to use, and the then EMS director, Sam Hurley, said, you know, hey, I'd really like to do this project.

198

00:33:34.940 --> 00:33:52.180

Director Lauren Stewart: what do you think about it? And I said, well, I think it's expensive, but I do have this pot of money, I think we can fund it. But most importantly, we were experiencing those secondary crashes that Director O'Neal talked about, where the public was running into

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00:33:52.180 --> 00:34:01.429

Director Lauren Stewart: ambulances on the side of the road when the folks are trying to render post-crash care. And I thought, this is a great way for us to

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00:34:01.440 --> 00:34:12.290

Director Lauren Stewart: To save the lives of not only our first responders, by letting the public know that they're there, or they're en route, or, you know, they're around the next corner.

201

00:34:12.300 --> 00:34:31.719

Director Lauren Stewart: But also to make sure that our public... we're saving the lives of the public by letting them know, that, you know, an ambulance is coming. So, twofold. Saving those first responders and saving the lives of our general public through this communication

202

00:34:31.719 --> 00:34:40.130

Director Lauren Stewart: Mechanism or alerting system, that, you know, provided you have some sort of a navigation system in your vehicle.

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00:34:40.139 --> 00:34:46.199

Director Lauren Stewart: You're going to get warning that an ambulance is rendering post-crash care up ahead.

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00:34:46.400 --> 00:35:02.290

Director Lauren Stewart: And so I just saw real benefit in it. It was, rather new, innovative, as I said, very expensive, but I'm... I'm glad that we, tackled the project, and that we had the ability to do so. So hopefully that answers your question.

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00:35:13.320 --> 00:35:15.160

Clary Mole: Director O'Neal, anything to add?

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00:35:16.470 --> 00:35:35.740

Director Wil O'Neal: No, I think, based on the answer you just heard, you folks would understand why I always try and back clean up for Director Stewart, because she is very skilled and knowledgeable. It is my ambition to, at some level, to be able to understand the different funding streams and grants, in the way that she does, but staying closely partnered with her has helped ensure our success in these areas, I promise you that.

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00:35:36.680 --> 00:35:37.540

Clary Mole: Good answer.

208

00:35:38.140 --> 00:35:50.360

Clary Mole: All right, I have another question. Has Maine hosted any Federal Highway free traffic incident management trainings for law enforcement, 911, EMS, and other first responders?

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00:35:51.460 --> 00:36:11.399

Director Lauren Stewart: Yeah, if you want, I can jump on that one also. The answer to that is yes. We have numerous, traffic incident management committees, all around the state. We have a statewide committee, we have, we have one up in that Arista County that you saw, where only the moose live. We have the

210

00:36:11.440 --> 00:36:25.650

Director Lauren Stewart: We have some in Penobscot County, we have them in the Midcoast region, so yeah, we have committees all around the state, and they're made up of, stakeholders, which are law enforcement, fire, rescue, towing, recovery.

211

00:36:25.670 --> 00:36:38.350

Director Lauren Stewart: transportation, local transportation agencies, and they are continuously doing, Tim's trainings and train-the-trainer trainings, and I think we have a really good system in place here in Maine for that.

212

00:36:47.530 --> 00:36:55.199

Clary Mole: Okay, another question, going back to the Haas notifications, are there other first responders using Haas in Maine?

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00:37:00.310 --> 00:37:07.740

Director Wil O'Neal: I am not currently aware of anyone else that's connected in a project in the way that we are, but I can't say that with 100% certainty.

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00:37:09.290 --> 00:37:25.379

Director Lauren Stewart: I could add to that that, you know, obviously we weren't able to outfit all of the ambulances and first responder vehicles. We started with our most rural agencies, because obviously they are

215

00:37:25.410 --> 00:37:34.760

Director Lauren Stewart: I mean, we talked about how hard it is to get from point A to point B sometimes here in Maine, so our project started with the... with the most rural of the rural.

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00:37:34.890 --> 00:37:48.590

Director Lauren Stewart: But I do know in conversations with agencies who were unable to take part in that program, that a lot of them would try to jump on that master agreement and outfit themselves

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00:37:48.690 --> 00:38:01.960

Director Lauren Stewart: with their own funding as much as possible. I don't know if that has happened. They're not required to let us know if they have done so. But I think if they are able to, it would certainly benefit the state as a whole.

