

EMS Community Planning Project in Kansas Phase One Report

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Background

The idea of informed communities guiding EMS system development is not new, but the concept has been formalized with the recent publication of the *Rural and Frontier EMS Agenda for the Future*, a consensus document spearheaded by the collaborative efforts of the National Organization of State Offices of Rural Health, the National Association of State EMS Directors, and the National Rural Health Association, with support from the federal Office of Rural Health Policy. The concept is known as “informed self-determination” and is based on the premise that, “...communities can objectively assess and publically discuss the level and type of EMS care available, consider other options and accompanying cost, and then select a model...” The *Agenda* is available online at www.nrharural.org/EMSagenda/.

Several community self-determination processes are available. One of these approaches is the EMS Community Planning and Integration process developed by the Critical Illness and Trauma Foundation of Bozeman, Montana (CIT), with the support of the U.S. Department of Health and Human Services – Office of Rural Health Policy. In 2002 the Kansas Board of Emergency Medical Services began working with CIT to implement a program that would assist selected communities in Kansas with the EMS Community Planning Process. This project was made possible through the Kansas Rural Health Options Project, who manages the Rural Hospital Flexibility Program with funding from the federal Office of Rural Health Policy.

The EMS Community Planning Process relies on the use of a Planning Guide that consists of a series of surveys to be completed by participating EMS agencies as well as other public service agencies, health care organizations and stakeholders in the EMS agency’s service area. This Planning Guide is available in the public domain at www.citmt.org/training.

EMS Community Planning consists of a process of internal and external assessment of the effectiveness of the current EMS system in participating communities. The process is designed to serve as a tool to evaluate strengths and identify areas of challenge. Community planning is about questioning – assessing how the service interacts with the community and each of the agencies and systems that impact emergency medical care. The EMS Community Planning tool and process was designed to help facilitate a process to better align the community with the EMS agency and, hopefully, foster an increased interest and support of EMS activities. It provides important activities and benchmarks that will help to measure progress toward the integration of the community, in its broadest sense, and the EMS System.

In the Kansas project, the Community Planning Process resulted in the development of a report for each community that identified immediate potential action steps and served as a template that could be used to generate a long-term community-specific strategic plan.

Phase One Project Site Selection

An invitation to submit an application for participation in Phase One of the Kansas Rural Health Options Project Community EMS Assessment and Planning Initiative was sent to all rural, licensed ambulance services by the Kansas Board of Emergency Medical Services. More than a dozen applications were received, and six rural communities were selected to participate in the pilot program. After an initial orientation program, four of the six applicants (Finney County, Ness County, Stafford County and Linn City) elected to participate.

Community Orientation

A community orientation was provided in each community by Katrina B. Altenhofen, MHP, EMT-P. In each community, ambulance services invited a group of key internal (ambulance service staff) and external (community) “stakeholders” to participate in the orientation. These stakeholders were meant to form the nucleus of a team that would provide leadership for the project. Local participation in this orientation varied from two to three individuals to more than a dozen in some sites. At these orientation sessions an overview of the EMS Community Planning process was presented outlining the following outcome expectations:

- Development of clear expectations about what the process could do for each respective community.
- Define roles and responsibilities for all process participants.
- Provide clear expectations about what outside resources would be available to draw upon.
- Assign target dates to the identify responsibilities.

Internal Surveys

Internal surveys were sent to each service in sufficient quantity to be distributed to all EMS personnel associated with the agency in those agencies, and in some instances also to personnel from surrounding EMS agency personnel. Postage paid envelopes, addressed directly to CIT, were provided with each survey to encourage completion and to provide some assurance of anonymity. Return rates ranged from 40-65%.

Strengths, weaknesses and issues identified by the surveys varied by community, but some common themes emerged:

- EMS agencies believe they provide exemplary patient care and are compliant with local protocols.
- EMS personnel feel they are valued within the community.
- EMS agency personnel believe there are good opportunities for continuing education within their agency or surrounding community. This varies from feedback received at re-licensure time by the Board of EMS.

- EMS personnel are happy with the organizational and administrative structures under which they currently operate. This suggests that there may be reluctance to move towards different organizational structures in the future.
- Most EMS providers feel like they are not being well prepared for potential future roles and responsibilities within their department.

External Surveys

A clear understanding of the perceptions of EMS agencies held by community stakeholders can often provide a strong catalyst for change. Surveys are sent to a variety of individuals in each community. Individuals from healthcare organizations; the public safety system; the political system; the school system; local/regional media; and at-large community members are all included. In most communities external surveys were processed locally. Return rates varied by category, e.g., health care system, public safety system, etc. from 4% to 38%.

In all communities there were many positive responses on external surveys, but the results revealed some disconnect between EMS agencies' perceptions about their relationships with various entities, e.g. public safety, and the perceptions of the agencies. In most cases the EMS agency felt that the relationship was stronger than did the other agency. For instance, EMS agencies universally felt that they had strong working relationships with the receiving facilities. Personnel within the facilities felt that there was some room for improvement in those relationships.

Public Relations

Two template press releases were sent to each participating agency at appropriate points throughout the process to allow the service to issue a press release to enhance community awareness of the project. Some participating communities had strong media support for this effort. In these communities the return/response rate tended to be higher than in those communities with poor media response. In all communities, however, response to surveys by community members at-large was the weakest link in the process. It also was clear from the limited responses that the public does not know a great deal about EMS and/or how it operates within their community.

A third press release marking the completion of the process was also provided to each participating agency.

Technical Assistance

A project facilitator from CIT was able to conduct site visits in each location at least twice, and in some communities as many as four times. Technical assistance is very important, and it is important that the advisor be well versed in a wide variety of topics and EMS applications. It also seems to be important to avoid the use of a regulatory agency or an individual from the immediate service area for facilitation, as this could discourage open and honest dialogue.

Results

Sites expressed satisfaction with the process. Sites indicated that they both learned something about how other agencies and individuals perceive them, and that the project also validated some long-held beliefs about their service. Several agencies offered that the most valuable outcome of the process was that it opened dialogue with entities with whom the agencies had not previously had a working relationship.

Subsequent Activity to Phase One

Quality Improvement

At the conclusion of Phase One, project leaders from the Kansas Rural Health Options Project participated in a one-day meeting with CIT and project leaders of the Montana FLEX program also engaged in a CIT-facilitated EMS community planning project. The meeting led to a review and update of each section of the community planning guide and the development of a streamlined process that could compress project time frames while not sacrificing the interactive qualities of community forums.

Project Phase Two

Additional communities have been invited to participate in this project. Communities chosen to participate in Phase Two included:

- Bennington
- Crawford County
- Edwards County
- Ellinwood
- Lyon County (Emporia)
- Minneapolis

Several assessments also have been undertaken in ambulance services affiliated with the Northeast Kansas Health Care Network, based out of St. Francis Health Center in Topeka, under a separate contract between CIT and St. Francis. Assessments were completed under this contract for Horton EMS and Seneca Ambulance. A more comprehensive evaluation of the project will be undertaken when all Phase Two projects are completed.