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Justification Review

April 2003 **Report No. 03-25**

Emergency Medical Services Program Should Improve Provider Compliance with Safety Standards

at a glance

The Department of Health, Emergency Medical Services (EMS) Program has increased the number of EMS provider inspections but has not met its inspection goals. Inspections have found a high (62%) deficiency rate, including violations that affect critical lifesaving equipment. In addition, management did not clearly communicate the necessity for unannounced inspections, which resulted in few unannounced inspections and diminished program effectiveness.

The program needs the authority to establish criminal history checks at initial certification to ensure that applicants meet eligibility standards. The program could achieve a biennial cost savings of $32,000 by improving its recertification process.

The program needs to develop the capability to analyze complaints it receives about providers to identify trends and systematic problems that it needs to address. The program also needs to develop performance measures to assess whether its grants are improving statewide EMS services.

Scope

Section 11.513, *Florida Statutes,* directs the Office of Program Policy Analysis and Government Accountability to complete a program evaluation and justification review of each state agency operating under a performance-based program budget. Justification reviews assess agency performance measures and standards, evaluate program performance, and identify policy alternatives for improving services and reducing costs.

This report is one of three that reviews the Health Care Practitioner and Access Program administered by the Division of Emergency Medical Services and Community Health Resources within Department of Health. This report addresses the Emergency Medical Services Program. In two other reports, we address the Brain and Spinal Cord Injury Program and the Medical Quality Assurance Program.

Background

The purpose of the Emergency Medical Services (EMS) Program is to ensure that all people in Florida have timely access to essential and quality emergency medical services. Emergency medical services are intended to prevent or treat sudden critical illness or injury and to provide emergency medical transportation for incapacitated individuals. To accomplish this mission, the program licenses and inspects EMS providers, certifies EMS personnel, and investigates complaints filed against providers and EMS personnel. The program also provides grants to local providers and other first

responders to enhance EMS services or support injury prevention efforts.

EMS providers

In Fiscal Year 2001-02, the program licensed 255 Florida providers that dispatch basic and advanced life support vehicles and air emergency response vehicles from hospitals, fire rescue services, or through independent operations. Licenses are effective for two years. In addition, as required by Ch. 401, *Florida Statutes*, program personnel inspect provider vehicles, equipment, medication, and record keeping practices for compliance with state standards.

When the program's inspections find provider violations of program standards, it requires the noncompliant providers to correct deficiencies. These violations are classified by severity.

- **Life-saving deficiencies** pertain to items or materials whose absence potentially jeopardizes patients' health and undermines employees' ability to effectively provide emergency care. These include inoperable radio equipment, unfilled or missing oxygen tanks, or inadequate supplies of certain medications.
- **Intermediate deficiencies** pertain to items whose absence contributes to the risk of providers or patients, but does not pose an immediate heath and safety risk. These include vehicle lights, most medical supplies, and records and procedures.
- **Minimal deficiencies** reflect the absence of general operating practices or standards that do not pose a significant threat to providers or patient well-being. These include low or absent supplies of basic items such as bandages and blankets.

Provider deficiencies can occur for several reasons, ranging from systemic problems to isolated situations that reflect the dynamic nature of EMS services. For example, vehicles inspected immediately after a service call may lack some required supplies because these items were used during the call and the provider has not had an opportunity to restock the vehicle. However, consistent deficiencies can indicate that a provider is not following standards. Program inspectors consider these factors when developing recommendations for corrective action.

Program personnel offer technical assistance to providers with deficiencies. The program conducts follow-up inspections within 180 days when providers are cited for more than eight deficiencies that could not be corrected during the initial visit.[1] Providers must submit corrective action plans documenting when and how they corrected deficiencies; providers that fail to submit proper corrective action plans, or who claim deficiencies were corrected but cannot demonstrate this at follow-up inspection, are subject to fines and sanctions.

EMS personnel

The program also certifies the state's approximately 19,000 emergency medical technicians (EMTs) and 13,000 paramedics.[2] To be eligible for initial certification, EMTs and paramedics must successfully complete an EMS training course from an approved Florida training program and pass a written examination. EMTs also must have completed professional-level lifesaving training in cardio-pulmonary resuscitation while paramedics must have completed advanced cardio-pulmonary lifesavings skills training.

