



Mayor's

EMTS

Oversight Review

Committee



FINAL RECOMMENDATIONS

January 7, 2011

Introduction

For over 25 years, the City of Lincoln has benefited from independent medical oversight of pre-hospital care. The current Lincoln/Lancaster County emergency medical oversight system evolved from the community decision in 1996 to train both a private sector provider and the Lincoln Fire Department to provide Advanced Life Support (ALS) medical care. After the community decision in 2001 to make the Lincoln Fire Department the City's ambulance provider, EMS, Inc was selected to provide oversight for the Fire Department and for the non-emergency ambulance providers that subsequently entered the market. From that beginning to the present, the City and County have enjoyed a high level of patient care from Lincoln Fire & Rescue, rural providers and the City's private providers under the direction of a medically driven, independent oversight entity. The Mayor's EMS Oversight Review Committee wants this high standard of care to continue in Lincoln and Lancaster County.

EMS, Inc's second four year contract as the emergency management oversight service authority (EMSOA) was set to expire August 31, 2008. A few months before the contract's end date, the City considered a bidding process for oversight service. Soon after, the Lancaster County Medical Society announced they were seeking to transition away from providing administrative support for EMS, Inc in the future. After discussion with the City's elected officials and the medical community, Lincoln Mayor Chris Beutler decided to appoint an EMS Oversight Review Committee to recommend a course of action for the future of EMS oversight in Lincoln and Lancaster County.

Mayor's Charge to the Oversight Review Committee

1. Examine Lincoln's current independent medical oversight system to identify strengths, weaknesses, and areas of improvement.
2. Examine the relationship between the independent oversight system and the budgetary and operational needs of emergency, non-emergency, and rural providers.
3. Other discussions as necessary to support #1 and #2 above. Recommend structure, criteria, and operating principles for the future of EMS Oversight.

Oversight Review Committee members

Niles Ford, Fire Chief, Lincoln Fire & Rescue

Doug Fuller, SE Nebraska EMS Specialist,
NE Dept of Health & Human Services

Jeff Gonzalez, Director, Nebraska Heart Hospital

Adam Hornung, Lincoln City Council

Rod Hutt, EMS, Inc Board

Joe Knecht, Citizen Representative

Matt Maude, EMS, Inc Board

Ed Mlinek, Emergency Physician, BryanLGH

Susan Klanecky, Vice-President of Patient Care,
Madonna Rehabilitation Hospital

Aaron Pospisil, Captain/Paramedic, Lincoln Fire & Rescue

John Porter, Fire Chief, Southeast Rural Fire District

Anthony Rabiola, AMR

Libby Raetz, Emergency Department Director,
Saint Elizabeth Regional Medical Center

Ruth Radenslaben, Emergency Department Director, BryanLGH

Chuck Reese, Physician, Lancaster County Medical Society

April Rimpley, Citizen Representative

Lindsay Scheer, 911 Emergency Communications Center

Deb Schorr, Lancaster County Board of Commissioners

Todd Schott, Emergency Physician,
Saint Elizabeth Regional Medical Center

Jeff Shullaw, Midwest Medical

Rick Hoppe, Chief of Staff, Mayor Beutler

Marcee Brownlee/Jeff Kirkpatrick, City Attorney's Office

The Oversight Review Committee met eight times from August 3 to December 14. The results of those meetings are reflected in the following recommendations.

Structure

The Oversight Review Committee recommends the creation of a leadership board to be known as the **“Lincoln/Lancaster County EMS Governing Board”** with participation and service terms proscribed as follows:

- a. the BryanLGH emergency department clinical director serving at the discretion of the hospital
- b. the Saint Elizabeth Regional Medical Center's emergency department clinical director serving at the discretion of the hospital
- c. a BryanLGH emergency department physician appointed by the hospital; four-year term
- d. a Saint Elizabeth Regional Medical Center's emergency department physician appointed by the hospital; four-year term
- e. two community representatives appointed by the Mayor with City Council approval; one to serve an initial four-year term and the other to serve an initial two-year term, both to serve four-terms thereafter
- f. one Lancaster County Medical Society physician appointed by the Mayor with City Council approval; two-year term initially, four-year term thereafter
- g. one County representative appointed by the County Board; two-year term initially, four-year term thereafter
- h. a former Community Health Endowment member appointed by the Mayor with City Council approval; four-year term
- i. a Lincoln Fire & Rescue member (ex-officio member) serving at the discretion of the Fire Chief
- j. a EMS Services HHS member (ex-officio member) serving at the discretion of the division director
- k. the system Medical Director (ex-officio member) serving at the discretion of the Governing Board
- l. a representative of a private sector ambulance company (ex-officio member) who has held a City of Lincoln ambulance license for a period of at least three consecutive years appointed by the Mayor with City Council approval; four-year term.

