

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

Total Number of Statewide 9-1-1 Ground EMS Incidents *	
72,382	
Location	Percentage
Urban	57%
Rural	35%
Super-Rural	8%

* 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**

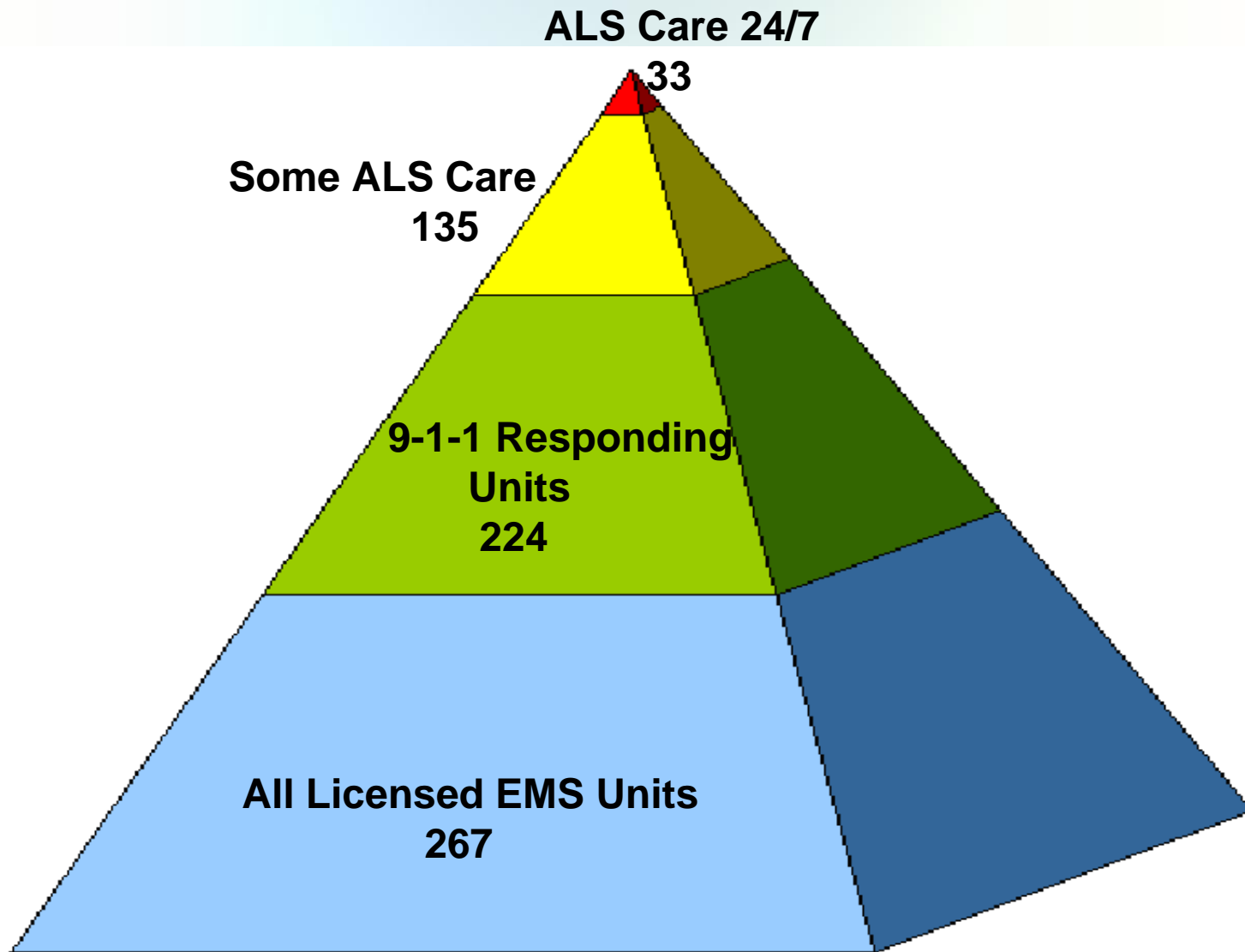
BLS with ALS Endorsements Level

- **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.

