



# EMS VITALS

Bureau of Emergency Medical Services  
Volume 2, Issue 2

# 911

April/May 2006

## “Access to Care Task Force” Publishes Recommendations for Emergency Department Delays And Hospital Diversions Submitted by Matt Zavadsky

Time. It's a commodity that EMS provider's (and our patients) live or die by. Many things impact precious time, but recently the issue of lengthening delays at hospital emergency departments coupled with prolific hospital diversions have grabbed local and national attention.

EMS leaders in Florida report that the average wait time for handing off ambulance patients to an E/D has more than doubled in the past 5 years from 20 minutes to more than 45 minutes.

According to the Florida EMS Bureau Aggregate Data site – thanks Scott and Stephanie! - (<http://clientdoh.doh.state.fl.us/IRM00prehospital/Repthome.asp>) Florida's EMS Providers responded to 2,340,719 '9-1-1' EMS requests in 2004. If the average ambulance wait time in the E/D is 45 minutes, this means that statewide, we 'lose' 29,260 hours a year of EMS system productivity. A recent analysis of ambulance costs in an urban county revealed a unit hour cost of \$114.62.



Using simple mathematics, this equates to \$3,353,600 per year in lost productivity costs to the EMS system statewide. Of course, it's impossible to calculate the human loss due to extended EMS response times while EMS units are idling at E/Ds.

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## FAMA on FAA National Transportation Safety Board Initiatives

There has been much press regarding fatal accidents in air medical transportation over the past several years. The Florida AeroMedical Association (FAMA) recognizes the severity of this trend and encourages all air medical operators to take action based on recommendations and regulatory requirements provided by the National Transportation Safety Board (NTSB) and the Federal Aviation Administration (FAA). The NTSB and FAA have the responsibility and regulatory authority to protect passengers in commercial transportation and are working harmoni-

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### Special points of interest:

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## Access to Care Task Force

*(Continued from page 1)*

Finding effective methods for dealing with E/D delays and diversions was on the minds of more than 60 EMS leaders when they met for the 1<sup>st</sup> time in July 2005 as part of the Access to Care Task Force created by the Florida EMS Advisory Council. The Task Force has very diverse representation from many EMS agencies and other stakeholders, including:

- Emergency Nurses Association of Florida
- Florida Ambulance Association
- Florida Association of Counties
- Florida Association of County EMS
- Florida Association of EMS Providers
- Florida Association of Rural EMS Providers
- Florida College of Emergency Physicians
- Florida EMS Bureau
- Florida Hospital Association
- Shands – Gainesville Hospital
- Shands – Jacksonville Hospital
- Orlando Regional Healthcare
- Tampa General Hospital
- University of South Florida

Under the steadfast leadership of Michael Patterson, EMS Advisory Council member and EMS Chief for Putnam County, these committed professionals began the daunting task of creating “Best Practices” for minimizing E/D delays and hospital diversions.

Working proactively through ‘white-board’ sessions and facilitated e-mail discussions, the Task Force developed a white paper identifying several trends that are contributing to the lengthening E/D delay and hospital diversion crisis.

- Unrealistic Patient Expectations
- Overuse of the E/D by Private Practice Physicians
- Hospital Throughput
- EMS System Design
- Reimbursement Challenges
- Government and Regulatory Issues

Once these trends were identified, the Task Force developed statements for each area regarding the “Current State” and “Desired State” for each trend and made recommendations regarding the most appropriate agency or constituency group to be the agent for changing from the current to desired states.

Throughout the development of the white paper, a number of Task Force members described actions and programs developed in local areas to successfully alleviate the access to care crisis.



The Task Force members know that E/D delays and hospital diversions are currently a state and national crisis, but strongly believe that solutions are best determined on a local basis, at least at this point. To assist with the development of local solutions, the Task Force has published a list of the identified actual “Best Practices” that have been successfully implemented to alleviate some of the delays and diversions.

Some of the recommendations include:

- EMS providers should communicate with each other on issues common to each other, regardless of competitive service delivery.

- EMS providers should meet with and discuss issues with E/D managers as well as senior hospital administration (CEO level).

- Hospitals should implement mechanisms to notify EMS regarding bed availability and patient load status to determine where patients should be directed.

- EMS Protocols should be adopted that authorize only EMS System Medical Directors to put hospitals on diversion status.

- EMS Medical Directors should only place hospitals on diversion due to critical infrastructure failures (Unavailability of C.T., cardiac monitor, etc.).

- EMS Medical Directors should be authorized to place hospitals on diversion if they exceed a reasonable threshold of ambulance wait time and the minimum diversion should be four to twelve hours.

