

Central Iowa EMS Directors Association
Meeting Minutes
Monday, May 18th, 2015

Members Present:

Brian Helland	Clive Fire Dept
Katy Hill	Unity Point – Des Moines
Troy Bass	Warren County EMA
Franny Medeiros	Polk County EMA
Triston Johnson	Grimes Fire Dept
Scott Nelson	Midwest Ambulance
Frank Prowant	Ankeny Fire Dept
Adam Venderleest	Polk City Fire Dept
Tyler Rommel	Polk City Fire Dept
Sean McAndrew	Johnston Fire Dept
Scott Cross	Saylor Fire Dept

Treasurer's Report:

CIEMSD financed the purchase of infrared thermometers for all first line ambulances in Polk, Warren, and Dallas Counties. The total was 69 thermometers for a total of \$13,662.00. The receipt has been submitted to the local Healthcare Coalition who agreed to reimburse the purchase with grant funding. Matt will work with Franny Medeiros to submit the paperwork necessary for reimbursement.

Current balances: checking = \$937.90; savings = \$773.93.

Training Committee:

Frank has done a tremendous job putting together an EMS system standards assessment for Polk County. This information is required for us to receive the full funding of the Iowa EMS System Development Grant money. Without a system assessment, we will lose 30% of the funding. The full amount of the award is ~\$13,000. Work will continue on the assessment. The initial portions are attached.

Several people volunteered to be involved with assisting on the system standards group:

Brian Helland
Frank Prowant
T.J. Carroll
Polk County EMA and Health Dept interns (X2) to be named...
Tristan Johnson
Franny Medeiros

STEMI Committee:

Please continue to promote the use of the STEMI tags. We are getting valuable data returned from the hospitals. We are also discovering that hospitals are recognizing issues with EMS documentation finding its way into the permanent patient record – both hospital systems have taken steps to improve the process of retaining EMS reports. Data from the cards is posted on the CIEMSD website.

Mission Lifeline has joined the STEMI Task Force – will be administering a grant for Iowa to enhance STEMI care.

Operations Committee:

Mission Lifeline may be funding part or all of the education video production – Heather Maier will continue meetings with the Operations Committee and TS Media.

IEMSA:

EMS Day on the Hill will be changing next year – more details to come! The 2015 conference has been set: dates are November 12, 13, and 14. This year a Fire /Rescue track will be added.

Pinnacle EMS Conference:

In March, David Edgar presented information about the Pinnacle EMS conference. There was discussion about the benefits of the conference. CIEMSD would benefit from sending a group who could attend multiple sessions, compare notes and bring back information that we could act upon as a whole. David recommended sending members of the executive committee and committee chairs, with a possible stipend of \$500.00 each to help offset the cost. Estimated cost for this conference is over \$3000.00. Motion tabled until May meeting when we would have an accounting of funds. However, our treasurer was not able to attend tonight, and our funding is currently very low until the reimbursement from the thermometer purchase. Item not presented or discussed at this meeting – tabled until July.

EMS Data Project:

Chris Perrin forwarded information on EMS Compass, an initiative funded by NHTSA and NASEMSO. Information attached to these minutes.

IDPH/QASP update:

QASP will be reviewing and updating protocols to be published in January. If any services have suggestions for updates to the Iowa state protocols, please forward to Brian Helland or Chris Perrin.

Upcoming Events:

Airport disaster exercise will be August 8th. Still room and need for participation – contact Jon Davis at Polk County EMA if you can send crews and/or apparatus/ambulances.

Dam to Dam race Saturday May 30th.

Life Flight II is in service in Fort Dodge!

Central Iowa EMS Directors

Polk County EMS Assessment

1. Polk County: Population: 451,677 / Response area: 573.8 miles
2. Helicopter Ambulances: 2
3. Ground Transport Agencies (ambulance): 19
 - a. Service Type:
 - i. Fire based – 14 (73%)
 - ii. Hospital based – 2 (11%) (IEMSA counted as Hospital)
 - iii. Private – 2 (11%)
 - iv. Municipal – 1 (5%)
 - b. Transporting Ambulances: 53
 - c. Authorization level:
 - i. Paramedic - 18
 - ii. EMT - 1
 - iii. Critical Care Transport - 2
 - d. Staffing:
 - i. Volunteer – 5
 - ii. Paid – 14
 - iii. Staffed – 9
 - iv. Minimum Staffed - 10
4. Non-Transport Agencies: 5 (DSM Airport FD, Elkhart FD, Prairie Meadows, SERT, WDM FD)