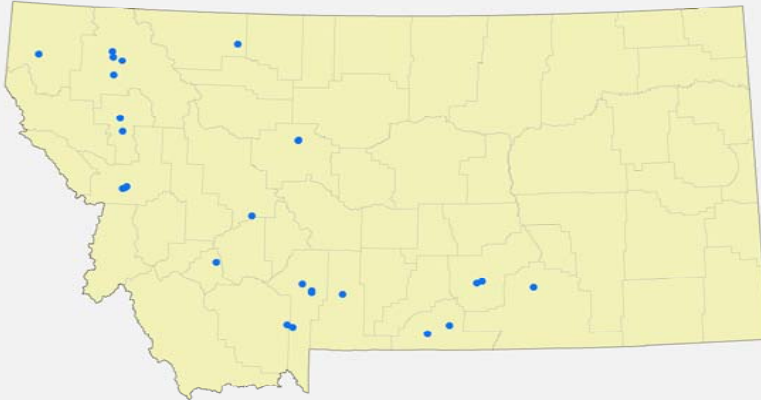
Hierarchy of Care



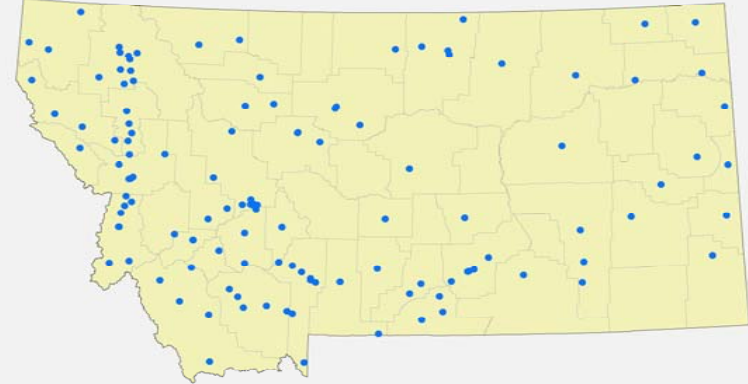
Source: Compiled by the Legislative Audit Division.

Availability of EMS Units

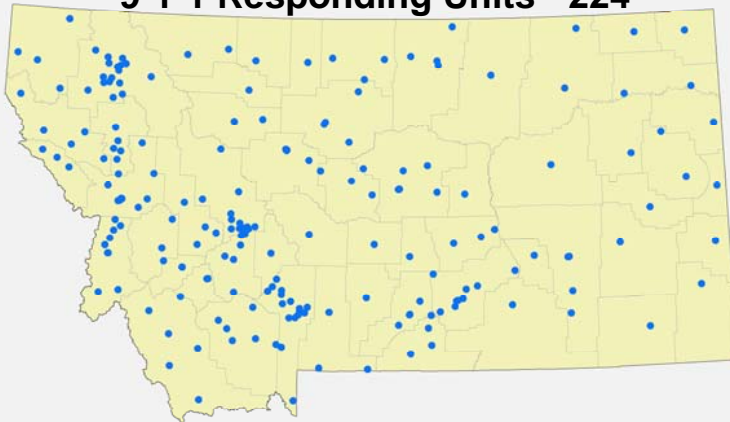
ALS Care 24/7 - 33



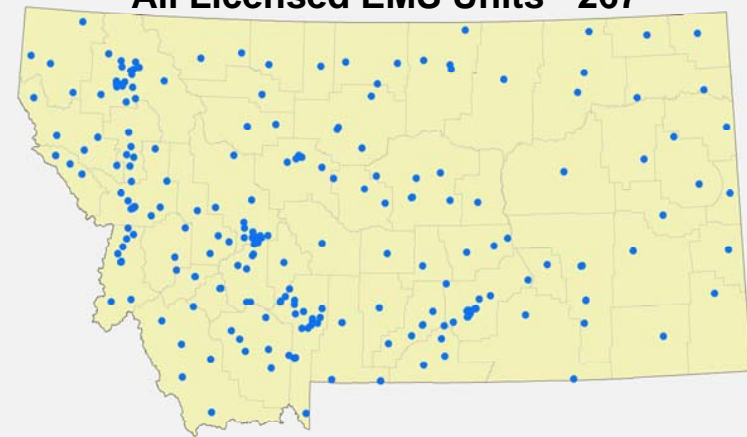
Some Level of ALS Care - 135



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

<u>5 Miles Proximity</u>		
Type of EMS Unit	Urban	Rural
9-1-1 Responding	97%	72%
ALS Care 24/7	83%	18%
<u>10 Miles Proximity</u>		
Type of EMS Unit	Urban	Rural
9-1-1 Responding	100%	85%
ALS Care 24/7	93%	27%
<u>30 Miles Proximity</u>		
Type of EMS Unit	Urban	Rural
9-1-1 Responding	100%	99%
ALS Care 24/7	95%	55%

