

**EMS Trauma Subcommittee Meeting Minutes
 Bill and Margaret Clark Multi-Purpose Room
 430 President Clinton Ave, River Market District
 Little Rock, AR 72201**

November 13th, 2012 – 11:00am-3:00 pm

| Topic | Discussion |
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| Called to order | Meeting was called to order by Dr. Clint Evans |
| Welcome Introduction of Members and Guests | Clint welcomed everyone and introductions were made. |
| ATCC Report | Handouts were provided (see attached) Jeff commended the EMS services and their owners/operators on what a good job they were doing. He is seeing a gradual trend upwards in the number of calls to the call center on the moderate and major traumas and a drastic trend downward of the minor calls. If there are any questions regarding a category of a specific trauma patient, you can email Jeff with the trauma band number, date of service and the any further information that you deem necessary and he will review and get back to you. Please do not email any patient names. He will also make changes as needed. Jeff went over the handouts. |
| Old Business: AWIN for Helicopter | Cathee gave update from last weeks Air Ambulance Sub Committee meeting. The services are in the process of completing a cost survey for the state in relation to the installation of the AWIN radios in the aircrafts. After getting the survey completed, the committee will bring it to the EMS sub-committee to review and discuss. |

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| <p>Old Business: Pay for Performance Initiative</p> | <p>The PHTLS pay for performance initiative has been checked off and approved by the Finance Committee and will be presented to the TAC at</p> |
| | <p>next weeks meeting. The deadline for participation is 4/1/2013. (see attached handout)</p> <p>It was also brought up that the ATERF has scheduled 10 PHTLS courses in all of the trauma regions. There has been difficulty in filling these classes so please spread the word. The classes are \$25.00 for EMS providers and \$50.00 for RN's.</p> <p>Just a reminder: It was decided for this fiscal year was that every service that has 85% of their personnel (full time, part time, and prn) certified in PHTLS, ITLS or the basic version for the EMT's by 4/1/2013, will be able to participate in this incentive. The question was raised on how we are making sure that all of the services are aware of this initiative. Greg stated that the Section of EMS office could send out a letter to every ambulance service/operator. Greg also suggested sending it out to all of the TRACS.</p> |
| <p>Old Business: EMS Data Software Initiative</p> | <p>The EMS Data Software Initiative was also approved by the finance committee and will be presented to the TAC at next weeks meeting. Dr. Evans thanked Greg for all of his hard work. A copy of the final version is attached.</p> |

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| <p>Old Business: AWIN for Ground</p> | <p>Joe stated that all of the unused AWIN radios have been collected and you can notify the him at the trauma section if you need one and they will set up the installation.</p> |
| <p>TAC Retreat</p> | <p>Dr. Evans reported on the TAC retreat last month. He went over and reviewed the TAC Strategic Priorities for Pre-Hospital agencies. (see copy attached) Dr. Evans discussed some concern that he received from the retreat about Air Ambulance services not having the capability to call the call center (refer to priority #1 on the handout attached). There was concern also about air not notifying the hospital in enough time for the hospital to activate the trauma team and prepare to take care of the patient. The Air Ambulance Sub Committee discussed both of these issues in their last meeting and plans to give feedback to the concerned parties.</p> <p>Priority #2 is what we will be discussing today regarding the EMS funding for fiscal year 2014.</p> <p>Priority #3, refer to #1.</p> <p>Priority #4, we have already been working on with the Section of EMS.</p> <p>On priority #5, Greg states that the EMS Rules and Regulations have been posted on the EMS website for review and comments.</p> <p>Regarding priority #6, there was also a lot of discussion on how to analyze the</p> |

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| | <p>cost for pre-hospital trauma care. Priority #7: Refer to the pay for performance initiative that has been approved by the Finance Committee.</p> |
| <p>Old Business Fiscal Year 2014 Funding</p> | <p>Priority #8: Austin is already working on the scorecard. Greg is communicating with Austin on this. Some of the things that they are considering to be on the scorecard are: EMS provider calling the call center, the EMS provider considering the call center's destination recommendation, etc.</p> <p>Some of the issues that we need to consider are the services that do not make emergency calls, they just do transfers and the volunteer services that in a very rural area that may do "1" call a year but they are getting the same funding that others are in the same county. We want to try to incorporate trauma run volume and get away from population. Just a review of the breakdown of the EMS funding (copy is also attached):</p> <ul style="list-style-type: none"> 87% goes to the services 7% goes to the training sites 4% goes to the associations <p>(The committee agreed on the percentages with no objections.)</p> <p>Base Rates:</p> <ul style="list-style-type: none"> --\$8000.00 for ALS (committee agreed, no changes made) --\$4000.00 for BLS (committee agreed, no changes made) |

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| <p>Old Business (con't) Fiscal Year 2014 Funding</p> | <p>--\$2000.00 for Special Purpose (Committee requested to look at lowering it to \$1000.00. There were two recommendations made: one to reduce their base to \$1000.00 from \$2000.00 and another to not fund these services at all. It was also brought up that these services do need some readiness funding. There was much discussion concerning this base rate. Dr. Evans called for a vote on this issue. John Swanson made a motion to reduce the base rate for Special Purpose Services to \$1000.00 from \$2000.00. Denise Carson seconded the motion, the motion passed with no objections.)</p> <p>--\$10,000 for in state Air Ambulance (Committee agreed, no changes made)</p> <p>--\$5,000 for out of state Air Ambulance (within 10 miles of the Arkansas state border) (Committee agreed, no changes made)</p> <p>If you were in a rural area serving: --< 10,000 or more population, you received an extra \$4000.00 --10,000-25,000 population, you received an extra \$2000.00 --We also had the population modifier of \$0.5912481147.</p> <p>There was a lot of discussion on the population range and modifier. There was concern that the rural areas might suffer if we did away with these and we want to make sure that the rural areas are taken care of adequately. Dr. Evans proposed using a percentage formula,</p> |
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| <p>Old Business (con't) Fiscal Year 2014 Funding</p> | <p>i.e. 60/40 for the 89% allocated for EMS services. The 40% being used for base rates and the other 60% being divided equally between our population</p> |
| | <p>calculation and the identified performance measure (i.e. trauma bands/runs, etc.) The 40% would be divided equally between the 75 counties then divided amongst the services within those counties. ALS services will receive twice as much as the BLS services. This should increase the base amount that the rural counties are receiving. Many other ideas were suggested and it was requested to see spread sheets utilizing these ideas/suggestions. There was much discussion on making sure that every county is rewarded equally and fairly.</p> <p>Joe shared the spread sheet that they have been working on with the trauma runs being utilized as a modifier. He shared the spread sheet using the number of times each service contacted the ATCC with moderate or major traumas and calculated a dollar amount (\$492.00) for each trauma run (moderate or major) using a 1:1 ratio calculation. The spread sheet revealed that when a service did not call the ATCC, they would not receive extra funding. Those services that did call the ATCC have the opportunity to receive more funds. This calculation was figured on taking the population modifier out of the calculation and using those monies to calculate the amount paid per trauma patient. There was a lot of discussion concerning</p> |

