

**2009 Report to the Law Enforcement and Criminal Justice Interim Committee
From the State Emergency Medical Services Committee
As Required by 26-8a-103 (4)**

Respectfully Submitted for Presentation at the September Interim Committee Meeting

Introduction

The Utah Emergency Medical Services System Act (Chapter 8a) requires the statutory Emergency Medical Services (EMS) Committee to submit an annual report each November to the Law Enforcement and Criminal Justice Interim Committee. At the request of the Interim Committee, the report was moved to their September 16th meeting. The highest priorities are still cost, quality and access to EMS regarding the development of a comprehensive and integrated state EMS system. As last year's report focused on the following six issues, 1) appropriate providers for emergency medical services; 2) funding priorities and recommended sources; 3) closest responder recommendations; 4) centralized dispatch; 5) duplication of services and taxing consequences; and 6) recommendations and suggested legislation, this years report will also address them in an effort to improve the statewide Emergency Medical Services system. Please review the recommended and suggested legislation on page 9.

1. Appropriate Providers for Emergency Medical Services

Within the statewide EMS System, there are a total of 180 licensed and designated provider agencies serving every area of the state. The agencies are categorized as follow:

- a. 127 Licensed ground ambulance and paramedic rescue agencies, and
- b. 53 Designated quick response units providing various levels of pre-hospital care.

Resource Hospitals and Designated Trauma Centers: Within the statewide EMS system, the EMS Committee has designated all acute care hospitals and the VA hospital as resource hospitals. The 43 designated resource hospitals are committed to providing on-line medical direction and direct voice communications to EMS providers. A survey to assess the trauma capabilities is being conducted in the last quarter of 2008. Of the 43 Utah hospitals, nine have voluntarily met the extensive criteria required to be designated as trauma centers by the Department of Health. They are:

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|----|-------------------------------------|-----------|
| a. | Intermountain Medical Center | Level I |
| b. | Primary Children's Medical Center | Level I |
| c. | University of Utah Hospital | Level I |
| d. | McKay Dee Hospital | Level II |
| e. | Ogden Regional Medical Center | Level II |
| f. | Utah Valley Regional Medical Center | Level II |
| g. | Logan Regional Hospital | Level III |
| h. | Dixie Regional Medical Center | Level III |
| i. | Allen Memorial | Level IV |
| j. | Bear River Valley Hospital | Level IV |

The Department of Health continues to work toward designation of the following rural hospitals: Sanpete Valley Hospital, Fillmore Medical Center, and Delta Medical Center. Interest in becoming designated as Level III trauma centers has been expressed by St. Mark's, American Fork, Timpanogos Regional Medical Center in Orem and Mountain View Hospital in Payson.

Hospitals Participating in the Hospital Preparedness Program: In 2002, the Health Resource and Services Administration (HRSA) began a grant program designed to help hospitals and other healthcare entities to become more prepared for biological terrorism and other disasters. This grant has been managed within the Bureau in partnership with the Utah Hospital Association, Community Health Clinics of Utah, Department of Human Services, Division of Information Technology, and other state/local agencies and partners. To date the program has grown to a total of 121 health care facilities. These facilities are categorized as follow:

Trauma Centers	9 (Includes 1 Pediatric Hospital)
Acute Care Hospitals	34
Pediatric Hospitals	1
Long Term Care/Rehab Hospitals	55
Psychiatric Hospitals/Facilities	2
Community Health Clinics	14
Tribal Health Systems	4

EMS Personnel: The certified personnel are part-time paid or full-time paid employees and in a large majority of areas they are volunteers. There are six levels of certification for EMS personnel: Emergency Medical Dispatch, Emergency Medical Responder (EMR), EMT-Basic, EMT-Intermediate, EMT-Intermediate Advanced, and EMT-Paramedic. The EMR is a new certification level for 2009 and at the time of this report there have been no graduating classes. Each level has a specific scope of practice and hours of training:

EMD (Dispatch)	24 hours
EMR (First Responders)	66 hours
EMT-Basic	120 hours
EMT-Intermediate*	54 hours which include IV therapy, intubation and limited medications
EMT-Intermediate Advanced*	600 hours (approximately) competency based
EMT-Paramedic*	1260 hours

*pre-requisite is an EMT-Basic

The following are certified as of July, 2009:

EMT-Basic	– 5,097
EMT-Intermediate*	– 2,610
EMT-Intermediate Advanced*	– 60
Paramedic	– 1,324
Emergency Medical Dispatchers	– 69

Service Levels: An applicant for licensure or designation can apply to provide any of the following levels of service. The list also includes the current number of licensed and designated providers within Utah at each level of service.