*Central Iowa EMS Directors,
2015 Polk County EMS Assessment*

5. System Standards Evaluation

System Standard	# Standards	# Metrics	Metrics completed	In Progress
1. System Organization/Management	10	31	0	6
2. Staffing/Training	6	14	0	2
3. Communications	5	10	5	2
4. Response & Transportation	7	11	3	0
5. Facilities/Critical Care	5	8	4	0
6. Data Collection/System Evaluation	8	13	0	3
7. Public Information & Education	3	3	0	2
8. Disaster Medical Response	8	11	7	2

Iowa EMS Systems Standards Self-Assessment

1 - System Organization and Management											
Number	Standard	Measurement	Status				Implementation Challenges			Documentation Suggestions (optional):	
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel			
1.01	Each county shall make provisions for emergency medical services treatment and transport for all within the county, to meet Iowa EMS Systems Standards. Each county shall be responsible for the approval of services within their EMS system based on a needs assessment.	Declaration from County Board of Supervisors or governing body. Organizational chart Policy on how services are approved. Needs assessment.			X					OK	
					X					OK	
					X					OK	
					X					OK	

Number	Standard	Measurement	Status				Implementation Challenges			Documentation Suggestions (optional):	
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel			
1.02	The EMS system shall have a written vision and mission statement and will meet at least annually to engage in strategic planning. The EMS system shall have a formal organization chart that identifies who is responsible for implementing the Iowa EMS system standards.	Vision statement Mission statement Minutes of annual strategic planning meeting including attendance roster. Organizational chart			X					OK	
					X					OK	
					X					OK	
					X					OK	

Iowa EMS Systems Standards Self-Assessment

Number	Standard	Measurement	Status			Implementation Challenges			Documentation Suggestions (optional):
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel	
1.03	The EMS system shall have a mechanism to seek and obtain appropriate consumer and health care provider input.	Board member from public and/or survey tool for public feedback.			X				OK
		Board member from health care provider and/or survey tool for health care provider feedback.			X				OK

Number	Standard	Measurement	Status			Implementation Challenges			Documentation Suggestions (optional):
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel	
1.04	The EMS system shall have an active medical director or active Medical Director system. Systems with multiple medical directors shall form a medical advisory council to support the system medical director.	Medical Director form for system or letter of agreement forming a council.		X					OK

Number	Standard	Measurement	Status			Implementation Challenges			Documentation Suggestions (optional):
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel	
1.04a	Each EMS system shall develop written medical direction policies, procedures, and/or protocols for all transporting/non-transporting EMS services including, but not limited to: triage, treatment, medical dispatch protocols; transport/tiered response/provision of ALS care; on-scene treatment times; transfer of emergency patients (i.e. stroke	At Minimum the Iowa EMS Protocol with notations for any deviations.		X					OK
		Protocols are signed and dated annually.		X					OK
		Documented training on the protocols.		X					OK

1.04-Individual service policy-protocols in place

Iowa EMS Systems Standards Self-Assessment

Number	Standard	Measurement	Status				Implementation Challenges				Documentation Suggestions (optional):
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel			
	Policy that addresses mi, trauma); standing orders; hospital contact; and on-scene physicians and other medical personnel.	Policy that addresses additional areas not addressed by Protocol.			X					OK	Medical Control System in place - need to formalize
1.04b	Each EMS system shall develop and utilize a medical control plan that shall have on-line medical direction available that is provided by a physician or physician designee or supervising physician. The plan shall also identify the role of hospitals, alternate medical control and the roles, responsibilities, and relationships of out-of-hospital providers.	Documentation of the primary medical control plan with hospital or hospitals identified.		X						OK	
1.04c	The EMS system, in conjunction with the county medical examiner, shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.	<p>Policy regarding determination of death.</p> <p>Policy that describes the process for physician determination of death and notification procedures.</p>			X					OK	
					X					OK	

Iowa EMS Systems Standards Self-Assessment.

Number	Standard	Measurement	Status	Implementation Challenges
			Completed	
			In Progress	
			Not Started	
			Fiscal	
			Time	
			Personnel	
1.04d	The EMS system shall ensure that providers have a mechanism for reporting child abuse, and dependant adult abuse.	Policy for notification.	X	

OK

Documentation Suggestions (optional):

Number	Standard	Measurement	Status				Implementation Challenges		
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel	
1.04e	The EMS medical direction, in conjunction with transferring facilities, shall establish policy and procedures for out of hospital medical personnel during inter-facility transfers.	Medical protocols or a separate policy identifying who is to be called for medical direction during inter-facility transfer.							

