Tompkins County Council of Governments  
Emergency Medical Services Task Force

EMSTF- May 9th, 2017- DOER Conference Room

Present: George Tamborelle, Doug Keefe, Casey Powers, Robert Sparks, Bill Goodman, Lee Shurtleff, Irene Weiser, Lisa Holmes, Marcia Lynch, Brian Wilbur

Staff: Joe Mareane, Autumn Edwards  
Students: Quetrell Hayward, Andre Hook, Melissa Murray  
Course Instructor: Rebecca Brenner

PADM 5900- Final Research Presentation

Presented by:

Quetrell Heyward, MD/MBA Candidate  
Melissa Murray, MHA Candidate  
Andre Hook, MBA/MHA Candidate

Irene opened meeting at 6:45 pm

Quetrell Hayward introduced the CIPA project overview.

1. Introduction to Course
2. Overview
3. Approach
4. Findings
5. Recommendations
6. Next Steps
7. Discussion

[**https://ssl.gstatic.com/docs/doclist/images/icon_10_generic_list.png EMSTeam\_FinalPresentation\_31May2017.pdf**](https://drive.google.com/file/d/0B8PBFtAM1XbvbW9NREJEM0dNNWM/view?usp=drive_web)

Student consulting class as a part of CIPA – This course and CIPA has students apply knowledge and expertise to real world problems.   
Project Overview- Worked closely with Irene, Dan, Lee and Brian to learn more about Tompkins county ems and problems currently facing. Task to find different tasks and strategies to ensure the needs of the communities are being met. Challenges- competing forces, intense need to educate community. As student consultants was to address these challenges. Tompkins county is not alone in the problems we are facing. Main reasons have to do with historical context of EMS. 1966 the Department of Transportation started governing EMS, but since then it seems to be a rise of various, branches and committees that have taken the reigns on different aspects on EMS. The infrastructure has been convoluted, complex and hard to navigate. In New York, there are three governing bodies who oversee EMS. Even they seem to have a little bias towards more urban EMS agencies leaving those in rural communities with minimal guidance and support. Project- created a to-do list. Initial needs to address now and future needs that are extremely important, but not need to be done now, maybe in future. Initial list: Researching best practices done by comparable counties in the nation, Strategies to increase volunteerism, and the regulatory framework surrounding EMS in the US. Taking inventory, to cost implications. So, taking all of this into account the CIPA students decided to create a high-level timeline that was appropriate for the product moving forward. 2017 focus on Tompkins Community needs assessment and figuring out what the needs of the individual EMS agencies are…. 2018 those students will implement specific recommendations based on research done from semester to semester.

Methods: Attending regular task force meetings, steering committee meetings, reviewing initiatives conducting appropriate research, creating a list of next steps for the next group of students, and compiling a report of the information that we should be receiving in the next few weeks.  
  
Attending the meetings were very important to CIPA as a team they saw as checkpoints positive and constructive. Really appreciated. Wanted to keep a list of standards in mind as they were looking at information… limiting research for the last 12 years to remain current, initialing casting a wide net to get as much info as possible, but gradually narrowing their scope to include info on counties comparable to Tompkins County. Identifying a wide variety of sources, and lastly finding info but noting other info that was worthy of additional research or study.

Results: Literature view on volunteering strategies- Contributing to lack of volunteering in the US. Lack of community interest, training, mental health disorders. One study did a great surveying ems directors all across the country and asking them two questions how hard is it to recruit and retain your volunteers and what factors are contributing to current numbers. Researchers found that about 80% of responses were recruitment is an issue 45% said it’s a continuous problem with their agency. Lack of time and interest, lack of certified paramedics and EMT’s. Training is also an issue, 44% of directors say that programs are too long, 32% too far away and 25% too costly.

Results for Retention- 75-80% of directors is a major issue. 22% continuous. time or scheduling conflicts, mental health disorders, 40.8% volunteers have difficulty in maintaining continuous education requirements.

Found another study, more of a qualitative approach, focus groups which contained 23-24 EMS personnel across the country. Main results- EMT is a professional afterthought, EMS is an emotional paradox, EMS is an educational black box, potential volunteers find it hard to determine what training requirements are needed.

Quetrell introduced Andre to speak about best practices

Best practices- found there were 3 different themes- Reducing demand/amount of calls received – Quality- Reducing costs   
Reducing demand- Increase capacity or reduce demand to better manage- Stratify calls and who can benefit from what- Village of Geneseo done over a three-year period. 30% frequent flyers- technical definition of a frequent flyer visit ER three times within the last 6 month and have been proven to increase the cost of care and strain our health care resources. Studies on how to deal with this- care coordination philosophy moving from an episodic model more to a value based model. Reactive to proactive. Reducing demand and relieving strain for many organizations. Texas counties got Funding Medicaid transformation waiver offered services for care coordination… symptom of not having resources or education they need. Patients reported better connections to primary care doctors, health insurance, medication assistance.   
DSRIP- Support system for health care reform-objective reduce hospital access by 25 % in the next 5 years. Objective from federal side- create incentive to reform- There is $6 billion dollars available through DSRIP, must show that you are developing an infrastructure for this method of reducing over utilizers and readmission, effort toward system redesign, eventually prove outcomes of improvements.   
Care coordination you can align incentives, work with each other, develop resources to prevent frequent flyers.  
Reduced readmission rate to 5% which is 200% less than the national average. Were also able to determine after their study 78% were frequent-flyers they could prevent from visiting ED. Montgomery county was recognized care coordination abilities reduced calls up to 50% through this model.

