Regionalization of Emergency Care and System Development Database

Concept: to leverage the capabilities within NASEMSO to establish a database of designated and verified specialty centers that can be used to promote and enhance regionalization of emergency care and system development efforts. This opportunity would enable states to incorporate specialized capabilities among its licensed facilities into a national database, provide a means to ensure consistency among states in benchmarking specialized capabilities, enhance efforts to establish intra- and inter-state mutual aid and transfer agreements, identify resources that could be used to expand medical surge capabilities at a regional or national level, and assist the states identify strategies that will advance operational efficiency while improving the delivery of patient care across the continuum of care.

Need for enhanced systems development: The Institute of Medicine (IOM) expressed a vision for "a regionalized, coordinated, and accountable emergency care system" in 2006. This vision merited further discussion in 2009, when FICEMS supported the IOM in hosting a national workshop on the regionalization of emergency care, which included several NASEMSO panelists. It has been said that coordinated systems of care that cross geographical boundaries offer the best opportunity to increase community resiliency. This has been particularly evident following several recent disasters.

Emerging models of regionalization include the identification of specialty centers related to trauma, pediatrics, burns, spinal cord injury, poisoning, STEMI, and stroke.

Rationale for NASEMSO involvement: The primary role of the state EMS office is public protection. Federal efforts to regionalize emergency care in the 1970's failed in part because initial efforts did not include a role for states. It has become increasingly apparent that due to the need for time-critical intervention, EMS is the "front line" in achieving broader success in regionalization or emergency care and system development—but it must incorporate systems beyond trauma. State EMS offices are uniquely positioned to assist in the collection of data related to specialty centers:

1. Each of NASEMSO's five Councils is an important component of any effort to advance regionalization and system development.
2. The scope of the state trauma manager is evolving into a position responsible for categorizing a range of specialized services.
3. State EMS offices that currently use the NEMSIS dataset already have the essential data structure and access to hospital discharge data as a means for evaluating patient care.
4. State EMS medical directors are responsible for providing oversight to statewide EMS treatment and transport protocols, clinical pathways, and the prehospital standard of care.

5. EPSC staffs are tasked for ensuring compliance with EMS credentialing and licensure standards.
6. NASEMSO has been leading the way in coordinating field technology and communications efforts.

A logical first step in implementing a regionalized system of emergency care is documenting where current resources exist. NASEMSO should provide leadership in moving such an initiative forward.

Potential Partnerships: Academic institution that can assist in

1. Mapping the access to specialty centers across the US
2. Data analysis related to system planning

Example of Survey to Ascertain Member Interest:

Propose standard format (excel, docx, ?)

1. Person completing the survey (include contact info)
2. Does the state have criteria for designation of specialty centers?
    a. Trauma (yes/no)
        i. Pediatric trauma (yes/no)
    b. STEMI (yes/no)
    c. Stroke (yes/no)
    d. Pediatric (yes/no)
    e. Burn (yes/no)
    f. Spinal Cord Injury (yes/no)
    g. Poisoning (yes/no)
3. Are state designation criteria based on national standards?
    Yes/No
4. If the state does not have formal criteria for designation, are facilities permitted to obtain verification through other means?
    a. Define?
5. Are facilities able to "self-declare" without a formal verification process? (advertise/market special services)
6. Are regional/local verification criteria based on national standards?
7. What national entities are utilized for verification criteria?
    a. American College of Surgeons
    b. The Joint Commission
    c. Society of Chest Pain Centers
    d. Other
8. Would your staff be able to help NASEMSO maintain a national listing of designated centers to gain access to the DB to support systems planning and development?
9. What MINIMUM information should be included in a state-by-state database of designated centers?
    a. Status of STATE designation

b. Status of (outside) verification
c. Name of facility
d. Address
e. Point of contact info
f. Program Director (name and/or email?)
g. Nurse Coordinator (name and/or email?)
h. Level of designation
i. Number of annual visits (related to specialty area)
j. AHA Number
k. Other