Number	Standard	Measurement	Status			Implementation Challenges			Documentation Suggestions (optional):
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel	
1.05	The EMS system shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Bureau. The plan shall: assess how the current system meets these guidelines; identify system needs for patients within each of the targeted clinical categories/special populations; provide a methodology and timeline for meeting these needs; have a continuous quality improvement and evaluation process that is approved by the EMS system; provide for review and monitoring of EMS system operations; provide for an annual update to the EMS System Plan and submit the plan to the EMS	Documentation of System Assessment.			X				OK
		Examples of Special Needs population.			X				OK
		Documentation of how special needs populations identified.			X				OK
		CQI Policy		X					OK
		Documentation of review and monitoring of EMS System operation.			X				OK

Iowa EMS Systems Standards Self-Assessment

	Bureau. The update shall identify progress made in plan implementation and changes to the planned system design.	Documentation of Annual Update			X				OK
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Number	Standard	Measurement	Status				Implementation Challenges			Documentation Suggestions (optional):
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel		
1.06	The EMS system shall have a provision for ALS care.	Policy on provision for ALS.			X					OK

Number	Standard	Measurement	Status				Implementation Challenges			Documentation Suggestions (optional):
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel		
1.07	The EMS system shall develop in coordination with county EMA a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.	Documentation of annual Inventory			X					OK

Number	Standard	Measurement	Status				Implementation Challenges			Documentation Suggestions (optional):
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel		
1.08	The EMS system shall ensure that system participants conform to their assigned EMS system roles and responsibilities.	Documentation of compliance of each system participant.								Please Choose a Status

Number	Standard	Measurement	Status				Implementation Challenges			Documentation Suggestions (optional):	
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel			
1.09	The EMS system shall develop policies and procedures that implement the Iowa EMS system standards. The system shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, non-transport services, air-medical services, and hospitals) within the system. The EMS system shall have a mechanism to review, monitor and ensure compliance with system policies at least annually.	Manual and an annual review signature page with System Coordinator/Designee and Medical Director Signature and dates			X					OK	
1.10	The EMS system shall identify funding mechanisms that are sufficient to ensure its continued operation and shall maximize use of its fiscal resources.	Documentation of how the system is funded to maintain operation.								Please Choose a Status	

2 - Staffing and Training											
Number	Standard	Measurement	Status				Implementation Challenges			Documentation Suggestions (optional):	
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel			
2.01	The EMS system shall, at least annually, assess staffing and training needs.	Annual assessment report			X					OK	

Iowa EMS Systems Standards Self-Assessment

Number	Standard	Measurement	Status				Implementation Challenges			Documentation Suggestions (optional):
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel		
2.02	The EMS system shall have mechanisms to assure certification.	Application (System Registry) is current & complete		X					OK	Services have System Registry in place
2.02a	The EMS system shall have a process for providers to identify and notify the Bureau of EMS, as required by rule, of occurrences that impact EMS certification.	Policy that describes process			X				OK	
2.02b	Services within the EMS system shall have a plan in place to credential personnel as applicable to EMS certification levels and local protocol as authorized by the medical director.	Skill requirements addressed in CQI policy Documentation of compliance.			X				OK	
2.03	Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) shall be trained and/or certified using an approved program.	Roster of personnel, training date(s) and program utilized.		X					OK	Each PSAP (3) provides Pro QA Training and system utilization

Iowa EMS Systems Standards Self-Assessment

Number	Standard	Measurement	Status			Implementation Challenges			Documentation Suggestions (optional):	
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel		
2.04	The EMS System shall ensure at least one person on each non-transporting EMS response shall be a currently certified EMS provider. Public safety agencies and industrial first-aid teams shall be utilized in accordance with EMS system policies.	<p>Documentation on PCR of certified provider(s).</p> <p>Current list of public safety agencies and/or industrial first-aid teams with contact name and contact information updated annually</p>		X					OK	
				X					OK	

Number	Standard	Measurement	Status			Implementation Challenges			Documentation Suggestions (optional):	
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel		
2.05	The EMS system shall ensure that all transporting units meet state personnel minimum staffing requirements.	<p>Documentation of all staff on Patient Care Report (PCR).</p> <p>System response policy</p> <p>Contingency plan</p> <p>Transport agreement</p>		X					OK	
				X					OK	
				X					OK	
				X					OK	

Number	Standard	Measurement	Status			Implementation Challenges			Documentation Suggestions (optional):	
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel		
2.06	The EMS system shall ensure all hospital/alternative base station personnel who provide medical direction to out of hospital personnel shall be knowledgeable about EMS system policies and procedures.	<p>Policy and Procedure</p> <p>Documentation of training to include date and roster</p>		X					OK	
				X					OK	

Iowa EMS Systems Standards Self-Assessment

3 - Communications										
Number	Standard	Measurement	Status				Implementation Challenges			Documentation Suggestions (optional):
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel		
3.01	The EMS system shall develop a plan to coordinate EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting agencies; and system participants.	Plan to coordinate EMS communications.			X				OK	