- Placement of temporary beds in the E/D for use by EMS personnel to place patients when no E/D beds are open

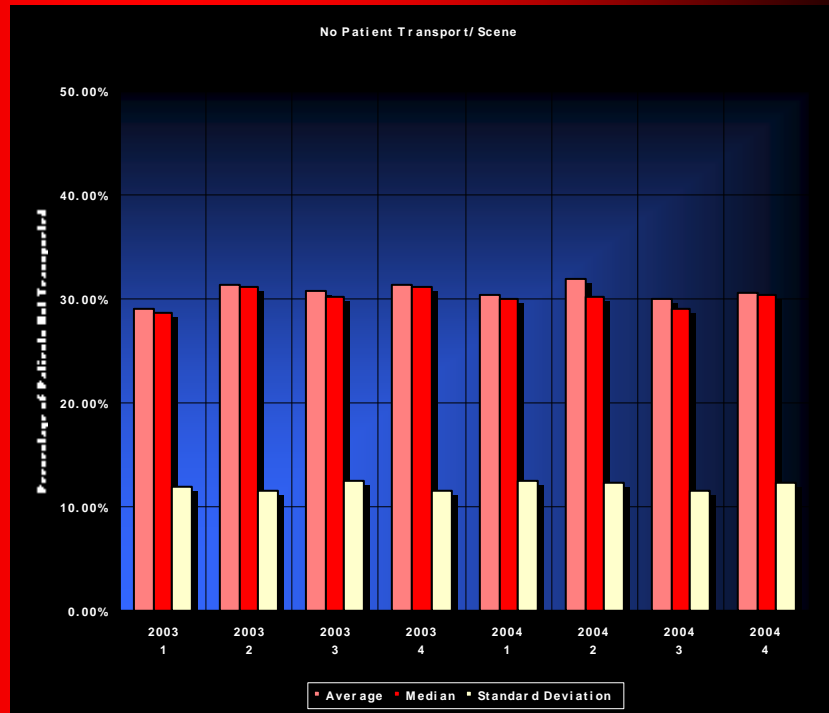
*(Continued on page 3)*

## Percentage of Patients Not Transported

Let's take a moment and look at what this graph is telling us.

First, each patient that accesses the EMS system is not transported. This is fairly intuitive for those who have spent more than a week on a truck. Second, there is a relatively consistent number that are not transported. On the graph we see that the average number ranges from about 29% to about 32%. This spread shows that the non-transport events are regularly occurring and they occur in a relatively predictable percentage of scene calls. Third, the median is very close to the average. This point illustrates that the range of submitted data is reasonably distributed. Fourth, the standard deviation illustrates the range of submittals. The standard deviation for each of the points is consistent. This means that the majority of reporting agencies fell within the average, plus or minus the standard deviation amount. Finally, for those on a transport vehicle, it can be argued that the majority of the time, across the state of Florida, approximately one quarter to one third of the scene calls to which EMS responds will end without the patient being transported.

Why Collect the Data?  
"So you know what you don't know!"



The purpose for this graph was to illustrate the percentage of patients who access EMS and then are not transported. The information for this graph was obtained from the current State EMS aggregate data.

## Access to Care Task Force

(Continued from page 2)

and use of an "EMS Action Team" to relieve ambulances at a hospital awaiting beds.

The Florida EMS Advisory Council adopted the white paper and its recommendations on December 7, 2005 and although the Task Force is due to 'sunset' in April 2005, EMS Advisory Council Chair Dr. David Shatz is recommending that the Task Force be renewed for an additional year to assist local agencies with the implementation of the best practices, as well as engaging partner organizations to assist with the transition from our current state to desired state in the months to come.

The Task Force would like to extend special thanks to all the participating agencies and constituency groups who are working diligently to help alleviate this crisis. We would also like to thank the Florida Hospital Association for including Mike Patterson, Dr. Joseph Nelson and Dr. Jennifer Bencie-Fairburn on their Access to Care Task Force.

### Breaking News:

After the development of the recommendations, the Atlanta Regional Office for the Centers for Medicare and Medicaid Services (CMS) issued a memo to all participating hospitals addressing the delay of accepting ambulance of patients once on hospital property. In the memo, CMS states:

"This practice [delaying ambulance E/D offload] may result in a violation of the Emergency Medical Treatment and Labor Act (EMTALA) and raises serious concerns for patient care and the provision of emergency services in a community. Additionally, this practice may also result in violation of the Conditions of Participation for Hospitals." The memo goes on to state, "A hospital that delays the screening examination or stabilizing treatment of a patient who arrives via transfer from another facility by not allowing EMS to leave the patient could also be in violation of EMTALA."

