Performance Measures for Rural EMS

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National Rural EMS Conference
Cheyenne, WY
May 6, 2015
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Overview

• Review of EMS performance measures project
• The role of Flex in supporting EMS
• Process to develop performance measures
• Criteria to assess activities and measures
• Organizing Framework and Proposed Measures
• Assessment and capacity improvement
Role of Flex in Supporting EMS

- Allowable Flex EMS activities:
  - **Community-level Rural EMS System Assessment** - Use a standard assessment tool to assess EMS capacity and performance.
  - 1) engage local stakeholders; 2) conduct assessments; 3) identify capacity and performance issues; 4) engage stakeholders in setting priorities; 5) identify common priorities by/across communities.
  - **Improve Time Critical Diagnoses EMS System Capacity** - strategies to improve local/regional system capacity for time critical diagnoses (TCD) (i.e., STEMI, stroke, and trauma).
  - Strategies: 1) engage EMS agencies and systems of care to develop integrated service systems; 2) improve the capacity of EMS agencies to diagnose and treat TCD episodes of care; 3) expand EMS use of nationally recognized protocols related to TCD and emergency dispatch.
Role of Flex in Supporting EMS

• Allowable Flex EMS activities:
  – **Improve EMS Capacity and Operational Projects**
  – Improve local EMS system capacity issues in CAH communities using data from the EMS assessments and other sources.
  – Target and address issues specific to identified capacity gaps.
  – 1) develop collaborative linkages between CAHs, community providers, and EMS agencies to improve local pre-hospital and emergency care capacity; 2) improve capacity of EMS agencies to collect/report quality data and use data for performance improvement; 3) enhance billing, collection, and financial systems of EMS agencies and their ability to use financial data for performance
Study Process

- Advisory panel of 16 rural EMS, performance measurement, and program expert, federal and state stakeholders
- Multiple conference calls
- Literature and background review
- Reviews of state Flex activities
- Review of pros and cons of available measures
- Develop a framework for EMS performance measurement appropriate to rural communities
- Identify and agree on potential measures
Criteria to Assess Alternate EMS Activities

- Evidence-based
- Targets – EMS and system capacity improvement in CAH communities
- Specifically engages local EMS units in system improvement
- Targets identified needs
- System outcomes can be identified and measured in the short, medium, and long term
- Data can be collected to monitor short, medium, and long-term performance improvement
Preparatory Work

• Assess rural EMS needs and capacity
  – Flex activity or broader responsibility?
  – Encourage SORHs to partner with state-level EMS partners to assess rural EMS needs
  – Understand/improve EMS engagement with local health systems

• Improve rural EMS agency data and reporting capacity
  – Effective billing and management information systems
  – Formal QI/CQI processes in place
  – Billing, financial, and quality data used for performance improvement
  – Participants meet regularly to review data on system performance
Organizing Framework

• Concentrate Flex activity on improving EMS engagement and performance with CAHs
• System of care orientation
• Assess local EMS capacity and system issues
• Concentrate on time critical diagnoses – STEMI, stroke, trauma
• Focused on following three domains:
  – Capability, capacity, and access
  – Recognition and diagnosis
  – Integration and coordination of care
• Goal – document system performance improvement
Assessment and Planning (Year 1)

- Assessment of EMS capacity and performance using standardized tools/protocols
- Develop interventions addressing priority needs
- Implementation of interventions
- Leadership programs focused on EMS capacity building
Assessment and Planning Measures

• Short term outputs/outcomes (Year 1)
  – % of EMS systems assessed
  – % of EMS systems with formal capacity/PI plan
  – % implementing initiatives to improve capacity and performance
  – # of EMS staff completing training/leadership programs
  – % of above training participants actively engaged in rural health systems collaboratives addressing local EMS capacity and performance issues
  – % addressing financial/billing/quality data issues
Assessment and Planning Measures

• Medium outcomes (Year 2)
  – % of EMS agencies billing 3rd party payers/patients
  – % using patient billing and agency financial data for PI
  – % with QI protocols/(CQI) process
  – % using quality data for PI
  – % of local/regional EMS systems of care in which participants meet regularly to review data on quality and system performance

• Long Term Outcomes (Year 3 +)
  – % with active PI plans and activities
PI and System Building (Year 2)

• Implement initiatives to improve EMS capacity and performance. Improve integration of EMS in systems of care.

• Capability, capacity, access
  – Agencies use nationally recognized protocols for time critical diagnoses and emergency dispatch for patients of all ages

• Recognition and diagnosis
  – Are training staff to use evidence-based protocols for time critical diagnoses to identify specific episodes of care
  – Using nationally recognized protocols related to time critical diagnoses and emergency dispatch for patients of all ages
• Coordination of care
  - Agencies are working with other participants in local systems of care to plan for and develop integrated services systems
  - Are training staff to use evidence-based protocols for time critical diagnoses to identify specific episodes of care
PI System Building – Medium Term Outcomes (Year 2)

• Coordination of Care:
  – % of EMS agencies with TCD system planning committees
  – % implementing strategies to address system resource, work force, and training needs

• Recognition and Diagnosis of TCD episodes of care
  – % of EMS staff trained on: STEMI recognition, stroke recognition, and trauma/field triage-all ages

• EMS protocol use
  – % using AHA Mission: Lifeline Guidelines (STEM)
  – % using protocols meeting ASA/AHA stroke care guidelines
  – % using CDC guidelines for field triage of injured patients
PI System Building – Long Term Outcomes (Year 3+)

- % of systems functioning as integrated systems of emergency care
- % of EMS agencies with improved performance on key TCD measures (e.g., D2B of ≤ 90 minutes)
- % of EMS agencies with improved financial and quality performance