Iowa EMS Systems Standards Self-Assessment

Number	Standard	Measurement	Status				Implementation Challenges				Documentation Suggestions (optional):
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel			
3.02b	The EMS system shall ensure system participants involved in inter-facility transfers have the ability to communicate with both the sending and receiving facilities.	Documentation of compliance	X							OK	
3.03	The EMS system shall ensure all emergency medical transport vehicles, where physically possible (based on geography and technology), shall have the ability to communicate with a single dispatch center or disaster communications command post.	Documentation of compliance with EMS communications plan.	X							OK	
3.03a	The EMS system shall review, at least annually, communications linkages (inter-operability) among providers (out of hospital and hospital) in its jurisdiction and recommend needed changes for their capability to provide service in the event of multi-casualty incidents and disasters.	Documentation of annual review.	X							OK	

Iowa EMS Systems Standards Self-Assessment

Number	Standard	Measurement	Status			Implementation Challenges			Documentation Suggestions (optional):	
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel		
3.03b	The EMS system shall have a functionally integrated dispatch with system-wide emergency management coordination, using standardized communications frequencies.	Documentation of compliance.	X						OK	
3.03c	The EMS system may establish an emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.	Policy for system use and training.	X						OK	
3.04	The EMS system shall seek to have an active member appointed to the county 911 commission in order to participate in ongoing planning and coordination of the enhanced 9-1-1 system.	Demonstration of active member appointed to the commission or documentation of efforts to accomplish this standard			X				OK	
3.05	The EMS system shall be involved in public education regarding system access.	Documentation of educational plans, activities, and ongoing goals.	X						OK	

Iowa EMS Systems Standards Self-Assessment

4 - Response & Transportation									
Number	Standard	Measurement	Status				Implementation Challenges		
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel	
4.01	The EMS system shall, in coordination with neighboring EMS systems, determine the emergency medical service response areas, to ensure the most appropriate response.	Map identifying system response to service area			X				OK
		Documentation of criteria used to ensure an appropriate response			X				OK
									Documentation Suggestions (optional):

Number	Standard	Measurement	Implementation Challenges					Documentation Suggestions (optional):
			Completed	In-Progress	Not Started	Fiscal	Time	
4.02	The EMS system shall monitor compliance with appropriate code, rules, policies and procedures.	Documentation of compliance with appropriate response, transport, and destination policies.			X			OK

Number	Standard	Measurement	Status				Implementation Challenges		
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel	
4.03	The EMS system shall have contingency plans and assure the development of mutual aid agreements to provide for emergent and non-emergent response during increased system volume.	Contingency plan	X						OK
		Transport Agreements	X						

Documentation Suggestions (optional):	
Countywide Mutual aid agreement, TEAMS CARDS	

Iowa EMS Systems Standards Self-Assessment

Number	Standard	Measurement	Status			Implementation Challenges			Documentation Suggestions (optional):
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel	
4.04	Each EMS system shall adopt the following standards for emergent response. These standards shall take into account the total time from dispatch to arrival of the responding unit at the scene, including all dispatch intervals and driving time. Emergency medical service areas (response zones) shall be designated so that, for eighty percent of emergent responses: The response time for first responders does not exceed: 1. Urban-5 minutes 2. Rural-15 minutes 3. Wilderness-as quickly as possible The response time for an ambulance (not functioning as a first responder) does not exceed: 1. Urban-8 minutes 2. Rural-20 minutes 3. Wilderness-as quickly as possible The response time for advanced life support does not exceed: 1. Urban-8 minutes 2. Rural-20 minutes	Response Data that shows compliance.			X				OK

Iowa EMS Systems Standards Self-Assessment

Number	Standard	Measurement	Status				Implementation Challenges				Documentation Suggestions (optional):
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel			
4.05	<p>The EMS system shall have a process for identifying specialty air-medical transport services and shall develop policies and procedures regarding:</p> <ul style="list-style-type: none"> • Requesting of air-medical services • Determination of patient destination • Orientation of pilots and medical flight crews to the EMS system • Addressing and resolving formal complaints 	<p>List of Air Services utilized</p>		X						OK	
		<p>Policy and Procedure</p>		X						OK	
4.06	<p>Where applicable, the EMS system shall identify the availability and staffing of specialty vehicles such as all-terrain vehicles, snowmobiles, water rescue and transportation vehicles.</p>	<p>List of specialty vehicles</p> <p>Staffing policies for specialty vehicles.</p>		X						OK	
				X						OK	
4.07	<p>The EMS system shall develop multi-casualty response plans and procedures that are consistent with NIMS guidelines.</p>	<p>Response plans and procedures</p>	X							OK	