Recertification is required biennually and includes an application, a fee, and an affirmation of having met continuing education requirements. For recertification, program personnel follow up on incomplete applications, new disclosures of felony convictions, and randomly select a subset of applications to audit

[1] Before July 2002, the program's operating procedure required follow-up inspections to occur within 90 days of the initial inspection.

[2] An emergency medical technician is a person who is certified by the department to perform basic life support. A paramedic is a person who is certified by the department to perform basic and advanced life support.

for compliance with continuing education requirements after issuing new certificates.

EMS complaint investigation

The program investigates complaints and takes disciplinary action against EMTs, paramedics, service providers, and training centers that violate Florida Statutes or administrative rules. Complaints originate from citizens, service providers, or program employees. Complaints primarily reflect concerns regarding standards of care, professional conduct, and certification or licensure violations.

Generally, the program operates with few complaints, with less than one-half of 1% of all personnel and providers referred for investigation in any given year. Due to increased reporting efforts by the program, the number of complaints increased from 51 to 93 from calendar year 1999 to 2001, and to 104 complaints for calendar year 2002.

EMS grants

The EMS Program provides grants to encourage local governments and private agencies to work together to enhance local EMS, injury prevention, and trauma services. [3] In Fiscal Year 2001-02, the program distributed $4.4 million in pass-through non-recurring awards to 62 counties to support local EMS services. The program also awarded nearly $5.3 million in matching grants to 91 EMS providers and other first responders (e.g., fire rescue). Most matching grants require a 25% local cash match. [4]

[3] The program gives preference to projects that serve a county, multi-county or area-wide basis, are coordinated though a central source, and coordinate communication links across police, fire, and emergency services.

[4] Rural matching grants only require a 10% local match, but cannot account for more than 10% of funds available.

Resources

In Fiscal Year 2002-03, program revenues totaled $12,791,071. The majority of funds (93.26%) originated from the EMS Trust Fund, as shown in Exhibit 1. The EMS Trust Fund is derived from certain traffic violation fines, including driving or boating under the influence; motor vehicle license fees; and transport license and personnel certification fees.

Exhibit 1
The EMS Program Is Funded by Trust Funds

Source	Amount	Funds
EMS Trust Fund	$11,928,704	93.26%
Grants and Donations Trust Fund	127,309	1.00%
General Revenue [1]	250,000	1.95%
Federal Grant Trust Fund	385,058	3.01%
Administrative Trust Fund	100,000	0.78%
Total	**$12,791,071**	**100.00%**

[1] These funds reflect a special appropriation to develop a training center that focuses on bio-terrorism.
Source: Bureau of Emergency Medical Services.

The program assigns its 53 full-time equivalent (FTE) personnel across functional areas, as shown in Exhibit 2

Exhibit 2
Personnel Are Distributed Across Functional Areas

Functional Area	Number of FTEs
Provider Licensing and Inspection	23.69
EMT and Paramedic Certification	10.72
Grants Management	18.59
Total	**53.00**

Source: Bureau of Emergency Medical Services.

Findings

Licensure and Enforcement of EMS Service Providers

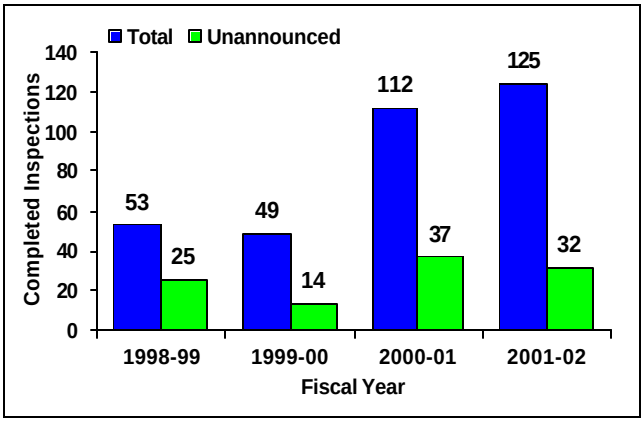
The EMS Program substantially increased the number of provider inspections it conducted during Fiscal Year 2001-02, but did not meet its inspection frequency goal in Fiscal Year 2001-02, although its performance is a significant improvement over the previous fiscal year. The program should increase the number and percentage of unannounced inspections, which more fully assess providers' routine compliance and practices. In addition, the program needs to improve provider compliance with state standards, since inspections found that only 36% of providers meet compliance standards and over 50% of these providers operated with at least one life-saving deficiency.

