Effect of State Legislative Policies On Meeting EMSC Performance Measures

Tasmeen Singh, MPH, NREMTP, Karen Belli, Stephen Forest, MPH, CHES.
EMSC National Resource Center, Child Health Advocacy Institute, Children's National Medical Center, Washington, DC

Background

The federal Emergency Medical Services for Children (EMSC) Program is part of the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA). Authorized under Section 1910 of the Public Health Service Act (42 U.S.C. 300w-9), the EMSC Program was first funded at $2 million in FY 1985. In FY 2007, the Program was funded at $19.8 million. This grant program has provided state partnership (SP) grants to all 50 states, DC, and the 5 territories for over 15 years.

Since 2006, states/territories are required to meet specific performance measures in an effort to focus on accountability and outcomes. These performance measures were developed and implemented across all programs within HRSA and MCHB. The SP grantees are responsible for three major performance measures (PM), each of which has several sub-measures. They include:
• PM 66: The degree to which the State/Territory has ensured the operational capacity to provide pediatric emergency care.
•PM 67: The adoption of requirements by the State/Territory for pediatric emergency education for the recertification of paramedics.
•PM 68: The degree to which the State/Territory has established permanence of EMSC in the State/Territory EMS system.

The last measure has a component that requires states/territories to incorporate all EMSC PMs in state statute or regulation to ensure their permanence.

Objective

1. To describe the success of states/territories in reporting data on each of the performance measures;

2. To describe the relationship between state/territory legal policies and the ability of states to meet selected performance measures.

Methods

All states and territories submitted data to the HRSA electronic handbook in July 2007. Data for each state and territory was reviewed and compared to a telephone survey assessment to determine the data collection method that was used. Based on the assessment, states and territories that did not utilize an appropriate data collection method were excluded from analysis.

Statutory and regulatory information was collected through keyword searches conducted on LexisNexis. Each keyword search was developed and refined, choosing an appropriate and comprehensive set of terms for each performance measure topic researched. The results of each keyword search were analyzed and interpreted to understand its relevance and identify false results.

The results of the performance measure data reporting was compared to the legal analysis.

Acknowledgements

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Results

Performance Measure Reporting

Forty-five states and territories reported data into the HRSA electronic handbook. Data quality was assessed for each state or territory on each performance measure as presented below.

Performance Measure 66: Operational Capacity to Provide Pediatric Emergency Care

66a: The percent of prehospital providers who have access to online and offline medical direction.
Thirty-eight states had analyzable data for this measure. The mean percent of providers who have access to online and offline medical direction was 82%; 63% of states meet the target of 90% of prehospital provider agencies having access to online and offline medical direction by the year 2011.

66b: The percent of EMS agencies that have essential pediatric equipment.
Thirty-eight states had analyzable data for this measure. The mean percent of ambulance agencies with all pediatric equipment was 70%. The target identified by the program is 90% by 2011.

66c: The existence of a statewide, territorial, or regional system that recognizes hospitals that are able to stabilize and/or manage pediatric emergencies
Forty-five states had analyzable data and 31% had a formal recognition program.

66d: The percentage of hospitals that have written inter-facility transfer agreements and guidelines that specify alternate care sites that have the capabilities to meet the needs of pediatric patients.
Thirty-six states had analyzable data and an average of 39% of hospitals in states/territories have written guidelines/agreements.

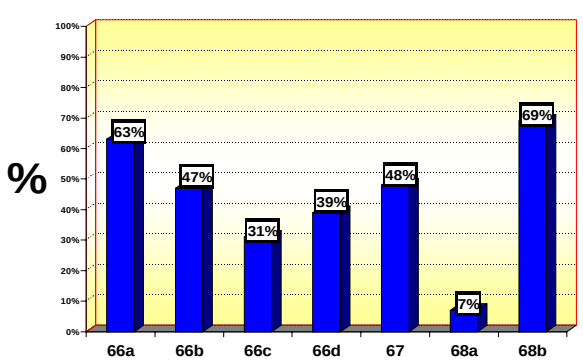
Performance Measure 67: Pediatric Training for Paramedics
Forty-eight percent of the 44 states reporting data indicated they had mandated pediatric training for the recertification of EMTs and paramedics.

Performance Measure 68: Establishing permanence of EMSC

68a: Establishment of an EMSC advisory committee.
The establishment of an EMSC advisory committee was measured by the presence of a committee with 14 required members who meet four times per year. Ninety five percent of states reported that they met this measure. After assessing their advisory committee membership and meeting schedule, however, only 7% of states actually met this measure.

68b: Pediatric representation on the EMS board
Sixty nine percent of the 45 reporting states indicated that they had a pediatric representative on the state/territory EMS board.

Percent of States Meeting Performance Measure Targets

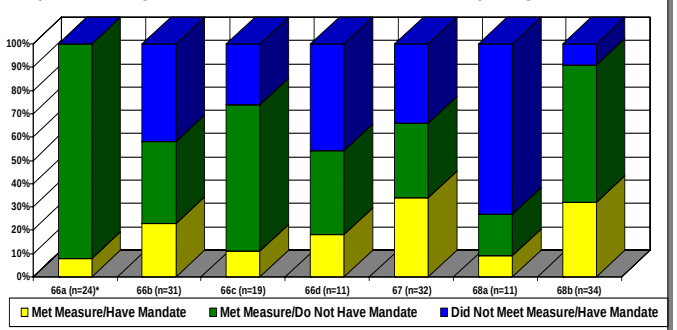


Legal Analysis

States with Legal Mandates on Performance Measure Topics

66a: Two of the 38 states with analyzable data have a statutory mandate related to medical direction.
66b: Twenty of the 38 states with analyzable data have a statutory and/or regulatory mandate related to equipment.
66c: Seven of the 45 states with analyzable data have a statutory mandate related to hospital recognition.
66d: Seven of the 36 states with analyzable data have a statutory mandate related to inter-facility transfer guidelines and agreements.
67: Twenty-two of the 44 states with analyzable data have a statutory and/or regulatory mandate related to paramedic training.
68a: Nine of the 45 states with analyzable data have a statutory and/or regulatory mandate related to an advisory committee.
68b: Fourteen of the 45 states with analyzable data have a statutory and/or regulatory mandate related to representation on an EMS board.

Comparison of Legal Mandates and Performance Measure Reporting



* n is calculated per performance measure by subtracting the number of states that neither met the measure nor had a mandate from the number of states with analyzable data.

Discussion/Conclusion

The EMSC Program has a performance measure (68d) requiring that states and territories institutionalize all EMSC performance measures by incorporating them into statute or regulation. This analysis found that the existence of a statutory or regulatory mandate has no relationship to a state's ability to meet a given performance measure. Although it is unsurprising that the majority of states that have a mandate meet a given measure, it is surprising to note that there are states who have a legal mandate but do not meet the given measure. These are the states where the relationship between policy and implementation is most interesting.

Possible reasons for this observation include;
• The existence of statutory mandate but not a regulatory mandate that operationalizes the statute's authority (*e.g.,* the rules and regulations in a state/territory have not been updated to enforce the statute).
• A statutory or regulatory mandate being narrower in scope than the performance measure (*e.g.,* the statute or regulation only applying to the trauma system as opposed to the entire EMS system). This issue was particularly noticeable for performance measure 68a; while several advisory committees are mandated by the state, their membership is locked by statutory language, making it difficult to add members as required by the federal performance measure.
• The complexity of the state legislative and regulatory systems being a hindrance to enacting a mandate on any given measure compared to the ease of meeting a performance measure through non-legal processes.