

STATE OF WEST VIRGINIA

**UPDATE OF
PRELIMINARY PERFORMANCE
REVIEW OF THE**

EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL



**EMSAC is Moving Towards
Compliance with the Preliminary Review**

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February, 1997

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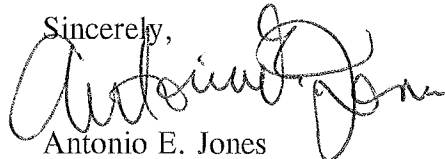
February 9, 1997

The Honorable Edwin J. Bowman
State Senate
Building 1, Room 231-WW
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

The Honorable Joe Martin
House of Delegates
Building 1, Room 213E
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

Gentlemen:

Pursuant to the West Virginia Sunset Law, we are transmitting an Update of the Emergency Medical Services Advisory Council, which will be reported to the Joint Committee on Government Operations on Sunday, February 9, 1997. The issue covered herein is "EMSAC now has Full Membership but has not Implemented One Recommendation."

Sincerely,

Antonio E. Jones

AEJ/wsc

Enclosure

Joint Committee on Government and Finance

The Emergency Medical Services Advisory Council was created to provide the Commissioner of the Bureau of Public Health and the Director of the Office of Emergency Medical Services with advice and expertise from individuals who have close contact with the EMS system throughout the state. The PERD conducted a preliminary review in 1995 and determined that low participation in the advisory council inhibited it from fulfilling its advisory role. A serious lack of participation existed among the membership of the council. This denied agency staff the opportunity to receive experienced advice from the council. Four recommendations were made to address the one issue area of the report.

The following categories are used to describe the degree of compliance by the Council with the recommendations of the original review.

| Levels of Compliance |
|--|
| In Compliance - The Division has corrected the problems identified in the final draft of the audit report. |
| Partial Compliance - The Division has partially corrected the problems identified in the final draft of the audit report. |
| Planned Compliance - The Division has not corrected the problem but has provided sufficient documentary evidence to find that the agency will do so in the future. |
| In Dispute - The Division does not agree with either the problem identified or the proposed solution. |
| Non-Compliance - The Division has not corrected the problem identified in the final draft of the audit report. |
| Requires Legislation - Cannot be addressed by the agency because statutory change is necessary. |

Only three of the four recommendations in the review apply to the Council in this review. Legislative action was required for the other recommendation. **The EMSAC is working toward compliance in the recommendations. The Council now has full membership, and several new activities have been implemented to comply with the review.**

ISSUE AREA 1: LOW PARTICIPATION IN THE EMERGENCY MEDICAL SERVICE ADVISORY COUNCIL INHIBITS IT FROM ADEQUATELY FULFILLING ITS ADVISORY ROLE.

Recommendation One

The OEMS should reinstate the measurement of EMS performance that was discontinued in 1991 so that the effectiveness of the overall performance of the statewide EMS system can be accurately gauged. The new director of OEMS has already expressed an intention of doing so. Further, a formal procedure for the directors of OEMS and BPH to request advisory opinions from the Council, and for the Council to transmit opinions to the directors should be created. Once the communication process is implemented, the director of OEMS can develop a performance measurement system using the following six step approach. First, affirm the Council's mission, goals, target population and needs. Second, identify the uses and users of the performance information. Third, select what to measure and choose benchmarks for comparison. Fourth, develop a measurement system by refining selected measures with regard to unit of measure, appropriate methodology, data availability, cost beneficial collection and ease of verification. Fifth, establish a monitoring system to track, analyze and report about performance, comparing the actual performance to the benchmark. Finally, make decisions based on program performance and adjust programs where necessary.

Level of Compliance: **Partial Compliance**

The EMSAC responded to this recommendation by taking the following steps. (These are quoted directly from an EMSAC memorandum to PERD.)

1. The EMS Run Report data compilation process is being studied actively for reinstatement. Limitations here are funding and personnel. This process may take two to three years to accomplish if a funding source can be identified.
2. Licensure of EMS Agencies as passed with the newly adopted WVC§16-4 will enable measurement of EMS Agencies along with the licensure requirement. Limitations include funding and legislative rule promulgation. Both are to be considered in the upcoming term.
3. Reinstatement of the Hospital Trauma Registry data collection process is just about complete. Limitations include compliance among hospitals.
4. Development of ambulance call data retrieval from the Regional Medical Command Centers is to be developed in the upcoming year in conjunction with the new Advisory Council

5. Day-to-day personnel certification and Medicaid ambulance inspection data has been reorganized and is now available and accurately reflects this material as needed.
 6. Electronic inflow of data for some day-to-day activities has been developed and is in the early implementation phase. If viable, these processes should be fully implemented by July 1, 1997. These processes include: Continuing education course registration, course roster tracking, Medicaid ambulance inspection, emergency vehicle permit application and provider survey.
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Recommendation Two

The OEMS should solicit organizations represented on the council to provide the Governor with nominations for all existing vacant positions and such vacancies as will occur in 1995 and 1996. These nominations should be provided before December of 1995. This will allow the Senate to take action on nominees' confirmation during the 1996 Session. With the exception of the nominees to succeed terms which expire in June 1996, these nominees should assume the position and duties of membership immediately upon confirmation by the Senate.

In the future, nominees should be forwarded to the Senate for confirmation before the session immediately preceding the expiration of the existing term. For example, those positions that will expire in June, 1996, should have the successor confirmed during the 1996 legislative session, in order that the successor may assume the duties at the beginning of the next term (July 1, 1996). This would eliminate the period of 6 to 8 months of vacancy that occur when the successor is not nominated until after the expiration of the term.

Level of Compliance: **In Compliance**

In October 1995, five nominees were confirmed by the Senate during an extraordinary session of the Legislature. The Council currently has a full complement of 15 members with no vacancies (changed from 13 members during the 1996 legislative session). A quorum of 12 was obtained at the January 13, 1997 meeting. Current membership information is included in the Appendix.

Recommendation Three

To facilitate the recommended evaluation of 1996, the council should hold the first of its mandated two yearly meetings prior to July of 1996, so that the PERD can more accurately judge the council's activities.

Level of Compliance: **Non-Compliance**

The Council did not meet in 1996 due to legislation passed during the 1996 regular session. The

legislation changed the composition of the Council requiring the appointment of new members.

Recommendation Four

The Emergency Medical Services Advisory Council should be continued for one year. Another preliminary review should occur in the second half of 1996 to ascertain whether these changes have affected the participation of the council members. If at that time it is determined that the council is still ineffective, termination should be considered.

Level of Compliance: **Requires Legislation**

This recommendation was addressed to the legislature and is not applicable to the EMSAC.

Appendix A

**Emergency Medical Services Advisory Council
Membership as of December 16, 1996**

| Member | Group Represented |
|-------------------------|---|
| Lois Lipscomb | Mountain State EMS Association |
| Mike St. Clair | Mountain State EMS Association |
| Margaret Staggers, M.D. | WV Chapter, American College of Emergency Physicians |
| John Riddle | State Department of Education |
| Dave Maynard | EMS Providers |
| Kelly Crosier | Small EMS Providers |
| Louis Robinson | WV Fireman's Association |
| Joanna Craigo | General Public |
| Allen Holder | General Public |
| James Harris | General Public |
| Paul Seamann - Chairman | WV EMS Coalition |
| Joe Lynch | WV EMS Administrator's Association |
| W. Don Smith | WV Hospital Association |
| Rick Wellman | WV Association of County Officials |
| Chip Sovick | WV Ambulance Association |