The Access To Care Task Force White Paper, as well as the CMS Memo can be viewed and downloaded through the Emergency Medicine Learning and Research Center's new EMS Clearinghouse at <http://www.emlrc.org/clearinghouse/>

## FAMA on FAA NTSB Initiatives

(Continued from page 1)

ously with industry representatives to develop changes aimed at reducing the accident rate by increasing awareness and applying system changes to specific areas of air medical operations.

The NTSB and FAA recognize the consequences of human factors and other causes of accidents and believe that resolution is possible through training and regulation.

The NTSB did a special investigative review of 55 EMS accidents that occurred between 2002 and 2005. They specifically cited seven accidents which reflected the typical causes of EMS accidents. They found recurring safety issues during the study which include:

Operating under Part 91 for portions of the flight

Lack of risk assessment programs

Lack of appropriate dispatch procedures

Lack of terrain avoidance or vision enhancement technologies in use

Specific recommendations presented by the NTSB include:

Operate under Part 135 for the entire Flight

Initiate a risk assessment program

Formalize dispatch and flight-following procedures including dedicated dispatchers with aviation specific knowledge and experience

Use terrain avoidance equipment

Use night vision equipment, if appropriate and used properly

The FAA began a regulation rewrite process in 2003 and the proposed revisions to Part 135 are in the public comment period at this time. In order to respond more rapidly, FAA Notices 8000.293, 8000.301, 8000.307 providing operational guid-

ance, risk assessment and FAA inspection requirements along with Advisory Circular 00-64 Air Medical Resource Management training guidelines were issued in 2005. Most recently Bulletins 06-01, more stringent weather minimums, and 06-02 increasing mandates for training and the prevention of controlled flight into terrain (CFIT) have been issued. All Air Ambulance services holding air carrier certification will be accountable and must comply with these changes. The most recent Notice N8000.318 instructs FAA inspectors to insure all operators who do not hold an Air Carrier Certificate and operate under the public entity rules are aware of these initiatives.



The Florida Aero Medical Association supports these initiatives for all air medical providers. At the same time we ask for assistance from our partner organizations, the hospitals, communications centers and all EMS providers to support us in the quest to eliminate accidents in the air medical community.

As one of these groups you ask what can we do to help! One of the related issues is referred to as "shopping". This may occur when one organization turns down a transport for inclement weather and the requesting party calls around to other air providers until someone agrees to attempt the flight. We know that a turn down by one organization does not always mean the transport can not be completed, however, the next requested organization's pilot in command must be advised that another pilot has de-

clined the flight due to weather. By alerting the crew to a potential problem it will create a more thorough review of the flight conditions and reduce the negative feeling generated by refusal to respond. This should be developed into a standard operating procedure for all organizations or communications centers requesting responses.

Another way to provide a safer environment for the flight crews and patients is that each hospital served by helicopter transports has an approved helistop that meets the guidelines presented in FAA Advisory Circular 150-5290-2B. This circular is available at the following website:

[http://www.airweb.faa.gov/Regulatory\\_and\\_Guidance\\_Library/rgAdvisoryCircular.nsf/0/412DE833D6BAA71286256F340060C072?](http://www.airweb.faa.gov/Regulatory_and_Guidance_Library/rgAdvisoryCircular.nsf/0/412DE833D6BAA71286256F340060C072?OpenDocument&Highlight=150)

[OpenDocument&Highlight=150](#)

The EMS Division can be extremely helpful in accomplishing this task by insuring hospital helistops become one of the safety objectives established for the EMS Grant program.

Safety is the most important aspect of air medical transport and FAMA supports all initiatives targeting the elimination of accidents, incidents and injury or damage to persons or property during or related to air medical operations. The recommendations proposed by the NTSB are appropriate and the requirements established by the FAA should affect the accident rate in a positive manner. FAMA recommends all air medical operators review the information provided by the NTSB and FAA, implement the appropriate changes within your organizations and reach out and educate operational partners in these important aspects of safety in air medical operations.

Questions arising from the Information presented can be referred to Gerry Pagano at 561-689-7140 ext. 1422.

**Mark Your Calendars  
April 2006**

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

**Emergency Medical Services  
for Children**

Recently the Bureau was awarded a non-competing, continuation EMSC federal partnership grant for year three funding in the amount of \$115,000.

As part of the current federal EMSC partnership grant, EMSC staff will be coordinating Pediatric Education for Pre-hospital Professionals (PEPP) courses in Central Florida beginning in April through June. For More information regarding the courses, please contact Danny Griffin at (352) 384-3129 or by Cell at (352) 494-1158.



Dates and locations are listed in the schedule of upcoming events (see right).