218

00:38:05.330 --> 00:38:05.980

Clary Mole: Okay?

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00:38:06.250 --> 00:38:22.970

Clary Mole: Thank you for that. Another question, is there training for EMTs, highway safety officers, and local police on how to input crash data and understand mode bias? And how can we leverage the next piece of the puzzle when addressing responses to crashes and prioritizing

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00:38:23.730 --> 00:38:30.410

Clary Mole: prioritizing fixing High crash modes are segments. Nodes, excuse me, high crash nodes.

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00:38:30.530 --> 00:38:31.590

Clary Mole: Or segments.

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00:38:32.890 --> 00:38:36.960

Director Lauren Stewart: I'll give this one a shot.

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00:38:37.180 --> 00:38:39.450

Director Lauren Stewart: I'm not... I'm gonna...

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00:38:39.500 --> 00:38:53.190

Director Lauren Stewart: say right up front, I don't know what mode bias is, but I can answer the question as far as, crash report training, and the answer is yes. Every one of our law enforcement officers receives, in their basic training.

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00:38:53.190 --> 00:39:02.420

Director Lauren Stewart: a good portion of time on how to enter into our main crash reporting system. We are 100%

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00:39:02.420 --> 00:39:17.720

Director Lauren Stewart: electronic with our crash report. We only have one crash report for the entire state. I know some states have multiple versions of crash reports, but we have one. We're 100% electronic, and every police officer is trained

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00:39:17.740 --> 00:39:24.040

Director Lauren Stewart: on how to enter those crashes. Regarding the DOT, we're also heavily

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00:39:24.170 --> 00:39:39.720

Director Lauren Stewart: involved with and partnering with our DOT. As a matter of fact, we take our raw crashed database and we transfer it, file transfer it over to our DOT, who then does their cleansing of that, and they make sure that the locations are correct.

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00:39:39.770 --> 00:39:57.259

Director Lauren Stewart: That the, you know, the nodes and segments and all those things, so that we can really pinpoint exactly where the crashes are happening. So, again, I'm sorry that I don't know what your mode bias is, but I think, together we have, together with our DOT and our law enforcement, we have, excellent crash reporting.

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00:40:05.080 --> 00:40:05.880

Clary Mole: Okay?

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00:40:06.110 --> 00:40:16.020

Clary Mole: Another question, do you know of any studies that look at the moth effect regarding the impact of emergency lights? Do you know of any studies that look at the moth effect regarding

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00:40:16.180 --> 00:40:25.560

Clary Mole: Oh, they just wrote the question twice. Sorry. So, to repeat, do you know of any studies that look at the moth effect regarding the impact of emergency lights?

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00:40:28.210 --> 00:40:37.130

Director Wil O'Neal: I could speak to that briefly, just in the very distant past, we've had some conversations about, you know, the utility of, and whether or not these were

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00:40:37.130 --> 00:40:51.519

Director Wil O'Neal: potentially creating a distraction or adding to the danger. Where that landed was it stayed in discussion. For most places, they're just very firm that they're going to keep the two lights and sirens together, and that they're going to be grouped in a way that makes sense in emergency response.

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00:40:51.520 --> 00:41:15.040

Director Wil O'Neal: There's a lot of, especially here in Maine, right, we find folks that want to, kind of look at, should we be changing this or changing that? And there is quite a bit of variability. The hardest thing for a regulatory agency, right, is to continue to provide clear guidance around things, and so for us, looking at some of the studies and making sure we're making database decisions, I think, is important, but also when we start talking about

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00:41:15.040 --> 00:41:22.340

Director Wil O'Neal: the impact of emergency lights and driving Code 3, etc. We really want to focus on where the clear data towards safety lies.

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00:41:22.340 --> 00:41:28.419

Director Wil O'Neal: And I haven't engaged, as I was transparent about, in those studies anytime recently.

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00:41:30.040 --> 00:41:32.190

Director Wil O'Neal: It looks like Megan may have a better answer.

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00:41:42.780 --> 00:41:43.590

Clary Mole: Okay.

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00:41:44.320 --> 00:41:51.459

Clary Mole: Is the state data shared with municipal emergency response departments? If so, does the county government play a role?

