

1. State name

#	Answer	Response	%
33	North Dakota	1	3%
34	Ohio	1	3%
35	Oklahoma	1	3%
36	Oregon	1	3%
31	New York	1	3%
30	New Mexico	1	3%
25	Montana	1	3%
26	Nebraska	1	3%
28	New Hampshire	1	3%
29	New Jersey	1	3%
37	Pennsylvania	1	3%
38	Rhode Island	1	3%
45	Virginia	1	3%
47	West Virginia	1	3%
48	Wisconsin	1	3%
51	Alaska	1	3%
43	Utah	1	3%
42	Texas	1	3%
39	South Carolina	1	3%
40	South Dakota	1	3%
41	Tennessee	1	3%
24	Missouri	1	3%
27	Nevada	1	3%
10	Georgia	1	3%
12	Illinois	1	3%
13	Indiana	1	3%
9	Florida	1	3%
7	Delaware	1	3%
3	Arkansas	1	3%
4	California	1	3%
15	Kansas	1	3%
11	Idaho	1	3%
19	Maryland	1	3%
18	Maine	1	3%
17	Louisiana	1	3%
21	Michigan	1	3%
	Total	36	100%

3. Does your state, or a region within your state, require a performance improvement program at each EMS agency?

#	Answer		Response	%
1	Yes (state)		25	69%
2	Yes (region)		1	3%
3	Neither		10	28%
4	Uncertain		0	0%

4. Does your state, or a region within the state, require a performance improvement officer at each EMS agency?

#	Answer		Response	%
1	Yes (state)		7	19%
2	Yes (region)		2	6%
3	Neither		26	72%
4	Uncertain		1	3%

5. Does an agency's medical director have a statutory or regulatory EMS performance improvement responsibility?

#	Answer		Response	%
1	Yes		21	58%
2	No		8	22%
3	Other - please describe		7	19%
	Total		36	100%

Other - please describe

He may appoint someone to oversee the process, but the medical director must be involved.

Each agency is required to have a PI program. The specifics and/or involvement of the medical director are not dictated in the legislation.

Only for trauma

Please note the 2 questions above: state law requires a QA program for ALS services only.

YES, I wanted to give you the rule: Chapter XXXXXX off-line medical director (4) actively involved in: (B) the medical audit, review, and critique of the performance of EMS personnel under his or her direct supervision. (b) The off-line medical director shall be required to: (2) establish and monitor compliance with field performance guidelines for EMS personnel (5) direct and effective system audits and quality assurance program

XXXXXX has a Medical Control Authority Medical Director. Each MCA has a Peer Standards Review Organization for the MCA quality assurance. This is to protect the confidentiality of information and documents shared. The state has a quality assurance task force that evaluates statewide protocols. We will be looking at adopting statewide performance indicators for 2016.

Local ems agency medical director does have statutory requirement provider agency has regulatory requirement but not assigned to medical director. May be medical director or nurse.

6. Has your state officially adopted statewide EMS performance indicators?

#	Answer	Response	%
1	Yes	6	17%
2	No	30	83%
	Total	36	100%

7. Please attach your statewide EMS performance indicators

File Upload	File Type	File Size
XXXXXXXXXXXX	application/pdf	904.3KB

Statistic	Value
Total Responses	1

8. Is there some EMS performance improvement activity in your state that you would like to mention?

Text Response

Each agency is required to develop an individual PI plan. If, however, on an inspection visit an area of deficiency is noted, the agency is required to turn in a PI plan to the state office.

In XXXXX, the local EMS medical directors, by regulation, are required to provide quality assurance and performance improvement programs for all aspects of EMS medical direction that they oversee. In conjunction with our Regional Physician Advisory Boards, we collated the data from various patient management measures and compared them by region. We noted that there was an increase missed intubations, particularly with difficult airways. So, we designed an augmentive training difficult airway course that we put in a small trailer/Winnebago and traveled around the state bringing the classes to the EMS agencies. Since then, we have seen a significant improvement in the statistics for this data element following this novel outreach program. We also created a performance improvement manual for new or inexperienced EMS medical directors. This manual provided a basic foundation of the framework that the physician could create to start the PI program for their EMS agencies.

Our State EMS Council is in the process of outlining performance measures for EMS agencies currently. Having no regulatory authority over our volunteer BLS agencies, our intention is to identify measures that will be meaningful to our patients, licensed and volunteer agencies alike. We have volunteered to be part of the NASEMSO Compass program, with a focus on ALS services.

We have trauma PI measures for EMS as part of the trauma system. We are supporting XXXXX heart rescue for OHCA but have no regulatory authority to do so.

Our mother ship Department of Health and Human Services has begun the process of implementing a PI program for programs within the department to begin the process of becoming accredited. Once this is completed, XXXXX will begin encouraging ambulance services to implement a recommended standard PI process.

We provide our providers with a monthly report. This report provides them with information on how well they are documenting, and some of their overall run data.

We have adopted the 2009 NHTSA EMS Performance Measures* as well as various measures from a strategic plan. However, these are not currently backed by any statutes or administrative rules. *We have not adopted all of the NHTSA performance measures due to the lack of data on a state level.