The program completed proportionately fewer unannounced inspections last year, thereby diminishing program effectiveness

The program has a goal to inspect one-half of the state's 255 service providers each year. Operating procedures also require program employees to inspect new providers within 90 days of licensure. These inspections can either be either announced or unannounced, although program policy requires that 40% of inspections be unannounced.

As shown in Exhibit 3, the program nearly met its inspection frequency goal in Fiscal Year 2001-02. The program completed 125 inspections during the year, slightly below its goal of inspecting 127 licensed service providers. However, this represented a significant improvement from Fiscal Years 1998-99 and 1999-00, when the program completed only 53 and 49 inspections, respectively. Program managers attribute not meeting the inspection goal to employee vacancies.[5]

Exhibit 3
Program Completed More Inspections, But a Smaller Proportion of Unannounced Inspections



Source: Bureau of Emergency Medical Services and OPPAGA analysis.

The program also did not meet its goal for unannounced inspections. The proportion of unannounced inspections declined from 47% in Fiscal Year 1999-00 to 26% in Fiscal Year 2001-02; substantially below the program's 40% standard. Unannounced inspections are a critical component of the program's quality assurance process as they do not enable providers to prepare for the review, which allows inspectors to more fully assess providers' routine compliance and practices. Inspectors generally find more deficiencies during unannounced inspections; in Fiscal Year 2001-02, the program cited provider deficiencies in 78.1% of unannounced inspections compared to 56% of announced inspections. Program officials said the decrease in the percentage of unannounced inspections resulted from an internal misunderstanding during a staff meeting between management and inspectors that led inspectors to decrease the number of unannounced inspections.

[5] For example, in 1998 there were only two inspectors, with one position vacant for six months while the other was also assigned other duties and responsibilities.

The program has not met its legislative goal of 92% provider compliance with standards

The program also has not met the legislative goal that 92% of EMS providers comply with minimum statutory and program standards. Based on our analysis, the program has not met this goal for the past three fiscal years, as shown in Exhibit 4. In Fiscal Year 2001-02, 36% of providers complied with minimum standards; this is better performance than the previous two years, but still far below the Legislature's 92% standard.

Exhibit 4
The Program Has Not Met Legislative Provider Compliance Goals

Fiscal Year	Reported By Program	Actual	Standard
1999-00	91.0%	28.6%	---[1]
2000-01	98.7%	27.7%	91.0%
2001-02	70.8% [2]	36.0%	92.0%

[1] First-year measure approved.
[2] The program used a mixture of methodologies across quarters to compute this measure.

Source: EMS program data and OPPAGA analysis, 2002.

Our calculated compliance rate figures differ substantially from the rates the program reported to the Legislature. In our analysis, we counted every provider that the program cited for a lifesaving or intermediate deficiency as noncompliant. In contrast, in prior years the program reported only those providers cited for 10 or more of these deficiencies. In July 2002, program managers agreed with OPPAGA that the presence of any provider deficiency in these two categories more accurately reflects non-compliant performance. The program has revised its data analysis back to October 2001, and is now counting providers with any deficiency in the lifesaving or intermediate categories as deficient. This policy change will allow the program to provide a more accurate provider compliance rate in the future.

Many EMS providers operate with serious deficiencies, which could threaten public safety

OPPAGA analysis of providers' compliance histories showed that 56% of all inspected providers were cited for at least one lifesaving deficiency during Fiscal Year 2001-02 (Exhibit 5). This low compliance rate nonetheless represented an improvement over Fiscal Year 1998-99, when 75% of inspected providers were cited for at least one lifesaving deficiency. The continuing pattern of high noncompliance rates raises significant concerns regarding provider performance and the program's effectiveness at ensuring consumer safety.

Exhibit 5
The Percentage of Providers With at Least One Lifesaving Deficiency Remains High

Fiscal Year[1]	Lifesaving Deficiencies	Intermediate Deficiencies	Minimal Deficiencies
1998-99	75.4%	69.8%	34.0%
1999-00	67.4%	59.2%	22.5%
2000-01	62.5%	53.6%	18.8%
2001-02	56.0%	52.8%	18.4%

[1] Total deficiencies for each fiscal year exceed 100%, as providers can have deficiencies in more than one category.
Source: EMS program data and OPPAGA analysis, 2002.