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| <p>Old Business (con't) Fiscal Year 2014 Funding</p> | <p>utilizing the ATCC data regarding moderate and major trauma calls Dr. Evans suggested using the state EMS data for reimbursement in regards to trauma calls. He states that this would hopefully improve the EMS data that the state is getting from the services. He also suggests using minor trauma calls also. Using all trauma calls from the EMS data will alleviate the possibility of services upgrading a minor to a moderate for reimbursement. This would also reward the providers and promote trauma readiness.</p> |
| <p>Adjournment</p> <p>Next Meeting</p> | <p>There was more discussion on the percentage break down of the 89% EMS services funding. Some want 50/50, some want 60/40 and some want 70/30.</p> <p>Lee will input these ideas/suggestions into spread sheets so that we can see and we can meet to discuss further and hopefully finalize our EMS 2014 funding in our December meeting.</p> <p>Meeting was adjourned by Dr. Evans</p> <p>Our next meeting will be Tuesday, December 11, 2012 at 3:00pm at the Section of EMS, Suite 801</p> |

**Major EMS Scene Calls
July 1 – October 31 2012**

| | |
|---------------------------|---------------------|
| Volume: <u>585</u> | 585 |
| July: 175 | -307 Prior ED |
| Aug: 140 | <u>-278 Post ED</u> |
| Sept: 141 | 0 |
| Oct: 129 | |

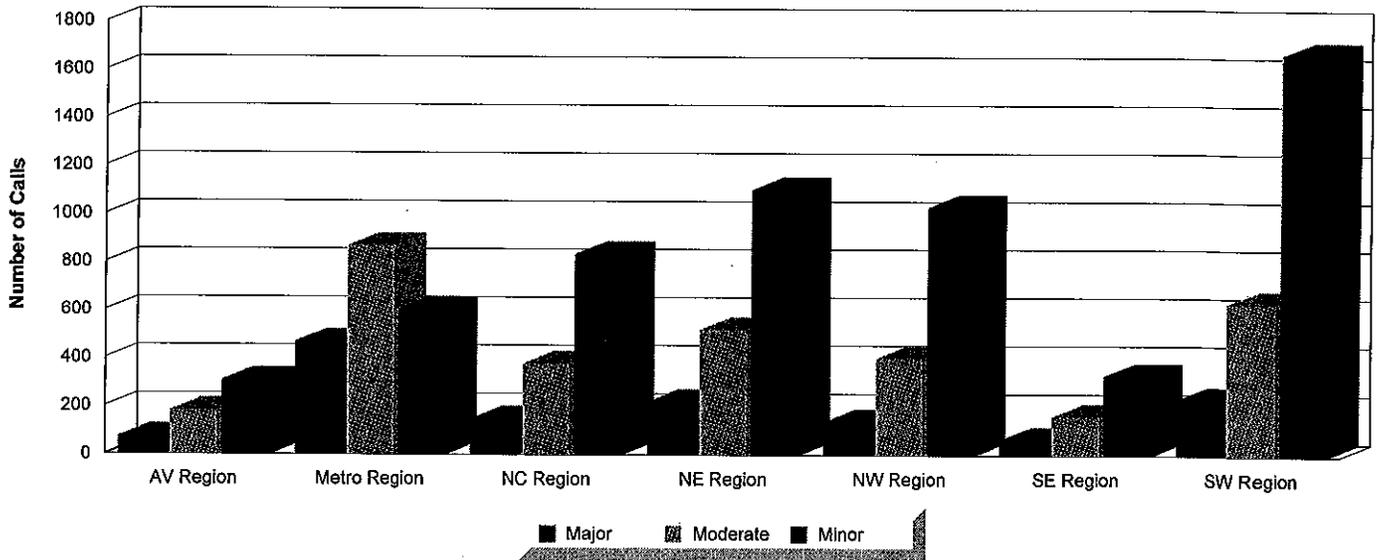
| | | |
|--|-------------------|-------|
| * Called into ATCC prior to ED arrival: | <u>307</u> | (52%) |
| Transported Out of Service Area: | 69 | (22%) |
| # that were Txferred Out: | 25 | (8%) |

| | | |
|---|-------------------|-------|
| * Called into ATCC post to ED arrival: | <u>278</u> | (48%) |
| Transported Out of Service Area: | 60 | (22%) |
| # that were Txferred Out: | 41 | (15%) |

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| * Total # Scene calls Txferred to 2 nd facility: | 66 | (11%) |
|---|-----------|-------|