Iowa EMS Systems Standards Self-Assessment

5 - Facilities/Critical Care											
Number	Standard	Measurement	Status				Implementation Challenges			Documentation Suggestions (optional):	
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel			
5.01	The EMS system shall assess, at least annually, the EMS-related capabilities of acute care facilities in its service area.	Annual assessment documentation			X					OK	
5.02	The EMS system shall assist hospitals with coordination of pre-hospital triage, transport and transfer destination protocols and agreements.	Agreements and/or protocols X Demonstration of efforts to accomplish this standard X								OK	OK
5.03	The EMS system shall assist hospitals and acute care facilities with planning and preparation for mass casualty management, including procedures for coordinating hospital communications, evacuation, and patient flow.	Procedures and/or log of coordination efforts X Demonstrated efforts to accomplish this standards X								OK	OK

Iowa EMS Systems Standards Self-Assessment

Number	Standard	Measurement	Status			Implementation Challenges			Documentation Suggestions (optional):	
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel		
5.04	The EMS system shall monitor the use of the Out of Hospital Trauma Triage Destination Decision Protocol in cooperation with their Trauma Care Facility.	Documentation of trauma audits			X				OK	
		Documentation of communication with Trauma Care Facility			X				OK	

Number	Standard	Measurement	Status				Implementation Challenges			Documentation Suggestions (optional):
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel		
5.05	The EMS system shall participate in the trauma verification process.	Verification of participation in the trauma verification process			X					OK

6 - Data Collection/System Evaluation										
Number	Standard	Measurement	Status				Implementation Challenges			Documentation Suggestions (optional):
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel		
6.01	The EMS system shall establish an EMS CQI program to evaluate the response to emergency medical incidents and the care provided to specific patients. The program shall address the total EMS system, including all pre-hospital provider agencies and hospitals. It shall address compliance with policies, procedures and protocols and identification of preventable morbidity and mortality and document resolution of deficiencies found.	CQI Policy			X				OK	
		Documentation of compliance with CQI Policy			X				OK	

Iowa EMS Systems Standards Self-Assessment

Number	Standard	Measurement	Status			Implementation Challenges			Documentation Suggestions (optional):
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel	
6.02	The EMS system shall conduct audits of out-of-hospital care, including both system response and clinical aspects. The EMS system should have a mechanism to link pre-hospital records with dispatch, emergency department, in-patient, and discharge records.	Documentation of application of system audits that include all aspects of the CQI system			X				OK

Number	Standard	Measurement	Status			Implementation Challenges			Documentation Suggestions (optional):
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel	
6.03	The EMS system shall have a mechanism, in cooperation with the dispatch center, to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival/post dispatch directions.	Evidence of reviews		X					OK

Iowa EMS Systems Standards Self-Assessment

Number	Standard	Measurement	Status			Implementation Challenges			Documentation Suggestions (optional):
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel	
6.04	The EMS system shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process and outcome evaluations.	Copy of evaluation program			X				OK
		Evidence of evaluations			X				OK

Number	Standard	Measurement	Status				Implementation Challenges			Documentation Suggestions (optional):
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel		
6.05	The EMS system shall have the resources to require provider/service participation in the system wide evaluation programs.	Evidence that there is a requirement to participate in the system wide evaluation program (e.g. bylaws, etc.).			X				OK	

Number	Standard	Measurement	Status				Implementation Challenges			Documentation Suggestions (optional):
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel		
6.06	The EMS system shall, at least annually, report on the results of its evaluation of EMS system design and operations to their governing agency, local services, and other stakeholders.	Annual report to include list of stakeholders who received a copy and date received			X				OK	

Iowa EMS Systems Standards Self-Assessment

Number	Standard	Measurement	Status				Implementation Challenges				Documentation Suggestions (optional):	
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel				
6.07	Pre-hospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by Iowa Administrative Code.	Evidence that all responses are being documented and forwarded to appropriate agencies		X							OK	
6.08	The EMS system should participate in an integrated data Management system that includes system response and clinical (pre-hospital, hospital and public health) data.	Examples of integrated data collection		X							OK	

Iowa EMS Systems Standards Self-Assessment

7 - Public Information and Education							Documentation Suggestions (optional):			
Number	Standard	Measurement	Status			Implementation Challenges				
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel		
7.01	<p>The EMS system shall promote the development and dissemination of information materials for the public that address:</p> <ol style="list-style-type: none"> 1. Understanding of EMS system design and operation 2. Proper access to the system 3. Self help (e.g. CPR, first aid, etc) 4. Patient and consumer rights as they relate to the EMS system 5. Health and safety habits as they relate to the prevention and reduction of health risks in target areas 6. Appropriate utilization of emergency departments 7. Promote injury control and preventive medicine 	<p>Copies of materials that have been delivered to community (e.g. articles, flyers, class materials, public health fairs, service group presentations, etc.)</p>			X				OK	
7.02	<p>The EMS system, in conjunction with the local office of emergency management (EMA) shall promote citizen disaster preparedness activities.</p>	<p>Copies of articles, flyers, or classes that have been held with EMA on disaster preparedness.</p>		X					OK	

