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IOM REPORT: THE WHITE PAPER FOR THE 21ST CENTURY?

On June 14th, the Institute of Medicine (IOM) released its long awaited report titled *The Future of Emergency Care in the United States Health System*. The project, comprising a 25 member committee and three smaller, targeted subcommittees, investigated emergency care in the US in three specific areas: prehospital EMS, pediatrics, and hospital based emergency departments.

A result of a two year study, the report has been closely followed by EMS leaders and policy makers. Many have wondered and even hoped that it could be as influential as other similar reports have been in the past. For example, the 1966 *Accidental Death & Disability: The Neglected Disease of Society* led to the establishment of groundbreaking legislation and funding, which jumpstarted the rapid development of the EMS and trauma systems we know today. Unfortunately, redirection of public funding in the early 1980s virtually stunted EMS system development.

It is unclear whether this new IOM report can reignite attention to the nation's struggling EMS systems.

The comprehensive report on prehospital EMS is 231 pages long and provides a summation of a detailed investigation into the

current state of EMS systems in America. The result is a candid and sometimes difficult to read description of many existing EMS system deficits. Included in the discussion are several systemic problems inherent in EMS systems, such as insufficient coordination, disparities in response times, uncertain quality of care, lack of readiness for disasters, divided professional identity, and a limited evidence base. One journalist described the report as "...a reporter's dream because it airs the dirty laundry of an essential

public service."

The report not only identifies where EMS systems fail to meet the mark, but also goes a step further by laying out a vision of a 21st Century Emergency Care System. Included are twenty specific recommendations across several broad categories:

- ▶ Establishing a lead federal agency over the entire emergency medical system within the Department of Health and Human Services.

- ▶ Studying the reimbursement of EMS to include the cost of readiness and the pro-

vision of care that does not result in a transport.

- ▶ Regionalizing emergency medical systems and using an evidenced based categorization model to appreciate system capabilities and that includes uniform protocols.

- ▶ Developing a common scope of clinical practice across the states with curriculum instructed by accredited institutions and resulting in a nationally accepted certification.

- ▶ Having the American

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EMS RESEARCH: ARE WE CATCHING IT?

A key finding in the Institute of Medicine report is the limited amount of peer-reviewed study on EMS care and EMS systems. When looking for the evidence behind what we do, one quickly discovers there are areas of solid research surrounded by large gaps of unstudied practices.

Research on clinical care in the prehospital setting, while definitely not robust, represents the largest segment of study that exists in our field. The specific subjects of existing research within clinical care are very diverse. However, certain core care areas have

received the most attention by researchers. This is especially true in the areas of cardiac care and traumatic injury. It is not surprising considering early EMS system development occurred as a result of the recognition that morbidity and mortality could be directly influenced by prehospital intervention. Other patient conditions have also been studied but not to as great a detail.

A key component of EMS research that is strikingly absent is studies related to effective EMS system design. This is a critical deficit because sound system design is an essen-

tial foundation of a quality EMS system. In addition, good research on system design helps industry leaders and policy makers separate objective evidence about design features from the rhetoric, so good system decisions can be made to benefit patients and the community. Much of what exists and is referenced in this area comes from decades old trade journal articles, and most current knowledge is housed in firsthand, but unpublished, system consultant experience.

While it is not hard to agree that more research on

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EMS & HOSPITAL TRENDS & NOTES



EMS System in Crisis. DC Fire & Rescue continues to be the focus of ongoing media scrutiny following the results of an investigation into the death of a retired *New York Times* reporter who experienced systemic breakdowns in his care. Several staff involved have been suspended, reassigned, or dismissed, and two council members are calling for the chief's resignation. Making matters worse, in a separate

incident an ambulance crew was found asleep at their post when they failed to respond to a call.

Exclusive EMS Management Forum a Success. In its first year, Pinnacle 2006 — an executive conference with a deployment theme — is exceeding expectations. Approximately 300 senior leaders from across North America will hear expert presentations, participate in a deployment simulator, and network with peers.

EMSer Makes Another Run for Office. Longtime EMS member Erik Gaull is making a second run for a seat on the DC city council. He made an unsuccessful

run for the council in 2002. Through grassroots efforts, pounding the pavement, and a strong position on enhancing public safety, he hopes to be elected this November.

