STATE OF WEST VIRGINIA

PRELIMINARY PERFORMANCE
REVIEW OF THE

EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL

Low Participation in the Emergency Medical Services Advisory Council Inhibits it from Adequately Fulfilling its Advisory Role

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PE 95-03-24

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June, 1995

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Antonio E. Jones, Ph.D.
Director

June 11, 1995

The Honorable A. Keith Wagner
State Senate
Box 446
Iaeger, West Virginia 24844

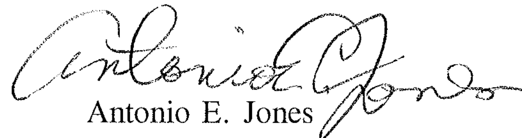
The Honorable Joe Martin
House of Delegates
Building 1, Room 213E
1900 Kanawha Blvd. East
Charleston, West Virginia 25305

Gentlemen:

This is to transmit a preliminary performance review of the Emergency Medical Services Adviory Board on which we will report to the Joint Committee on Government Operations on Sunday, June 11, 1995. The issue covered herein is "Low Participation in the Emergency Medical Service Advisory Council Inhibits it from Adequately Fulfilling its Advisory Role."

Let us know if you have questions.

Sincerely,



Antonio E. Jones

AEJ/wsc

Enclosure

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Preliminary Performance Review
Emergency Medical Service Advisory Council

Executive Summary

The Emergency Medical Services Advisory Council was created to provide the Director 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 council is to consist of thirteen members and is to meet at least twice a year.

The PERD has examined the minutes and other related records and has determined that a **serious lack of participation exists among the membership of the council.** It has been nearly four years since a meeting of the council obtained a numerical quorum, although a special rule allowed for a smaller number of members to transact business in an October, 1994 meeting. This denies such experienced advice as the council was created to provide to the directors. The end result of this lack of advice is that the OEMS may lose touch with the practitioners in the EMS system, and may result in a less effective statewide program.

The possible reasons for this lack of participation are numerous. The entire EMS system has been under a general overhaul for the past two to three years. This period of uncertainty could have discouraged the council members from taking an active interest in the council. In addition, there are several organizations represented on the council which have an ancillary connection with the EMS process. In fact, several organization have gone for some time without a member on the council, in spite of the statutory requirement that they be represented.

The lack of a formal procedure for transmitting advisory opinions between the directors of BPH and OEMS and the council could add to a feeling of malaise on the part of the membership. Also, there is **no method of performance measurement used at OEMS** for the statewide system. For this reason the actual effectiveness of the council and the OEMS is not fully known.

Finally, there have been a number of **vacancies on the board which have not been filled** for some time. The board cannot adequately function without a full complement of members.

The PERD makes several recommendations oriented toward achieving greater measurement of the EMSAC's progress. These recommendations are designed to provide the council adequate time in which to respond. The allotted time also allows the newly reorganized EMS system and the new director of OEMS adequate time to refine the council's role in the decision making process. After this period, a second preliminary review of the EMSAC should make a final determination about the future of the council.

Review Objective, Scope and Methodology

This review of the Emergency Medical Service Advisory Council was conducted in accordance with the West Virginia Sunset Law, Chapter 4, Article 10, Section 11 of the *West Virginia Code* as amended. Preliminary performance reviews are intended to assist the Joint Committee on Government Operations in making one of five recommendations. These recommendations include:

- The department, agency or board be terminated as scheduled;
- The department, agency or board be continued and reestablished;
- The department, agency or board be continued and reestablished, but the statutes governing it be amended in specific ways to correct ineffective or discriminatory practices or procedures, burdensome rules and regulations, lack of protection of the public interest, overlapping of jurisdiction with other governmental entities, unwarranted exercise of authority either in law or in fact or any other deficiencies;
- A performance audit be performed on a department, agency or board on which a preliminary review has been completed; or
- The department, agency or board be continued for a period of time not to exceed one year for the purpose of completing a full performance audit.

A preliminary performance review is defined in Chapter 4, Article 10 , Section 3 of the *West Virginia Code*, as amended, is to determine the goals and objectives of a department, agency, or board and to **determine the extent to which plan of a department, agency, board has met or is meeting those goals and objectives**. The criteria for a preliminary performance review set forth in Chapter 4, Article 10, Section 11 of the *West Virginia Code*, as amended, enable the determination of the following:

- If the board or agency was created to solve a problem or provide a service;
- If the problem has been solved or the service has been provided;
- The extent to which past board or agency activities and accomplishments, current projects and operations, and planned activities and goals for the future are or have been effective;
- The extent to which there would be significant and discernible adverse effects on the public, health, safety or welfare if the board or agency were abolished;
- Whether or not the board or agency operates in a sound fiscal manner.