Quality- Based on an urban area- bio objective approach sometimes our ambulance can get tied up when going very far, uses two priorities: reduce maximum responses- minimize number of uncovered demand zones. Older study in rural operation model (out of criteria) that will not be included in report Oakland in New Zealand was having similar constraints and partnered with Cornell’s Engineering School- decision support tool, geographic information system with a simulation tool…. Track response times and service time- decision support tool helped to analyze and optimize response times. Engineering school designed “SIREN” to help with a decision tool for EMS in rural areas. It may be something to think about in the future. Study had determined the UNOS (United Network for Organ Sharing) benchmark to best project arrival times of ambulances.   
Staffing to ensure quality- Research study shows you can maintain quality while improving cost containment. Ex: Cardiac arrest- More isn’t always better. More than 2 ALS does not improve stats  
Cost reduction- case studies through research processes that showed promising result in unification and shared resources. One example Unified Fire Protection- reduced municipal costs by combining. They could still offer the same coverage and saved their constituents $22 per household.

Another example is the City of Watervliet and Village of Green Island- One municipality bought an engine and the other municipality purchased equipment for the truck. They saved $860,000 with just that one deal.

Regional coordination, Albany County 10 call centers, 6 Main Centers and 4 smaller. Developed 12 models. Saved the most money on a unified answering point. Cost saving of over 6 million.

Not confined to just these examples. Sharing resources, unifying, can offer same quality while still reducing cost. Successful implementation is difficult to do without measuring and proper data collection, bench marking and quality. Tompkins County is not alone in this, it is a national issue. We looked into how many EMS organizations have the capabilities to collect data. 88% of States in the nation have data collection capabilities. 50% have State wide coordination but no local implementation. 50% have local implementation but not State. Across the nation, it is a question if the State providing guidance or not. Inconsistent guidance on a national scale on data collection. 30% of States cannot track 911 calls requesting EMS service which was a little surprising. Madison, Green, and Dutchess Counties have done similar studies to this, and all have all had the same recommendation- to systemize their data collection. This also brought us to a whole other level of best practice research. A lot of this has to do with culture. You can’t be successful without a clear shared vision for an organization and a great culture and a great focus on that culture. Tompkins County should be aware that the research shows that culture and shared vision can really affect operations, volunteerism, and other issues. Another finding in the local and national reports was a recommendation to form an advisory group, which will help nurture the vision and ensure that the direction is clear and everyone is on the same page.

Andre introduced Melissa to finish up the presentation.

Opportunities for the 2nd Phase team- 3 phase project

Marketing strategies- increasing public awareness; Burdens volunteers face-how to address issues; establishing partnerships, engaging students, distance learning solutions for volunteers more opportunity to keep up with CME’s, care coordination, funding sources, how to maintain information about best practices etc.

Continuing education is a huge barrier for keeping CME updated. Self-study can be applied.   
Stress relief programs, EAP, Critical Incident Stress Management  
Volunteer strategies- National Fire Council - Fire Line Great resource for individuals wanting to get involved in EMS, fire etc.

We would like to have the next group of students consider source funding.

Encourage group to visit conferences, etc.; arrange an Advisory group, including a director, citizen representatives, mental health specialist, stakeholders who can understand recruitment and retention; collecting data; look into funding sources such as DSRIP; maintain knowledge of best practices of EMS  
  
Next Steps: Timeline-encourage partnership with CIPA and other student groups- EMSTF group take a deep look at the report this summer and figure out what is liked and dislike, what the description might be for Fall 2017 class, meet them in September and by December wrap up Phase 2; Jan start Phase 3 Implementation planning- Solid steps to make TC EMS what the task force wants it and what is the most useful data to collect?  
Ideas for Phases 2 and 3- analyzing the utilization of EMS personnel, identifying frequent flyers and what’s a more proactive approach; determine the frequency and time lines of other sites of care; consider roles necessary to successfully implement the model we (the task force) want to pursue.

There was a short discussion between members of the task force and the students from CIPA.

Topics:

Volunteer recruitment and retention  
generational gap/ high school recruitment  
back fill, older volunteers retiring  
  
Ideas:

Marketing-Career days…leadership training…fundraisers  
Community engagement partnerships- Getting the right person in from the facilities for Q&A for both sides  
Support from State level  
Bring some more experts… not so much the Dr.’s   
Send someone from our task force to DSRP meetings

Vision and goal setting is one of the next steps……  
Community needs assessments- County health ratings, health providers to get data and prioritizing the top problems and what already exist for help with this?

TCCOG training academy….. there may be opportunities for training through TC3  
Meeting was dismissed at 8:34 pm