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00:41:55.750 --> 00:42:08.210

Director Lauren Stewart: If... are we talking about, EMS data, or are we talking about crash data? If we're talking about crash data, that is shared with, municipal,

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00:42:08.530 --> 00:42:20.919

Director Lauren Stewart: agencies, through the availability of a crash query tool. So, the state of Maine, one of the things we did with our Traffic Records Coordinating Committee and our Maine DOT

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00:42:20.920 --> 00:42:33.860

Director Lauren Stewart: was we stood up a public query tool where the public can go in and query crashes for a single year, multiple years. They can drill down into locations.

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00:42:33.950 --> 00:42:53.629

Director Lauren Stewart: They can see whether, you know, speeding played a factor or distracted driving. So we have data that is available... crash data and citation data that is available, for any municipal emergency response agency, any municipal county or state law enforcement agency.

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00:42:53.680 --> 00:42:59.450

Director Lauren Stewart: So hopefully, hopefully that answered your question. If not, I'm happy to discuss it further.

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00:43:01.770 --> 00:43:14.090

Director Wil O'Neal: And I would jump in and say, well, related but not really an answer. Our EMS agencies under the stream of data that we have end up, kind of, at the endpoint, owning their own data, so they are able to mine that on their

247

00:43:14.090 --> 00:43:25.160

Director Wil O'Neal: at the agency level to look at what types of calls they're responding to, and then dovetail that into that larger crash data, what types of crashes are happening in their area, etc. So...

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00:43:25.250 --> 00:43:28.500

Director Wil O'Neal: I think it's a... again, it's a helpful partnership in data share.

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00:43:32.060 --> 00:43:32.710

Clary Mole: Thank you.

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00:43:33.190 --> 00:43:42.430

Clary Mole: Can either of you talk about how an EMS office should first engage with a State Highway Safety Office to create or improve

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00:43:42.670 --> 00:43:46.370

Clary Mole: A triennial highway safety post-crash care section.

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00:43:46.630 --> 00:43:49.059

Clary Mole: And consider data for that entry.

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00:43:54.000 --> 00:43:56.590

Director Wil O'Neal: This is a great question. I, you know, I think...

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00:43:56.650 --> 00:44:07.219

Director Wil O'Neal: it was so easy, I took it for granted that if you're in an EMS office where it's harder to put this together, that's why I wanted to kind of offer that guidance that EMS offices are kind of hard to find.

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00:44:07.220 --> 00:44:27.309

Director Wil O'Neal: But highway safety is pretty straightforward, right? And I would just encourage you to reach out with an email. What you'll find, I think, is very traditionally, and this has been my experience with the folks that I meet around Director Stewart, is they're very engaged in highway safety, and they have a lot of energy and time that they want to put into these projects to improve, because unless your state is

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00:44:27.310 --> 00:44:29.480

Director Wil O'Neal: killing it right now.

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00:44:29.780 --> 00:44:49.390

Director Wil O'Neal: and that was probably a poor choice of words, your state is probably more likely to be killing it right now, because we're seeing a huge increase in distracted driving, pediatric and pedestrian accidents, people, you know, speeding on our larger rural highways. So, you know, I do think that it's very important for us to continue to build that relationship and have those conversations.

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00:44:50.410 --> 00:45:09.319

Director Lauren Stewart: I, 100% agree with that, and I will also say, that if you're familiar with the safe system approach, you know that as a highway safety office, you have to do your due diligence and go and find those EMS people, because if you're not, then you're not instituting a safe system approach. So.

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00:45:09.320 --> 00:45:28.860

Director Lauren Stewart: Director O'Neal is correct. Most highway safety offices are either located in their departments of public safety, or their departments of transportation. There's a few scattered in your motor vehicles or, you know, some stand-alone offices, and a few are actually underneath their state police, but for the most part.

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00:45:28.860 --> 00:45:38.749

Director Lauren Stewart: you're going to find us in public safety or the Department of Transportation. And it's up to us to go find those EMS folks and make sure, we're, you know, as I...

261

00:45:38.750 --> 00:45:51.870

Director Lauren Stewart: discussed in my presentation, make sure you're getting the data that you need from them, and make sure you're giving them the data that they need as well. And that's, I think, where the partnership and the relationship really comes to

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00:45:51.870 --> 00:46:04.739

Director Lauren Stewart: fruition and how those projects are built. Traffic Records is another place where there's just an opportunity to share a lot of data between EMS, crash, citation.

