Three suggested Emergency Medical Service items to include in your 2011-12 Flex Grant

The Joint Committee on Rural Emergency Care (JCREC) is a partnership between NOSORH and the National Association of EMS Officials and is your NOSORH committee for EMS. The focus of the JCREC is to bring State Offices of EMS together with Offices of Rural Health and encourage collaborative work using Flex funding to improve rural EMS. The information provided here represents three suggestions for work to be considered in your 2011-12 Flex Grant application.

While this is a non-competitive grant year and is a continuation of last year’s budget modifications to your budget and work can still be accommodated if you provide the proper written support. This document is intended to provide that support. This information can be used in your budget justification and carry forward into your budget. For your budget, these have all been written to be included as “Contractual” line items. Each recommendation identifies areas of the Flex Guidance that may be used to support the identified effort.

Please note that this is not an official document from ORHP and represents an interpretation of the provided guidelines and use of Flex funding.

Important point of Clarification for all “EMS in Flex” materials:
EMS refers to the entire emergency medical care continuum from the 9-1-1 communicator, the first responder, the EMT and Paramedic ambulance/helicopter personnel and the staff of the receiving hospital Emergency Department to name the basics. Trauma system development continues to be a primary area of opportunity for Flex grant deployment however there are areas of significant need for prehospital EMS providers, the ambulance services and personnel. This document and the associated webinars are meant to continue to encourage Flex activities to support Health System Development & Community Engagement, Trauma System Development, Stroke and STEMI/Cardiac system development as well as promote work in areas of quality and operational & financial improvement specific to the prehospital EMS provider.

There are three main areas of focus outlined in the Flex Guidance, the fourth being CAH conversion. Work specifically with prehospital EMS should be placed in section 3, HOWEVER work in EMS can (and we encourage you to include) include efforts for Quality Improvement and Operational & Financial Improvement. This point was clarified by ORHP as a way to maintain categorically, work being done in the various areas of focus across all state programs.

Examples:
1) If you have a quality improvement (QI) project that includes hospitals and EMS – Section 1
2) If you have a quality improvement (QI) project focused specifically on EMS (like E.V.E.N.T.) – place in Section 3 and specifically site that it is for EMS Quality Improvement.

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**EMS Tool Kit for Flex Coordinators**

**JCREC Learning Session**

**What:** The Joint Committee for Rural Emergency Care hosts this annual meeting, with the primary purpose of getting State Offices of Rural Health and State EMS Officials together to learn and collaborate with each other on how they can improve the provision of rural emergency care. This year the meeting is being scheduled just after the annual NOSORH meeting in Denver to maximize travel budgets. SORHs are being asked to budget for travel, hotel and appropriate per diem for their State Office of EMS director and medical director (*ultimately it should be whomever the State EMS Office wants to send*).

**When & Where:** The 2011-12 JCREC Learning Session will be held September 8 &9, with an overlap with the NOSORH meeting on the 8th specifically for the EMS Officials. They will then join the NOSORH meeting as it concludes and then all JCREC Learning Session participants will continue together through the afternoon of Friday, September 9.

**Why:** It is essential for all SORHs to understand the most practical and effective projects and approaches to spend the Flex grant dollars in order to accomplish the goals and objectives of this grant as related to Emergency Medical Services.

**Budget:** $2,647 is the total Estimated Cost of JCREC Learning Session. With state budgets so tight we are recommending that you budget for two (2) State Office of EMS attendees and your SORH representatives to attend the meeting. This means two more plane tickets, arriving on 9/7, their rooms for two days plus an additional day of stay in the hotel for your SORH staff. Specific hotel and room rates are TBD.

**Where does this fit into Flex Guidelines?:**
This can be considered an effort supporting the Health System Development and Community Engagement (Section 3 of Flex guidelines) by supporting SORH-State Office of EMS relationships to accomplish all EMS related objectives of the Flex grant.

**Budget considerations for at least one SORH staff**

- No travel costs or fees specific to this meeting since hopefully you will already be at the NOSORH annual meeting however your tickets will probably need to get you there by 9/6 for a 9/7 NOSORH start and a late (>6p!) 9/9 departure.
- One additional day of per diem = $71 (give or take)
- One additional night in hotel (9/8) $141 per night (max fed rate)
- Maybe add a day of parking at your hometown airport?

SORH estimated additional costs = $212

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**Budget considerations for State Office of EMS participation:**

- **Roundtrip (air) travel to Denver, arriving 9/7/11, departing 9/9/11 x 2 (Guestimate that should apply to most everyone $650 per person= $1,300)**
- **Baggage check fees (1 bag per person/roundtrip, $25x2x2 = $100)**
- **Ground transportation to/from airport $40 each way (potentially x2 = $80)**
- **Based upon Federal per diems for Denver**
  - Hotel, $141 per night, for two nights each (for two people = $600)
  - Meals & incidental Expenses (M&IE) $71/day, $53.25/day for first and last day of travel (for two people ($53.25+$71+$53.25) x 2 = $355)

- **No registration fees!!!**
- **Maybe add in parking at your hometown airport?**

Your state EMS officials estimated cost = $2,435
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Education and Participation in the EMS Voluntary Event Notification Tool

What: The EMS Voluntary Event Notification Tool (EVENT) is an anonymous, web-based reporting tool to encourage reporting of any event that caused patient harm or could have caused patient harm in the prehospital EMS setting. This is a system based on the Pennsylvania EMS Office system that has provided valuable and non-punitive information to improve the system of care in that state. EVENT is an international (US and Canada) effort to improve patient care where reports are submitted to the state or territory Office of EMS.

http://event.clirems.org/AboutEVENT.aspx

When and Where: This can be done as a state-wide effort with your State Office of EMS anytime throughout the grant cycle.

