

Linkages of Acute Care and EMS with State and Local Prevention Programs

Part 1: Involvement of EMS in Bioterrorism Grant and Planning Efforts

An NASEMSD Report

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Introduction and Background

The concepts of preparedness, prevention and response are functionally interdependent but less than fully programmatically linked. Recognition of the need for better programmatic linkages and expansion of the role of EMS systems has been evident for some time:

Emergency medical services (EMS) of the future will be community-based health management that is fully integrated with the overall health care system. It will have the ability to identify and modify illness and injury risks, provide acute illness and injury care and follow-up, and contribute to treatment of chronic conditions and community health monitoring. This new entity will be developed from redistribution of existing health care resources and will be integrated with other health care providers and public health and public safety agencies. It will improve community health and result in more appropriate use of acute health care resources. EMS will remain the public's emergency medical safety net. — *Vision statement of the EMS Agenda for the Future*

Involvement of EMS Offices in Bioterrorism Grant and Planning Efforts is the first in a series of three surveys conducted by the NASEMSD. Information from all three survey instruments will ultimately be assimilated into an informational resource to illustrate the existing degree of EMS integration with prevention and preparedness.

The project is funded in part by the Centers for Disease Control and is built around the concept of identifying the level of integration between state and territorial EMS offices and prevention and preparedness initiatives at the federal, state or local levels. The underlying premise is that better integration and programmatic articulation will facilitate readiness, planning, prevention and response.

In 2002, significant federal monies were directed toward improving state preparedness against biological terrorism. *This* survey is intended to ascertain the extent to which state and territorial EMS offices were involved in this first round of HHS and CDC grants.

The survey population consisted of the EMS Directors of the States, Territories¹ and the District of Columbia. Of 56 surveys, 53 were returned, for a 95% rate of return².

The survey instrument (attachment 1) consisted of eight yes/no items, one expository item, and two contingency expository items.

¹ Territories include Guam, Puerto Rico, American Samoa, the Northern Mariana Islands and the U.S. Virgin Islands

² Surveys were not returned by American Samoa, Puerto Rico, and the U.S. Virgin Islands

Response Analysis

- 85% of EMS Offices indicate involvement in the HRSA Hospital Preparedness grant — **45 of 53**
- 79% of EMS Offices indicate involvement in the CDC bioterrorism grant process — **42 of 53**
- 22% of EMS Offices indicate grant being impacted by state budgetary issues/hiring freeze — **11 of 52**
- 40% of EMS Offices indicate responsibility for administering the grant — **21 of 52**
- 92% of EMS Offices indicate development of state, regional or local WMD plans — **49 of 53**
- 89% of EMS Offices indicate inclusion in other emergency disaster planning efforts — **47 of 53**
- 40% of EMS Offices indicate experience in collaborating with neighboring states — **21 of 53**

Item three asked how the State’s EMS capacity has benefited from the grants. 38 respondents identified one or more benefit. Twelve different general categories of benefit were identified by the respondents. Table 1 lists the responses given and the number of EMS offices that indicated each response in descending order.

Table 1. — EMS Capacity Benefit from grants

Increase in positions/FTEs	15
Improved Interagency Coordination	14
Training/Education	13
Communications	8
Equipment	6
Needs Assessments	5
Software/Database Upgrade	3
Disease Surveillance/Data Collection	2
Curriculum Development	1
EMS Office Infrastructure	1
D-Mat	1
Improved Hospital Capacity	1

It is significant to note that fifteen respondents indicated no benefit, minimal or unidentifiable benefit, or a net loss of resources as a result of the grants. *This cohort constitutes 28% of the respondents.*

Eleven States indicated that budgetary issues or a hiring freeze was impacting their grants. Of these, delays or inability to fill positions was identified by eight respondents as the type of problem. Three indicated processing was slowed due to reductions in the force of pre-grant personnel.

States were asked to describe any new or innovative approaches identified. Nine new or innovative approaches were reported. These are listed below:

- Use of State Police Emergency Management Regions is creating beneficial medical/law enforcement partnerships. (MI)
- Focus on regional approach with lead city/entity (OH)
- Development of regional rapid response teams of fire, law enforcement, and medical (SC)

- Implementation of Learning Management System³ statewide will benefit entire system (PA)
- Modular medical expansion plan developed (DE)
- Use of prisoners to assist in breakout of NPS (HI)
- Color coding medications in field packs for proper dosing of pediatric patients (NC)
- Developing Medical Reserve Corps (NC)
- Use of Counter-Terrorism Academy (LA)

Respondents who indicated their states had experience collaborating with neighboring states were asked to identify any barriers experienced. Eight states indicated information in this item. The most frequently identified barriers were legal, political or jurisdictional in nature. Communications interoperability was also mentioned.

Some surveys also contained commentary that could not be characterized as response to a specific item on the survey. Largely, these expressed frustration with political issues attendant with the grant process. These comments included reference to internal department issues, and external political issues. A second category of such commentary related that little if any of the grant monies were actually going to EMS.

Discussion

This survey was conducted to ascertain the extent to which EMS systems were involved in and affected by the federal initiatives related to improving preparedness and response capacities. The survey design is not sophisticated, and is not a scientific survey instrument. Rather, the intent is to share with NASEMSD members and our federal partners the collective experiences of State and territorial EMS offices in the grant endeavors and to identify any innovations that may have potential for application elsewhere.

In general, it appears that most EMS offices had and may continue to have some level of involvement. Some responses seemed enthusiastic and optimistic that EMS was “at the table” in discussions at the state level, while others expressed concern that EMS was included in name only. That the experiences are quite mixed may reflect the vagaries of state or territorial political dynamics and/or economics.

One in five of the respondents indicated that state budget issues or hiring/spending freezes were hindering the implementation of the grant in one way or another. Almost a third of the respondents indicated little or no benefit to EMS resulting from the grants. These may be issues that deserve further exploration.

³ The Learning Management System (LMS) is an integrated suite of programs that are specifically designed to support Internet based distributed learning and information sharing.

NASEMSD Survey: Involvement of State EMS Offices in Bioterrorism Grant and Planning Efforts

Your State or Territory:

1. Was your office involved in the HRSA Hospital Preparedness grant process?
 Yes No
2. Was your office involved in the CDC bioterrorism grant process?
 Yes No
3. How is your state's EMS capacity benefiting from either grant?
4. Is your HRSA grant being impacted by your state's budgetary issues/ hiring freeze?
 Yes No If so, how?
5. Is your office administering the entire grant or is part of the grant being contracted out?
 Yes No
If yes, to which organization/organizations and for what purpose?
6. Is your state developing state, regional or local plans to address incidents involving weapons of mass destruction?
7. Please describe any new or innovative approaches you have discovered through these processes:
8. Has your office been included in any other emergency disaster planning efforts (i.e., local emergency management agency, law enforcement)?
9. Have you had any experience collaborating with neighboring states?
 Yes No
If yes, have you experienced any barriers (i.e., legal)