We have performance standards in statute. Response times 90% of the time have to be within 9 (urban), 20 (rural) or 30 (frontier) minutes. Chute times 90% of the time have to be within 10 minutes. We do have a XXXXX Pilot project going on where we are

reviewing cases based on indicators, but it is in its infancy.

All agencies are required to have a quality improvement committee. There is currently no further guidance from the state to the agencies than that. Both our ALS and BLS statewide protocols include suggested performance review measures.

We have a process in place that allows hospitals (primarily the trauma system) to join with law enforcement, EMS, fire, and all other responders to perform PI on major events while maintaining the ability to keep records non-disclosable (XXXXX statute set to sunset in 2016). Each of our ambulance services is required to complete some sort of PI activity on a minimum quarterly basis with their service medical director.

XXXXX EMS requires all services to have a QI plan which, once approved by XXXXX EMS, provides exemption from discovery for QI activities. It is then up to the regional medical directors as to the specifics of each local QI program; however, XXXXX EMS does conduct 1-2 statewide QI initiatives annually. In addition to collecting data from each service, these activities improve the understanding of services to the report capabilities of the ePCR system.

We are just putting out an RFP for a NEMSIS 3.x data system statewide and have great hopes that it will generate better data submission than our current system and therefore the opportunity to promote meaningful PI activities.

Most of the ten regional EMS councils have some form of performance evaluation and improvement, primarily in the areas of trauma and stroke.

While the primary emphasis on EMS performance improvement resides at the operational program level, several state level efforts are on-going. Quarterly statewide EMS ePCR stakeholders meeting provides the opportunity to present key performance measures for each program and is juxtaposed to all other blinded programs and the state overall average for:

It is a contractual requirement with all of our Regional EMS Councils. It is a regulatory requirement for all licensed EMS agencies.

Identification of STEMI and appropriate transport to the closest STEMI Centers is being followed closely in several regions of the State. Transport of patients with signs and symptoms of stroke to appropriate Stroke centers is another area that is being monitored and evaluated in several regions of the State.



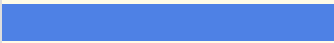
Regions are adding Regional Medical Director. Improving CME process in near term.

We are members of the COMPASS beta team, recently moved forward with our support of this project and have volunteers to participate.



We are only getting started inside of the EMS PI in XXXXX. While it's a requirement in

the rules and regulations, the base knowledge is being obtained along with confirmation from experts from outside of XXXXX.




9. Select the best response: In frontier EMS agencies:

#	Answer		Response	%
1	All staff are knowledgeable in performance improvement theory		3	10%
2	Only management staff are knowledgeable in performance improvement theory		6	20%
3	Few staff are knowledgeable in performance improvement theory		21	70%
	Total		30	100%

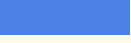


10. Select the best response: In rural EMS agencies:

#	Answer		Response	%
1	All staff are knowledgeable in performance improvement theory		0	0%
2	Management staff are knowledgeable in performance improvement theory		11	31%
3	Few staff are knowledgeable in performance improvement theory		24	69%
	Total		35	100%

11. Select the best response: In suburban EMS agencies:

#	Answer		Response	%
1	All staff are knowledgeable in performance improvement theory		3	9%
2	Management staff are knowledgeable in performance improvement theory		25	76%
3	Few staff are knowledgeable in performance improvement theory		5	15%
	Total		33	100%

12. Select the best response: In urban EMS agencies:

#	Answer		Response	%
1	All staff are knowledgeable in performance improvement theory		9	27%
2	Management staff are knowledgeable in performance improvement theory		21	64%
3	Few staff are knowledgeable in performance improvement theory		3	9%
	Total		33	100%

13. Please describe the role that you believe EMS performance improvement will play in your state over the next three years

Text Response

Time sensitive medical cases, stroke and STEMI

We are trying to base more decisions on data. Thus, the current focus of EMS PI is to improve the quality and quantity of data. Then, as possible, to develop medical practice PI plans based on the data.

We have seen a heightened awareness for complete and accurate data reporting now that this is part of the feedback from the data. We also have seen an increase in intubation success rates.

First and foremost, to improve patient care, secondarily to justify reimbursement and finally to operate in an efficient and cost effective manner. The ability to implement measures identified in the Compass program will potentially incentivize agencies to improve their operations through the comparison of their experiences with others nationally.

The EMS office is just beginning to emerge from a licensing agency into a public health agency. Our NEMSIS dataset is voluntary and new this year. In 2017 we will push for regulation of the EMS as a healthcare system and work towards performance measures for time sensitive medical emergencies that have national metrics such as OHCA, trauma, STEMI, and Stroke.

XXXXX has started the process of making ambulance services aware of the PI process and this process will enhance patient care. XXXXX has over 400 ambulance services over 80% are volunteer. XXXXX are very independent and fight such a process as another government mandate. We are moving slowly making them aware that PI will be a part of their lives in the future and will help improve what they do. We are working with a few ambulance services that have a positive attitude about the PI process. They will consider using the process once we agree what process to use at a state level.

