EMS and Flex
Better outcomes through collaboration

Joint Committee on Rural Emergency Care Webinar
February 23, 2011

THE EMS CONNECTION

HOW-TO COMMUNITY

JCREC
Joint Committee on Rural Emergency Care
Hi, I'm Matt

I Put Customers First.

The EMS Connection

You can do it. We can help.
Know How & Who You Know
Objectives of Presentation

• Understand State Offices of Rural Health (SORH) and Offices of EMS (SOEMS)
• Understand what EMS is and what grants SORHs have for EMS
• Understand how Flex Grant funding can be used for EMS activities
• Encourage SORHs and SOEMS to connect, meet, discuss and collaborate

***Get Connected to Resources***
Vision and Goals

• Build a healthcare delivery system that adequately cares for rural residents.

• Goals:
  – Utilize all available resources
  – Remove waste from the system
  – Improve quality and consistency of the care delivered
“Adequate” Care in Rural?

- 80% of US land mass
- 20% of our population
- 10% of practicing physicians
- 60% of trauma deaths
- Proportionately more elderly people in rural counties (18.8%) than in metro counties (11.9%)
- Rural residence have higher prevalence of disease and report being ill more frequently compared to their urban counterparts. Impact of distance and time on outcomes.
What is EMS?

...a network of services coordinated to provide aid and medical assistance from primary response to definitive care, involving personnel trained in the rescue, stabilization, transportation, and advanced treatment of traumatic or medical (events) emergencies. Linked by a communication system that operates on both a local and a regional level, EMS is a tiered system of care, which is usually initiated by citizen action in the form of a telephone call to an emergency number. Subsequent stages include the emergency medical dispatch, first medical responder, ambulance personnel, medium and heavy rescue equipment, and paramedic units, if necessary. In the hospital, service is provided by emergency department nurses, emergency department physicians, specialists, and critical care nurses and physicians.

What EMS is...

• Team effort
• Event to definitive treatment
• Systems Approach
• Emergency Medical Dispatch
• Field EMS
  – First responders, Emergency Medical Technicians, Paramedics
• Emergency Departments
State Offices of EMS

• Regulatory authority for EMS
• Certification / Licensure of EMS Providers
• Ambulance standards oversight
• Legislative liaison for EMS
• All have State Medical Directors (MDs)
• Some include or are a part of:
  – Public Health / Health and Human Services
  – Emergency Management responsibilities
State Offices of Rural Health

• Obtain grant funding to improve health and healthcare access for rural residents
  – Medicare Rural Hospital Flexibility Grant (Flex)
• Some may have regulatory role designating Critical Access Hospitals (CAHs)
• Vary in size from staff of one to over 40
• Some may be or a part of:
  – State Health and Human Service / Public Health
  – Universities / Not-for-Profits
The Flex Grant

• $18.6 Million Annual HRSA Grant through the Office of Rural Health Policy (ORHP)
• 45 awardee-SORHs roughly ¼ to ¾ million dollars annually for all Flex work in the state
• Submission Deadline - May 19, 2011 (released today!)
• Three sections
  1. Quality Improvement
  2. Support for Operational & Financial Improvement
  3. Health System Development & Engagement
# Performance Improvement Measurement System (PIMS)

1. Number of CAHs designated as Trauma Centers
2. Number of Trained or recruited EMS medical directors
3. Number of EMS recruitment/retention projects initiated
4. Number of EMS (Ambulance) budget model courses conducted
   4a. Number of Managers trained in EMS (Ambulance) budget model courses
5. Number of EMS (Ambulance) services supported to join a network
6. Number of Services supported for group billing
7. Number of EMS assessments and strategic planning sessions conducted
8. Number of EMS leadership courses conducted
   8a. Number of Managers trained in EMS leadership courses
9. Number and variety of EMS-based Community Healthcare Models projects initiated
10. Number of Rural Trauma Team Development or Comprehensive Advanced Life Support (CALS) courses taught
   10a. Number of personnel trained
   10b. Number of communities affected
11. Number of facilitated BIS assessments conducted (Benchmark, Indicators and Scoring)
12. Number of quality improvement activities implemented. A reassessment of BIS scores compared to the baseline score for that system
13. Number of Trauma System Consultations performed
14. Number of quality improvement activities directly linked to Trauma System Consultation report recommendations
Flex Section 3: Health System Development & Engagement

Current Flex Guidance already includes many great opportunities to include EMS in Flex and should be continued.