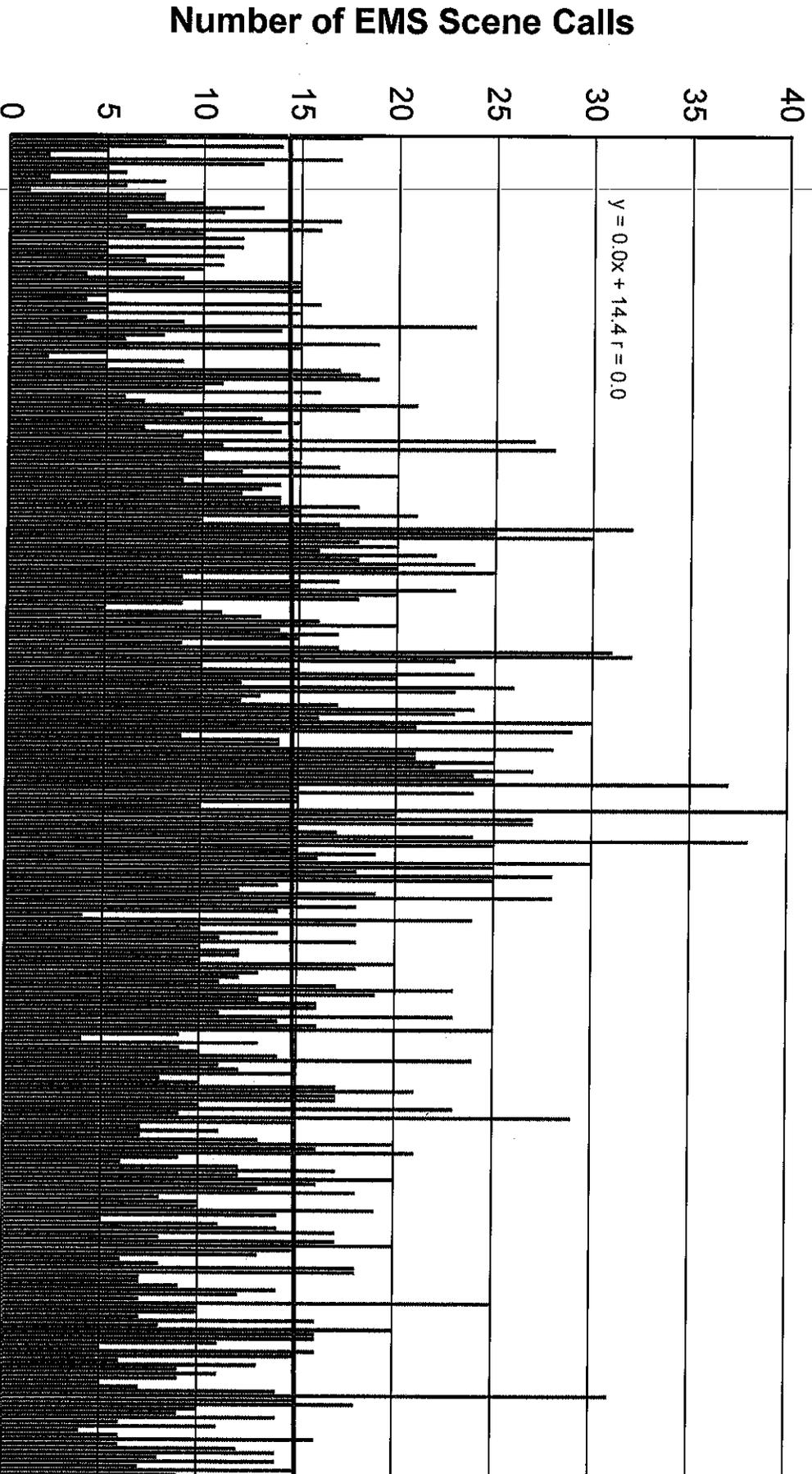
EMS Scene Calls

| | Major | Moderate | Minor | Total |
|---------------------|--------------|--------------|--------------|---------------|
| AV Region | 74 | 181 | 307 | 562 |
| Metro Region | 467 | 866 | 603 | 1,936 |
| NC Region | 150 | 377 | 832 | 1,359 |
| NE Region | 220 | 519 | 1,101 | 1,840 |
| NW Region | 138 | 401 | 1,028 | 1,567 |
| SE Region | 65 | 162 | 329 | 556 |
| SW Region | 232 | 632 | 1,667 | 2,531 |
| Total | 1,346 | 3,138 | 5,867 | 10,351 |



Trip Date IS BETWEEN 01/01/2012 AND 10/31/2012; AND Call Type IS MAJOR ATCC OR MODERATE ATCC

