

Idaho EMS System Assessments

BACKGROUND

As part of the 1997 Balanced Budget Act, the federal government created the Rural Hospital Flexibility Program. This program, administered by Health and Human Services, provides grant award money to support a new approach in improving access to health care in rural communities and developing health care networks to expand services. The nationwide program allowed the creation of a new category of rural, not-for-profit hospitals called “Critical Access Hospitals”, or CAH’s. As the hospitals have adopted the CAH model, many of the Emergency Medical Service (EMS) systems located in CAH areas have been affected by changing service demands as well. In Idaho, twenty-six health care facilities are currently designated Critical Access Hospitals.

Through the CAH guidelines, States are provided resources and flexibility to develop their own unique plans for building strong rural health care networks including EMS. In Idaho, the State Office of Rural Health (SORH), working with the Idaho Hospital Association and Emergency Medical Services Bureau has developed activities to strengthen the rural health care network.

The grant funds received by the EMS Bureau from the SORH will be used to:

- ◆ Educate EMS providers about the CAH program
- ◆ Coordinate and facilitate planning activities for the ambulance services and EMS systems located in CAH service areas
- ◆ Support EMS providers and communities as they develop and implement EMS systems
- ◆ Identify EMS agencies located in CAH service areas and solicit their needs and input
- ◆ Facilitate and promote system integration, communication, and training between the EMS agency and health care facilities

The primary tool the EMS Bureau uses to accomplish these goals is an EMS system technical assessment. Utilizing the Technical Assistance Team (TAT) approach, based on the National Highway Traffic Safety Administration (NHTSA) model, the Bureau has assembled a team with varied areas of EMS expertise, to travel into the communities to assess the EMS system. The team meets with individuals previously identified and invited to speak about their EMS system. The EMS Bureau has performed over twenty-six technical assessments using this model which has helped guide the evolution of EMS systems in Idaho.

The assessment is based on ten system component areas that are used as benchmarks for evaluating the system. The process is not a “report card” or grading method, but rather a process designed to promote system integration and enhance the local EMS system. The system component areas discussed with individuals from the EMS community include:

- ◆ Resource Management

- ◆ Education and Training
- ◆ Transportation
- ◆ Funding and Policy
- ◆ Facilities
- ◆ Communication
- ◆ Public Information, Education, and Prevention
- ◆ Medical Direction
- ◆ System Integration
- ◆ Quality Improvement

While the standards are listed separately, it is important to consider that there are always overlapping issues and recommendations associated with a complete assessment. The assessment standards themselves represent an optimum standard in the perfect world, which in reality can only be met with unlimited resources, opportunity, and motivation.

The assessment and recommendations are intended to guide the EMS system toward the optimum standard, not replace the system. In addition to the standards, the assessment team, which is composed of subject matter experts, also considers and refers to contemporary EMS system design literature and evidence based knowledge when forming recommendations.