Transporting licensures:	
Basic Ambulance	11
Intermediate Ambulance	70
Intermediate Advanced Ambulance	2
Paramedic Ambulance	22
Air Ambulance	12
Non-transporting licensures:	
Paramedic Rescue	22
Non-transporting designations:	
Basic Quick Response Unit	33
Intermediate Quick Response Unit	19
EMS Dispatch Center	34

Service Level Selection: The licensure level of a pre-hospital EMS service provided by an ambulance is determined by local officials of the community being served. According to the Utah EMS Systems Act, 26-8a-403 (7) “The role of local governments in the licensing of ground ambulance and paramedic providers that serve areas also served by the local governments is important. The Legislature strongly encourages local governments to establish cost, quality and access goals for the ground and paramedic services that serve their areas.”

New Licensed EMS Providers: The following agencies received a new license this year:

Riverdale Fire Department	Intermediate Ground Ambulance
Lehi Fire Department	Paramedic Ground Ambulance
South Salt Lake City Fire Department	Paramedic Ground Ambulance
Coast to Coast Air Ambulance	Advanced Air Ambulance

The following were re-licensed this year:

Eagle Mountain Fire Department	Paramedic Rescue
Eagle Mountain Fire Department	Intermediate Ambulance
Deseret Generation & Transmission	Basic Ambulance
Ute Tribe Ambulance Services	Intermediate Ambulance
Levan Ambulance	Intermediate Ambulance
South Summit Ambulance	Intermediate Ambulance
ATK Launch System, Inc.	Intermediate Ambulance
Plymouth Fire and Rescue	Intermediate Ambulance
West Jordan Fire Department	Basic Ambulance
West Jordan Fire Department	Paramedic Ambulance
Park City Fire District	Paramedic Rescue

Summit County/Park City Ambulance	Intermediate Ambulance
Summit County/North Summit Ambulance	Intermediate Ambulance
Salt Lake City Fire Department	Paramedic Rescue
Curlew Ambulance	Intermediate Ambulance
San Juan County EMS	Intermediate Ambulance
Leeds Area Fire & Rescue	Intermediate Ambulance
Davis County Sheriff's Office	Paramedic Rescue
Davis County Sheriff's Office	Paramedic Tactical Rescue
Iron County Ambulance	Paramedic Rescue
Gold Cross Ambulance Services	Intermediate Ambulance
Gold Cross Ambulance Services	Paramedic Inter-facility
Mapleton Ambulance	Intermediate Ambulance
Payson City Ambulance	Intermediate Ambulance
Canyon Fuel Company	Basic Ambulance
Salem EMS Association	Intermediate Ambulance
Layton City Fire	Intermediate Ambulance
Layton City Fire	Paramedic Rescue
Life Guard International	Advanced Air Ambulance
Air Med - U.U.M.C.	Specialty Care Air Ambulance
Classic Life Guard	Advanced Air Ambulance
San Juan Regional Air Care	Advanced Air Ambulance
St. Marys Air Life	Advanced Air Ambulance

The following are due to re-license by December 2009:

West Valley Fire Department	Paramedic Ambulance
Springville Ambulance	Intermediate Ambulance
Wasatch County Ambulance	Intermediate Advanced Ambulance
South Salt Lake Fire Department	Paramedic Rescue
Tremonton Fire & Ambulance	Intermediate Ambulance
Cache County EMS Authority	Intermediate Ambulance
Cache County EMS Authority	Paramedic Inter-facility Ambulance
Cache County EMS Authority	Paramedic Rescue
Cache County Sheriff's Office	Paramedic Tactical Rescue
Sunnyside Ambulance	Intermediate Ambulance
South Davis Metro Fire	Intermediate Ambulance
South Davis Metro Fire	Paramedic Rescue
Emery County Ambulance	Intermediate Ambulance
Millard County Ambulance	Intermediate Ambulance
Scipio Ambulance	Intermediate Ambulance
Draper City/Unified Fire Authority	Basic Ambulance
Riverton City/Unified Fire Authority	Basic Ambulance
Unified Fire Authority	Basic Ambulance
Unified Fire Authority	Paramedic Rescue
Lehi Fire/EMS	Intermediate Ambulance
Lone Peak Public Safety Department	Intermediate Ambulance

Lone Peak Public Safety Department
Provo Fire Department
Med Flight Air
Mercy Air Services, Inc.
Tristate Care Flight, LLC.

Paramedic Rescue
Paramedic Ambulance
Advanced Air Ambulance
Advanced Air Ambulance
Advanced Air Ambulance

EMS Care Consistency: Whether in rural Utah or on the Wasatch Front, EMS personnel meet the same training and certification standards and stand ready to care for victims of injury or illness. Licensed ambulance providers throughout the state are required to have the same personnel, equipment, and operational standards. Through automatic aid agreements and local disaster plans, these licensed ambulance providers are in a constant state of readiness to serve the public. They are becoming more skilled and prepared to deal with weapons of mass destruction and mass casualties from natural and human caused disasters.

Recruitment and Retention: Some rural services are having difficulty in recruiting and retaining personnel sufficient to maintain services. Continuous turnover of staff decreases the skill level of the service. The problem is most prominent in sub-frontier counties. Accessing education has been identified as a significant barrier for these communities. Another common problem is the inability to provide pay at a level to prevent migration to the larger markets. While lack of revenue due to low call volume and low-income communities will always be a problem, many of the rural agencies are contributing to the problem through unwillingness to charge for services at levels allowed by law or even to charge at all. This is further limiting the revenue available to retain personnel. Several of the hardest hit areas experience a surge in calls during their respective tourist season, yet these counties or cities have not enacted taxation of the tourist population to support the infrastructure needs. The Bureau of EMS is working with the local providers to pursue enabling reimbursement options for the provision of EMS.

Background Criminal Screening: The Bureau does background criminal screening every four years on all EMS personnel at the time they certify or recertify. The Bureau has been granted access to the following data bases: the Utah Criminal Justice Information System, juvenile court system, justice and district court records, police records, and the Statewide Warrant System. Background checks are conducted on all EMS personnel as well as fingerprinting anyone who has not lived in Utah for the past five years. The fingerprint check looks at FBI records and warrants from all 50 states for a match of criminal activity.

The Bureau will begin implementing a two-year check on all personnel within the next year. The Department of Health, through the Bureau of Emergency Medical Services has a duty to exclude individuals who pose a risk to public health and safety by virtue of conviction of certain crimes. EMS personnel are afforded free access to the homes and intimate body parts of patients who are extremely vulnerable, and who may be unable to defend or protect themselves, voice objections to particular actions, or provide accurate accounts of events at a later time. Citizens in need of out-of-hospital medical services rely on the EMS system and the existence of state certification to assure that those who respond to their calls honor this extraordinary trust. In light of the high degree of trust conferred upon EMS personnel by virtue of certification, EMS personnel should be held to a high standard.

EMS Strike Teams: The Bureau of EMS currently supports Strike Teams divided into 5 statewide regions consisting of 12 members each for a total of 60 paramedics and EMTs. Team members are also nationally registered to provide reciprocity in case of deployment out of State. The teams are equipped with 9 mobile medical supply trailers designed to treat up to 100 patients each for mass casualty events. The teams also are supported with 3 staff support trailers with tents, cots, sleeping bags, food, and other living necessities for at least one week of deployment. Teams may be deployed on very short notice to support local emergency or disaster response as needed.