Program managers attribute the high rate of noncompliance to three factors. First, in past years the program conducted inspections infrequently and inconsistently. This created uncertain expectations, and allowed providers to become lax in the amount of attention and effort given to standards compliance. Second, many providers are small independent operations that often have greater difficulty in sustaining compliance because they lack the systems and supports available to providers associated with medical centers.[6] These smaller providers require greater training and technical assistance to come into and maintain compliance with minimum standards. Finally, providers that

[6] Only 26 (10.2%) providers are affiliated with medical centers, while 174 (68.24%) providers operate 10 or fewer vehicles.

recruit employees from other states may not be providing adequate training on state licensure standards. These employees may be unfamiliar with these requirements and many states have limited or no performance monitoring or compliance assessment.

The program has developed several strategies to improve provider performance.

- To address the problem of inconsistent inspections, the program has established a schedule and assigned inspectors, to ensure provider monitoring occurs which establishes clear expectations for providers.
- In July 2002, the program revised its follow-up inspection criteria for providers cited for eight or more deficiencies. While noted deficiencies must be corrected within established timeframes, follow-up inspections assess whether corrective action plans have fixed the underlying problems that led to the noted deficiencies.[7] By increasing the follow-up period from "up to 90 days" to "up to 180 days", inspectors can determine whether providers have revised and consistently implemented procedures to address systemic concerns.
- In the summer of 2001, the program began to increase education and technical assistance for providers. Inspectors now provide training and support throughout the inspection process, focusing on the informational needs identified in each review. For example, inspectors share best practices, discuss strategies and resource options to improve compliance, and identify other experts and written materials that can offer added guidance. Because of the program's two-year inspection cycle, management will not begin to have inspection data on these providers until the summer of 2003.
- The program plans to expand its monitoring to include a quality-based inspection process, although it has not established specific timeframes. This approach will assess patient outcomes as indicators of performance. An example of this kind of standard is whether providers transport trauma patients to an appropriate trauma center, rather than the closest facility, to ensure optimal patient outcomes. The program anticipates working with providers to create one set of standards that incorporates a variety of nationally recognized practice standards (e.g., American Academy of Pediatrics, National Commission on Association of Ambulance Services, Association of Air Transport). Program managers have not yet established specific timeframes for implementing this strategy. Given the high rate of noncompliance with present standards, the quality-based standards should be used in addition to, and not instead of, the program's current safety standards.
- The program also plans to develop an adverse incident reporting system similar to those that are statutorily required for hospitals, nursing homes, and doctors' offices, though it has not set a schedule for implementing these efforts. Adverse incidents are events associated with medical interventions over which the practitioner could exercise control, and which result in injury to patients. Examples of adverse incidents include death or brain injury or performing incorrect procedures. Adverse incident reporting is a routine part of most healthcare risk management practices. Healthcare providers use the information to identify and rectify potential practice and procedural problems.

These initiatives show promise for improving EMS providers' compliance with state standards. However, it will be essential for the program to closely monitor the results of these initiatives to determine whether they are having the intended

[7] Providers must submit evidence that they corrected lifesaving deficiencies within 24 hours; intermediate deficiencies within 5 working days; and minimal deficiencies within 10 working days.

effects. If the program's inspections continue to find high rates of provider deficiencies, the program will need to develop additional strategies to improve compliance, which should include recommendations for potential legislative action such as increasing sanctions for noncompliance.

Certification of EMS Personnel

The program's EMT and paramedic certification process is intended to ensure that these persons possess minimum healthcare competencies. However, the process needs to be strengthened to address broader safety concerns, as some applicants do not disclose past felony convictions as required. In addition, the program should improve efficiency and save $33,852 every two years by changing the recertification process.

The certification process should include routine criminal history checks

Florida law requires initial certification and biennual re-certification of all EMTs and paramedics to protect the safety of individuals in their care. The certification process ensures that certified persons possess minimum competencies by requiring classroom instruction and written and practical testing that includes professional-level certification in cardio-pulmonary skills.

While the certification process addresses health issues, broader safety concerns are not as well guarded. During emergency medical situations, individuals and their property are at their most vulnerable. Section 401.27, *Florida Statutes,* and administrative rule require applicants to disclose past felony convictions and give the program leeway to certify these individuals, based on individual circumstances. However, the disclosure requirements are still not sufficient.