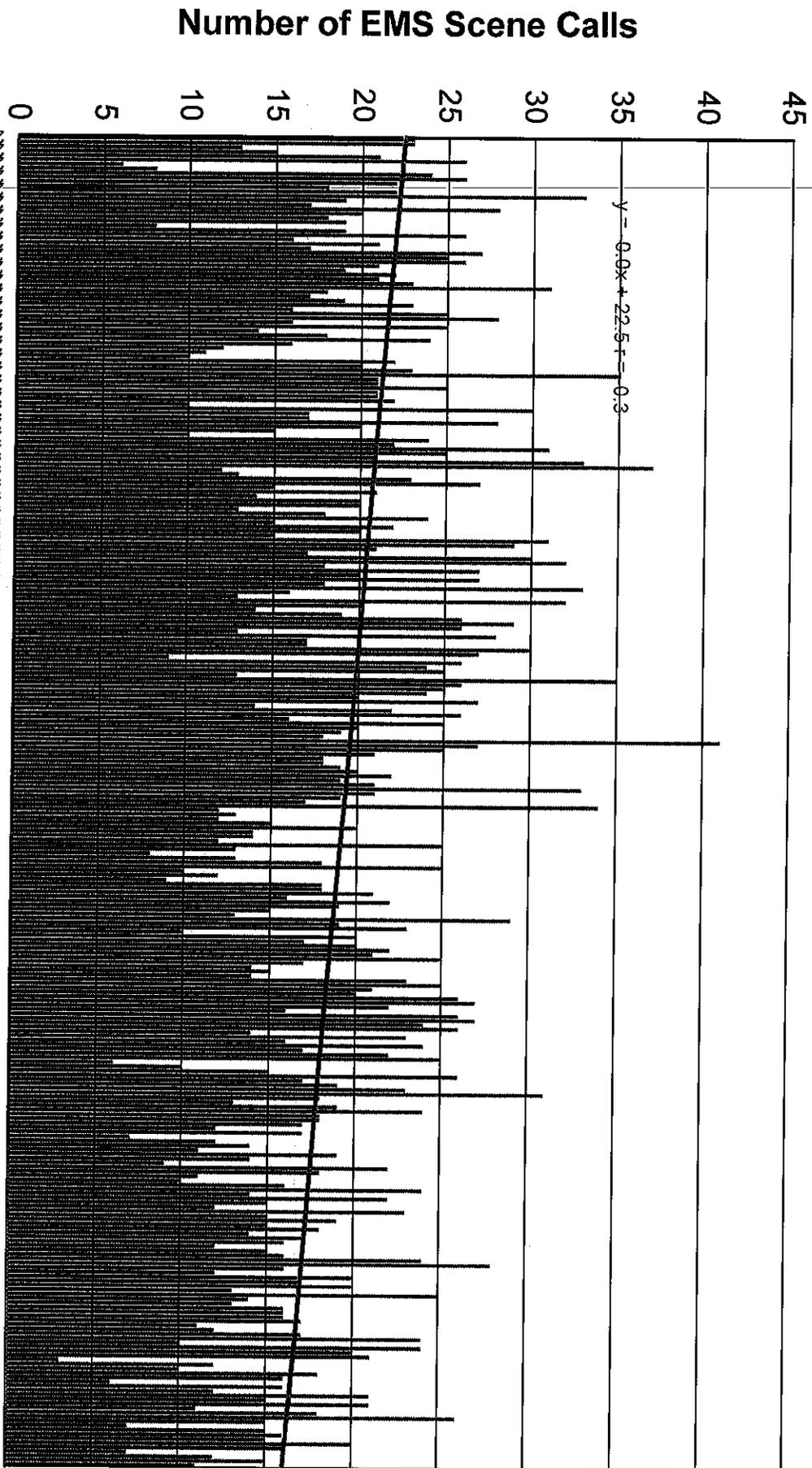
Green line represents linear regression



Date

Trip Date IS BETWEEN 01/01/2012 AND 10/31/2012, AND Call Type IS MINOR ATCC

Green line represents linear regression



Date

| Agency Name (January 1 - October 31 2012) | Major | Moderate | Minor | Total |
|---|-------|----------|-------|-------|
| EMS Scene Calls | | | | |
| Air Evac 61 - Batesville | 0 | 1 | 0 | 1 |
| Care One EMS - Barling | 0 | 0 | 1 | 1 |
| Care One EMS - Fayetteville | 0 | 0 | 1 | 1 |
| Eagle Med - Wichita Ks | 0 | 1 | 0 | 1 |
| Life Air Rescue - Shreveport La | 0 | 0 | 1 | 1 |
| Pafford - Trumann | 1 | 0 | 0 | 1 |
| Air Evac 100 - Rayville La | 1 | 1 | 0 | 2 |
| Amity Vol Ambulance | 0 | 1 | 1 | 2 |
| Baxter Reg EMS - Yellville | 1 | 1 | 0 | 2 |
| Caraway Vol Ambulance | 0 | 0 | 2 | 2 |
| Care One EMS - Van Buren | 0 | 1 | 1 | 2 |
| Hughes Fire Dept | 1 | 0 | 1 | 2 |
| Mississippi Co EMS | 0 | 0 | 2 | 2 |
| NW Medical Transfer | 0 | 1 | 1 | 2 |
| Pafford - Bull Shoals | 0 | 1 | 1 | 2 |
| SE EMS - Fordyce | 0 | 1 | 1 | 2 |
| Southern - Augusta | 0 | 1 | 1 | 2 |
| Air Evac 87 - Greenville Ms | 1 | 2 | 0 | 3 |
| Bearden Ambulance | 0 | 1 | 2 | 3 |
| Medic One - Malden Mo | 0 | 0 | 3 | 3 |
| Mercy EMS- Green Forest | 0 | 0 | 3 | 3 |
| Survival Flight - Kennett Mo | 1 | 2 | 0 | 3 |
| SW EMS - Waldron | 0 | 1 | 2 | 3 |
| Wilburn Rescue | 0 | 1 | 2 | 3 |
| Air Evac 75 - Dyersburg Tn | 0 | 3 | 1 | 4 |
| Chimes Vol Fire Dept | 2 | 1 | 1 | 4 |
| Morning Star Vol Fire Dept | 0 | 0 | 4 | 4 |
| Promed - Smackover | 1 | 1 | 2 | 4 |
| Total Life Care EMS | 0 | 0 | 4 | 4 |
| Tumbling Shoals EMS | 0 | 2 | 2 | 4 |
| Ark Paramed Transfer | 0 | 0 | 5 | 5 |
| Southern - Jacksonville | 0 | 0 | 5 | 5 |
| Woodruff Co EMS - Augusta | 0 | 1 | 4 | 5 |
| Prim Ambulance | 2 | 3 | 1 | 6 |
| Tuckerman Vol Fire Dept | 0 | 2 | 4 | 6 |
| Elite Med Services - Eudora | 1 | 0 | 6 | 7 |
| Pafford Air One | 3 | 3 | 1 | 7 |
| Yell Co EMS | 0 | 6 | 1 | 7 |
| EASI - Rison | 3 | 1 | 4 | 8 |
| Southern - Cherry Valley | 0 | 2 | 6 | 8 |
| SW EMS - Wickes | 1 | 1 | 7 | 9 |
| Calhoun Co EMS | 1 | 2 | 7 | 10 |
| Air Evac 24 - Poplar Bluff Mo | 4 | 6 | 1 | 11 |
| Quitman Rescue | 0 | 4 | 7 | 11 |
| Tyronza Fire Dept | 1 | 0 | 10 | 11 |
| Bald Knob Area Ambulance | 2 | 4 | 6 | 12 |
| Medic One - Walnut Ridge | 0 | 4 | 8 | 12 |
| NARMC EMS - Diamond City | 1 | 4 | 7 | 12 |
| McGehee Fire Dept | 2 | 5 | 6 | 13 |
| MEMS - Maumelle | 1 | 11 | 1 | 13 |
| Southern - Stuttgart | 2 | 4 | 7 | 13 |
| Pafford - Blytheville | 2 | 1 | 11 | 14 |
| Promed - El Dorado | 2 | 4 | 8 | 14 |
| Mercy Life Line - Springfield | 5 | 5 | 5 | 15 |