The EMS Strike Teams were provided with annual training and needed supply replenishment to ensure readiness and quality of disaster response. The teams were also represented by pre-deployment of at least one trailer and attending staff at the Stadium of Fire in Provo on July 4, 2008, the National Disaster Medical System exercise at the Utah Air National Guard Base on August 16, 2008, and the Air Show at Hill Air Force Base on June 5-7, 2009.

Members of the EMS strike teams have attended an Advanced Burn Life Support Course through the University of Utah Burn Center. This training will enable strike team members to rapidly treat burn patients during an event with multiple burn patients.

Members of this team also attended the Pre-Hospital Trauma Life Support (PHTLS) course including the instructor course.

The Bureau of EMS will use these members to instruct EMS agencies throughout the state,

The Bureau of EMS has completed a third strike team support trailer. The trailer will enable strike teams to be self-sufficient for 72 hour or longer.

After participation in the National Disaster Medical System (NDMS) drill at the Salt Lake City airport last August, both EMS and Pediatric disaster response strike teams were incorporated into the NDMS' response plan. Salt Lake is a Federal Coordinating Center for the NDMS and the Veterans Administration (VA) hospital here oversees this. BEMS teams were added into their coordinating center plan and will provide the services of triaging; treating and preparing patients for transport should an influx of patients from a disaster or military event be sent here.

Pediatric Strike Teams: Over the previous fiscal year, training for team members continued. There are four teams which are located around the state; each consists of a mix of pediatric medical personnel at the Physician, Nurse Practitioner, Registered Nurse, Paramedic, EMT-Intermediate Advanced and EMT-Intermediate levels. To date, 650 hours of disaster specific training has been provided to team members. Teams now are organized to respond and train as team units. The intended application of the pediatric strike teams would be to provide medical care to pediatric patients at a disaster site, augment hospital staffing, triage center staffing, or casualty collection points. There are two equipment trailers the teams utilize; each contains medical supplies and equipment to care for up to 100 pediatric patients. Additional pediatric specific supplies were added this year and a few expired items were replaced. To our knowledge this is the first pediatric specific disaster response team at a state level in our country.

Critical Incident Stress Management Team: The Bureau has continued to provide funding and direction for the use of the CISM Team. Currently the Team consists of seven regions throughout the State providing 23 Mental Health Professionals and 129 peer volunteers. The Team provided 55 debriefings, 13 training events, and several outreach activities including association during this past fiscal year. Debriefings and training sessions are provided at no cost to first responders and spouses from the agencies including law enforcement, fire, EMS, dispatch centers, hospitals, and auxiliary agencies involved in traumatic events. Annual training and new member training was provided to 71 new and current CISM members as part of the effort to maintain a competency and standardization.

Prehospital (Ambulance) Data Collection System: Prehospital On-Line Active Reporting Information System (POLARIS) is Utah's ambulance patient care reporting system that is compliant with the National EMS Information System (NEMSIS) data standard. Statute and Administrative Rule require every EMS response to a 911 call to be reported. POLARIS went live in September 2006. As of August 18, 2009, 75% of EMS agencies are reporting data to the Bureau using the new standard, compared to 62% one year ago. In September 2009, the 200,000th patient care report is expected to be submitted in POLARIS. During 2009, multiple data entry enhancements were completed in POLARIS, and data analysis features were expanded. Utah is one of 15 states sending data to the National EMS Database. The Bureau of EMS holds an annual Prehospital Data Conference, quarterly Prehospital User Group meetings, and periodic online training sessions to improve prehospital patient care reporting.

2. Funding Priorities and Recommended Sources

EMS Grants Program: In 1986, the Legislature created a funding mechanism to establish an EMS Grants program to help offset the lack of tax-based funding and federal aid for the improvement of the EMS system throughout the state. This program is funded by a dedicated source (criminal fines and forfeitures) which established grants for the improvement of the statewide emergency medical services system. The Department of Health receives an amount equal to 14% of the total amount accumulated through the criminal fines and forfeiture process.

