EMERGENCY MEDICAL SERVICES

Department of Public Health and Human Services and the Board of Medical Examiners

Presentation to the Children, Families, Health and Human Services Interim Committee
June 11, 2008
Audit Objectives

• Statewide availability
• Standards
  • Audit criteria = NHTSA standards
• EMS program activities at DPHHS
• Governance structure
Gaps in EMS Availability
### EMS Activity

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>57%</td>
</tr>
<tr>
<td>Rural</td>
<td>35%</td>
</tr>
<tr>
<td>Super-Rural</td>
<td>8%</td>
</tr>
</tbody>
</table>

**Total Number of Statewide 9-1-1 Ground EMS Incidents** *

**72,382**

* Statistical projection of the statewide population of incidents based on a variable sample with a confidence level of 90 percent.

Source: Compiled by the Legislative Audit Division.
Capabilities of EMS

• Types of EMS units
  • Ground or air ambulance
  • Non-transporting units

• Levels of service
  • BLS
  • BLS with ALS Endorsements
  • ALS
BLS with ALS Endorsements Level

- Not clearly defined
  - 45% of all EMS units
- Capabilities unknown
  - EMT example
- Inconsistencies exist

Recommendation #1

DPHHS establish criteria for the BLS with ALS endorsements license level.
Hierarchy of Care

- ALS Care 24/7: 33 units
- Some ALS Care: 135 units
- 9-1-1 Responding Units: 224 units
- All Licensed EMS Units: 267 units

Source: Compiled by the Legislative Audit Division.
Availability of EMS Units

ALS Care 24/7 - 33

Some Level of ALS Care - 135

9-1-1 Responding Units - 224

All Licensed EMS Units - 267

Source: Compiled by the Legislative Audit Division.
Proximity of EMS

- Rural population
- American Indian population
- Road network
## Proximity of Urban and Rural Populations to EMS Units

### 5 Miles Proximity

<table>
<thead>
<tr>
<th>Type of EMS Unit</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-1-1 Responding</td>
<td>97%</td>
<td>72%</td>
</tr>
<tr>
<td>ALS Care 24/7</td>
<td>83%</td>
<td>18%</td>
</tr>
</tbody>
</table>

### 10 Miles Proximity

<table>
<thead>
<tr>
<th>Type of EMS Unit</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-1-1 Responding</td>
<td>100%</td>
<td>85%</td>
</tr>
<tr>
<td>ALS Care 24/7</td>
<td>93%</td>
<td>27%</td>
</tr>
</tbody>
</table>

### 30 Miles Proximity

<table>
<thead>
<tr>
<th>Type of EMS Unit</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-1-1 Responding</td>
<td>100%</td>
<td>99%</td>
</tr>
<tr>
<td>ALS Care 24/7</td>
<td>95%</td>
<td>55%</td>
</tr>
</tbody>
</table>

Source: Compiled by the Legislative Audit Division.
Comparisons of Proximity to EMS Units for American Indian Population

<table>
<thead>
<tr>
<th></th>
<th>5 Miles</th>
<th>10 Miles</th>
<th>30 Miles</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>American Indian vs. Montana Rural Population</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indians</td>
<td>59%</td>
<td>70%</td>
<td>95%</td>
</tr>
<tr>
<td>Rural Population</td>
<td>72%</td>
<td>85%</td>
<td>99%</td>
</tr>
<tr>
<td><strong>American Indian Reservations</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blackfeet</td>
<td>61%</td>
<td>70%</td>
<td>99%</td>
</tr>
<tr>
<td>Crow</td>
<td>13%</td>
<td>23%</td>
<td>69%</td>
</tr>
<tr>
<td>Flathead</td>
<td>83%</td>
<td>97%</td>
<td>100%</td>
</tr>
<tr>
<td>Fort Belknap</td>
<td>48%</td>
<td>49%</td>
<td>63%</td>
</tr>
<tr>
<td>Fort Peck</td>
<td>41%</td>
<td>47%</td>
<td>100%</td>
</tr>
<tr>
<td>Northern Cheyenne</td>
<td>60%</td>
<td>64%</td>
<td>100%</td>
</tr>
<tr>
<td>Rocky Boy’s</td>
<td>32%</td>
<td>68%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: Compiled by the Legislative Audit Division.
Agency’s Role

• Take steps to improve access as part of public health and safety role
  • Gaps and overlaps in available services exist
  • Access is inconsistent
  • Staffing affects availability of services
  • No state EMS system
Recommendation #2