Iowa EMS Systems Standards Self-Assessment

Number	Standard	Measurement	Status				Implementation Challenges			Documentation Suggestions (optional):
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel		
7.03	The EMS system shall promote the availability of first aid and CPR training for the general public.	Documentation of training classes provided and number of individuals taught.		X					OK	

8 - Disaster Medical Response										
Number	Standard	Measurement	Status				Implementation Challenges			Documentation Suggestions (optional):
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel		
8.01	The EMS system shall participate with their local EMA and Public Health to develop plans, procedures and policy to respond effectively to the medical needs created by disasters.	Local disaster plan	X						OK	

Number	Standard	Measurement	Status				Implementation Challenges			Documentation Suggestions (optional):
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel		
8.02	The EMS System shall have medical response plans and procedures for disasters which shall be applicable to incidents caused by a variety of hazards. The EMS System shall have medical response plans and procedures for disasters which shall be applicable to incidents caused by a variety of hazards. a) The EMS system shall annually review the disaster medical response plans. b) The Iowa Office of Home Land Security and Emergency Management Division multi-hazard functional plan should serve as the model for the plans.	Local disaster plan	X						OK	

Iowa EMS Systems Standards Self-Assessment

Number	Standard	Measurement	Status				Implementation Challenges				Documentation Suggestions (optional):	
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel				
8.03	The EMS system shall participate with their local EMA in the development and exercise of a plan for activation, operation and deactivation of the emergency operation center.	EOC plan Evidence of participation in EOC exercise	X								OK OK	
8.04	The EMS System shall ensure all EMS providers be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.	Provider training records Documentation showing availability of appropriate PPE	X								OK OK	
8.05	The EMS system shall ensure that system participants are trained to implement the incident command system.	Record of ICS training for all system participants	X								OK	
8.06	The EMS system shall develop and maintain an inventory of the disaster medical resources that are available for deployment, and update annually.	Annual inventory list of disaster resources	X								OK	

Iowa EMS Systems Standards Self-Assessment

Number	Standard	Measurement	Status			Implementation Challenges			Documentation Suggestions (optional):
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel	
8.07	The EMS system shall develop plans to ensure continuation of EMS services during disasters to the extent possible.	Copy of plan	X						OK

Number	Standard	Measurement	Status				Implementation Challenges			Documentation Suggestions (optional):
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel		
8.08	The EMS system shall encourage hospitals to ensure that their plans for internal and external disasters are fully integrated with the system's medical response plan(s).	Copy of plan	X						OK	
		Evidence of integration			X				OK	



Improving Systems of Care Through Meaningful Measures

The rise of value-based purchasing also reinforces the need for performance measures as payees move toward reimbursement models that rely on quality measures. It is essential that the EMS community comes together and determines which measures truly define the provision of high-quality, patient-centered EMS care.

The EMS Compass initiative is not simply about defining performance measures. EMS Compass will create a process for the continual design, testing and evaluation of performance measures, so EMS can continue to provide the best possible care to patients and communities in the future.

About This Initiative

Funded by National Highway Traffic Safety Administration (NHTSA) Office of EMS and led by the National Association of State Emergency Medical Services Officials (NASEMSO), the EMS Compass initiative will engage a wide range of EMS stakeholders to develop performance measures that are relevant to EMS agencies, regulators, and patients. The measures will be based on the latest version of the National EMS Information System (NEMSIS) version data and will allow local and state EMS agencies to use their own data meaningfully.

The goal of the EMS Compass initiative is to create a system that enables meaningful assessment of performance of EMS systems at the local, regional, state and national levels.

The result of this work will benefit the EMS community from patient to provider and administrator to regulator, as they pursue meaningful performance measurement. This project also benefits from the development of the National Emergency Medical Services Information System (NEMSIS) and enables use of its data for accountability, improvement, and comparison. A national, universal performance measurement strategy linked to a common data set may enable broader and quicker adoption of both NEMSIS v3 and standardized performance measures.

“This is the next step in helping EMS, from ambulance services and other emergency medical services, to government agencies, and ultimately the communities and patients they serve.” – Drew Dawson, director, National Highway Traffic Safety Administration Office of EMS

Initiative Objectives

- Develop a comprehensive list of measures with specific definitions for EMS to improve quality, support accountability, and enable comparison.
- Use evidence-based recommendations and best practice data as the foundation of the development process.
- Facilitate an inclusive development process that involves testing measures with EMS stakeholders under varying conditions.
- Utilize data elements from the National Emergency Medical Services Information System (NEMSIS) Version 3 (“V3”) generation data whenever possible.
- Develop a detailed performance measures “dictionary” document that includes data definitions, calculation methodology and guidance for data collection and analysis.
- Draft, publish and disseminate a guide that details instructions for the practice of benchmarking.
- Engage local, state, and national stakeholders throughout the development and testing process.
- Draft and submit a strategy outlining the process by which a non-proprietary entity could fill the need to sponsor, coordinate, and enable collaboration around these new measures.
- Design a continuous system to support updating and expanding the performance measures dictionary going forward.
- Submit EMS Performance Measures to the National Quality Forum for review and approval.