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|-----------------------------------|--|----|----|----|----|
| NARMC EMS - Jasper | | 1 | 4 | 10 | 15 |
| Emerson Ambulance - Manila | | 2 | 7 | 8 | 17 |
| Fast Ambulance | | 0 | 3 | 14 | 17 |
| Crossett Fire Dept | | 3 | 6 | 9 | 18 |
| Fairfield Bay Vol Rescue | | 0 | 3 | 15 | 18 |
| Pea Ridge Fire Dept | | 0 | 4 | 14 | 18 |
| Pope Co EMS | | 8 | 7 | 3 | 18 |
| Logan Co EMS | | 4 | 4 | 11 | 19 |
| Pulse EMS | | 1 | 0 | 18 | 19 |
| SW EMS - Mount Ida | | 3 | 10 | 6 | 19 |
| Baxter Reg EMS - Bull Shoals | | 4 | 4 | 12 | 20 |
| Des Arc Ambulance | | 0 | 7 | 14 | 21 |
| EASI - Warren | | 1 | 4 | 16 | 21 |
| Vital Link - Horseshoe Bend | | 0 | 4 | 17 | 21 |
| Emerson Ambulance - Monette | | 2 | 9 | 11 | 22 |
| Johnson Co EMS | | 4 | 6 | 12 | 22 |
| Lifeline EMS - West Memphis | | 0 | 5 | 17 | 22 |
| Medic One - Harrisburg | | 0 | 4 | 18 | 22 |
| Woodruff Co EMS - McCrory | | 0 | 8 | 14 | 22 |
| Air Evac 1 - West Plains | | 5 | 15 | 3 | 23 |
| BMC EMS - Gurdon | | 1 | 6 | 16 | 23 |
| Greers Ferry Ambulance | | 1 | 3 | 19 | 23 |
| Elite Med Services - Dermott | | 3 | 4 | 17 | 24 |
| MEMS - Liberty | | 6 | 18 | 1 | 25 |
| Pafford - Marlanna | | 1 | 4 | 20 | 25 |
| Grand Prairie EMS | | 5 | 5 | 16 | 26 |
| Fort Smith EMS | | 4 | 9 | 14 | 27 |
| MEMS - North Pulaski | | 10 | 17 | 0 | 27 |
| Riverside EMS | | 3 | 12 | 12 | 27 |
| MEMS - Sherwood | | 8 | 20 | 1 | 29 |
| Ozark EMS | | 3 | 5 | 21 | 29 |
| SW EMS - De Queen | | 4 | 10 | 15 | 29 |
| Vital Link - Calico Rock | | 2 | 7 | 20 | 29 |
| DeWitt Hosp EMS | | 1 | 4 | 26 | 31 |
| Air Evac 12 - Mt Home | | 16 | 12 | 4 | 32 |
| Gravette Fire Dept | | 4 | 9 | 19 | 32 |
| Howard Co Ambulance | | 4 | 8 | 21 | 33 |
| Air Evac 4 - Springdale | | 6 | 20 | 8 | 34 |
| Air Evac 40 - Harrison | | 12 | 21 | 1 | 34 |
| Allied Ambulance | | 3 | 12 | 19 | 34 |
| MEMS - Greenbrier | | 13 | 19 | 2 | 34 |
| Southern - Hazen | | 1 | 12 | 21 | 34 |
| Air Evac 22 - Paris | | 11 | 16 | 8 | 35 |
| Ark Excellent Transport - Imboden | | 6 | 10 | 19 | 35 |
| Sebastian Co EMS | | 5 | 14 | 16 | 35 |
| Vital Link - Melbourne | | 3 | 8 | 24 | 35 |
| Air Evac 73 - De Queen | | 12 | 19 | 5 | 36 |
| Air Evac 84 - Camden | | 9 | 23 | 4 | 36 |
| EASI - Star City | | 4 | 13 | 19 | 36 |
| Elite Med Services - Fordyce | | 1 | 4 | 31 | 36 |
| Marion EMS | | 2 | 1 | 34 | 37 |
| BMC EMS - Bismarck | | 1 | 16 | 21 | 38 |
| El Dorado Fire Dept | | 5 | 8 | 27 | 40 |
| MEMS - Sheridan | | 13 | 27 | 0 | 40 |
| Jacksonville Fire Dept | | 11 | 8 | 22 | 41 |
| Air Evac 42 - Forrest City | | 11 | 23 | 8 | 42 |

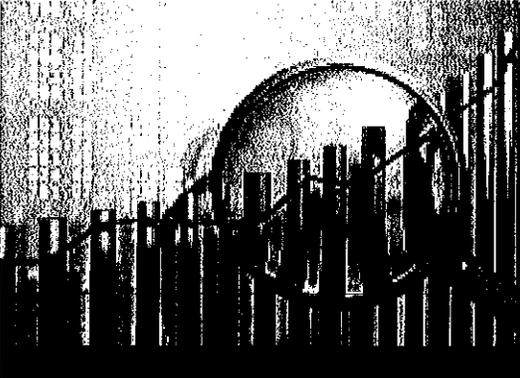
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| Southern - Wynne | | 1 | 10 | 31 | 42 |
| Lifenet Air - Texarkana | | 17 | 18 | 8 | 43 |
| Hosp Wing - Memphis | | 12 | 18 | 14 | 44 |
| NorthStar EMS - Beebe | | 4 | 11 | 29 | 44 |
| MEMS - Cabot | | 8 | 35 | 3 | 46 |
| Monticello Ambulance (MASI) | | 2 | 9 | 35 | 46 |
| Pafford - Osceola | | 3 | 9 | 34 | 46 |
| Fulton Co Hosp EMS | | 5 | 12 | 30 | 47 |
| NEBCO EMS | | 2 | 11 | 35 | 48 |
| Pafford - West Helena | | 5 | 8 | 35 | 48 |
| Bentonville Fire Dept | | 11 | 15 | 23 | 49 |
| West Memphis Fire Dept | | 6 | 8 | 35 | 49 |
| Piggott Comm Hosp EMS | | 3 | 3 | 47 | 53 |
| Spring River Ambulance - Cave City | | 4 | 12 | 38 | 54 |
| Southern - Carlisle | | 4 | 12 | 39 | 55 |
| SW EMS - Alma | | 5 | 15 | 35 | 55 |
| Trumann Ambulance | | 6 | 11 | 38 | 55 |
| EASI - England | | 2 | 13 | 43 | 58 |
| Newport Fire Dept | | 3 | 13 | 44 | 60 |
| Promed - Pocahontas | | 6 | 16 | 38 | 60 |
| SE EMS - Monticello | | 3 | 12 | 45 | 60 |
| Med-Tech EMS | | 7 | 30 | 25 | 62 |
| NorthStar EMS - Heber Springs | | 14 | 11 | 37 | 62 |
| Elite Med Services - Lake Village | | 4 | 11 | 48 | 63 |
| Eureka Springs Fire Dept | | 8 | 13 | 43 | 64 |
| Emergency Med Transport - Pike Co | | 1 | 12 | 52 | 65 |
| White River EMS | | 3 | 12 | 50 | 65 |
| Ark Excellent Transport - Walnut Ridge | | 2 | 23 | 41 | 66 |
| Vital Link - Mt View | | 6 | 22 | 38 | 66 |
| Dumas EMS | | 8 | 10 | 49 | 67 |
| Southern - Clinton | | 7 | 17 | 43 | 67 |
| NARMC EMS - Marshall | | 5 | 20 | 44 | 69 |
| Little River Co Ambulance | | 3 | 21 | 48 | 72 |
| Air Evac 30 - Vilonia | | 32 | 35 | 6 | 73 |
| Emergency Med Transport - Glenwood | | 3 | 12 | 64 | 79 |
| Madison Co EMS | | 4 | 19 | 57 | 80 |
| Medic One - Pocahontas | | 3 | 30 | 48 | 81 |
| Mercy EMS- Berryville | | 3 | 22 | 57 | 82 |
| Vital Link - Batesville | | 9 | 32 | 42 | 83 |
| NARMC EMS - Harrison | | 8 | 28 | 48 | 84 |
| Franklin Co EMS | | 15 | 27 | 43 | 85 |
| Southern - Brinkley | | 5 | 21 | 59 | 85 |
| Crittenden EMS | | 6 | 21 | 59 | 86 |
| EASI - Pine Bluff | | 13 | 46 | 28 | 87 |
| Southern - Lonoke | | 4 | 14 | 73 | 91 |
| SW EMS - Mena | | 5 | 30 | 58 | 93 |
| MEMS - Conway | | 16 | 76 | 3 | 95 |
| Lifenet - Hot Springs Village | | 7 | 26 | 63 | 96 |
| BMC EMS - Arkadelphia | | 8 | 28 | 61 | 97 |
| Baxter Reg EMS - Mt Home | | 14 | 40 | 45 | 99 |
| Air Evac 2 - Jonesboro | | 38 | 54 | 13 | 105 |
| Med-Flight | | 62 | 53 | 3 | 118 |
| Bella Vista Ambulance | | 6 | 25 | 88 | 119 |
| Columbia Co Paramedic | | 9 | 25 | 86 | 120 |
| Nevada Co Ambulance | | 5 | 31 | 87 | 123 |
| Lafayette Co Ambulance | | 11 | 23 | 93 | 127 |