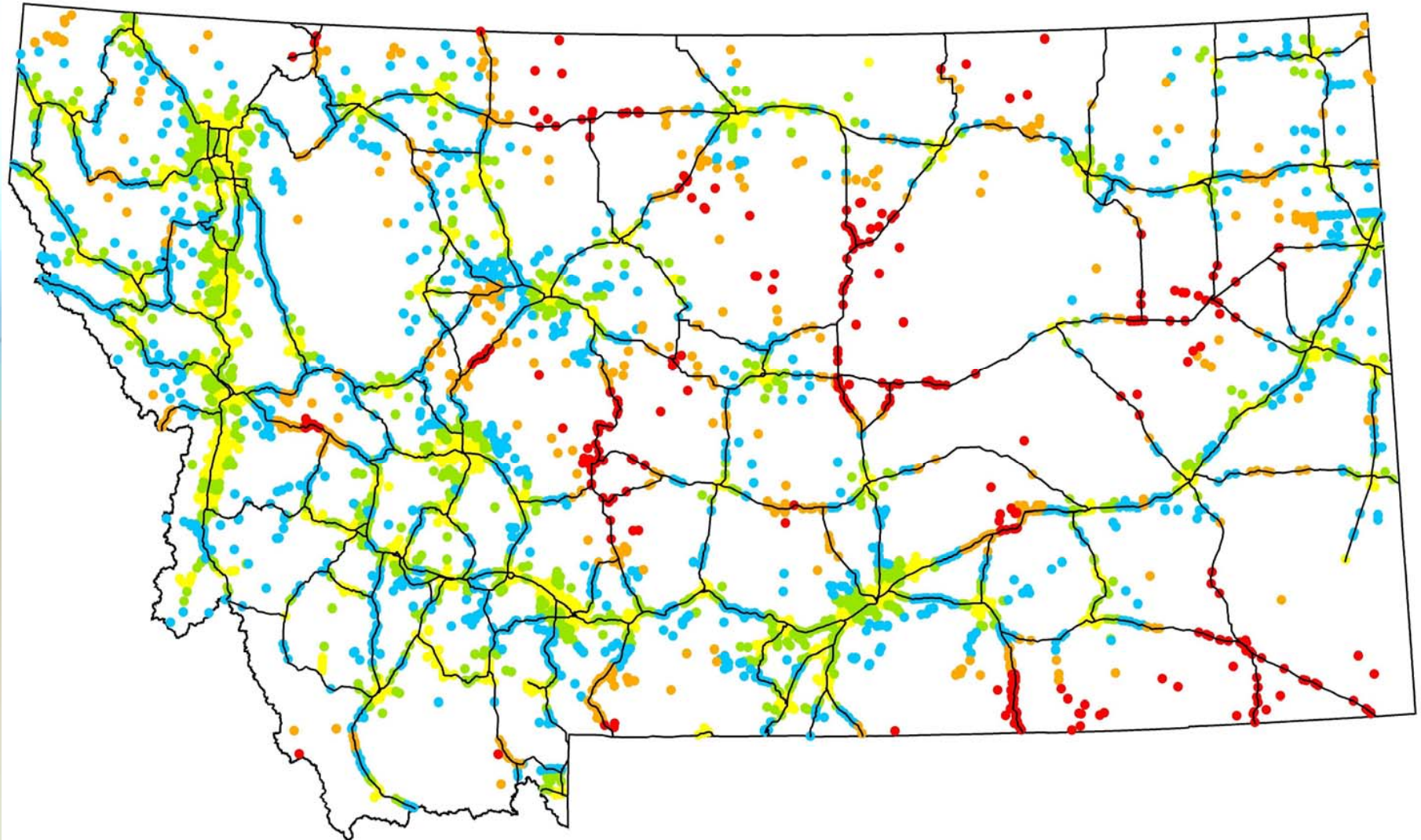
Source: Compiled by the Legislative Audit Division.

Comparisons of Proximity to EMS Units for American Indian Population

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

Source: Compiled by the Legislative Audit Division.