Complaint investigations show some certified EMTs and paramedics have undisclosed felony convictions. Our review of the 72 complaints closed in 2000 and 2001 found that practitioners in 7% of the cases (5 complaints) failed to disclose past felony convictions at initial certification.[8] Similarly, a 1999 study in Idaho found that 14% of paramedics failed to disclose their criminal histories. This indicates that the current voluntary self-disclosure requirement does not sufficiently protect patients.

To address these issues, the program is requesting authority to conduct criminal history checks, using fingerprint data, at initial certification for new applicants and at the next recertification cycle for current EMTs and paramedics who have not already been finger-printed.[9] The $39 cost of the criminal history check will be borne by the applicant.[10] We believe that this action would improve Florida's protection of patients needing EMS services.

The current recertification process is inefficient

Section 401.27, *Florida Statutes,* requires the program to recertify EMTs and paramedics every two years. The program has implemented this mandate by requiring that all 32,000 certified personnel recertify by December 1 of even numbered years. The program sends applications to certified personnel in August, compressing the application processing time into a four-month period. According to program officials, it will cost an additional $33,852 to hire temporary employees to manage the peak workload.

The program implemented this schedule at the request of large providers that collect and coordinate required documents, complete necessary paperwork, and file for recertification on their employees' behalf. This gives providers the assurance that all their employees are

[8] The complaints are evaluated by investigations personnel. The reviewed complaints excluded cases that were still pending or completed investigations that were monitored for compliance with fines and sanctions.

[9] EMTs and paramedics employed by most local fire rescue services must submit to fingerprint criminal background checks as a condition of employment, despite the fact that it is not a requirement for certification.

[10] Includes a Florida and national (FBI) fingerprint comparison.

certified, so they do not risk staffing vehicles with personnel whose certification has lapsed.

While provider directed recertification is convenient for providers, it increases program costs and is inefficient for the program. When providers submit employee paperwork with missing information, the program must contact the employee, often finding incorrect contact information, which together adds more work for the program. Provider directed recertification is also inconsistent with Florida's regulation of other medical and business from dental hygienists to cosmetologists who must ensure that their own credentials are current.

Program managers have considered seeking legislative changes to revise the biennual renewal of EMTs and paramedics so that each profession would be recertified in alternate years. While supported by the professional association as a means to also improve access to continuing education courses, program managers admit this change would not eliminate the need for temporary staffing or the inefficiencies caused by employer completed applications, so have not pursued this strategy. If the program spread its recertification workload throughout the year, using quarterly intervals, or a continuous renewal process based on the original certification date or birth date, the workload would be more evenly distributed, allowing the program to more efficiently plan and allocate staff time. This change also would likely shift responsibility for applying for recertification from providers to individual certificate holders, which could improve the accuracy of the information provided.

Complaint Investigation

The program's data system cannot identify complaint patterns that require systematic intervention

The number of complaints received by the program has increased from 51 in 1999 to 104 in 2002, following policy changes that require the program to formally open all legally sufficient complaints and conduct full investigations of all violations.[11] In addition, the program has increased provider education regarding the statutory requirement to file formal complaints when addressing local personnel concerns. In light of these efforts, program officials anticipate that the number of complaints will continue to rise.

While the program electronically tracks complaint data, it cannot generate aggregated management reports. The database operates like an electronic card file for each complaint and serves as a tickler system for investigation efforts. The database cannot summarize information to identify patterns in the types, locations, or outcomes of complaints. Currently, the program manually compiles statistics in response to questions. Thus, an automated system could improve program efficiency and effectiveness. For example, analysis by providers could identify those with several employees with substantiated complaints, suggesting the need to review internal procedures. Alternatively, analysis of the type of frequent complaints could alert the program that additional statewide training and technical assistance is needed

EMS Grants

The program cannot assess the effects of EMS grants on program goals

In Fiscal Year 2001-02, the program awarded $5.3 million in 91 matching grants to EMS providers and other first responders to improve or enhance the EMS system. To ensure accountability for these funds, the program requires grantees to submit periodic status reports and receipts for grant-related expenditures, which program personnel review.

[11] For example, prior to 2000, program policy did not require investigators to formally open complaints for other violations discovered during an investigation.