Why: This should be done in conjunction with your State Office of EMS as a way to advance quality improvement efforts as part of a national EMS effort to improve patient safety. The National Institute of Medicine (IOM) studied medical errors in hospitals and reported that between 44,000 and 98,000 people die each year as a result of medical errors, preventable mistakes, oversights and omissions. Similarly, the Institute for Healthcare Improvement estimated that 15 million medical mistakes occur in U.S. hospitals each year. Hospitals in the U.S. and Canada are focusing on quality improvement like never before. They are analyzing the failures in their systems of care, the processes that lead up to a mistake and are working hard to improve performance by making systemic changes. Emergency Medical Services (EMS) systems are an important part of the overall healthcare system and EMS has the same responsibility to patients that hospitals and physicians do: to do no harm. It would be naive to think that errors in EMS either don’t exist or that nothing can be done to reduce or even eliminate them. One tool that moves systems in this direction is an “Event Reporting System.” Event Reporting Systems are common in the airline industry and now hospitals, allowing employees to anonymously report safety events that have occurred, could have occurred, or could potentially occur in order to improve the system. EVENT is the first international effort to provide this service for EMS providers.

Budget: $0 to $500+. Access to EVENT is free. Reporting to the State Office of EMS when EVENT is utilized by an EMS provider in the respective state is free. There is no cost other than the promotion and educational costs associated with this effort. National speakers are available for conferences if you would like to include this in a state-wide EMS conference. Consider adding (guestimate of $500) for publication, education and meeting support. Consultant/speaker would be more.

Where does this fit into Flex Guidelines?: This should be considered a Quality Improvement effort specific to EMS and therefore needs to be put into the Health System Development and Community Engagement (Section 3 of Flex guidelines) by supporting SORH-State Office of EMS relationships to accomplish all EMS related objectives in this section.

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TRAUMA SYSTEM DEVELOPMENT: 2 OPPORTUNITIES

A. Trauma System Consultation by the ACS - COT

What: The first recommendation is an American College of Surgeons, Committee on Trauma (ACS-COT) Trauma System Consultation. There are about 50% of the states that have not had a formal Trauma System Consultation. This is considered by some to be the starting point for planning and development of any state-wide Trauma System development, ultimately taking on the “Systems of Care” approach for Trauma, Stroke and STEMI/Cardiac. The ACS-COT Trauma Systems Consultation may be cost prohibitive in some states. Other approaches can include using the ACS-COT to provide regional or even county-level consultations for those areas that are most prepared and ready to implement COT recommendations. Another approach to developing a systems approach to trauma care is the state assessment using the ACS Indicators of Trauma System Development or the NASEMSO State Trauma System Planning Guide. All of these options are useful in starting to move the systems approach to trauma along.

http://www.facs.org/trauma/index.html

Where:

- State-wide, also can get specific assistance in counties or regions

Why:

- This can be the basis of future conversations about Systems of Care

Budget:

- $65,000 for full, state-wide by ACS-COT

Where does this fit into Flex Guidelines?: This clearly a Health System Development and Community Engagement (Section 3 of Flex guidelines) and there are several required elements that can be met in this section by doing this work.

B. Trauma BIS Assessment


Where:

- Implement for your 2012 Flex Grant activities

When:

- Your state, maybe choose receptive counties or region to start

Why:

- This is a very good starting point for understanding the state of your state’s current trauma system. It uses 113 indicators or measures to quantify a trauma system’s development. It was developed using the three public health core functions (assessment, policy development and assurance) and the tool is designed to assist trauma systems in:
  - Establishing the baseline of the trauma system’s current development
  - Identifying areas with the greatest need for improvement
  - Measuring progress toward trauma system development goals

General guideline for Budget Costs: $25,000 (see additional detail in box above)

Where does this fit into Flex Guidelines?: This clearly a Health System Development and Community Engagement (Section 3 of Flex guidelines) and there are several required elements that can be met in this section by doing this work.

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Budget considerations for Trauma System Consultation by the ACS - COT:

- Consultants: (6) $23,400
- Airfare, Ground Transportation, Parking, Mileage: 15, 320 Hotel Accommodations and Per Diem: (6 consultants, 2 staff) $4,095
- Legal Fees: (contract review and approval) $2,000
- ACS Administrative Fee: (includes all staff time) $20,880; Other Expenses: (shipping, phone, printing, etc.) $3,400
- Your ACS-COT estimated cost = $65,000

Budget considerations for BIS Assessment:

- Consultants: $6,000
- Airfare, Ground Transportation, Parking, Mileage, Hotel Accommodations, and Per Diem: (2 consultants, 1 staff) $4,095
- Administrative Costs: (includes all staff time)