

Office of Rural Health Policy Updates on EMS activities in the FLEX Program For 2008

Steve Hirsch, the Flex Coordinator for the Federal Office of Rural Health Policy provided me with a brief summary of how some of the activities that the State Flex programs are responding to as part of the new requirements for EMS FLEX objectives:

Michigan - The Michigan Rural EMS Report, the Michigan Center for Rural Health (MCRH) is developing a three-year plan that builds on the previous and existing Michigan CAH-EMS initiatives.

There are currently four FLEX funded EMS recruitment and retention initiatives in place; three in the Upper Peninsula and one in northern lower-Michigan with another planned for the Thumb area. Additionally, Michigan will be sending EMS agency directors to a budget building and billing workshop conducted by the Critical Illness & Trauma Foundation. Additional FLEX objectives will address EMS director leadership-specific training and comprehensive budget planning processes. The EMS director leadership-specific training is based on the Minnesota model "Volunteer Ambulance Management."

The Michigan Center for Rural Health will be contracting with Aarron Reinert, NREMT - P, B.A., Executive Director, Lakes Region EMS in North Branch, Minnesota to provide the leadership-specific training. Gary Wingrove, Gold Cross/Mayo Medical Transport, Buffalo, MN will provide the Rural EMS budget model training

The Michigan Flex Coordinator and the State of Michigan EMS director will work closely with the Medical Control Authorities and the local EMS agencies to select the training sites, advertise the project, and implement the trainings. The MCRH proposes seven workshops for budget years 1 and 2: three workshops in the Upper Peninsula in May 2008 and four in the Lower Peninsula in May 2009. A maximum of 25 participants will be able to attend each workshop. The Michigan EMS objective in year 3 will refocus on EMS-based Community Healthcare models.

South Dakota – Will be conducting 6 CAHs reviews to meet the criteria for Trauma Receiving Centers. 60 Nurses will be trained in the Trauma Nurse Core Course.

Kansas - Budget model training has been offered to rural ambulance service managers and trauma training supported through FLEX funds, all designed to enhance the emergency care workforce.

Illinois - Pre-hospital HIT demonstration project for CAH and local EMS will share pre-hospital information electronically by 2009. By 2008, CAHs and reps. Local EMS will have identified pre-hospital quality indicators; By 2009, pilot 50% of CAHs recording pre-hospital care indicators using Illinois Critical Access Hospital Network scorecard web-based tool or internal tool.

Washington - The State Office will work collaboratively with the state Office of EMS & Trauma Systems staff to conduct four (4) to seven (7) vertical integration community pilot projects over the next three years designed to leave in place a structure for sustaining emergency care resources in rural communities. The guideline for the community projects will be a Critical Illness and Trauma Foundation (<http://www.citmt.org/index2.htm>) tool, which was developed as an approach to comprehensive assessments of local EMS systems in rural communities.

Oregon - In year one, the Oregon Flex Program will pilot a web-based database for EMS agencies and CAHs in one Area Trauma Advisory Board (“ATAB”) region to identify and collect run data. The state quality improvement organization (Acumentra Health) will review and identify areas of improvement. Acumentra will offer training around performance improvement principles and demonstrate how EMS agencies can use data from electronic data programs to improve processes and aspects of EMS care. This will allow CAHs to better integrate EMS into a seamless healthcare delivery system and identify areas that need improvement. The goal will be to demonstrate value so that Oregon can expand the EMS run database to the other six ATAB regions in years two and three.

Minnesota - The EMS methodology includes a central focus on State Trauma System development and related efforts to establish formalized trauma programs within CAHs, encouraging CAHs to become trauma centers, integrate EMS into trauma operations and improve overall trauma care in their communities. Strategies include Trauma System development, designation and training, support for improved EMS medical direction, and focused support and funding for improving performance of recruitment and retention, reimbursement and restructuring. In addition to discrete projects in each area, ORHPC will offer Minnesota Flex EMS and Trauma Performance Improvement Grants. These grants will provide focused funding for rural EMS projects authorized by the Flex Program guidance, specifically supporting EMS agencies in efforts of recruitment/retention, reimbursement and restructuring.