



More collaborating. More doing.



EMS and Flex Webinar Support Documents

2/23/2010

The following documents are being provided to help State Offices of Rural Health (SORH) consider all the potential ways to utilizing Medicare Rural Hospital Flexibility Grant (Flex) funds in additional areas to improve the provision of Emergency Medical Services (EMS) in their rural communities.

It is strongly recommended that all SORHs develop and maintain a strong relationship with their respective State Office of Emergency Medical Services. The most effective use of Flex grant funds are projects that represent the common work, goals and objectives between both state offices to eliminate duplication or even competition for scarce resources.

The following pages contain ideas of how Flex funding could potentially be spent to support EMS activities in all three areas of the grant:

- 1) Quality Improvement
- 2) Support for Operational & Financial Improvement
- 3) Health System Development & Engagement

This document including all included references to PIMS Measures, was developed in good faith by Matt Womble with the North Carolina Office of Rural Health & Community Care, EMS Committee chair of the National Organization of State Offices of Rural Health (NOSORH) and co-chair for the Joint Committee on Rural Emergency Care between NOSORH and the National Association of State EMS Officials (NASEMSO). The considerations presented herein should not be construed as a directive or advice from HRSA or the Office of Rural Health Policy (ORHP). Each State Office of Rural Health is responsible for ensuring that work and activities utilizing Flex funding are approved and supported by the ORHP.

Performance Improvement Measurement System (PIMS)

Purpose of PIMS (as presented by ORHP 9/26/08)

- Provide grantees (SORHs) the ability to track their own performance
- ORHP uses system to improve their programs
- ORHP can better explain work of grantees utilizing data

Current EMS Measures:

- 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
- 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

1) Quality Improvement

Current Flex Guidance

- a. Improve and Sustain the quality of care
 - i. Public reporting / benchmark, HCAHPS
 - ii. Quality Collaborative
 - iii. Multi-hosp quality/patient safety (TeamSTEPPS, AHRQ)
 - iv. HIT / HIE / Meaningful Use
- b. Objectives (at least one of the “Required Elements”)
 - i. Public Reporting – CMS Compare, HCAHPS (CART)
 - ii. Multi-hospital QI effort
 - iii. Quality Reporting other than CMS Compare (CAH quality networks)
 - iv. Multi-hospital quality/patient safety project leadership/organizational culture
 - v. QI training managers, staff, board
 - vi. EHR TA / HIE
 - vii. Share HIT infrastructure / staff
 - viii. Training meaningful use/ CPOE (clinicians and staff)
 - ix. MBQIP
- c. Activities
 - i. CMS Quality reporting tool CART
 - ii. Evidence-based protocols
 - iii. National QI/capacity (IHI)
 - iv. Infection control (CDC/MRSA)
 - v. QIO projects to CAHs
 - vi. Readmissions
 - vii. Multi-hospital peer review
 - viii. Mock surveys
 - ix. HIT / HIE readiness assessments
 - x. HIT / HIE access to tools
 - xi. Sharing HIT staff/resources

Considerations for Prehospital (EMS)

(Consider applicability of PIMS Measure #7 & 9)

- a. Improve and Sustain the quality of care
 - i. Center for Leadership, Innovation & Research (CLIR) *Benchmarking*
 - ii. Education about the EMS Voluntary Event Notification Tool (EVENT) – anonymous medical error reporting system
 - iii. *Culture of Patient Safety Training*
 - iv. Training on the National EMS Information System (NEMESIS), education, integration into QI for EMS locally/nationally
- b. Objectives (at least one of the “Required Elements”)
 - i. None at this time
 - ii. *NEMESIS – National QI Feedback loop*
 - iii. *NEMESIS*
 - iv. *QI training for managers, staff, county commissioners/boards, on QI*
 - v. *QI training managers, staff, county commissioners (Same)*
 - vi. *NEMESIS Training, compliance – utilizing data for QI*
 - vii. *Develop a local NEMESIS support network*
 - viii. *Training on NEMESIS*
 - ix. *EVENT utilization*
- c. Activities
 - i. *NEMESIS*
 - ii. *Evidenced-based protocol advancement*
 - iii. *NEMESIS*
 - iv. *Employee Safety*
 - v. *QIO ENGAGED WITH EMS*
 - vi. *READMISSIONS – Community Paramedic*
 - vii. *None at this time*
 - viii. *None at this time*
 - ix. *NEMESIS readiness assessments*
 - x. *NEMESIS*
 - xi. *Sharing HIT staff/resources*
 - xii. *Meaningful use partner*

2) Support for Operational & Financial Improvement

Current Flex Guidance

- a. Objectives
 - i. Assessments, meetings
 - ii. Evidenced-based strategies for improving financial performance, education, consultation
 - iii. Operational performance (benchmarks, centralization of ancillary services, board leadership, collaborative recruitment/retention, staff productivity, LEAN, TeamStepps, BSC, billing, purchasing, materials management, work environment
 - iv. Collaboratives for above (sharing best practices, benchmarking, revenue cycle management, dept. efficiency.)
- b. Activities
 - i. Collaborative learning across the state, benchmarking, sharing
 - ii. Group purchasing/provision/contracting – meds, IT, MDs
 - iii. TA for service assessments, md-hospital alignment, managed care contracting, chargemaster update, market analysis
 - iv. PI support, education -staff productivity, LEAN, board leadership, BSC,

Considerations for Prehospital (EMS)

(Consider applicability of PIMS Measure #7 & 9)

