

Virginia Department of Health
Office of Emergency Medical Services
Regional EMS Council Study Position Paper
October 2007

I. Purpose

To define and establish the position of the Virginia Office of EMS (OEMS) on the recently distributed *Regional Emergency Medical Services Council Study Final Report*, prepared by ASMI, Inc. Since this report may potentially have a significant impact on the EMS System in Virginia in the future, it is incumbent upon OEMS to have a position on the final study report, its findings and recommendations.

II. Issue/Status

As is described in the Scope of Work distributed by OEMS in January 2007:

“The Office of EMS (OEMS) developed an RFP for consultative services to conduct an independent, objective review and evaluation of the current structure and functions of the Regional Emergency Medical Services (EMS) Councils; and, to determine and identify a system that is an effective and efficient method of providing those EMS System services that are defined in the Code of Virginia.”

Through a competitive negotiation process, Association and Society Management International, Inc. (ASMI, Inc.) of Falls Church, VA was awarded a contract to conduct the study. The contracted work began on January 1, 2007, and a final report was received by the OEMS on October 12, 2007.

III. Background

Currently, there exists eleven (11) Regional EMS Councils in the Commonwealth of Virginia. Each council is an independent, not for profit (federal 501 (c) (3)) organization that has a performance based contract with OEMS to perform the specific functions identified in the Code of Virginia. The Office of EMS has entered into an annual contract for services with the designated regional EMS councils since 1981. The current value of these contracts is in excess of \$3 million annually.

IV. Discussion

The final report of the study included summaries on survey results, interview results, key findings, and recommendations as to how the Virginia EMS system should be structured and organized. The following outlines the Virginia OEMS position on those items included in the final report.

First and foremost, there has been widespread speculation regarding delays in the presentation of the final report. Despite the “August 2007” date on the report cover page, the Office of EMS did not receive an initial draft of the final report until August 20, 2007. This draft was provided to OEMS by the contractor to review the document for factual accuracy, as well as evaluate whether or not the document, and the study report met the requirements of the contract deliverables. The Office of EMS submitted written

comments to ASMI regarding the draft, including several items for attention on August 29. ASMI accepted the comments from OEMS in a conference call on September 12, and promised to deliver a final report to OEMS in early October. The first version of the final draft was received on October 5, 2007. This version also required some editing, mostly from a grammatical standpoint, and comments from OEMS were delivered to ASMI on October 9, 2007. The suggested changes were accepted by ASMI, and the final report was received and accepted by OEMS on October 12, 2007. Additionally, the principal investigator was requested to make a formal presentation on the study findings before the State EMS Advisory Board meeting in November 2007.

In reviewing the study document, OEMS Staff found the report to meet the objectives outlined in the RFP, and addressed each of those objectives. However, OEMS recognizes the difficulty in making an “Apples to Apples” cost benefit analysis among the financial reports of the individual regional EMS councils, as ASMI outlined in the final report itself.

Survey Results

Additionally, a review of the survey results noted some glaring results, which can be best summed up in the summary of the survey in the report: *“The overall impression given by the survey is of a regional structure that does not leave a strong impression on respondents, with significant numbers saying that they have “no opinion” or “don’t know” how their councils function in many respects. There are no levels of frank dissatisfaction with the councils as a whole. There is, however, a striking variation of perception of individual councils from well known and perceived, to known and less well perceived, to poorly known and/or creating little impression.”*

Interview Results

In terms of the interview results, these also were noteworthy. Some, but not all, regional EMS councils distributed “talking points” to their constituents prior to the interviews. This information, in the opinion of the team conducting the study, didn’t seem to sway the opinions of those interviewed.

Additionally, the questions addressing the number and placement of regional EMS councils didn’t provide any high percentages of opinions one way or another.

OEMS recognizes the large number of respondents (70%) who are in favor of statewide protocols. The Medical Direction Committee of the State EMS Advisory Board is aware of, and working towards addressing this particular issue.

Furthermore, OEMS appreciates the initiative of the contractor to address the current topic of the position of the OEMS within State Government; however, OEMS maintains its position of having no opinion on the issue.

Recommendations and Key Findings

The Final Report of the Regional EMS Council study contained 29 recommendations. The OEMS position on the 29 recommendations is as follows:

Recommendation 1.0, recommends a needs assessment process to determine the services needs of provider agencies and is wholly accepted by OEMS. As has been done in the past, OEMS will work collaboratively with other agencies, including the Virginia Department of Fire Programs, the Virginia Department of Emergency Management, Virginia Association of Volunteer Rescue Squads, Virginia Association of Governmental EMS Administrators, Virginia Fire Chiefs Association, Virginia Professional Firefighters, the Virginia Office of Minority Health Policy and Planning, and other associated organizations to develop these assessments. Additionally, OEMS has participated in similar types of assessment evaluations in Pittsylvania and Caroline Counties, and has developed guidance documents for EMS agencies for everything from billing for service to recruitment and retention.