Improving Systems of Care Through Meaningful Measures

Performance Measures in EMS

The ultimate goal of EMS is to provide effective, high-quality healthcare to patients. But without performance measures, EMS providers, executives, and regulators have no way of knowing if they're achieving those goals.

A consistent set of measures will allow EMS caregivers, managers, and government agencies to monitor performance and improve performance to ensure the best care for patients and the best service to the community.

Performance measures are critical for individuals, organizations, and the community—without them it is difficult to recognize:

- Whether performance is improving or deteriorating
- If an implemented change has had the intended impact
- Whether the cost of a program or piece of equipment is worth the expense

In healthcare, the use of performance measures is not new, but their use has expanded tremendously in the last two decades. EMS is no different.

Using Available EMS Data

The ability to collect and manage data has spurred the increase in performance measurement. Never before have prehospital providers collected so much information in such a usable way, with electronic patient care reports creating vast databases.

Members of the EMS community, from the individual ambulance service to local, state, and federal agencies, struggle with how to use these enormous quantities of data in a meaningful way. Addressing this concern is where performance measures can help.

If a standard is set for how to measure clinical treatment of patients with signs and symptoms of a heart attack, then an EMS quality improvement officer in Toledo, Ohio, can track how well his agency compares to the national average. When an EMS chief in Abilene, Texas, wants to compare billing rates to previous years, she can use a standard performance measure to ensure the numbers are calculated the same way every year—and even after she retires.

Questions About Performance Measures in EMS

How do performance measures work in the field?

Before a performance measure is approved and made available to the EMS community, it will be tested by ePCR vendors and EMS agencies to ensure that the measure can be measured in a consistent, meaningful way.

Do generic performance measures take into account individual treatment plans and clinical judgment?

Will performance measures be used to determine how much money an agency receives?

Have performance measures been developed before?

Are all performance measures clinical?

What are the different types of performance measures?

While there are many ways to categorize performance measures, they are often divided into four categories: structural, process, outcome, and balancing measures.



Improving Systems of Care Through Meaningful Measures

Performance measures in healthcare date back at least a century.

In the mid-18th century, the Pennsylvania Hospital collected data on its patients, sorted by diagnosis and outcome (McIntyre). In the 1850s, Florence Nightingale developed a data collection and analysis system to track death rates in British military hospitals (Nerenz and Neil). By creating a system that measured each hospital in the same way, it was possible to look at trends over time and differences between hospitals.

Historians give credit to Ernest Codman, a Boston surgeon, for creating one of the first significant outcomes measurement systems; in 1910, Codman suggested that every hospital should follow each patient to track the efficacy of treatments. His efforts were incorporated into the American College of Surgeons hospital inspection program, and later, the Joint Commission on Accreditation of Hospitals (McIntyre) when it was founded in 1951.

A century after Codman's proposal, the use of electronic medical records has created a wealth of information that allows managers, practitioners, regulators and researchers to track nearly every aspect of healthcare. With the explosion of available data has come a stronger push to also track key performance measures.

In recent years, performance measures in healthcare have become even more critical when the U.S. Centers for Medicare and Medicaid Services (CMS), the largest healthcare payer in the country, began displaying hospital performance online, and then using performance indicators in its payment schemes. Hospitals that do not achieve certain standards face financial penalties.

Performance Measures in EMS

Performance measures are not new to EMS. In the late 1970s, a study concluded that out-of-hospital cardiac arrest victims have a higher chance of survival if defibrillation occurs within 8 minutes.

Soon after, a response time standard of 8 minutes for ambulances took hold through much of the EMS community, and a performance measure was born (Al-Shaqsi 2010). Today, one of the few performance measures consistently calculated by EMS agencies and requested by municipal administrators is response time.

Other measures have been proposed since that time, often in line with what is measured by the rest of the healthcare system, particularly hospitals. Many of the more recent proposed have tried to find ways to measure clinical performance, and some researchers have pushed for "patient-centered EMS performance indicators," such as survival from cardiac arrest or MI, patient satisfaction, and protocol compliance (Al-Shaqsi).