However, the Department of Health's Office of the Inspector General (2001) report and an October 2002 Florida's Auditor General report have identified two primary deficiencies with the grant process. [12]

- The program was not monitoring whether grant status reports were complete and received in a timely manner.
- The program had not assessed whether the grant projects were in fact improving or enhancing EMS systems.

To improve the grant monitoring process, the program revised its monitoring guidelines, and in early 2003 it will require inspectors to assist with on-site monitoring. While grant monitoring will be a new role for inspectors, it reflects a judicious use of resources, since inspectors are already in the field conducting compliance monitoring. The program also developed procedures to track whether grantees' reports are timely and accurate.

The department also should develop specific measures of effectiveness or accountability for the grant program, so that it can determine whether grant recipients are improving the EMS system. Performance measures based on industry standards, such as call processing time or defibrillation time to first shock, would allow the program to track effectiveness. [13]

Recommendations

To improve the EMS program, we recommend that the actions below be taken.

Compliance with state safety standard

- Increase the number of inspections to ensure that the program meets its goal of inspecting one half of the providers each year.
- Increase the number of unannounced inspections to ensure that the program meets its goal of having at least 40% of all inspections unannounced.
- For individual providers, monitor compliance data for individual providers over time to determine if its technical assistance is improving provider compliance.
- Develop and implement a quality-based inspection process and adverse incident reporting system within the next two fiscal years. Given the high rate of non-compliance with life saving standards, the quality-based standards should be used in addition to, not instead of, the program's current safety standards. The combined standards should help to improve the program's ability to fully assess provider's operations and ensure the overall quality of EMS services.
- If the program's inspections continue to find high rates of provider deficiencies, the program should develop additional strategies to improve compliance, which should include recommendations for improving state communications with education institutions, service providers and practitioners as well as potential legislative action such as increasing sanctions for noncompliance.

EMS personnel certification

- We recommend that the Legislature amend Ch. 401, *Florida Statutes*, to give the program authority to conduct criminal history checks, using fingerprint data, at initial certification for new applicants and at the next recertification cycle for current EMTs and paramedics who have not been fingerprinted.
- We recommend that the department work with the training centers to make fingerprinting opportunities available to potential applicants early in the training process. This would enable the program to process the fingerprints and receive results while applicants are still in their training

[12] *Florida Department of Health Emergency Medical Services Trust Fund Operational Audit;* Florida Auditor General Report No. 03-033.

[13] The International Association of Fire Fighters (IAFF) is working to establish nationally recognized outcome measures

program, rather than after they have already become employed.

- We recommend that the department develop a quarterly or continuous recertification process, using the original certification year and a monthly marker, such as the original certification month or birth month, to reduce costs and create a more efficient process.

Complaint investigation

- We recommend that the department continue working with its informational technology office to improve the functionality of the current system at no cost. Given that the number of complaints is expected to increase, this will allow the program to develop management reports to analyze patterns and trends in complaint data. The program can use this information to improve planning, training and technical assistance.

Grants

- We recommend that the department develop performance measures that assess program effectiveness for improving EMS services statewide by July 2003, and collect performance data to enable an assessment by July 2004. Performance measures based on industry standards, such as call processing time or defibrillation time to first shock, would allow the program to track effectiveness. This would ensure grant efforts are targeted and effectively improve overall performance, as mandated.

Agency Response

In accordance with the provisions of s. 11.513, *Florida Statutes*, a draft of our report was submitted to the Secretary of the Department of Health for his review and response. The Secretary's written response is reprinted herein (see Appendix B, pages 13-20).

OPPAGA provides objective, independent, professional analyses of state policies and services to assist the Florida Legislature in decision making, to ensure government accountability, and to recommend the best use of public resources. This project was conducted in accordance with applicable evaluation standards. Copies of this report in print or alternate accessible format may be obtained by telephone (850/488-0021 or 800/531-2477), by FAX (850/487-3804), in person, or by mail (OPPAGA Report Production, Claude Pepper Building, Room 312, 111 W. Madison St., Tallahassee, FL 32399-1475).

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Appendix A

Statutory Requirements for Program Evaluation and Justification Review

Section 11.513(3), *Florida Statutes*, requires OPPAGA Program Evaluation and Justification Reviews to address nine issue areas. Our conclusions on these issues as they relate to the Emergency Medical Services Program are summarized below.