Recommendations 2.1 through 2.3 address the need for a statewide data system, with performance indicators and patient tracking. The Division of Trauma and Critical Care within OEMS has been working tirelessly over the past few years to make that very concept a reality for the EMS System in the Commonwealth.

OEMS continues with its efforts to replace the current PPCR program with a Web based, 100% electronic EMS Registry.

Currently OEMS is drafting a deliverables based contract to hire a project planner to complete the list of documents noted below and serve as the liaison between OEMS and the Information Technology Investment Board. Once a Virginia Information Technologies Agency (VITA) approved project planner is contracted and can assess the project an estimated timeline will be announced to the EMS community.

OEMS has begun communicating with the DMV and the program within VDH that collects patient data from hospitals to explore linkage between a new PPCR program and these databases. The new PPCR system will be designed to link pre-hospital data and hospital discharge data that will allow OEMS to track patient outcomes and identify performance measures and quality indicators of our system. Due to new grant opportunities, funding streams and cooperation among other state entities and vendors, OEMS is closer than ever to providing an electronic reporting system, which would greatly enhance the ability to maintain the data system that is recommended.

As evidenced by the information above, OEMS is closer than ever to providing an integrated electronic trauma and patient care reporting system, which would greatly enhance the ability to maintain the data system that is recommended.

Recommendation 3.0, addresses the variation in financial reporting among the regional EMS councils, and is a recommendation that OEMS fully supports. Uniform financial reporting, to cover standardized categories, that can be easily utilized among each

regional EMS council would be beneficial, especially in terms of both internal, as well as external auditing processes and procedures.

Recommendations 4.1 through 4.3 address the makeup and structure of regional EMS councils. The three recommendations mention that the current independent structures remain, but state employees should serve as staff at each regional EMS council office. OEMS believes that for various reasons, including but not limited to: liability, accountability, and further confusion in delineation of job tasks and roles, this recommendation is problematic at best. It seems that there would have to be an “all or nothing” type of decision, and a hybrid of both regional council staff, and state employed staff simply doesn’t seem feasible for any involved party.

Recommendation 5.0 addresses a uniform system of medical direction and protocols, and encourages the development of a formal structure to accomplish this goal. OEMS wholly accepts this recommendation, and has been working with the Medical Direction Committee (MDC) of the State EMS Advisory Board to this end. Permission was granted by the Virginia Department of Health (VDH) to create a part time position as State EMS Medical Director. An Employee Work Plan has been developed by OEMS and the VDH Human Resources Department has reviewed and classified the position . A “Request to Hire” authorization has been forwarded to the Commissioner of Health and Secretary of Health and Human Services for final approval. The State Medical Director will work collaboratively with the MDC to continue the past efforts by that committee to create a standard set of medical treatment and transport protocols, as well as continue efforts to improve and enhance medical direction and oversight across the state.

Recommendation 6.0 recommends a move of the Office of EMS from the Department of Health to the Department of Public Safety. It has been brought to the attention of OEMS that one or more key EMS stakeholder organizations plan to request legislation for the 2008 session of the General Assembly to change the position of OEMS within state government. The Office of EMS does not have a position on this matter and therefore cannot accept this recommendation for that reason.

Recommendation 7.1 through 7.7.6 address consolidation and other alterations of Regional EMS Council offices and boundaries. Regulations governing Regional EMS Councils are in the final phases of approval. Once approved, organizations wishing to become or remain regional EMS councils will be required to go through a designation process. This will include, but not be limited to, determination of appropriate service area boundaries that are based on geography and patient flow patterns as well as efficiencies in planning, coordination, and administrative functions. The Office of EMS will present a recommendation for designation to the Board of Health for their review and consideration. The ultimate decision on approval of designated regional EMS councils is the responsibility of the State Board of Health.

Recommendation 8.0 states that the full funding of “\$4 for Life” goes to the support of the recommendations listed in the Final Report. OEMS agrees that the \$1.045 million dollars that is transferred from the Rescue Squad Assistance Fund (RSAF) to the

Department of State Police for Med Flight operations should be restored. However, OEMS is bound by the Code of Virginia to restore those funds to the RSAF program, should they become available. OEMS has been working with VDH Executive Management and the Office of Planning and Budget over recent budget cycles to redistribute the monies currently allocated to the Virginia State Police Med Flight program .

V. Recommendations

As outlined above, and based on the review of the recommendations and key findings of the final report of the Regional EMS Council Study, OEMS does believe that some of the recommendations made in the Final Report of the Regional EMS Council study are worthy of consideration. OEMS remains committed to working collaboratively with other entities in order to provide the best regional structure to the EMS stakeholders and constituents in the Commonwealth of Virginia.