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00:46:04.830 --> 00:46:18.110

Director Lauren Stewart: warnings, you name it. So we're always, looking for ways to, fold more data into our warehouses. And, EMS is a treasure trove of data.

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00:46:18.320 --> 00:46:20.629

Director Lauren Stewart: So, thank you for that question.

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00:46:25.560 --> 00:46:26.170

Clary Mole: Okay?

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00:46:26.460 --> 00:46:35.050

Clary Mole: Is the actual implementation of the TIMS practices, traffic incident management practices by emergency responders, tracked or measured in Maine?

267

00:46:39.230 --> 00:46:51.939

Director Lauren Stewart: Yes, we track the number of, trainings that we do, and the number of, whether it's law enforcement or first responders, or fire who are trained.

268

00:46:52.040 --> 00:47:02.800

Director Lauren Stewart: But near-miss data is not something that we, to my knowledge, have, access to here in the state. Director O'Neal may know different.

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00:47:03.030 --> 00:47:04.890

Director Wil O'Neal: That is correct statement, Director Stewart.

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00:47:08.010 --> 00:47:08.740

Clary Mole: Thank you

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00:47:09.050 --> 00:47:17.920

Clary Mole: Another is asking, has Maine EMS considered requiring TIM 4-hour responder training for EMS re-licensing or licensing?

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00:47:18.830 --> 00:47:28.100

Director Wil O'Neal: Yeah, you know, as a regulatory agency, we do a lot of conversation behind the scene, especially between sessions, about how do we want to prioritize what we're going to get done as the next thing.

273

00:47:28.100 --> 00:47:39.470

Director Wil O'Neal: And does it require a rule change, or a statutory change, or is it something we're allowed to just do? Also, at some point, we have to gauge what will be the cultural acceptance, and what is the prioritization of its impact.

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00:47:39.470 --> 00:47:42.830

Director Wil O'Neal: Right? And so, while we believe that training is very important.

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00:47:42.830 --> 00:47:49.519

Director Wil O'Neal: We also have kind of, I think, some significantly larger fish to fry in terms of overall safety and what we can communicate to our providers.

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00:47:49.520 --> 00:48:05.629

Director Wil O'Neal: And we have the additional challenge that every time we want to tell them what to do, it takes a much different path than when we're able to have them ask us to ask them what to do. And so that's a thing that we actually manage better at the EMS board level through our structure, but it is something that we are considering

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00:48:05.700 --> 00:48:13.339

Director Wil O'Neal: Asking about making a requirement, because we want to continue to enhance safety and standardization, and regular training, we know, is a way to do that.

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00:48:18.340 --> 00:48:19.240

Clary Mole: Okay.

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00:48:19.550 --> 00:48:27.840

Clary Mole: I think we've got time to entertain two more questions. So, could you describe how both your agencies interact with public health assets throughout your state?

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00:48:29.390 --> 00:48:34.850

Director Wil O'Neal: I could start with that one, Director Stewart, and then, you probably have your own set of answers as well. For us.

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00:48:34.850 --> 00:48:56.730

Director Wil O'Neal: you know, we have a statutorily put-in-place trauma advisory committee. It's the State Trauma Prevention and Trauma Advisory Committee, but that is our public health asset that also connects us with the CDC, right? And so when we are collecting trauma data on injuries, we're able to work with our TAC, which is also connected with our trauma

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00:48:56.730 --> 00:49:08.049

Director Wil O'Neal: hospitals. We only have a Level 1 and our Level 2 hospital currently. We only had 3, and now we're down to 2. But the entire system of 38 hospitals is considered our trauma system.

283

00:49:08.050 --> 00:49:27.080

Director Wil O'Neal: Right? And so that TAC is the way that we're connecting with those public health assets through the CDC, and then back to Lauren's group, right, is really looking and saying, okay, for our partners at the CDC, in the public health realm for high-consequence infectious disease, we're working here. For safety, for providers, we're working here. And then what

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00:49:27.470 --> 00:49:40.890

Director Wil O'Neal: data do we share back and forth through the TAC to say whole blood's gonna make sense because this percentage of trauma occurs in this way in Maine and arrives to the hospital alive in this time frame, so here's where we would focus that whole broad,

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00:49:41.020 --> 00:49:47.890

Director Wil O'Neal: project for Whole Blood. That's an example, I think, of how we kind of interact with those public health assets, at least on the EMS side.