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| St Francis Co EMS | | 17 | 25 | 88 | 130 |
| GEMS | | 7 | 26 | 102 | 135 |
| Ark Methodist Hosp EMS | | 26 | 53 | 59 | 138 |
| Spring River Ambulance - Cherokee Village | | 8 | 23 | 111 | 142 |
| Lifenet Ground - Texarkana | | 19 | 50 | 78 | 147 |
| Siloam Springs ALS Rescue | | 11 | 22 | 117 | 150 |
| SW EMS - Van Buren | | 12 | 44 | 95 | 151 |
| Springdale Fire Dept | | 16 | 56 | 89 | 161 |
| Promed - Malvern | | 19 | 40 | 112 | 171 |
| Emerson Ambulance - Jonesboro | | 20 | 47 | 105 | 172 |
| Medic One - Jonesboro | | 18 | 45 | 114 | 177 |
| Central EMS | | 28 | 69 | 85 | 182 |
| Ouachita Co Ambulance | | 14 | 38 | 131 | 183 |
| NorthStar EMS - Searcy | | 27 | 61 | 99 | 187 |
| Pafford - Hope | | 24 | 41 | 148 | 213 |
| Medtran EMS | | 14 | 58 | 216 | 288 |
| Rogers Ambulance | | 11 | 52 | 290 | 353 |
| Lifenet - Hot Springs | | 45 | 150 | 467 | 662 |
| MEMS - Metro | | 259 | 409 | 39 | 707 |
| | | | | | |
| | | | | | |
| Totals | | 1,346 | 3,138 | 5,867 | 10,351 |

**EMS Trauma Subcommittee
FY 2013 Performance Improvement Initiative**

The EMS Trauma Subcommittee feels that increasing the number of EMT's and Paramedics with advanced trauma training will increase the quality of care delivered to trauma patients. To that end, we would like to encourage services to get more personnel trained by offering a financial incentive.

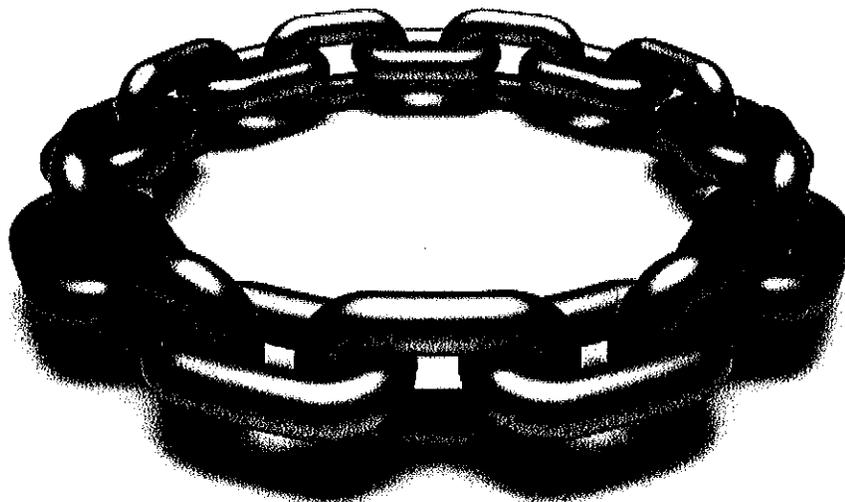
In order to be eligible for funding, we propose that a service must have 85% of their providers certified in PHTLS or ITLS. BHTLS may be substituted for EMT's. To avoid services being penalized for hiring new personnel near the deadline, the 85% would be comprised of personnel who have been employed for six months or longer. We propose a deadline of June 1st, 2013, at which time, services must submit verification of current certification for their personnel. At that time, all services who have met the goal will equally divide the funds set aside for EMS performance improvement for this fiscal year.



**EMERGENCY
MEDICAL SERVICES**

**EMS Data Software Initiative
Completing the Chain of Data Linkage**

A PROPOSAL TO: Trauma Finance Committee



Special Project Funding Proposal

FROM THE EMERGENCY MEDICAL SERVICES SUB-COMMITTEE



Project Abstract

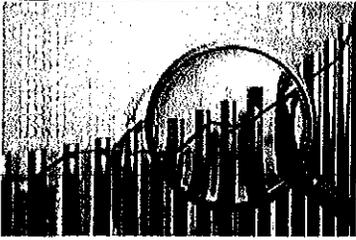
The Emergency Medical Services sub-committee to the Trauma Advisory Committee (TAC) is seeking special project funding to provide Emergency Medical Services (EMS) across the state the ability to purchase data reporting software for their Service. The objective of this funding is to ultimately increase the quality and quantity of trauma data currently being submitted to the state. Funding in the amount of \$520,000 is requested for infrastructure development, software and staff training for EMS across the state. Each service would be responsible for implementation and upkeep of the system each service chooses to utilize.

Statement of Need

In the short history of EMS and despite more than 30 years of dedicated service by thousands of EMS professionals the nation's EMS system is treating victims of illness and injury with little or no evidence that the care they provide is optimal. As Arkansas moves forward in the development and success of our trauma system the collection of trauma data is a critical element in creating a successful system and improving patient care. In our current system all hospitals and Emergency Medical Services that participate in the trauma system collect and submit data to their respective registries. It is the collection of this data which will allow for the linking of pre-hospital and hospital data to assist in evaluating our trauma systems performance, outcomes, education, and injury prevention.

In the American College of Surgeons Committee on Trauma's recent visit in June of 2011, data collection was one of the topics addressed. On page 14 of their report, under the heading Injury Epidemiology, Section 2, Recommendations; the following statements were made:

- Increase the availability of the data about the pattern of injuries across the lifespan for the general public and partners in injury control.
- Develop reports from the clinical databases that describe injury morbidity, injury mortality, and associated costs of injury as the databases become available.
- Develop the report template that will illustrate the progress in trauma care development to include linked data between the Emergency Medical Services database, Arkansas Trauma Call Center, and the trauma registry that can be used to educate the public and elected officials.