- a. Objectives
 - i. Same - Assessments, meetings
 - ii. Same - Evidenced-based strategies for improving financial performance, education, consultation. *Medical Director training...*
 - iii. Same - Operational performance with an additional *focus on leadership training, medical director training, workculture training*
 - iv. Same - Collaboratives for above (sharing best practices, benchmarking, revenue cycle management, dept. efficiency.)
- b. Activities
 - i. Same – State Rural EMS Meeting would be a great place to start -Collaborative learning across the state, benchmarking, sharing
 - ii. Same - Group purchasing/ provision/ contracting – meds, IT, MDs but also including *purchasing collaboratives, state EMS associations...*
 - iii. *Technical Assistance for assessment of Billing and Collections, staffing shortages, Continuing Education*
 - iv. Same - PI support, education- staff productivity, LEAN, board leadership, BSC,

3) Health System Development & Engagement

Current Flex Guidance (This section already includes many great opportunities to include EMS in Flex and should be continued. Additional suggestions are in italics)

- a. The work plan must include at least one of the following system development and community engagement objective:
 - i. Support CAHs, communities, rural and urban hospitals, EMS, and other community providers in developing local and/or regional health systems of care. *Make sure to specifically identify Pre-Hospital (EMS) providers in developing local and/or regional health systems of care. These types of systems can include Trauma, Cardiac, Stroke, Pediatric and other care protocols, patient handoffs, education etc... (see ii below)*
 - ii. Support the inclusion of EMS services into local and/or regional systems of care and/or regional and state trauma systems.
- b. The work plan may also include one or more of the following health system development and community engagement objectives:
 - i. Support CAHs and communities in conducting or collaborating on assessments to identify unmet community health and health service needs. *Also you can support State Office of EMS in conducting or collaborating on assessments to identify Emergency Medical Dispatch, Regional/State-wide resource allocation centers, Universal Minimum Access, Community Paramedicine*
 - ii. Support CAHs and communities in developing collaborative projects/initiatives to address unmet health and health service needs. *Make sure to specifically identify Pre-Hospital (EMS) providers are a part of community collaborative projects/initiatives to address unmet health and health service needs. Community Paramedicine is a great opportunity (Community Paramedicine could potentially be counted under PIMS Measure # 9).*
- c. Activities
 - i. Support local and/or regional systems of care through the provision of technical assistance, consultative support, or funding to: **(PIMS Measure #7, 9, 13)**
 1. Identify target populations to be served;
 2. Assess needs, gaps, and strengths of communities and local delivery systems;
 3. Identify and engaging collaborative partners;
 4. Establish collaborative decision making structures;
 5. Identify vision, mission, goals, objectives, and activities;
 6. Plan for and implement activities to achieve necessary goals; and/or
 7. Create and implement strategic plans.
 - ii. Support CAHs and communities in conducting or collaborating on assessments to identify unmet community health and health service needs through the provision of technical assistance, consultative support, or funding to: **(PIMS Measure #7)**
 1. Identifying and engaging community partners in the needs assessment process;
 2. Establish collaborative decision making structures;
 3. Identify and analyze available secondary data;
 4. Identify, collect, and analyze additional needed data at the community level;
 5. Identify needs of communities and populations and gaps in local delivery systems;
 6. Develop process to obtain community input into identified needs and gaps in services and the local delivery system;
 7. Prepare and disseminate report to all participants, community stakeholders, and the public; and/or
 8. Develop collaborative planning process to address identified needs and gaps.

3)(Cont.) Health System Development & Engagement

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

c. Activities cont.

- iii. Support CAHs and communities in developing collaborative projects/initiatives to address unmet health and health service needs through the provision of technical assistance, consultative support, or funding to: **(PIMS Measure #12)**
 1. Identify target populations to be served and unmet needs being addressed;
 2. Identify and engaging collaborative partners;
 3. Establish collaborative planning and decision making structures; and/or
 4. Implement services and/or programs to address identified unmet needs.
- iv. Support trauma and EMS systems (state, regional or community) development
 1. Support trauma and EMS system (state, regional, or community) assessments(s); **(PIMS Measure #11, 12)**
 - a. Employment of HRSA's Benchmarks, Indicators, and Scoring (BIS) approach
 - b. Facilitated Trauma System Development
 2. Support trauma center designation of CAHs **(PIMS Measure #1)**
 - a. conduct State strategic planning and systems development to address weaknesses identified by the BIS assessment; other weaknesses
 3. Support CAH Trauma Team Development **(PIMS Measure #10, 12)**
 - a. Rural Trauma Team Development (RTTD) courses
 - b. Comprehensive Advanced Life Support (CALs) courses
 4. Support the improvement of EMS Medical Direction **(PIMS Measure #2)**
 - a. Training courses for Medical Directors
 5. Support the implementation of mechanisms to support EMS agencies in efforts of recruitment/retention, reimbursement and restructuring including: **(PIMS Measures #3, 4, 5, 6,)**
 - a. Recruitment & retention initiatives
 - i. Implement evidence-based recruitment and retention programs
 - b. Reimbursement
 - i. Training in comprehensive EMS agency budget processes
 - ii. Participation of EMS agencies in group buying and billing programs
 - c. Restructuring
 - i. Facilitation of BIS processes for EMS at the local and regional level **(PIMS measure #12)**
 - ii. Rural EMS Manager leadership and management training. **(PIMS measure #8)**
 - iii. Development of Systems and Pilot programs to better utilize pre-hospital care personnel in meeting the health care needs of rural communities in cooperation with State EMS offices.