Table A-1
Summary of the Program Evaluation and Justification Review of the Emergency Medical Services Program of Health Practitioner and Access

Issue	OPPAGA Conclusions
The identifiable cost of the program	For Fiscal Year 2002-03, the Legislature appropriated $12,791,071 for the Emergency Medical Services Program. This includes $11,928,704 or 93.26% from the EMS Trust Fund and $250,000 or 1.95% from general revenue for a training center that focuses on bio-terrorism.
The specific purpose of the program, as well as the specific public benefit derived therefrom	The purpose of Florida's Emergency Medical Services Program is to ensure that all people in Florida have timely access to essential and quality emergency medical services. Emergency medical services prevent or treat sudden critical illness or injury and provide emergency medical transportation to incapacitated individuals. To accomplish this objective, the program licenses and inspects Florida's 255 emergency transport service providers, certifies and investigates complaints regarding the state's approximately 19,000 Emergency Medical Technicians and 13,000 paramedics, and oversees a grants program to improve the quality of EMS services.
Progress towards achieving the outputs and outcomes associated with the program	In Fiscal Year 2001-02, the most recent year for which outcome data is available, the Emergency Medical Services Program failed to meet its one PB^2 goal: that 92% of EMS service providers will be in compliance during licensure inspection. Based on OPPAGA calculations, the percentage of actual compliance was 36.0%, an increase from 28.6% in Fiscal Year 1999-00.
An explanation of circumstances contributing to the state agency's ability to achieve, not achieve, or exceed its projected outputs and outcomes, as defined in s. 216.011, *F.S.,* associated with the program.	Program management attributes the high rate of noncompliance to three factors. • In past years, the program inconsistently managed and infrequently completed inspections. This created uncertain expectations and allowed providers to become lax in the amount of attention and effort they gave to standards compliance. • Small, independent providers often have greater difficulty in sustaining compliance, since they lack the systems and supports available to providers associated with medical centers. These smaller providers require greater training and technical assistance. • Employees recruited from other states must be trained not only on local protocols and practices but also on Florida's standards, as many states have limited or no performance monitoring or compliance assessment.
Alternative courses of action that would result in administering the program more efficiently and effectively	OPPAGA recommends that the Emergency Medical Services Program improve its efficiency and effectiveness in the ways described below. • The program should ensure compliance with operating procedures so that at least 40% of inspections are unannounced. • Increase the number of inspections to ensure that the program meets its goal of inspecting one half of the providers each year. • For individual providers, monitor compliance data for individual providers over time to determine if its technical assistance is improving provider compliance.

Issue	OPPAGA Conclusions
	• If the program's inspections continue to find high rates of provider deficiencies, the program should develop additional strategies to improve compliance, which should include recommendations for improving state communications with education institutions, service providers and practitioners as well as potential legislative action such as increasing sanctions for noncompliance. • In addition to continuing compliance monitoring of current safety standards, within the next two fiscal years, the program should fully develop and implement a quality-based inspection process and include adverse incident reporting. • The Legislature should amend Ch. 401, *F.S.,* to give the program the authority to require criminal history checks for new or recertifying EMTs and paramedics and work with training centers to make early finger printing opportunities available. • The department should work with the training centers to make fingerprinting opportunities available to potential applicants early in the training process. This would enable the program to process the fingerprints and receive results while applicants are still in their training program, rather than after they have already become employed. • To reduce costs and improve efficiency, the program should distribute EMT and paramedic recertification throughout the year. • The program should continue working with its informational technology office to improve the functionality of the current system at no cost. • The grants section should develop performance measures to assess program effectiveness for improving EMS services statewide. This would ensure that the grants are properly targeted and effectively improve overall performance, as mandated.
The consequences of discontinuing the program	Florida's Emergency Medical Services Program benefits Florida residents and visitors and should be continued. The program ensures ground and air transport service providers, EMTs, and paramedics meet minimum standards, that concerns regarding provider and employee performance are investigated, and that funds to expand and enhance local EMS services are distributed. Individuals who are critically ill or injured often must depend on emergency services for assistance. Research shows that improved patient outcomes are clearly associated with receipt of prompt care that provides stabilizing pre-hospital services along with safe and rapid transport to the appropriate trauma center or tertiary medical provider. However, since precise service needs vary by locality and because demand cannot be predicted, service delivery must be managed locally. Thus, the state's regulatory and monitoring role offers necessary oversight while allowing local control over service delivery.
Determination as to public policy; which may include recommendations as to whether it would be sound public policy to continue or discontinue funding the program, either in whole or part	Critically ill and injured individuals who receive early standard minimum care have a reduced risk of early death or poor health outcomes. This reduces the amount of lost productivity and costly hospital stays, as well as the emotional and financial burdens on families.
Whether the information reported pursuant to s. 216.03(5), *F.S.*, has relevance and utility for the evaluation of the program	The information, when accurately reported, allows effective evaluation of program efforts to ensure provider standards. We recommend that the program also develop measures to track grant effectiveness for improving the overall EMS system.
Whether state agency management has established control systems sufficient to ensure that performance data are maintained and supported by state agency records and accurately presented in state agency performance reports	In the past, the program computed its measure in a manner consistent with other operating procedures, but which did not accurately reflect program performance. The program is correcting its data reporting processes.