Will help provide data for future planning of operations.

In questions above, unknown how many on a service are knowledgeable in performance improvement theory. Would be nice if there was an unknown or N/A tab.

I believe EMS will be entering the Pay for Performance process nation-wide.

An increasing large role. We are implementing TCD transport protocols. Performance improvement relevant to patient outcome will be an important marker.

As consolidation and cost continues to be an issue, performance and performance improvement role is growing.

I hope to alter our EMS Performance Improvement processes to be the driver behind our inspections program, our grants program, our education section, and our strategic planning unit. Sorry for leaving a question blank but there are no Frontier EMS agencies in XXXXX.

We have had successful state and regional PI in the trauma program for 5 years now. We would like to have a larger role in performance improvement, but have limited staff time to devote to it. Our plan is to get a process that works with the XXXXX region and then expand it to the rest of the state. It has been somewhat rocky as these are small services and they do not have experience in case review.

The state ensures that each of the license ambulance services has a QA/performance plan and is reviewed every three years

Improved outcomes based on improved data collection and analysis.

We hope to begin coordinating performance review reporting and quality improvement review.

We are currently in the process of creating/adopting performance measures for EMS within our state. Some will be at the individual service operational level, but most will be looking at a statewide delivery system and meeting/establishing a statewide standard of care utilizing meaningful data and evidence-based guidance. We are also in the process of supporting the offering of management level courses free of charge to our individual service directors. A portion of these courses covers PI at the service level.

Performance improvement measures are used to improve the standards of care throughout the systems of care

CMS reimbursement and would hope as we work to improve our CQI processes that would drive delivery of care and help in justification in budgets.

The state goal is to have it steadily increase, parallel with national efforts such as EMS Compass.

1) PI will help EMS services provide better patient care and outcomes. 2) With a good data system and good PI processes, we want to position our state regulatory process to be more PI-based than traditional regulatory methods. i.e. We will not visit EMS services on an occasional basis to see if they have oxygen; we will implement statewide PI processes that assure us the EMS is appropriately using oxygen on patients. 3) Good PI programs should better position EMS services for inevitable 'pay for performance' or 'value-based reimbursement' that is getting ever closer for EMS like other healthcare entities.

It will inform protocols and processes at the state, regional and local levels It will streamline other processes that are paper laden and very cumbersome

In all of the high-performance EMS agencies, which account for the vast majority of EMS responses and transports, performance improvement is already a high priority, and I believe the sophistication of the performance improvement systems and processes will increase significantly. I believe agencies will focus on patient outcomes and operational efficiencies rather than measures such as response times.

Our plan is advance EMS performance improvement by providing more stringent regulatory oversight and advocating for enhanced involvement of medical directors at the agency/regional level.

Increasing role, will be measurable for licensure purposes.

The State routinely encourages EMS systems (currently 66 systems) to utilize good quality assurance review policies. The state has recently observed an increase in the amount of drug diversion issues and has encouraged EMS system to monitor and review controlled substance use, documentation, and medication exchange policies.

I do believe that performance improvement will become a more familiar concept, particularly for the approved ambulance agencies, if for no other reason than the third party payers will be looking to include parameters in their reimbursement practices.

Increasing as we improve our data and analytic capability

Will be making significant improvements in the data and improving patient care. We lack data currently

It needs to be more front and center. Few organizations use PI and the state is only beginning to venture into statewide PI.

Since mandatory electronic reporting for every EMS call run in XXXXX is in our regulations, we have more than 1.4 million reports to QI and pull data from each year. From every cardiac arrest to every dialysis run, we can extract more than 60 pieces of data from each report. New software coming online in the winter of 2015 will also allow us to search and map specific words from ePCR narrative sections to better our research and QI initiatives.

EMS PI will increase evidence based medicine outcomes and allow EMS Providers in the state to increase and hone their skill sets.

Much of the PI work that will happen over the next several years will be related to the Time Sensitive Emergency System of Care. PI is a major component of the TSE System and TSE Regions have already begun PI work that spans the entire continuum of care.

14. How likely are you to increase the capability of your staff to provide EMS performance improvement technical assistance in the next three years?

#	Answer	Response	%
1	Unlikely	6	17%
2	Undecided	6	17%
3	Likely	24	67%
	Total	36	100%

15. If you were to increase your staff capability in EMS PI, would you accomplish this by hiring an individual with PI expertise, training staff on PI theory or both?

#	Answer	Response	%
1	Hiring a staff member with PI expertise	3	8%
2	Training staff members on PI theory	10	28%
3	Both a and b	19	53%
4	Uncertain	4	11%
5	Other	5	14%

Other

Due to budget constraints, it is more feasible to train the staff that we currently employ.

Hiring is limited by fiscal resources for personnel.

As stated before the only law requiring QA/QI or PI is for ALS services. The EMS office has the right to review these records. There are no other statutes or rules that address this.

I am working on re-classing our field inspectors to have a PI focus instead of counting 4x4s. The main issue is the pay rate.

We have never been successful in getting additional staff from the legislature. There may be an opportunity to contract with the state EMS association which has regional advisors.