Statement of Need (continued)

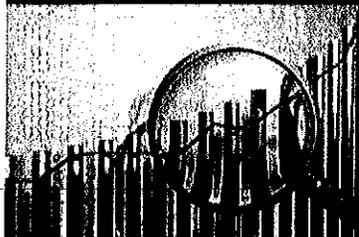
In that same report on page 22, under the heading System Leadership the following statements were also made:

"... multidisciplinary trauma oversight committee will share the responsibility of interpreting those data from a broad systems perspective to help determine the efficiency and effectiveness of the system in meeting its stated performance goals and benchmarks."

"...All stakeholders have the responsibility of identifying opportunities for system improvement and bringing them to the attention of the multidisciplinary committee or the lead agency."

The stakeholders of the Emergency Medical Services sub-committee to the Trauma Advisory Council in cooperation with the Section of Emergency Medical Services have identified 2 major barriers that impact the Arkansas trauma system and ability for the Trauma Advisory Committee (TAC) to meet the performance goals and benchmarks outlined in the Trauma System Consultation Report., more specifically "...outcomes of population based injury prevention initiatives, access to care, as well as the availability of services, the quality of services provided within the trauma care continuum from prehospital and acute care management phases through rehabilitation and community reintegration, and financial impact or cost."

The EMS sub-committee has identified two (2) barriers that directly impact the ability of our system to provide an overall picture of trauma care in Arkansas and ultimately will impact improvements in care of the trauma patient. Those are the quality and quantity of Emergency Medical Service prehospital data. Poor quality of data and the uncertainty that all data is being submitted to the Section of EMS compromises the data linkage between EMS data and Hospital Registry data. This lack of quality in this data will delay the linkage project and this delay can negatively impact patient care by perpetuating erroneous or ineffective practices and by inhibiting timely implementation of new effective treatments. One of the reasons for these issues is that most modernized electronic data systems have only been developed in the last five to seven years and little has done regarding the development of quality assurance processes and lessons learned from those processes.



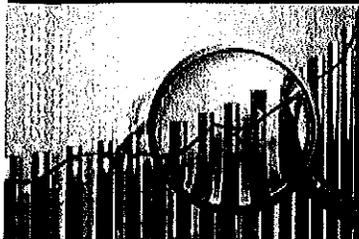
Statement of Need

(continued)

Recently the Director from the National Emergency Medical Services Information System (NEMSIS), Karen Jacobson, BA, NREMT-P, came to Little Rock to address the recently developed EMS data committee and provide some technical evaluations on our data. During that technical review of Arkansas's prehospital data, she informed the Section of EMS that Arkansas ranks last in the country for prehospital data quality. While she did share some information about how we could improve our data, she more importantly shared the reasons why our data quality is so poor. Because of poor data collection methods and inadequate software, Arkansas's program to exhaustively collect PCR data has had mixed results. The Section conducted a recent analysis of Arkansas's PCR data and that analysis revealed that the current system is highly error-prone, inefficient and results in operational redundancies by the end user of the program.

Currently the Section provides a data reporting tool (EMSdata Systems) for Emergency Medical Services to enter prehospital data into our system following a patient transport. While 30 Services use a more robust third party software product that not only provides for data submission but doubles as a billing tool for the Service the majority of the services use the States data collection software. In looking at the comparison of data quality from those that use the States data collection software and those that use the third party software there is a vast difference. Quality of the data that comes from the third party software is at minimum of 80% more reliable. The reason for the major difference is the following:

Services that use the states system use it strictly for data submission and in essence is a double entry system. EMS providers using this system complete a paper run report that includes all necessary data that pertains to the patient and all billing information. This information is complete and accurate since it is directly tied to billing. The EMS provider or in some cases secretaries or dispatchers with no medical experience will enter the data from that run report into the state system, sometimes weeks later. Information that is entered into the required data fields often times is inaccurate and compromises the integrity of the database. The data shows that Services using this system enter the least amount of data as the systems requires since there is not a check and balance for that information on the EMS services side. Error rates are approximately 70% and very difficult to address with each individual Service.



Statement of Need

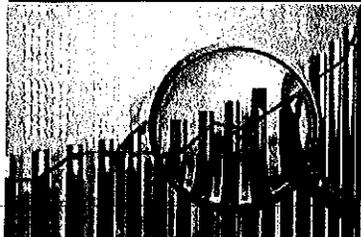
(continued)

Services that use a third party software system that combine a billing and a data submission process have errors rates of approximately 5%. The reason for this is because for a service to bill correctly all information must be entered as accurately as possible, if it is not it impacts the ability to bill for services. In a sense it is a built in check and balance. Data quality from these 30 services is much more accurate. As an example in a recent import of 3rd party data out of 30,000 runs there was a 6% rejection rate which we can immediately identify and work with the services to correct those errors and then resubmit that data, ultimately achieving a 100% error free import. The Section can then audit for quality issues much easier.

A movement away from paper-based patient care records and paper-based/double entry reporting methods is urgently needed. Web-based and other electronic data collection methods will provide more accuracy and greater operational efficiency. When employees or the public are able to perform their jobs more efficiently, access services or resolve relatively simple and common problems on their own, using only a standard web browser, a service can expect to reduce or eliminate data errors. The cleaning and preparation of EMS data represents an expensive and time-consuming endeavor for the Section of EMS. Experience has shown that cost is increased when steps are lost or undocumented in the data submission process. The presence of standardized data preparation files as part of an archived data collection will not only enhance the efficiency of Arkansas's EMS data research, but it will also add ongoing value to the linkage of this data with other data sources including the Trauma Registry.

Program Description

The goal for this funding is to provide EMS Services initial resources to purchase in part or in whole a third party software system for their Service. This funding would provide the software product, hardware, staff training and infrastructure needs. EMS providers would then have a single point of data entry done by the healthcare provider and not a separate data entry person and would be completed immediately following the run and not at some future date. Data quality could potentially increase by 80(+)% . Each service would be required to submit a proposal and implementation plan as well as provide matching funds to implement the project.