Saved Gets Lukewarm Reviews. The summer TV season kicked off with a new public safety-based drama. *Saved* chronicles the life and work of a Gen-X paramedic working the streets of Portland, OR. Initial reviews have been bland at best. The show airs Mondays on TNT.

4th of July Weekend Disaster Averted. Pittsburgh paramedics entered the busy 4th of July weekend with the prospect of a strike. As a six month contract extension

was running out, the paramedic union and the city were able to reach agreement on a five year contract at the wire.

Ambulance Crash Saves Life. In a bizarre twist, medics were able to prevent a man from being run over by his own pickup truck after he was thrown from the vehicle during a crash. Having witnessed the crash, the EMS driver was able to cut off the pickup with the unit, bringing it to a stop, only 20 feet before it would have struck the patient.

Conversion From Volunteer to Paid Could Cost Billions. In response to a shrinking volunteer force, the state Association of Towns (NY) studied the potential cost of transitioning from volunteer to all paid emergency services within the state. The estimated cost? \$7 billion dollars to taxpayers. The issue was described to policy makers as an impending potential crisis for local governments.

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Board of Emergency Medicine create a subspecialty for EMS medical directors.

- ▶ Developing interoperable communication and data systems.

- ▶ Having states assume regulatory authority over air medical services.

- ▶ Developing evidence based indicators of system performance.

- ▶ Increasing training and funding for disaster preparedness and elevating the status of emergency medicine to that of other public safety functions in disaster planning and operations.

- ▶ Exploring EMS research needs to develop a strategic research plan and targeting research on systems and

outcomes.

The EMS portion of the three-part IOM report is robust and effectively frames the current state of the EMS industry. Its recommendations are a road map for moving in a progressive direction to strengthen the quality of emergency medical systems. All of the recommendations are attainable.

The IOM report concludes with a call to action. To realize the vision outlined, Congress must fund demonstration projects across the nation aimed at achieving these recommendations. The price tag? A recommended \$88 million over five years to fund the project. It's unclear if anyone on the Hill

has heard the call. While national media covered the release of the report and highlighted its key findings and recommendations, it's too early to determine the potential it may create for the future development of emergency care systems.

One thing that is clear is every EMS leader should study the report immediately in order to strategically assess their own system's congruency with the recommendations and to be prepared if local media and policy makers inquire about the report's findings.

For a link to the IOM report online, go to the resource page at www.fitchassoc.com.

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EMS RESEARCH: ARE WE CATCHING IT ALL?

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EMS is needed, we also must acknowledge the fact that scholars from other disciplines are studying our public safety world and publishing in places we may not think to look. One example of this is in the field of organization development. *The Journal of Applied Behavioral Science* (JABS) recently published a paper chronicling the use of action research as an intervention in burnout with the Federal Fire Service. Another paper in the *OD Practitioner* described the use of a Gestalt methodology used in a strategic planning process with three fire districts cooperating to increase services and reduce response times to a rural area. Studies like these and others can be very useful in appreciating

how public safety organizations function and can be improved upon.

Another discipline often overlooked is Operations Research (OR). OR scholars set out to develop and solve mathematical models to help make decisions. In a paper by Jeffrey B. Goldberg, PhD, an associate professor in the Department of Systems and Industrial Engineering at the University of Arizona, the author states that emergency service station location placement and deployment have been a topic of interest for over 40 years and have resulted in hundreds of journal articles published in the OR discipline. Much of this work is virtually unknown to EMS professionals, and it represents a body

of knowledge that is not being accessed.

Also missing from our consciousness is research conducted at academic institutions by entering scholars in the form of master theses and doctoral dissertations. While many of these are published each year, the findings may never reach the pages of a journal and only be accessed by other scholars. A query of the ProQuest Dissertations and Theses database for the terms “emergency Medical services” resulted in 137 studies covering areas related to response and deployment, clinical care, workforce considerations, and disaster preparedness. These academic studies represent a wealth of knowledge that could bene-

fit EMS but is unfortunately overlooked.

The IOM report’s identification of the need for greater EMS research is accurate. The more we understand what our patients need, how we can respond, and what works best, the better enabled we are to meet our vision of a quality EMS system. To meet the report’s recommendation more funding is needed and there must be development of experienced and focused EMS scholars. While we anxiously wait for that to occur to better our industry, we also need to expand our search for research and be open to all of what already exist that we may be missing.

EMS SYSTEMS: PROACTIVE VS. REACTIVE?