This preliminary performance review of the Emergency Medical Service Advisory Council (EMSAC) began with a planning process. The planning process proceeded with a risk

analysis of the Council's mission in which the possible risks associated with that purpose were defined. The risk analysis included an assessment of the following components:

A. Mission Identification.
   1. What is the council expected to accomplish?
   2. Identify customers and their expectations.
B. Output Risks.
   1. Council may give ineffective or erroneous advice.
   2. There may be a lack of communication between the Council and agency.

The time period covered by the preliminary review included the years 1989 through 1995. Information about the council was obtained through: interviews with Office of Emergency Medical Service (OEMS) personnel, the director of the Bureau of Public Health (BPH), and Emergency Medical Service Advisory Council members; a survey of the members of the council; review of the minutes of the meetings of the council; and review of various documents. The information was used to assist in the identification of risks and the development of an audit program.

MISSION OF THE EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL

The Emergency Medical Service Advisory Council was created in 1974 by the Legislature, and retained as a part of the Emergency Medical Services Act of 1984. As defined in the *West Virginia Code* at §16-4C-5, the mission of the council is to **assist** the director of the Bureau of Public Health in **developing standards for emergency medical service (EMS) personnel, provide advice to the Office of Emergency Medical Services and review rules related to the Office of Emergency Medical Services**. The council is to convene at the call of the director at least twice a year. The idea behind the creation of such an entity was to provide the Office of Emergency Medical Services and director of the Bureau of Public Health with input from individuals who are directly involved in day to day operations of the state's various EMS enterprises. For example, the former, acting director of the OEMS identified interaction with the EMSAC as a way of keeping in touch with the "front line personnel." The current director of OEMS has also identified a role for the Council that is compatible with this view. The input can be used to guide the decisions of OEMS as the branch of the Bureau of Public Health responsible for licensing and training the EMS personnel of the state.

Prior to a reorganization in 1984, the council was comprised of ten members. The following groups were each represented by a member: the WV Association of County Officials; the Council of Towns and Cities; the Firemen's Association; the Red Cross; the Hospital Association; the State Medical Association; the Funeral Directors Association; the Governor's Highway Safety Administration; private commercial ambulance services; and emergency rescue squads. The change in 1984 replaced some of these organizations with members from groups that appear more directly involved with the delivery of emergency medical services enhancing the Council's ability to provide advice from direct experience with the system.

The 1984 revision to the Council increased the number of members to thirteen. Two members are to represent the Mountain State EMS Association. Each of the following organizations are represented by one member: the WV Association of County Officials; the WV State Fireman's Association; the WV Hospital Association; the WV State Medical Association; the WV Chapter of the American College of Emergency Physicians; the WV EMS administrators Association; and the State Department of Education. These organizations are responsible for supplying a list of nominees to the Governor, from which an appointee is chosen. Additionally, the Governor is to appoint one member to represent EMS providers, one member to represent small EMS providers, and two members from the general public. Members are reimbursed for any and all reasonable expenses incurred for attending meetings.

ISSUE AREA 1: Low Participation In The Emergency Medical Service Advisory Council Inhibits It From Adequately Fulfilling Its Advisory Role.

While the Emergency Medical Service Advisory Council has met at least twice a year as required (WVC §16-4C-5) between 1991 and 1994, the council had a quorum of members only three of twelve times between 1989 and 1994. **Poor attendance has been a problem consistently with the council**. There are a number of factors which may contribute. First, during the past two years, there was a comprehensive overhaul of the OEMS and statewide EMS system. During the reorganization, the position of director of OEMS was vacated and not filled by a permanent replacement until recently.[1] It is possible that the uncertainty about the future direction of the Office and Council during this period dampened the enthusiasm of the Council members. For example, a review of attendance, showed that only two of the members attended meetings consistently over the past three years.