Program Description

(continued)

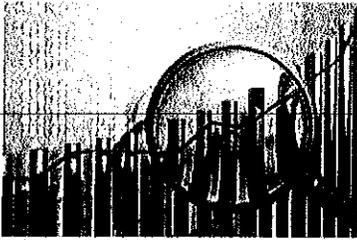
For those services that have already moved forward and have implemented this system of data collection, they too would be able to access this funding. Users of current third party software would have the same requirements of submitting an invoice on what those funds were utilized for, for example maintenance agreements, expanding end user laptops for real time data submission, etc. Maximum funding for a service that currently has a 3rd party product would be either \$3000 or \$5,000 depending on yearly run volume and \$3,000 to \$10,000 for those that are looking to upgrade to a 3rd party software system. (See Budget Outline attached) Those Services that are currently participating in and that are in good standing with the Trauma System are eligible to participate in this funding opportunity.

Goals and Objectives

The goal of the data funding project is to improve data quality to a level that we can assure 95% accuracy in all EMS data. With the improvement of quality data the linkage project will be able to provide a better picture of the trauma system and thus impact patient care by identifying effective practices which in turn will allow us to effectively implement new and effective treatments for our future patients.

The main objectives of this project include:

1. Improving data quality
2. Improving the trauma data linkage project
3. Providing clean and accurate data that can be used to ultimately improve patient care
4. Increasing data submissions to the EMS Section
5. Providing accurate and complete data to the National EMS database as required by the NEMSIS TAC



Business Model and Deliverables

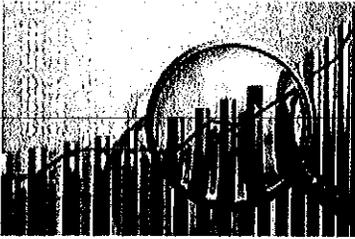
Here are the proposed deliverables and business model as requested by the finance sub-committee.

Deliverables would include the following:

- New Services would be required to purchase an ePCR product and be fully submitting data to the Section of EMS as required prior to funds being reimbursed.
- Services would agree to provide for all subsequent yearly costs to maintain an ePCR.
- Services currently using an ePCR and not submitting to the Section of EMS will be required to complete the validation process with EMS data prior to being reimbursed.
- Services agree to correct any data submissions within ten (10) business days following the return of all incomplete or incorrect data.
- Service agree to submit all data in accordance with EMS rules and regulations
- Continue participation in the Trauma System and in good standing with all current deliverables within that grant
- Continue to submit complete and accurate data to the Section of EMS in a time frame no later than the end of following month after the original call.

Business Model (Services with **no** existing ePCR product and once the Service has purchased and implemented the new ePCR product)

- Each service would submit an application to the Section of Trauma outlining the tier that their services falls into based on data provided to the Section of EMS
- The application for reimbursement would include their written plan outlining:
 - The process they will be following to ensure deliverables are met
 - The structured plan for training that each employee would receive for their respective service.
 - The monthly audit process that each service will perform on their data prior to data submissions
 - Invoices validating the purchase and installation of the ePCR product



Business Model and Deliverables

- Once these items have been reviewed and approved, the service would be reimbursed for the cost of the installation based on the budget outline in the document.
- Each EMS service will work with the Section of EMS during the implementation process to ensure data is being received.
- Each service assures that whichever ePCR company they choose to work with will be NEMSIS 3.0 compliant by the date set by the NEMSIS TAC.

Business Model (Services **with** existing ePCR product, submitting data or not)

- Each service would submit an application to the Section of Trauma outlining the tier that their services falls into based on data provided to the Section of EMS
- The application for reimbursement would include their written plan outlining:
 - The process they will be following to ensure deliverables are met
 - The structured plan for recurrent training that each employee would receive for their respective ePCR product to increase the quality of their data.
 - The monthly audit process that each service will perform on their data prior to data submissions
 - Invoices showing purchases for ePCR updates, additional infrastructure (laptops, software upgrades, etc.)
- Once these items have been reviewed and approved, the service would be reimbursed for the cost of the resources purchased based on the budget outline in the document.
- Each EMS service will work with the Section of EMS during the implementation process to ensure data is being received, if not already validated with EMSData Systems.

Budget Outline for Services that purchase an ePCR system or upgrade an existing ePCR System
 Estimated Costs and Sources of Funds for Proposed Program (\$519,000)

Column A State Funding for each Item per Service
 Column B Number of Services/Items Based on Maximum Funding
 Column E Total State Funding

| Column A | Column B | Column E |
|--|---|---------------------|
| State Funding for each Item per Service | Number of Services/Items Based on Maximum Funding | Total State Funding |
| EPR Software Cost based on run volumes Services currently not using an EPR | | |
| 0-600 (Yearly Runs) | 39 | \$117,000 |
| 601-1250 (Yearly Runs) | 12 | \$48,000 |
| 1251-2500 (Yearly Runs) | 14 | \$70,000 |
| 2501-10000 (Yearly Runs) | 9 | \$72,000 |
| 10001 and up (Yearly Runs) | 1 | \$10,000 |
| Software Subtotal | | |
| EPR Software Cost based on run volumes Services currently using an EPR | | |
| 0-2500 | 15 | \$45,000 |
| 2501-10000+ | 27 | \$135,000 |
| Hardware Subtotal | | |
| Training / Travel Cost | | |
| End User Training | 76 | \$22,800 |
| Training/Travel Subtotal | | |
| Grand Total | | \$519,800 |

FY13-14 Trauma Advisory Council Strategic Priorities

Pre-Hospital

1. Review and recommend a cost-effective means for pre-hospital providers, both ground and air, to have the ability to call the Arkansas Trauma Communications Center (ATCC or Trauma Com) for a recommendation on hospital destination and to call the receiving hospital prior to arrival, both ground and air, to provide a patient report.
2. Modify the current pre-hospital funding formula to better support trauma patient runs.
3. Improve pre-hospital compliance with the requirement to call the ATCC when transporting all major and moderate trauma patients and improve the incidence of pre-hospital providers that follow the ATCC recommendation for patient destination.
4. Improve pre-hospital data submission, accuracy, completeness and timeliness to the ADH EMS Section.
5. Revise the EMS Rules and Regulations.
6. Develop and implement a method to analyze cost data for pre-hospital trauma care.
7. Increase the percentage of EMS providers (EMSP) with current certification in PreHospital Trauma Life Support.
8. Develop an EMS scorecard.

Current EMS Trauma Funding Formula

| | |
|------------------------------------|----------------|
| ALS Providers | \$8,000.00 |
| BLS Providers | \$4,000.00 |
| Special Purpose Providers | \$2,000.00 |
| Air Ambulance - In-State | \$10,000.00 |
| Air Ambulance – Out of State | \$5,000.00 |
| Rural (Below 10,000 Population) | \$4,000.00 |
| Rural (25,000 – 10,000 Population) | \$2,000.00 |
| Population Modifier | \$0.5912481147 |