In 2002, NHTSA and HRSA sponsored a forum, co-hosted by NASEMSO and NAEMSP, which brought together EMS leaders to discuss performance measures. That meeting eventually led to the EMS Performance Measures Project, a multi-year effort that published 35 indicators and attributes for EMS systems in 2009. Since then, however, national EMS leaders have urged for a renewed effort, one that would create an even broader set of evidence-based measures as well as a system for maintaining and updating those measures in the future.



Improving Systems of Care Through Meaningful Measures

There have been several other attempts to create a standard set of EMS performance measures, and the current initiative will build upon each of these. In California, the state EMS Authority received a grant to develop EMS Core Quality Measures. In England, "ambulance quality indicators" for the eleven ambulance trusts are publicly available online and provide data on clinical and operational measures.

Sources

Al-Shaqsi, Sultan Zayed Khalifah. **"Response time as a sole performance indicator in EMS: Pitfalls and solutions."** *Open Access Emergency Medicine* 2 (2010): 1-6.

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McIntyre, Dennis, Lisa Rogers, and Ellen Jo Heier. **"Overview, history, and objectives of performance measurement."** *Health Care Financing Review* 22.3 (2001): 7-22.

Myers, J. Brent, et al. **"Evidence-Based Performance Measures for Emergency Medical Services Systems: A Model for Expanded EMS Benchmarking: A Statement Developed by the 2007 Consortium US Metropolitan Municipalities' EMS Medical Directors."** *Prehospital Emergency Care* 12.2 (2008): 141-151.

Nerenz, David, and Nancy Neil. **"Performance Measures for Health Care Systems."** May 2001. Available online at www.hret.org/chmr/resources/cp19b.pdf

2009 NEMSO Performance Measure Categories

The following table explains the identifier (ID) labels for the measures in the tables below.

Table 1	Key To Category Abbreviations
S	System Design and Structure
HR	Human Resources (culture, training, safety, credentialing, etc.)
CC	Clinical Care and Outcome
R	Response
F	Finance/Funding
Q	Quality Management
CD	Community Demographics

Summary of Measures

Measure Type and ID Number	Measure
Attribute 1.1(S)	Emergency Medical Dispatch Type
Attribute 1.2(S)	Emergency Medical Dispatch Impact on Response Mode
Attribute 1.3(S)	Emergency Medical Dispatch Impact on Response Level
Indicator 2.0(HR) INTERIM	Annual Turnover Rate
Indicators 3.1(CC) and 3.2(CC)	3.1- Average Defibrillation Time 3.2- 90th Percentile Defibrillation Time
Indicators 4.1(CC) and 4.2(CC)	4.1- Average Initial Rhythm Analysis Time 4.2- 90th Percentile Initial Rhythm Analysis Time
Indicator 5(CC) INTERIM	Major Trauma Triage to Trauma Center Rate
Indicators 6.1(CC), 6.2(CC), and 6.3(CC)	6.1- Pain Relief Rate 6.2- Pain Worsened Rate 6.3- Pain Unchanged Rate
Indicator 6.4 (CC) PARKED	Pain Intervention Rate
Indicator 7(CC)	12 Lead Performance Rate
Indicator 8(CC)	Aspirin Administration for Chest Pain/Discomfort Rate
Indicator 9(CC) INTERIM	ST Elevation Myocardial Infarction (STEMI) Triage to Specialty Center Rate
Indicators 10.1(R) and 10.2(R)	10.1- Mean Emergency Patient Response Interval 10.2- 90th Percentile Emergency Response Interval
Indicators 10.3(R) and 10.4(R)	10.3- Mean Emergency Scene Interval 10.4- 90th Percentile Emergency Scene Interval
Indicators 10.5(R) and 10.6 (R)	10.5- Mean Emergency Transport Interval 10.6- 90th Percentile Emergency Transport Interval
Indicator 11(F) PARKED	Per Capita Agency Operating Expense
Indicator 12(Q) PARKED	Patient Care Satisfaction Rate
Indicator 13(Q)	Patient Care Satisfaction Survey Rate
Indicator 14(Q)	Rate of Appropriate Oxygen Use
Indicator 15(Q)	Undetected Esophageal Intubation Rate
Indicator 16.1(Q)	Delay-Causing Crash Rate per 1,000 EMS Responses
Indicator 16.2(Q)	EMS Crash Rate per 100,000 Fleet Miles
Indicators 16.3(Q) and 16.4(Q)	16.3- EMS Crash Injury Rate per 100,000 Fleet Miles 16.4- EMS Crash Death Rate per 100,000 Fleet Miles
Attributes 17.1(CD) and 17.2(CD)	17.1- Call Complaint Distribution 17.2- Call Complaint Rate
Indicators 18.1(CC) and 18.2(CC)	18.1- EMS Cardiac Arrest Survival Rate to ED Discharge 18.2- EMS Cardiac Arrest Survival Rate to Hospital Discharge