A second factor which could explain the low participation by council members is that some groups represented on the Council have a peripheral involvement with EMS activities. For example, the Fireman's Association's members are involved with EMS in that many firemen are EMS trained, but this association has not had a representative attend a meeting in the period under review. The WV State Medical Association, whose members are involved with EMS in the course of their professional activities has also had a history of low attendance by its representatives. Finally, neither the WV Association of Counties nor the WV Hospital Association has ever had a representative on the Council in the period covered by the evaluation.

This should not lead one to the conclusion that representatives of these groups do not see the value of the EMS system or the Council. However, one might conclude that the operation of the system and Council are not critical to their practice of their profession and as a result might view participation in the EMSAC as a lower priority in meeting their professional obligations. This in turn leads to the possible conclusion that the council itself may be too large and includes members from organizations which do not have a direct interest in the operation of the EMS system.

A third possible contributing factor to poor attendance could be that the Council has no formal method of reporting their advice to the director of BPH and OEMS. The *Code* and rules only vaguely define duties of the Council, stating merely that the council is to provide advice. It is possible that the lack of a formalized method of sending and receiving communications to the director of BPH and OEMS causes the Council members to lack a feeling involvement or of being an important link in the creation and implementation of EMS policy decisions.

[1] This is not to suggest that the acting director did a less than admirable job. However, it is conceivable that the "temporary" nature of the office during the transition led to the Council "waiting " for a permanent replacement.

A final potential area for improvement that is related to the lack of formal communications is that the OEMS and EMSAC do not have a performance measurement system currently in place. Such a system could provide the director of BPH, the OEMS and the EMSAC with management information about the quantity and quality of advice provided by the Council, as well as the impact of those policy decisions that are eventually implemented. Until 1992, data regarding many functions of the EMS system was kept by the OEMS. This data included information on ambulance response time, DOA rates, and various other categories which indicate how well the EMS squads around the state are functioning. Since the overall goal of the council is to foster the highest possible degree of excellence in state EMS personnel and programs, the best way to monitor the performance of the council is to monitor the performance of EMS activities. A performance measurement system would assist the director in determining the effectiveness of the Council's efforts. **Although, the OEMS has not kept statistical data since 1992, the current director of OEMS has indicated that these measurements will be resumed**.

Low participation and a lack of performance measurements affects the director of BPH and OEMS in that they may not be receiving the quality advice that the council was created to provide. This could cause the OEMS to lose touch with those individuals who work "in the trenches." These individuals' day to day experiences give them valuable insight into the issues that impact the effectiveness of the EMS system. This in turn could lead to a decline in the overall effectiveness of the statewide system due to poor emergency medical care and, ultimately to the deaths of those who depend on such care.

Without having performance measures in place for the last three years, it is difficult to assess the effectiveness of the State's EMS. Until the evidence that these measurements would supply becomes available, several conclusions are possible. First, if the performance of EMS programs around the state have declined, then the EMSAC must share a part of the blame. The failure of the members of the council to provide adequate advice to the OEMS would be a contributing factor to such a decline in effectiveness. If, however, the overall effectiveness of the EMS system has increased during the period in which the council was inactive in advising the policy making at OEMS, the very need for the council could be questioned. In effect, since mid 1993 the EMS system has been operating without an active EMS advisory body. If this has not been detrimental to the system, a reasonable conclusion might be that there is no need for such a body. Alternatively, one might conclude that the small group of active members provided sufficient advice to the professional staff at OEMS and that the size of the Council could be reduced to include the more active groups.

CONCLUSION

PERD concludes that there is a strong desire on the part of the new OEMS director and the director of the BPH to include the Council in the decision-making process to a much greater degree than in the past. The director of OEMS has indicated an interest in the opinions of the council members. Also, in response to a request by the Council for additional direction, the director of BPH attempted to clarify the role of the Council by drafting a mission statement to guide EMSAC deliberations. Further, the restructuring process of the recent past is now complete, and a period of more stability in the EMS system should now begin. Although the EMSAC has not been as active as might be desirable for the last four years, there is still untapped potential in the existence of the Council, and there now exists an environment that could foster greater productivity of the council. Toward this end the PERD makes five recommendations.

Recommendation 1

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.

Recommendation 2

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.

Recommendation 3

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.

Recommendation 4

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.