By statute, the EMS grants program was divided into fund accounts. The Department may use funds for statewide staff support, administrative expenses, other department administrative costs under the EMS Systems Act, and trauma system development. After the costs mentioned, 15% was dedicated to funding high school emergency medical training programs, 42.5% is allocated for per capita grants and 42.5% for competitive grants to local EMS entities.

During FY08 special legislative session, \$1,000,000 was removed from the Bureau of EMS General Funds. The money was replaced by funds from the EMS Grants restricted account. That decision resulted in cutting both grants programs to \$600,000 each for a total of \$1,200,000. This was anticipated to be a one time cut.

During the FY09 Legislative Session, the EMS Systems Act was changed (HB447) to exclude funding for Counties classed 1, 2, or 3 and agencies serving communities with more than 10,000 people if they were in Class 1, 2, or 3 counties. The per capita and competitive grants for the current year were awarded at \$450,000 in each category, competitive and per-capita, for a total of \$900,000.

The loss of EMS funds has significantly hampered urban EMS agencies' ability to deliver patient care because they are no longer eligible for any EMS grants funds. Rural EMS agencies were indirectly impacted by this cut because urban agencies are no longer able to provide education, time, and resources to their rural counterparts.

Additionally, the funding for the high school emergency training program was eliminated by HB447. The statewide high school training program is no longer taught, and thus the number of CPR and First Aid trained high school students has decreased. This program has existed since 1985, and since its inception an average of 20,000 high school students a year were trained and several students were recognized for their efforts that resulted in saving the lives of individuals.

Trauma Registry Data Collection System: The EMS Systems Act with funding through the EMS grants program supports the development and maintenance of the statewide Trauma System in Utah. A core component of an effective trauma system is the existence of a state-wide trauma registry. Beginning in 2001, Statute and Administrative rule began requiring all acute care hospitals in the state of Utah to submit data to the Department of Health for the state-wide trauma registry. Currently, forty-one acute care hospitals submit data on a quarterly basis to the State. On average, nine thousand patients meet trauma registry inclusion criteria each year adding up to a total of over fifty thousand records in the registry at this time. Last year the inclusion criteria changed in order to be compliant with the National Trauma Database Standard (NTDS). The Bureau of EMS holds quarter Trauma Users Group meetings and an annual training seminar to improve the quality of data in the trauma registry. The Bureau utilizes the data to produce quarterly fact sheets and reports to inform policy decisions, injury prevention activities, and educate healthcare providers and the public about trauma in Utah.

Emergency Medical Services for Children Outreach Initiatives: One of the goals of the National Emergency Medical Services for Children (EMSC) program is to establish permanence of EMSC in each State's EMS System. The National EMSC and HRSA program recommend that the EMSC Coordinator function as an integral staff member of the EMSC program with the state office of EMS. An EMSC Program Manager position that is supported by non-federal funds is an indication that the EMSC program in the state is being sustained over the long term and achieving the desired outcome and providing access to healthcare for children. Trauma Program funding was secured to support the EMSC Program Manager position in Utah. During the 2009 EMSC National Grantee Meeting, the Utah EMSC Program Manager received the "2009 Program Manager of Distinction" award.

Another goal of the National EMSC program is the existence of pediatric off-line protocol guidelines. In one year, the Utah pediatric off-line protocol guidelines were developed in partnership by Primary Children's Medical Center and the Utah EMSC Program. These protocol guidelines have been distributed statewide to EMS Agencies and hospital emergency departments. The Utah EMS Medical Directors are strongly encouraged to adopt these off-line pediatric protocol guidelines for their EMS agency(s). All emergency department staff providing on-line medical direction to EMS providers are being encouraged to become familiar with these protocol guidelines in order to provide quality on-line medical direction. Education for each of the 43 protocol guidelines is being recorded in partnership with Utah Telehealth and will be archived on their website for two years.

In addition to the protocol guidelines, the need for pediatric pre-hospital education and skills practice is significant for EMS providers due to the limited funding, time, and availability of pediatric expertise at the local level. During this past funding cycle, EMSC provided pediatric medical emergency training to 1,738 Utah EMS providers.