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00:49:49.710 --> 00:50:08.750

Director Lauren Stewart: Yeah, and I don't really have more to add to that. We also work with our health folks and their data, because we know that motor vehicle crashes are a leading cause of death. So, you know, public safety is public health, so we utilize whatever data and studies that they have to help us with our programming as well.

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00:50:11.800 --> 00:50:14.070

Clary Mole: Okay, and the last question.

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00:50:14.350 --> 00:50:20.030

Clary Mole: What is... excuse me, what is Maine's main performance measures.

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00:50:20.200 --> 00:50:25.689

Clary Mole: or measure for EMS-related... as it relates to crashes, and how do you monitor it?

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00:50:28.110 --> 00:50:34.749

Director Wil O'Neal: Could I get some clarification on the question? Are we talking about ambulance-involved crashes, or are we just talking about roadway crashes in general?

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00:50:36.500 --> 00:50:38.650

Clary Mole: If you could answer both, that'd be great.

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00:50:39.310 --> 00:50:48.479

Director Wil O'Neal: So, you know, as I articulated in the beginning, we actually are more challenged to collect data on ambulance accidents than we are in almost any other kind of accident.

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00:50:48.610 --> 00:50:53.689

Director Wil O'Neal: Bunch of different reasons why that still exists, but that's the thing that I've got the sledgehammer working hard on.

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00:50:54.090 --> 00:51:09.960

Director Wil O'Neal: Pretty much all the time. When it comes to crashes and looking at KPI for crashes, it's really looking closely at what kind of trauma that we're seeing, that we're taking to hospitals and what outcomes look like, and then meeting with Lauren and Lauren's team and saying, what's happening, right? Because

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00:51:10.020 --> 00:51:26.420

Director Wil O'Neal: when we see an increase in death on the roadway, Lauren's got the data that... from the officer's reporting that shows us, like, here's the most likely things that are

occurring, right? And then that can fold back into an education program, or even for those folks at the very local level, an ambulance rep.

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00:51:26.420 --> 00:51:38.540

Director Wil O'Neal: program, right? Something that just advertises to your community. Speed kills, right? Takes 5 seconds, you work with your highway safety department, you fund a wrap, you get it on your ambulances, and maybe one person gets saved from reading that.

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00:51:38.540 --> 00:51:51.930

Director Wil O'Neal: makes a difference. You know, but in terms of monitoring the key performance measures, it's really... those measures are in place, but our ability to budge them because of the number of different variables affecting them is very challenging, I would say.

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00:51:55.670 --> 00:52:02.710

Director Lauren Stewart: Yep, I... the only, the only other thing that I could add to that is, for our,

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00:52:03.870 --> 00:52:20.880

Director Lauren Stewart: alerting technology project. We had a performance measure, regarding, crashes involving first responders, and, of course, our, objective was to decrease, using this product, or project, to decrease

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00:52:21.060 --> 00:52:26.390

Director Lauren Stewart: any... Crashes involving first responders, so that's how we measure it.

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00:52:28.030 --> 00:52:36.790

Director Wil O'Neal: And that was done... I'm sorry, Lauren, I just wanted to clarify. That was done with additional resources through our partners at Southern Maine and their data team that we don't normally have in-house.

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00:52:36.790 --> 00:52:38.019

Director Lauren Stewart: That's correct, yes.

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00:52:38.020 --> 00:52:39.149

Director Wil O'Neal: Okay, thank you.

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00:52:41.590 --> 00:52:55.589

Clary Mole: Okay, I think we'll bring our Q&A session to a close now. So, excuse me, Director Stewart and Director O'Neal, thank you both so much for sharing your time and your insight with us today. Much appreciated.

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00:52:55.640 --> 00:53:10.259

Clary Mole: Okay, that's going to conclude today's EMS Focus webinar. An archived version of today's session will be available soon on www.ems.gov. Thank you for joining us, and we hope to see you at a future EMS Focus webinar.

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00:53:11.050 --> 00:53:12.400

Director Wil O'Neal: Thank you all very much.

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00:53:12.400 --> 00:53:13.449

Director Lauren Stewart: Thank you very much.