- Support CAHs, communities, rural and urban hospitals, EMS, and other community providers in developing local and/or regional health systems of care.
- Support the inclusion of EMS services into local and/or regional systems of care and/or regional and state trauma systems.
- Support CAHs and communities in conducting or collaborating on assessments to identify unmet community health and health service needs.
- Support CAHs and communities in developing collaborative projects/initiatives to address unmet health and health service needs. (Community Paramedicine)
Flex Section 3: Health System Development & Engagement

• Developing Systems of Care
  – Trauma
  – Stroke
  – STEMI / AMI / Cardiac
  – Pediatrics
Flex Section 2: Support for Operational & Financial Improvement

Grant Guidance

- Evidenced-based strategies for improvement
- Collaborative learning
- PI support, education-staff productivity, board leadership, BSC

Consider EMS

“DITTO” (i.e. everything!)
Flex Section 2: Support for Operational & Financial Improvement

Evidenced-based strategies for improvement
• Sharing educational strategies
• Mutual aid agreements
• Regionalization of care (across state lines)
• Recruitment and retention strategies
• Telehealth utilization in EMS – integration
• Community Paramedicine – Alternate care location
Flex Section 2: Support for Operational & Financial Improvement

Collaborative learning
- State-wide EMS meeting? Rural focus?
- Medical Director meeting
- Benchmarking of data (Fleet management, etc.)
- Sharing of best practices
  - Billing/Collections, Purchasing, turnover, HR...
Flex Section 2: Support for Operational & Financial Improvement

- **PI support** – technical assistance available?
- **Board leadership** – what if county commissioners / community boards were trained in quality, reporting, finance...
- **BSC (Balanced Score Card)** – one of many management tools that can be used to help improve management and communications of most any organization
Flex Section 1: Quality Improvement
Ideas on how to include EMS (Prehospital) in this section of the Flex Grant:

Grant Guidance
- Quality Collaborative
- Hospital quality/patient Safety
- HIT/HIE/ Meaningful Use

Consider EMS
- EMS Voluntary Event Notification Tool (EVENT)
- Culture of Patient Safety Training
- NEMSIS
Flex Section 1: Quality Improvement

EVENT

EMS Voluntary Event Notification Tool (EVENT)

• Anonymous tool for EMS providers to report errors and near misses
• Feedback loop to State Offices of EMS
• Based upon successful system by PA EMS
Flex Section 1: Quality Improvement

Culture of Patient Safety Training

• The foundation for systems-approach to quality improvement
• Engage providers without penalty for reporting
• All of healthcare (incl. EMS) not this way
• Focus is on patient safety not provider fault
• Environment where providers are the first to report when an error or a “near miss” occurs
Flex Section 1: Quality Improvement

NEMSIS

• An effort to create a National EMS Database
• Data from local and state agencies from across the nation.
• This effort will define EMS and pre-hospital care in a way never before imagined, improving patient care and EMS curriculum and defining a standard on with to measure care.
• Agencies across the nation will be able to share the key elements of their data nationally.
Appropriate application
Appropriate Application
What are your next steps?

• Contact your state office of EMS

• Contact your state office of Rural Health

• Share the work you’re doing (with each other too)

• Come back next time (Webinar TBA)!
Contact Info

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THANK YOU!
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***Get Connected to Resources***
“Not many sounds in life, and I include all urban and rural sounds, exceed in interest a knock at the door.”

– Charles Lamb

“The best way to predict the future is to invent it.”

- Alan Kay
Other Links

- ORHP http://www.hrsa.gov/ruralhealth/
- Nat’l Organization of State Offices Rural Health www.nosorh.org
- National Rural Health Association http://www.ruralhealthweb.org/
- local geographic searches (rural vs urban) http://factfinder.census.gov/home/saff/main.html?_lang=en
- Rural Assistance Center http://www.raconline.org
- Community Paramedic - Western Eagle EMS http://wecadems.com/
- American College of Surgeons (Committee on Trauma) http://www.facs.org/trauma/index.html

Other Links

• Community Paramedicine: http://www.communityparamedic.org
• National EMS Information System http://www.nemsis.org/
• Institute for Healthcare Improvement, Culture of Patient Safety (http://www.ihi.org/IHI/Topics/PatientSafety/SafetyGeneral/Changes/Develop+a+Culture+of+Safety.htm)
• Center for Leadership, Innovation and Research in EMS, EVENT reporting (http://event.clirems.org/)