APPENDIX 1

EMS ADVISORY COUNCIL ATTENDANCE (1989-1994)

GROUPS & REPRESENTATIVES	9/22/89	10/4/90	3/14/91	10/17/91	7/21/92	10/22/92	8/26/93	9/16/93	4/18/94	6/15/94	9/27/94	10/11/94	% of Meetings Attended
MEETING DATES:													
Assn. of Counties													
VACANT (1989 - 1995)													0.0%
GROUP TOTAL													0.0%
St. Fireman's Assn.													
J.T. Hodges (1988 - 1992)	0	0	0	0									0.0%
Gary Cooper (1992 - 1996)					0	0	0	0	0	0	0	0	0.0%
GROUP TOTAL													0.0%
Hospital Assn.													
VACANT (1989 - 1995)													0.0%
GROUP TOTAL													0.0%
EMS Providers													
Roger Curry (1986 - 1990)	0												0.0%
Mary Hartman (1990-1998)		0	1	1	0	0	0	1	0	1	0	0	36.36%
GROUP TOTAL													33.33%
Small EMS Providers													
VACANT (1986-1990)													0.0%
Ted Pumphrey (1990-1998)		0	1	1	1	1	1	1	1	1	1	1	90.9%
GROUP TOTAL													83.3%
Mountain State EMS Assn.													
1 - Technician													
VACANT (1986-1990)													0.0%
Charles Waggy (1990-1994)		0	1	1	0	0	0	0	0	0			22.2%
VACANT (1994-1998)													0.0%
GROUP TOTAL													22.2%
2-Paramedic													
VACANT (1988-1992)													0.0%
Mike St. Clair (1992-1996)					0	0	0	0	1	0	1	1	37.5%
GROUP TOTAL													37.5%

1

EMS ADVISORY COUNCIL ATTENDANCE (1989-1994)

GROUPS & REPRESENTATIVES	9/22/89	10/4/90	3/14/91	10/17/91	7/21/92	10/22/92	8/26/93	9/16/93	4/18/94	6/15/94	9/27/94	10/11/94	% of Meetings Attended
State Medical Assn.													
R.C. Cowan (1987-1991)**	1	1	1										100.0%
Dave Kappel (1991-1995)				0	0	0	1	0	0	0	0	0	11.1%
											GROUP TOTAL		33.3%
College of Emergency Physicians													
VACANT (1988-1990)													0.0%
Rick Blum (1990-1994)		0	1	1	1	0	1	0	0	0			44.4%
VACANT (1994-1998)													0.0%
											GROUP TOTAL		33.3%
Department of Education													
VACANT (1986-1990)													0.0%
Hobart Harmon (1990-1994) *		0	1	1	1	0	0	0	1	0	0	0	44.4%
VACANT (1994-1998) *											1	1	0.0%
											GROUP TOTAL		50.0%
EMS Administrators Assn.													
Roger Bryant (1987-1995)	1	1	1	1	0	1	1	1	1	1	1	1	91.7%
											GROUP TOTAL		91.7%
General Public													
Position 1													
VACANT (1986-1990)													0.0%
Stanley Sears (1990-1998)		0	1	0	0	0	0	0	0	0	0	0	9.1%
											GROUP TOTAL		8.33%
Position 2													
Joe Richards (1988-1992)	0	1	1	0	1								60.0%
Joann Midkiff (1992-1996)						0	0	0	0	1	0	1	28.6%
											GROUP TOTAL		41.7%

2

EMS ADVISORY COUNCIL ATTENDANCE (1989-1994)

MEETING DATES:

GROUPS & REPRESENTATIVES	9/22/89	10/4/90	3/14/91	10/17/91	7/21/92	10/22/92	8/26/93	9/16/93	4/18/94	6/15/94	9/27/94	10/11/94	% of Meetings Attended
TOTAL MEMBERS PRESENT	2	3	9	7	4	2	4	3	4	4	4	5	
% PRESENT, TOTAL	15.4%	23.1%	69.2%	53.8%	30.8%	15.4%	30.8%	23.1%	30.8%	30.8%	30.8%	38.5%	
% PRESENT, FILLED	40.0%	30.0%	90.0%	70.0%	36.4%	18.2%	36.4%	27.3%	36.4%	36.4%	50.0%	62.5%	
TOTAL VACANCIES	8	3	3	3	2	2	2	2	2	2	5	5	

NOTES:

* Hobart Harmon, DOE, was represented by John Riddle at the 10/17/91, 7/21/92 and 4/18/94 meetings. Also, Mr. Riddle attended the 9/27/94 and 10/11/94 meetings even though the term had expired.

