

CAH/FLEX

National Tracking Project

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Project HOPE Walsh Center
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From Wisconsin, Idaho, and Florida: Approaches to Collecting Information About Rural Emergency Medical Service Systems

Overview

Strengthening rural Emergency Medical Service (EMS) systems is a priority of the Federal Office of Rural Health Policy, as evidenced by its requirement that states address EMS needs in their annual Flex Program grant applications. The Evaluation Team reviewed a subset of Year 1 grant applications, conducted site visits to selected states, and held informal conversations with several State Offices of Rural Health. On the basis of these reviews, we found that many states felt the need to collect additional information on the status of their rural EMS systems before formulating specific programs to improve these systems. Several examples of the ways states have approached the task of gathering additional EMS information are presented below.

Wisconsin: Using a Single Contractor to Conduct EMS Needs Assessments in Critical Access Hospital (CAH) Communities

Wisconsin conducted EMS needs assessments in the market areas served by eight of the state's CAH applicants. The state issued a request for proposals and selected a single contractor to complete all assessments, thereby promoting consistency in methods across assessments.

Facility and EMS provider assessment tools were designed for administration during site visits. The facility survey solicits detailed information on the applicant hospital's emergency department staffing and on available communication resources for emergencies, as well as information about ambulance services used by the hospital, including:

- the number of vehicles providing various levels of care;
- emergency medical training levels of ambulance staff; and
- typical transport times for the EMS providers serving the facility.

Assessment for each facility culminates in a series of recommendations about possible improvements to meet the identified needs. Each recommendation is graded according to

The Wisconsin Assessment Tool, Idaho EMS Technical Assessment Outline, and the Florida EMS Survey have been posted to the project website: <http://www.rupri.org/srhf-eval/>

the degree of difficulty in adopting it, and an estimate of the benefit to the community should it be adopted. *All CAHs that were the subject of an assessment and that receive Year 2 Flex Program grant funds will be expected to consider using these funds to help implement the EMS recommendations.*

An example from the assessment performed for the community surrounding Wild Rose Community Memorial Hospital (WRCMH), a recently-designated CAH, demonstrates the usefulness of the assessment process. The assessor noted that a private ambulance service which provided most inter-facility transfers of patients from WRCMH to its partner facility had recently stopped operating in the area. All inter-facility transfers are now provided by Waushara County EMS. However, the additional transfers may stress the County's capacity and threaten the timely availability of ambulance resources. The assessor recommended a study to assess alternative methods of providing inter-facility transports in conformance with guidelines established by the state. The degree of difficulty was reported to be "medium" due to the need for funding to complete the study, but because transfers are essential to a CAH's success, community benefits were "high."

Idaho: Using Uniform "Gold Standards" to Assess EMS Needs in CAH Communities

In Idaho, assessments are being conducted by site-visit teams that consist of a physician, a regional EMS consultant, an administrator from a hospital unrelated to the CAH, and an EMS administrator from a different EMS region (the state is divided into five EMS regions). A survey form was developed to gather initial information about the EMS systems in these areas. The state then developed a set of "gold standards" for the assessment teams to use at each site. These standards dealt with all facets of an EMS system (e.g., education and training, funding, communication, medical direction, quality improvement), and defined the optimal status for each aspect of the system. For example, in the area of education and training, the standard specifies that EMS personnel should have access to courses including trauma life support, cardiac care, and pediatric care. By comparing available resources at the site with these uniformly-defined gold standards, each site-visit team should be able to easily and consistently identify gaps in the existing EMS system. The state expects to complete four site visits by the fall of 2000, with another four assessments to follow during Year 2 of the Flex Program. The end product will be the development of an action plan designed to assist these rural EMS systems in achieving the gold standard.

Idaho's approach balances the value for local determination of system design and the state's responsibility to assure reliable and consistent pre-hospital emergency systems across the political boundaries in the state. While not dictating how systems will be organized, the state is using the Flex Program to boost the quality of rural EMS by establishing standards and providing assistance with assessment and planning to reach those standards.

Florida: Surveying Rural EMS Providers to Solicit Input on Utility of Possible EMS Initiatives

Florida recently undertook a systematic survey of the state's rural EMS providers to solicit their input regarding EMS needs and possible initiatives that might be undertaken with Flex Program funds. This survey was conducted in the spring of 2000, in anticipation of the state's Flex Program grant application for Year 2 (and subsequent years). In a cover letter that accompanied the mail survey, the Florida Division of Emergency Medical Services and Community Health Resources described the Flex Program and explained that program funds could be used to improve rural EMS systems in a number of ways. The survey itself began by requesting basic information about the EMS provider and its service area, including:

- the number of advanced and basic life support runs per month;
- the number of emergency medical technicians and paramedics employed;
- whether staff are drawn from other counties;
- the distance to the nearest EMS training center;
- the time required for transports out of the service area; and
- communication capabilities.

This section was followed by a listing of the various ways in which Flex Program funds might be used, including, for example, training, public education, EMS/hospital communications, medical direction, and data collection. For each topic area, respondents were asked whether and how their EMS service could benefit if Flex Program funds were made available to support initiatives in the area. The survey closed by asking for the five greatest challenges faced as a rural EMS provider.

Where Can I Get More Information?

About this report: Julie Schoenman, Project HOPE Walsh Center for Rural Health Analysis, (301) 656-7401, jschoenman@projecthope.org
The Wisconsin Assessment Tool, Idaho EMS Technical Assessment Outline, and the Florida EMS Survey have been posted to the project website

About this project: Check our website: <http://www.rupri.org/srhf-eval/>

Other contacts: Wisconsin: Lillian Redding, Project Director, Wisconsin Rural Hospital Flexibility Program, (608) 266-8482 or redlile@dhfs.state.wi.us
Wisconsin Assessment Tool: Jim Thays, thaysja@maqs.net
Idaho: Mary Sheridan, (208) 334-4000 or sheridam@idhw.state.id.us
Florida: Roger Twitchell, (850) 245-4340 (x2712) or roger_twitchell@doh.state.fl.us

Background

The Rural Hospital Flexibility Program is a federal initiative to strengthen rural health. The Program:

1. Allows small hospitals the flexibility to reconfigure operations and be licensed as Critical Access Hospitals (CAHs).
2. Offers cost-based reimbursement for Medicare acute inpatient and outpatient services.
3. Encourages the development of rural-centric health networks.
4. Offers grants to states to help implement a CAH program in the context of broader initiatives to strengthen the rural health care infrastructure.

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Consortium Coordinating Center
WWAMI Rural Health Research Center
University of Washington
Box 355330
Seattle, WA 98195

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