Copies of Emergency Information Form for Children with Special Health Care Needs are still available. For copies of the form contact Patricia Kenyon at (850) 245-4440, extension 2686, or by e-mail at [patricia\\_kenyon@doh.state.fl.us](mailto:patricia_kenyon@doh.state.fl.us).

In an effort to improve the education and training of initial emergency responder-across the EMSC continuum of care, a resource document, "Emergency Guidelines for Schools," has been placed in schools in all 67 Florida counties. To date, approximately 5,000 guidelines have been distributed. Additional copies will be available in April. For information about the Guidelines contact Patricia Kenyon at (850) 245-4440, extension 2686, or by e-mail at [patricia\\_kenyon@doh.state.fl.us](mailto:patricia_kenyon@doh.state.fl.us).

**Upcoming Events**

- **April 12, 2006 - April 14, 2006**  
State EMS Advisory Council Meeting at the Crown Plaza Hotel Orlando Universal .
- **April 22, 2006 - April 23, 2006**  
PEPP course at Santa Fe Community College in Gainesville; contact Rosemary at 352-334-0457.
- **April 29, 2006 - April 30, 2006**  
PEPP course at Santa Fe Community College in Gainesville; contact Rosemary at 352-334-0457.
- **May 1, 2006**  
Nomination deadline for EMS Advisory Council vacancies.
- **May 1, 2006 - May 4, 2006**  
Grant review team meeting.
- **May 6, 2006 - May 7, 2006**  
PEPP course in Dixie County; location and contact to be announced on listserv.
- **May 13, 2006 - May 14, 2006**  
PEPP course at Bronson EOC in Levy County; contact to be announced on listserv.
- **May 14, 2006 - May 20, 2006**  
National EMS Week with the theme: "Serving on Health Care's Front Line."
- **June 3, 2006 - June 4, 2006**  
PEPP course in Putnam County; location in Palatka and contact to be announced on listserv.
- **June 10, 2006 - June 11, 2006**  
PEPP course in Bradford County; location in Starke and contact to be announced on listserv.

## ***Drowning Prevention Did You Know???***

The " Preston de Ibern/McKenzie Merriam Residential Swimming Pool Act ", Chapter 515, Florida Statutes ( F.S.), effective October 1, 2000, requires all new residential swimming pools to have **one** of the following safety features:

- pool must be isolated from access to a home by an enclosure that meets the pool barrier requirements in the law (for example-4 foot fence around the perimeter of the pool with additional requirements of the fencing)
- pool cover
- doors and windows with exit alarms
- doors with self -latching and self-closing mechanisms with a release mechanism ( door lever) placed no more than 54 inches above the floor

Check with your local planning department for your county requirements for pool safety or refer to Chapter 515, F.S. for further details.

### **Unintentional Drowning Rates:**

- AK, HI, and FL had the highest overall unintentional drowning rates in the nation between 1999 and 2003, with rates of 3.7, 2.5, and 2.1 per 100,000 population, respectively
- FL had overwhelmingly the highest unintentional drowning rate in the nation for the 1 to 4 year old age group, with a rate of 9.0 per 100,000 population (AZ was second for this age group with a rate of 6.6)
- Of the 229 unintentional drowning of Florida resident toddlers ages 4 and under between 2002 and 2004, 64% were in swimming pools

The best intervention for drowning prevention for toddlers ages 4 and under is **constant ADULT Supervision!**

Call the Office of Injury Prevention if you need assistance for injury prevention ideas-Lisa VanderWerf Hourigan or Michael Lo at (850)245-4444 extension 2776 and 2729, respectively.

## ***Did you know?***

Each year in Florida, approximately 3,000 individuals sustain a moderate-to severe traumatic brain injury (TBI).

A TBI occurs every 23 seconds and leads to more than one million emergency room visits each year.

Automobile crashes are the most frequent cause of these life-changing injuries, followed by falls and acts of violence.

According to the Centers for Disease Control and Prevention (CDC), males are 1.5 times as likely as females to sustain a TBI, and the two age groups at the highest risk for a TBI are 0 to 4-year-olds and 15 to 19-year-olds.

According to the CDC, Florida has upwards of 20,000 brain injuries per year. It occurs more often than breast cancer, HIV/AIDS, multiple sclerosis and spinal cord injuries combined.

Despite this fact, many Americans are not aware of this public health problem or that

**prevention**  
is the only cure.

## ***Florida Bureau of Emergency Medical Services***

**MISSION:** To provide leadership in Emergency Medical Services that improves and ensures the health, safety and well

being of all people in Florida.

**VISION:** By providing quality leadership we ensure the highest quality EMS care to all citizens and visitors of the state and are valued by those we serve and our partners.

For more information about our organization, contact the Bureau at (850) 245-4440.

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web at  
[www.fl-ems.com](http://www.fl-ems.com)