Distance from Motor Vehicle Crash Sites to Advanced Level EMS Care 2004 through 2006



MVC Distance from Advanced Level Care

● Less Than 5 Miles ● 5 - 10 Miles ● 10 - 20 Miles ● 20 - 30 Miles ● More Than 30 Miles

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

Medical Directors	Number of EMS Providers Per Medical Director	Average Number of EMTs
68	1	18
21	2	41
7	3	62
3	4	50
2	5	98
1	6	294
1	7	97
1	11	312
1	19	526

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.**

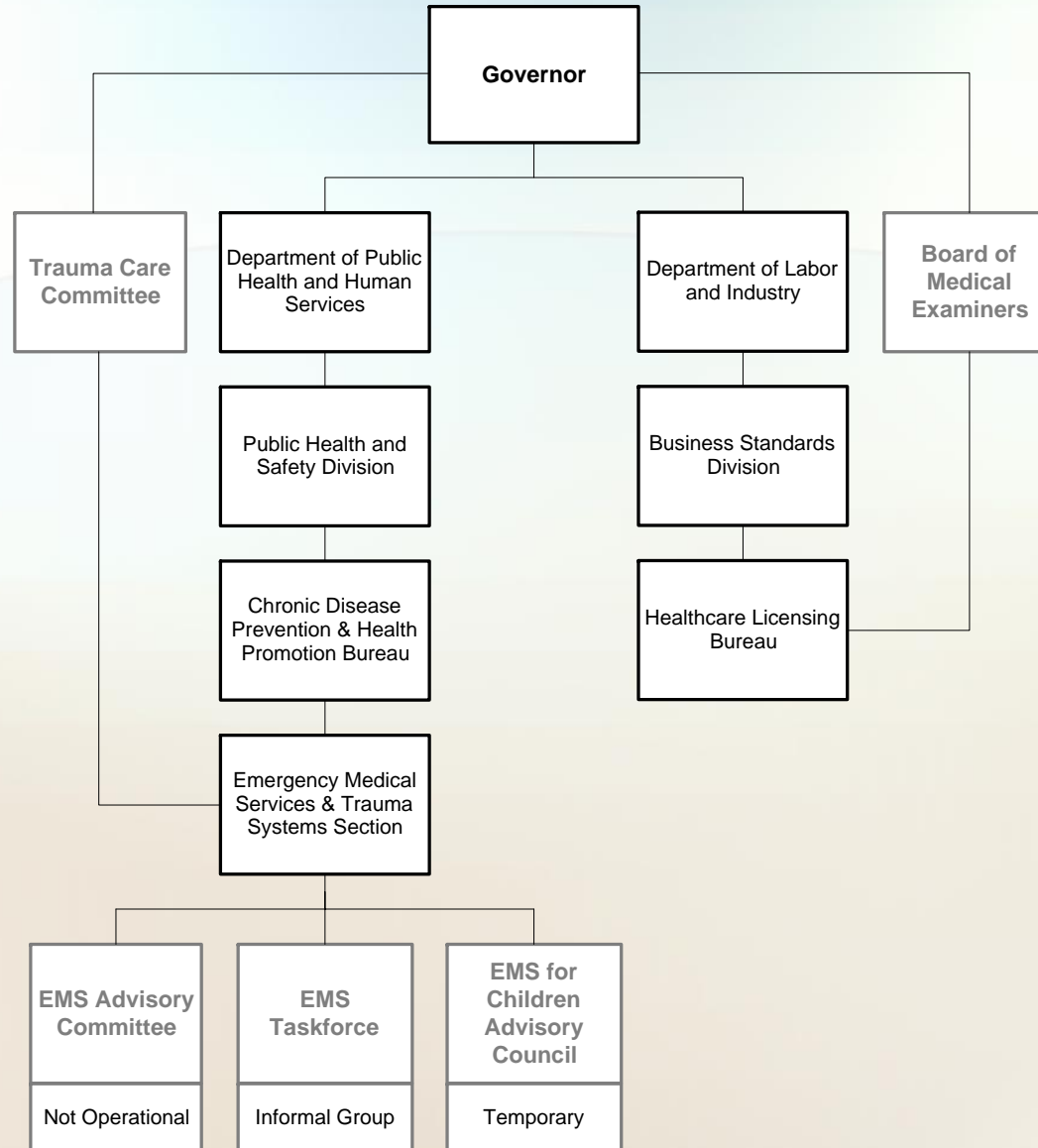
Management Controls

- **Concerns with inspection process**
- **Vehicle permits**
- **Complaint handling documentation**
- **EMS licensure fee**

Recommendation #11

- **DPHHS strengthen management controls of regulatory activities.**

Current Governance Structure



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 ??