The Governing Board will operate as a Nebraska non-profit corporation in accordance with by-laws adopted by the Board.

The Board will hire a physician medical director. The physician medical director will interact with a proposed “EMS Advisory Committee” to work out system and day-to-day issues.

The “EMS Advisory Committee” will include representatives from each area:

- a. EMSOA administration chairs (BryanLGH and Saint Elizabeth Regional Medical Center's emergency department clinical directors)
- b. the fire/emergency service districts in Lancaster County (two representatives to be determined by the Lancaster County Mutual Aid Association)
- c. a Lincoln long term care provider appointed by the Nebraska Health Care Association
- d. Lincoln/Lancaster County 911 Emergency Communications Center
- e. Midwest Medical
- f. American Medical Response
- g. Lincoln Fire & Rescue (two representatives)
- h. Madonna Rehabilitation Hospital
- i. Nebraska Heart Hospital
- j. Lancaster County Emergency Management/Mass Casualty Incident Team
- k. the physician medical director (ex-officio)

The EMS Advisory Committee will give ambulance providers and those health care entities they serve a forum for discussion, input, and dispute resolution. Official committee recommendations to be reviewed by the Governing Board will be voted upon by the members listed. The Committee meetings will be open to any participant in the system. Additional providers or entities may petition the Governing Board for voting representation on the EMS Advisory Committee.



Medical Director

The medical director will be hired by the EMS Governing Board and report to the Board.

Duties:

- (1) Development, in cooperation with the Governing Board, of standardized medical care protocols to be employed by all field providers within the system.
- (2) Oversight and coordination, with the assistance of the Governing Board, of standardized medical care protocols to be employed by all EMS dispatchers within the system.
- (3) Provide medical oversight for all LFR providers and contracted emergency services agencies.
- (4) Assist with the implementation of Quality Improvement (QI) programs, including the establishment and enforcement of clinical care standards to be followed by all system providers and provider agencies.
- (5) Define the parameters of medical audits, including, but not limited to:
 - a. chart reviews and appropriate follow-up.
 - b. provider educational programs as determined necessary by chart review results or system incident reports.
 - c. identification of system provider disciplinary proceedings.
- (6) Review clinical implications of system incident reports and direct appropriate courses of action, both at the individual and system levels, and advise the Governing Board of incidents and recommended courses of action.
- (7) Oversee, guide, and lend support to EMS provider training.
- (8) Provide clinical supervision of other entities that provide pre-hospital care within the system.
- (9) Serve as liaison with other medical providers in the community.
- (10) Serve as liaison with the State Emergency Medical Services Board.
- (11) Comply with all statutory and regulatory requirements as promulgated by the State of Nebraska and/or the Nebraska Department of Health & Human Services.
- (12) Perform other duties as agreed upon by the EMS Governing Board.

Qualifications:

- (1) Current State of Nebraska physician licensure.
- (2) Board certified in Emergency Medicine (ABEM or ABOEM) or Board certified in any specialty.
- (3) Experienced and currently practicing in the specialty of emergency medicine.
- (4) Completion of the State of Nebraska Medical Director's course (preferred).

Skills/Knowledge:

- (1) Thorough knowledge of the practice of emergency medicine.
 - (2) Thorough knowledge of the general care procedures for all out-of-hospital-care providers.
 - (3) Ability to communicate effectively, both orally and written.
 - (4) Outstanding organizational skills.
 - (5) Working knowledge of EMS systems and medical oversight issues.
 - (6) Ability to build relationships with out-of-hospital-care providers, medical and hospital personnel, elected officials, and the public.
 - (7) Observe the Governing Board code of conduct.
- Additional considerations as determined by the EMS Governing Board.



Administration

The emergency department directors of each hospital will provide day-to-day administrative oversight and leadership as in-kind services, including:

- (1) Service on the Governing Board.
- (2) Preparation for Governing Board and Advisory Committee meetings and notifications.
- (3) Budget preparation.
- (4) QI/QA responsibilities as determined by the Governing Board and physician medical director.
- (5) System certification process as determined by the Governing Board and physician medical director.
- (6) Data review, reporting, and follow up as determined by the Governing Board and physician medical director.
- (7) Interaction with providers and users as necessary.
- (8) Other duties as determined by the Governing Board, the physician medical director, and approved by the hospitals.

