

APPENDIX D

EMS PROGRAM AGENCY DELIVERABLES

JULY 1, 2009 - JUNE 30, 2012

1. Provide assistance to EMS services in meeting New York State requirements.

- The Contractor will meet with the officers/management of ambulance and ALS services in their region at least one time during the contract period and offer the Contractor's assistance on meeting the agencies management and operational needs. The subject of these meetings should include, but not be limited to the following:
 - ▶ Assistance in migrating to an electronic patient medical record platform
 - ▶ Planning for staffing and continued response
 - ▶ Long range planning, funding sources and expenditures
 - ▶ Recruitment and retention
 - ▶ Original and continuing medical education
 - ▶ Service governance and management
 - ▶ Medical direction
 - ▶ Appropriate approvals, permits, certificates and/or licenses
 - ▶ Assist in obtaining and updating a DOH Health Commerce System account

The meetings conducted to meet this requirement may include multiple organizations and may be conducted on a region, sub-region, or countywide basis. The Contractor shall prepare documentation of the meeting to include, but not be limited to, meeting announcement, announcement distribution list, attendance (sign in sheet), agenda and copies of any materials distributed. These shall be submitted with the quarterly report for the quarter in which the meeting(s) was/were held.

- The Contractor will **develop and maintain** a database with up to date electronic contact information for each EMS agency operating within its region. This must include, but not be limited to the following:
 - ▶ Agency electronic mail address
 - ▶ Chief executive officer electronic mail address
 - ▶ Chief operations officer electronic mail address
 - ▶ If available, agency website address/URL
- The Contractor will provide an accounting to the Department of what activities were conducted during each quarter with regard to the assistance they have provided the ambulance and ALS First Response Services in their region.

2. Provide assistance and coordination to the Regional Emergency Medical Advisory Committee (REMAC) and the Regional Emergency Medical Services Council(s) (REMSCO).

Staff Support

- The Contractor shall provide staff and administrative support to the REMAC and REMSCO at no cost so they can meet their statutory responsibilities. The Contractor's support shall ensure that the REMSCO and REMAC work in a coordinated manner, have regular communication, and support each other's activities.
- The staff and administrative support provided by the Contractor should be mutually agreed upon in writing. If an agreement cannot be reached, the Department will be advised and will make a determination concerning the nature of the support to be provided by the Contractor.
- Each quarterly report shall contain a summary of the administrative support provided by the Contractor within that quarter. These activities should include but not be limited to staffing meetings, provision of secretarial services, report writing, and liaison with EMS services, etc.
- The Contractor shall assist the REMSCO(s) in meeting the requirements of the Public Access Defibrillation (PAD) Program, Epinephrine Auto-Injector Program and other programs that may have reporting and oversight responsibilities. This deliverable includes the collection and review of program participant's notices of intent and collaboration agreements as well as the transmittal of such documents as specified by the Department. It shall also include the collection and timely transmittal of required patient outcome data, the responding EMS agency data and the medical review by the Emergency Health Care Provider (EHCP) and preparation and submission of program summary reports.

Medical Control

- The Contractor shall assist the REMAC in developing policies, procedures, and triage treatment and transportation protocols which are consistent with standards that are set by the State Emergency Medical Advisory Committee (SEMAC) and which address local conditions and practices.

- The contractor will assist the REMAC in complying with the SEMAC process for submitting regional advanced life support protocols, changes or amendments. This includes, but may not be limited to the following:
 - ▶ Copying of draft protocols
 - ▶ Distributing to parties identified in published process
 - ▶ Accepting and compiling comments from parties
- The Contractor will print and distribute the protocols and policies, as well as provide training to EMS services. Current protocols and policies must be available on the web. Copies of protocols, policies and training schedule must be included in the appropriate quarterly report and transmitted separately to Department if such protocols need to be reviewed by SEMAC for approval.
- The Contractor will work with the REMAC as liaison with bordering REMACs to assure that ambulance services that provide medical care in different regions are not inappropriately burdened by the need to comply with different medical protocols. Agreements with bordering REMACs should specify how such differences are being handled. Copies of such agreements shall be provided to each REMAC and the Department in the first quarterly report.
- The Contractor shall provide Department and bordering REMACs with changes in medical protocols consistent with Section 3004-A of Article 30 of the NYS Public Health Law. Each quarterly report should include protocol changes and an indication that such changes were shared with neighboring REMACs and REMSCOs.
- Under the direction of the REMAC, the Contractor will credential physicians to provide “on-line” medical control within the regional EMS system. Using REMAC approved physician-training plans; the Contractor will provide training to physicians providing “on-line” medical control in the region. The training will include sessions on the regional prehospital protocols and procedures.
- The contractor shall provide the Department with the written criteria and process of credentialing Prehospital care providers and medical control physicians in the region for the second quarterly report.
- The Contractor shall report to the Department in the second quarterly report the number of credentialed advanced prehospital care providers and medical control physicians within the region and shall also report

the number of new providers credentialed during that period.