Beginning in the May 2006 issue of *Emergency Medical Services* magazine, longtime student, educator, consultant, and researcher Mike Taigman embarked on a multi-part series of articles aimed at shifting EMS’ paradigm. The opening article, titled “Taking EMS Into Tomorrow: Are you ready for the next big thing in EMS?” makes a case for EMS systems to go beyond responding to accidents and illness after they occur and to intervene to reduce the patient’s need for services in the first place.

Taigman envisions EMS systems operating at the intersection of chronic disease

management, public health, prevention, and engaged customer service. With EMS frequently encountering at-risk patient populations and often serving as a healthcare system safety net or welcome wagon, it is strategically positioned to take meaningful actions that could produce measurable outcomes. Such an initiative could be as influential and sweeping as the implementation of AEDs in public places and fire prevention.

The efforts proposed are not simply an extension of existing public education efforts but a complex addition to EMS services currently rendered. Through careful

study and expert consultation, Taigman has identified five initial patient populations that can be significantly helped through EMS intervention, including brittle diabetics, childhood asthma, elderly falls, chronic CHF, and removal of pain. Through preventive consultation, self-care instruction, and continued monitoring, he believes EMS is uniquely positioned to make a substantive impact with large patient populations resulting in better health for patients and fewer calls for service to the system.

For some, this vision is a charge for a new direction and fosters enthusiasm to

really make a difference in the lives of our patients and community. For others, this may not sound as glamorous as emergency work and may seem like someone else’s job. Regardless of your initial perspective on Taigman’s thesis, read the articles, consider the information presented, and imagine the possibilities.

Taigman’s series will continue to be published each month in EMS magazine. To read the opening call to action and part 2 in the series on brittle diabetics, go to the resource page at www.fitchassoc.com.

MAKING YOUR ePCR IMPLEMENTATION SUCCESSFUL

The failure of a majority of major technology rollouts is a little known fact? Imagine researching the leading electronic patient care record options, conducting a bid process, and then selecting a vendor only to have the project fail during implementation or require significant remedial work to get going. John Dadey, a former Dell executive and CEO of ESO Solutions — a leading EMS ePCR company, has found that organizations can avoid implementation failures by strategically crafting the rollout. By following a few essential objectives, you can reduce potential bumps in the road and effectively introduce the technology into your organization.

1) Keep it Simple. Your first inclination is to focus on a robust, feature-rich product that meets all your needs. Before you aim for the sky, start with the basics, evaluate the off-the-shelf version, keep the infrastructure manageable, and be attentive to reducing the opportunities for failure.

2) Intuitive. Remember that the people using the ePCR will have varying computer comforts. Choosing an intuitive user interface that mirrors the way medics and others actually work will ease implementation and reduce errors.

3) Ease it In. Allow people to get familiar with the hardware and software before deploying it into the

field. Start by filling incidents in after the call. Once a comfort level is established in a controlled environment, it can be introduced in the field. Don't underestimate the human aspect of organizational change —make sure to have manageable milestones and celebrate the successes.

4) Communicate. Two-way communication must start before implementation and be ongoing throughout the process to assure everyone is on the same page.

5) Train Effectively. Initiate training close to the scheduled rollout so knowledge is fresh. Complement classroom instruction with hands on practice. Factor in different learning styles and

computer comfort.

Introducing an ePCR to your organization will be one of the largest technology enhancements you may ever embark on. Once in place, it will dramatically enhance your management ability. "We find EMS organizations are amazed how pain free a well planned implementation can be," says Chris Dillie, Vice President of Business Development for ESO, "but what's most rewarding is seeing the excitement when people finally have quality access to their data." Make no mistake, making the leap to an ePCR is a major organizational and cultural shift, but by following these steps you can help enable success the first time.

Communications CENTER MANAGER COURSE 2006/07

As the communication center becomes a critical specialty, the CCM course has become the leading training program for managers. Online ses-

sions begin October 16 with onsite sessions in Kansas City November 9 - 14, 2006 and January 4 - 9, 2007. For more information and to register, go to www.fitchassoc.com.

ASM Ambulance Service Manager 2007

For more than a decade, the Ambulance Service Manager course has been the leading certificate program for EMS leaders. Demand for the program is immense, and courses sell out very

quickly. Online begins January 29 and onsite sessions in Kansas City are February 25 - March 2 and April 29 - May 4. For more information and to register, go to www.fitchassoc.com.

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