• DPHHS
  • Collect coverage area and staffing activity information.
  • Identify service availability issues.
  • Determine reasons for lack of ALS in areas and ways to improve ALS availability.
  • Work with governance entities and stakeholders to address service gaps and assure statewide delivery of EMS.
Enhancing EMS Standards
EMS Response

• Montana lacks standards/benchmarks
• EMS Providers not meeting national benchmarks
  • Urban—8:59, 80%
  • Rural—15:00, 68%
  • Super-Rural—30:00, 88%
• Enforce ARM related to EMS records and reports
Recommendation #3

• DPHHS improve collection and analysis of EMS incident response time data by:
  • Establishing benchmarks in Montana
  • Revising ARM 37.104.212
  • Enforcing compliance
Medical Direction

• What is medical direction for EMS?
• Four types referred to in Montana
• Inconsistent across the state
• Lack of criteria and oversight
### Medical Direction Caseloads

<table>
<thead>
<tr>
<th>Medical Directors</th>
<th>Number of EMS Providers Per Medical Director</th>
<th>Average Number of EMTs</th>
</tr>
</thead>
<tbody>
<tr>
<td>68</td>
<td>1</td>
<td>18</td>
</tr>
<tr>
<td>21</td>
<td>2</td>
<td>41</td>
</tr>
<tr>
<td>7</td>
<td>3</td>
<td>62</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
<td>50</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
<td>98</td>
</tr>
<tr>
<td>1</td>
<td>6</td>
<td>294</td>
</tr>
<tr>
<td>1</td>
<td>7</td>
<td>97</td>
</tr>
<tr>
<td>1</td>
<td>11</td>
<td>312</td>
</tr>
<tr>
<td>1</td>
<td>19</td>
<td>526</td>
</tr>
</tbody>
</table>

Source: Compiled by the Legislative Audit Division.
Recommendation #4

• DPHHS and the BOME jointly address inconsistencies in medical direction for EMS by consolidating and clarifying statutory definitions and provision parameters.
Dual Role/Authority
RE: EMS Complaints

• BOME and DPHHS
  • Both have authority in law to receive and investigate complaints relating to patient care and individual performance.
  • Risks involved and duplication of effort is occurring.
Recommendation # 5

• BOME and DPHHS seek legislation to clarify statutory authority over EMS complaints handling.
  • Remove DPHHS patient care references
  • Initial review of all complaints by BOME
Evaluation and Quality Improvement

• Needed to assess quality and effectiveness of EMS and meet patient’s and communities’ needs
• Lack of information and related outcomes
• Public expectations
  • Timely
  • Care is necessary and appropriate
  • Improves outcomes
EMS Program at DPHHS

• Regulatory oversight approach

• Vision is to move to a data-driven, quality improvement oversight approach

• May need to seek statutory clarification/authority
Recommendation #6

- DPHHS work with EMS stakeholder groups to:
  - develop a quality improvement oversight approach
  - where necessary, seek statutory authority to implement these changes
EMS Information System

• Level of Automation is Limited

• Information about Montana’s EMS is not Comprehensive—Data from Two Entities

• OPHI is being Implemented in Some Areas
  • Limits/Concerns Exist

• Provide Important Capabilities and Allow for Improvements
Recommendations #7 and #8

• DPHHS take steps to complete and implement an information system

• BOME and DPHHS ensure EMS information systems data is shared
Strengthening EMS Governance
EMS Program Lacks Strategic Direction

• Not achieving its mission
• Program activities not aligned with mission and vision
• Lacks goals and objectives
• Cannot measure success or effectiveness of program activities
• Stakeholder input/involvement is limited
Recommendation #9

• DPHHS develop and implement a strategic plan.
Adjust Staffing of EMS Program

• For program activities to be more effective and to address concerns identified with Montana’s EMS

• Staffing issues identified

• Change in staffing may also address more NHTSA components
Recommendation #10

• DPHHS revise the roles and responsibilities of staff within the EMSTS Section to better achieve its mission and meet national EMS standards.
Management Controls

• Concerns with inspection process
• Vehicle permits
• Complaint handling documentation
• EMS licensure fee
Recommendation #11

• DPHHS strengthen management controls of regulatory activities.
EMS Governance Structure

• Two options identified
  • Consolidate existing governance entities or
  • Create a new centralized governance entity

• Could provide system (statewide) leadership
• Improve accountability and stakeholder involvement
Recommendation #12

• DPHHS form an EMS governance entity through either:
  • Expanding the role and composition of the existing State Trauma Care Committee; OR
  • Establishing a separate EMS advisory council.
Questions ??