- The second quarterly report shall specify the number of EMS services the REMAC provided approval for administration of medications or procedures including, nublized albuterol and blood glucometry. The report will also specify the number of Notices of Intent to provide Public Access Defibrillation (PAD) and epinephrine auto-injectors during the contract period.

3. Quality Improvement

- The Contractor shall assist the Department of Health with the implementation of specially designated hospital centers, education and training of EMS personnel, under the direction of the SEMAC and in consultation with the local REMAC.
- The Contractor shall support the implementation of prehospital care quality improvement (QI) programs at the service, county and regional level.
- The Contractor shall cooperate with the REMAC as well as all regional hospitals to facilitate cooperation and coordination of the regional QI program and projects. The Contractor should serve as a facilitator to expand or improve the participation of health care facilities within in the regional pre-hospital quality improvement system. Copies of seminar, educational program and quality improvement meeting notices and announcements shall be included in the appropriate quarterly report.
- At the direction of the REMSCO and/or REMAC, the Contractor will provide quality improvement workshops as needed in the region and conduct focused studies for identification of QI issues. Documentation of such workshops and resolution of regional QI issues/problems should be discussed in the appropriate quarterly report.
- The Contractor shall, in consultation with the REMAC develop and implement a targeted quality improvement project. An abstract of the proposed study shall be provided in the first quarterly report with a progress report included in the third quarterly report. A final report shall be included in the fourth quarterly report. Upon request, the study project will be presented to the SEMSCO/SEMAC. The focused study should be any one of the following:
 - EMS interaction with a Public Access Defibrillation site after a patient defibrillation.

- ▶ Anaphylaxis training and protocols involving the deployment of an Epi-Pen Auto Injector.
- ▶ Advanced Life Support appropriate utilization review.
- ▶ BLS and ALS protocol adherence
- ▶ Or, if approved by the Department, an alternative regionally appropriate study.

4. Regional Management of the Pre-hospital Care Report (PCR) and Regional EMS Information System

a) Paper Patient Care Report Forms

- Within the Contractor's designated service area, the Contractor shall arrange and manage the distribution of the Department approved PCRs to EMS services required to use the PCR. This process includes the assurance that EMS agencies use the appropriate version of the PCR and notification, with sufficient notice, to Department when regional PCR supplies need to be replenished. The Contractor must maintain a record of the number of PCRs sent to each EMS agency and the number of PCRs completed by EMS agencies. Department or its designee is responsible for providing the Contractor with adequate supplies of PCRs.
- Each quarterly report must include the number of paper PCRs sent to the keypunch contractor during the previous quarter.
- The Contractor shall collect completed paper PCRs from the EMS agencies in counties served by the Contractor by the 20th of the month following the call (e.g., January PCRs should be collected by February 20th).
- The Contractor shall notify the Department with the names of all certified ambulance services or Advanced Life Support First Response Services that do not submit PCRs on a monthly basis. This shall be included with the appropriate quarterly report.
- On a quarterly basis, the Contractor shall notify each service that fails to submit PCRs in that quarter; a record of each notice sent shall be forwarded to the Department in the appropriate quarterly report.
- By the 20th of the month following receipt of the PCR, the Contractor must ship completed PCRs to the Department keypunch contractor.
 - ▶ PCRs from different years must be shipped in separate packages.
 - ▶ PCRs must be shipped by a traceable mail system
 - ▶ An inventory sheet format provided by DOH must be included.
 - ▶ The boxes being shipped must identify the name and address of the

- ▶ Contractor, and the year of the calls enclosed.
 - ▶ Two copies of the DOH cover sheet shall also be enclosed in the box of materials.
- In the first quarterly report, the Contractor shall submit a protocol to ensure the confidentiality of the PCR data. If the Contractor has an approved protocol a notation to this effect should be included in the first quarterly report. Amendments to the protocol must be included in the quarterly report in the period in which the amendments were adopted. Such protocols are subject to Department approval and revision. The protocol shall contain the following minimum standards:
 - ▶ Protection of health information during all of the Contractor's activities;
 - ▶ Control measures for secure storage of paper and electronic documents; and
 - ▶ Control measures for access and use of personal health information documents to ensure confidentiality and protection.

b) Electronic Patient Care Reporting (e-PCR)

- If the Contractor has an approved e-PCR system for collecting and transmitting prehospital patient care data directly to the Department electronically or otherwise, or the Contractor wishes, during the term of the contract, to implement a system, the contractor must receive the Department's approval prior to implementation of an electronic PCR system within their region. The following provisions will apply.
 1. The contractor and the Department will share information of EMS agencies that have been approved and are using an electronic system to submit PCRs.
 2. The Contractor will provide PCR/e-PCR documentation training courses to EMS services that follow accepted practices for patient care documentation methods.
 3. Any paper PCRs submitted within the region must be submitted in compliance with provisions outlined previously.
 4. Contractors with approved agreements for the submission of electronic data directly to the Department shall submit such data in the format agreed upon to the department on a monthly basis.
 5. The Contractor shall also report the following in each quarterly report:
 - ▶ The names of all EMS agencies using an e-PCR system.
 - ▶ The type of system or vendor being used.
 - ▶ The names of agencies completing the DOH paper PCR form.
 - ▶ The number of PCRs/data records that were submitted electronically.
 - ▶ The number of PCRs that were completed on paper then converted to electronic data. Number of paper PCRs submitted.
 - ▶ The number and type of technical problems encountered during the

quarter (i.e. printer or computer failures, telephone lines not operational) and if the technical problem was located at a single location (hospital or EMS agency) or if it was system wide.