Depending upon how the Governing Board and the physician medical director determine the duties and needs, additional employees of the new oversight system may be necessary. Positions could include a coordinator who would also serve as chair of the EMS Advisory Committee, QI staff, and an administrative/office person. The emergency department directors would hire and supervise these positions.

Quality Assurance/Quality Improvement/ Chart Reviews.

The physician medical director, in consultation with the Governing Board and the Advisory Committee, shall determine chart review parameters for the purposes of quality assurance/quality improvement. The Review Committee feels that routine QA/QI can be conducted internally by the ambulance providers under the supervision and direction of the physician medical director and not necessarily involve staff hired by the Governing Board. Ultimately, it is up to the physician medical director and the Governing Board to make that determination. Providers will be responsible for the skill training that may become necessary as a result of data or trend findings by the physician medical director.

The physician medical director, in cooperation with the Governing Board, will oversee and coordinate medical protocols for the Lincoln/Lancaster County 911 Emergency Communications Center dispatch. The Center will make periodic reports to the physician medical director and/or the Governing Board to ensure coordination among all facets of the EMS system as well as quality assurance/protocol compliance.

Training/Certification.

Certification standards will be set by the physician medical director after consultation with the Governing Board and the Advisory Committee. Review of EMS performance will be determined by the physician medical director in consultation with the Governing Board, the Advisory Committee, and the EMSOA administration.

Training will be conducted by each provider with approval of the criteria by the physician medical director. In those circumstances where chart review indicates that an individual paramedic requires additional skill training, the EMSOA administration working with the provider shall determine the appropriate training scenario.

System Providers

All out-of-hospital care providers operating in the Lincoln city limits will be overseen by the physician medical director. Providers with all or part of their jurisdiction in Lancaster County will engage in a contractual relationship with the governing board for medical oversight service with the extent of the service to be negotiated by the parties. Certification for out-of-hospital care providers will be set by the physician medical director in cooperation with the Governing Board.

The group strongly encourages the physician medical director to interact more frequently with providers as a means of increasing morale and strengthening working relationships, but understands that the goal may be constrained by the EMS oversight budget.



Operational issues/Issue resolution

The Review Committee recommends that system operational issues be addressed by the EMS Advisory Committee. The role of the Advisory Committee is to work through operational issues and the policies that impact providers. In those circumstances where issues cannot be settled at the Advisory Committee, the Governing Board shall review the pros and cons of the dispute and determine one or more options to be implemented for resolution. Medical policy issues that originate at the Governing Board level will be discussed at the Advisory Committee and any recommendations returned to the Governing Board for consideration.

Transition

The Oversight Review Committee debated the issue of how the new entity assumes its duties. Concern was expressed that a start-up plan could not be developed without a budget. But a budget could not be constructed without a scope of work and estimated hours for the system's physician medical director, a decision that must be made by the Lincoln/Lancaster County EMS Governing Board. Rural EMS authorities would not be able to decide their participation and financial commitment without some guidance on the relationship between the new entity and their providers, again a decision of the Governing Board.

To solve the dilemma, the Oversight Review Committee recommends an overlapping transition period where the new entity develops its plan for start-up while EMS, Inc continues to provide EMS oversight service. The Oversight Committee urges Mayor Beutler and the City Council to put the Governing Board in place as soon as practical. Once seated, the Board should immediately seek a physician medical director.

After its appointment, the Governing Board should immediately address the issues of budgeting and finance. Currently, the costs of operating the EMS oversight system are covered by the City and the hospitals. In an era of increasingly difficult budgets, the continuing ability of these entities to fund the new oversight system will likely be challenged and alternatives will need to be examined. For example, the hospitals intend for their contributions to be in the form of in-kind administrative services.

The Oversight Review Committee strongly recommends that rural providers be involved in the transition process and provisions made for their participation in the new structure. Many Lancaster County rural providers depend on the current structure for their medical oversight. The Committee believes the continuation of these relationships is vital for quality patient care.

The Oversight Review Committee recommends the following timeline for transition:

February:

Contract resolution and ordinance changes introduced to City Council

March:

EMS Governing Board appointed

March-August 31:

EMS Governing Board meets, determines budget and funding with assistance from Oversight Review Committee and EMS, Inc; develops process for hiring a physician medical director; process presented to the EMS Advisory Committee. EMS Governing Board & EMSOA Administration meets with EMS, Inc Board and staff to plan the transition.

September 1 or earlier:

New EMS Governing Board assumes responsibility for Lincoln/Lancaster County EMS oversight.