** Mr. Cowan also attended two additional meetings as a nonmember.

KEY:

0=DID NOT ATTEND 1=ATTENDED

NO LONGER A MEMBER OR VACANCY

CURRENT VACANCY

DATA: Data are from minutes taken at EMSAC meetings and membership lists provided by OEMS.

3

STATE OF WEST VIRGINIA

DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Gaston Caperton
Governor

Gretchen O. Lewis
Secretary

June 7, 1995

Mr. David A. Ellis, Research Manager
West Virginia Legislature Performance Evaluation and Research Division
Building 5, Room 751A
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305-0592

Dear Mr. Ellis:

Dr. Wallace has shared a copy of the final draft of the Preliminary Performance Review of the Emergency Medical Services Advisory Council with me. I would like to comment on some of the points in the document.

The State EMS System has undergone tremendous changes in meeting the intent and direction of the Legislature to improve its delivery of programs and services to the citizens of the State. As such, concentration on total quality management techniques for identifying issues and problem solving are beginning to demonstrate positive effects.

I think the review team should be complimented on the quality of the report, given the time and the complexity of the issue with which none of the members has experience. However, I offer the following as clarification:

1. Executive Summary

   a. The point is made that since "it has been nearly four years since a meeting of the council obtained a quorum...the OEMS may lose touch with the practitioners in the EMS system".

      We value the input provided by the EMSAC very much and have utilized members frequently through mechanisms other than official EMSAC meetings. Several of the members serve on other committees and boards and frequently have their opinions solicited through phone calls on important issues as well.

   b. The Executive Summary states that there is a "lack of a formal procedure for transmitting advisory opinions between the directors of Bureau for Public Health and Office of Emergency Medical Services and the council...".

BUREAU OF PUBLIC HEALTH
Office of Community & Rural Health Services
1411 Virginia Street, East
Charleston, West Virginia 25301-3013
Phone: (304) 558-0580
FAX: (304) 558-1437

Written minutes are always prepared (even if there is not a quorum). These are forwarded to the director of OEMS and to the director (Commissioner) of the Bureau for Public Health. In addition, the director of OEMS always attends EMSAC meetings.

2. Issue Area Low Participation In The Emergency Medical Service Advisory Council Inhibits It From Adequately Fulfilling Its Advisory Role.

a. We certainly agree that poor attendance has been a problem with the EMSAC; however, we disagree that the reorganization of OEMS over the past two years was a cause for low participation. Looking at the information pertaining to attendance from 1989 - 1994, with the exception of two meetings (3/14/91 and 10/17/91), the percentage of members attending meetings is quite consistent. There was no substantial change in the past two years.

b. We also agree that perhaps the composition of the EMSAC should be evaluated. Even though the various organizations represented at least interact with EMS, perhaps the "associated organizations" are more involved with their own committees.

c. Some clarification needs to be made regarding the "lack of performance measurements". The only information not currently being data entered and analyzed is the ambulance run forms. Granted, this is a tremendous amount of information, but there are other measurements taking place which measure other aspects including personnel trained and certified, ambulances inspected, etc.

In the EMS reorganization scheme, new directives were developed which, in effect, placed a priority on different activities. Those priorities were focused on education, certification and work force support. Data collection was prioritized extremely low in this scheme. With funding at the "hazardous to survival" level, it will be difficult to devote resources to this function. However, new technologies are being applied that should allow some "measurement of success" function to return to the EMS System.

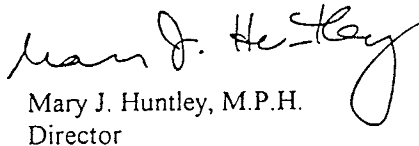
Mr. Ellis
June 7, 1995
Page Three

3. Conclusion

a. We agree with all four recommendations; however, we feel one year is not sufficient time (Recommendation Four) to see substantial changes since the process will include the appointment of new members, etc. Perhaps two years would be a more realistic time frame.

In summary, we feel the EMS Advisory Council is a very valid and important component of the EMS system. The efforts of the review team were admirable and we feel their report will aid in returning proper functionality to the EMS Advisory Council. If I can be of further assistance, please don't hesitate to contact me (558-3210), Mark King (558-3926) or Chris Gordon (558-0580).

Sincerely,



Mary J. Huntley, M.P.H.
Director

cc: Dr. Wallace
Chris Gordon
Mark King