- The Contractor shall also cooperate with any agency within the region that wishes to submit data electronically or in a form or fashion other than by utilizing a Department paper PCR. Such data or forms shall be submitted directly to the Contractor in a format mutually agreed upon between the agency and the Contractor but only after the form or format has been approved by the Department. The forms or data shall then be submitted by the Contractor to the Department in the manner prescribed above.
- The contractor will convert to collecting the **National EMS Information System (NEMSIS)** data set upon direction from the Department. Once converted, the contractor will provide the NEMSIS compatible data to the Department in a previously agreed upon method. The contractor will not transmit patient care data to NEMSIS unless directed to do so by the Department in writing.
- The contractor will insure that all of the EMS agencies are utilizing the NEMSIS data set and are capable of providing data to the contractor and the Department as previously arranged.
- When available, Department will provide copies to the Contractor of the annual Statewide data or reports representing the electronic data for distribution to the REMAC. In the 4th Quarter report, the contractor will provide the Department with at least two samples of reports run using the annual Statewide data as provided.

5. Regional EMS Information System

- The contractor shall develop, maintain and provide a regional patient care information system. The data maintained by the contractor is the property of the Department and may only be used by the REMAC, REMSCO and county EMS coordinators. If requested, the contractor may provide EMS agencies with their own data or regional aggregate data. The purpose of the data is to evaluate the regional EMS system, provide analysis, management and quality improvement. This data can be derived from PCRs submitted by the EMS agencies within the region, special studies authorized by the REMAC, patient care data provided by hospitals within the region and/or PCR summary data provided by Department. The Department will provide the Contractor with PCR data in electronic format for each calendar year when it becomes available. This regional information system, whether stored

on a local or remote server or web based, must adhere to the following:

1. It may not store or maintain specific patient identifying information or characteristics.
 2. It must be maintained in a secure fashion and only permit access to appropriately credentialed individuals.
 3. It must have provisions for routine maintenance and file back up.
 4. Must be in compliance with all applicable Federal and State regulations.
- The Contractor may subcontract this deliverable or partner with a regional hospital or county government entity capable of managing the regional pre-hospital care data system and producing system reports. Any agreement with a subcontractor or partner must stipulate that the Contractor maintains control of the data, how it is to be used, and that the patient care confidentiality protocols are followed. The Contractor must identify in its first quarterly report the name(s) of any subcontractor(s) and/or partners permitted under this paragraph.
 - The Contractor must prepare reports as specified by the REMAC and REMSCOs. Such reports may be shared with county EMS coordinators and Regional Trauma Advisory Committees (RTAC). County and regional reports may be distributed as recommended by the REMAC and/or REMSCO. Any EMS service reports generated by the Contractor may only be provided to the individual services and REMAC.
 - The Contractor, in cooperation with the REMAC, will facilitate the use of the regional EMS PCR data to:
 1. develop and produce PCR data trending reports from information received from agencies and/or state data collection process;
 2. evaluate regional information to identify areas of concern within the EMS system.

Any areas of concern and the steps taken to resolve the issues should be documented in the following quarterly report.

- Any/all PCR data may not be utilized for local research or published unless such research has been approved by the REMAC and the Department.
- Copies of such reports and evaluations must be included in the appropriate quarterly report. Copies of such reports are to be included in the quarterly report for the quarter in which they were produced and distributed.

- The contractor shall provide a listing of EMS agencies using an electronic system to submit PCRs upon request by the Department. When available, the Department will provide the Contractor with an annual data file for the region. The contractor will provide reports to the REMAC.
- The Contractor will provide PCR documentation training courses to EMS services that follow accepted patient care documentation methods
- PCR data may not be utilized for local research unless such research has been approved by the REMAC and the Department.

6. EMS Education

- Contractors shall provide a mechanism to inform EMS agencies of EMS certification (ie original or refresher) and Continuing Medical Education (CME) programs hosted by the Contractor or offered by other organizations within the region. This may be done through regular mailings, electronic mail or an internet based information system. Copies of such notification shall be included in the appropriate quarterly report.
- The Contractor shall provide continuing medical education programs based on findings from the annual quality assurance study. This program will be presented by an appropriately qualified instructor. Documentation, including program description, handout materials and an attendance lists must be included in the appropriate quarterly report.