Rate Adjustments: The Department of Health evaluated the ambulance rates and determined that there was no justification of an increase this year. The entire rates structure is under evaluation and will be discussed with the various committees. A more simplified approach to rates is being considered which would have two rates, one for ambulance providers and one for paramedic providers. It is also a national trend to eliminate all surcharges including supplies by bundling them into the base rate and approve a base rate and mileage as the only allowable charges.

3. Closest Responder Recommendations

The EMS law clearly identifies that each provider be licensed for an exclusive geographical service area with aid agreements in place to allow for response when they are not available. This system takes into consideration at the time of licensure and re-licensure that the most appropriate responder is licensed for the exclusive geographical area. There is no consideration in the statute or rules that allow for the current location of a responder to be the determining factor.

4. Dispatch Center Designation

A final report from the Dispatch Center Task Force was presented to the Operations Subcommittee at the December 2008 meeting. The significant findings were:

1. A unanimous consensus among dispatch center supervisors that every call to a 911 Dispatch Center should be answered by a Certified Emergency Medical Dispatcher (EMD);
2. The most common reason for the lack of dispatch center compliance in meeting EMD certification requirements was cost and staffing issues. Sending personnel to training out of town was too costly and required overtime expenses.
3. Local training opportunities are uncommon and impossible for everyone to attend. The Operations Subcommittee reported these findings to the EMS Committee noting that most issues of non-compliance were training and certification related. The EMS Committee tasked the Dispatch Center Task Force to present these findings to the Training and Certification Subcommittee for discussion. The Training and Certification Subcommittee assigned members from that subcommittee to join the Task Force and work out some training and certification solutions to help the Dispatch Centers meet the requirement that all dispatchers in the center are EMD certified. The EMS Committee recently approved a change to administrative rule R426-12: Emergency Medical Services Training and Certification Standards. This change will allow greater opportunities for Continuing Medical Education (CME) hours available through a variety of media sources such as online at a computer terminal. The Task Force is working on developing methods of providing online interactive training courses for dispatchers to access during down times. They are also updating the EMD Training manual the last update of this manual occurred 10 years ago.

5. Duplication of Services and Taxing Consequences

Since the law requires exclusive geographic service areas and does not allow overlapping, there is no duplication of services in the emergency response area, and therefore, no taxing consequence. Where there is a “Request for Proposal” license there are always two providers for the same area, one providing 911 services and one providing non-911 services. This is not duplication because the 911 provider does not provide non-911 services and vice versa.

6. Recommended and Suggested Legislation

As the Utah EMS system evolved and the licensed providers’ desire for expansion has stabilized, there is only one suggestion for legislation. As mentioned in the EMS Grants Section, we would suggest repealing HB 447 and removing all of the restrictions added last year. This would allow funding eligibility for all EMS agencies. This would restore powers to the EMS Committee and their Grants Subcommittee to restore funding for the most needed EMS providers throughout the state and to reinstate the high school training program.

For the remaining statute, over the past year, EMS providers have embraced the language in the law 26-8a-408 criteria for determining public convenience and necessity, “The role of local governments in the licensing of ground ambulance and paramedic providers that serve areas also served by the local governments is important. The Legislature strongly encourages local governments to establish cost, quality and access goals for ground ambulance and paramedic services that serve their areas.”

Conclusion

The State EMS Committee continues to believe that essential stable funding sources be implemented to assist all local EMS providers in managing the increasing demands of the citizens. Your help in repealing HB447 is essential because it would reinstate the powers of the State EMS Committee. This will help EMS providers who are always in a constant state of readiness to meet the needs of patients regardless of their ability to pay. Utah has an EMS system with oversight and responsibility for delivery of emergency medical services from the originating 911 call for help to the delivery of the patient to the appropriate patient receiving facility. The EMS Committee plays a vital role in the oversight of the system and is proud of the working relationship between the **Bureau of EMS and Preparedness**, all providers, and the citizens of the state.

Respectfully,



Tamra Jo Barton, Chairperson
Emergency Medical Services Committee