Source: OPPAGA analysis.

Appendix B

Jeb Bush
Governor

John O. Agwunobi, M.D., M.B.A.
Secretary

March 31, 2003

John W. Turcotte, Director
Office of Program Policy Analysis
and Government Accountability
111 West Madison Street, Room 312
Tallahassee, FL 32399-1475

Dear Mr. Turcotte:

Thank you for the opportunity to respond to the Office of Program Policy Analysis and Government Accountability's [OPPAGA] justification review, *Emergency Medical Services Program Should Improve Provider Compliance with Safety Standards.*

Our agency's responses and corrective action plans to your findings and recommendations are found in the enclosed document.

We appreciate the opportunity to comment. Please let us know if you have any questions.

Sincerely,

/s/
John O. Agwunobi, M.D., M.B.A.
Secretary, Department of Health

JOA/mhb
Enclosure

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Preliminary and Tentative Findings Response

Emergency Medical Services Program Should Improve Provider Compliance with Safety Standards

Finding	*Recommendation*	*Management's Response*	*Corrective Action Plan*
The EMS Program did not meet its inspection frequency goal in FY 2001-2002.	Increase the number of inspections to ensure that the program meets its goal of inspecting one half of the providers each year.	We concur. All licensed providers have been inspected over the last two years.	We have implemented a two-year inspection schedule to include 50% monitoring of EMS providers per year, which we are adhering to as of this date.
The program completed proportionately fewer unannounced inspections last year, thereby diminishing program effectiveness.	Increase the number of unannounced inspections to ensure that the program meets its goals of having at least 40% of all inspections unannounced.	We concur.	We have implemented and are adhering to a two-year inspection schedule, which includes conducting 40% unannounced inspections.
The program has not met its legislative goal of 92% provider compliance with standards.	For individual providers, monitor compliance data for individual providers over time to determine if its technical assistance is improving provider compliance.	We concur. Currently, the program is at 82% of provider compliance with standards.	A. Continue inspection process with technical assistance and evaluate accordingly. B. Continue to monitor improvement for compliance with the life safety standards from the average of 61.96% for the last three years. C. Evaluate quarterly the effectiveness of the onsite technical assistance through trends analysis.

Finding	*Recommendation*	*Management's Response*	*Corrective Action Plan*
Many EMS providers operate with serious deficiencies, which could threaten public safety.	Develop and implement a quality-based inspection process and adverse incident reporting system within the next two fiscal years. Given the high rate of non-compliance with life saving standards, the quality-based standards should be used in addition to, not instead of, the program's current safety standards. The combined standards should help to improve the program's ability to fully assess provider's operations and ensure the overall quality of EMS services.	We concur.	A. Develop and implement a quality-based inspection process and adverse incident reporting system, in addition to current safety standards. 1 Review nationally recognized standards of EMS practice. 2. EMS Advisory Council committees were developed, which include representation from EMS providers, flight nurses, Florida Aero-medical Association, and neonatal nurses to identify quality based processes per specialty areas, in addition to adverse incident reporting criteria. 3. Develop and implement a standard of practice to include rule promulgation when necessary, based on a variety of nationally recognized practice standards. 4. Re-evaluate DOH Operating Procedure 30-4, Inspection and Correspondence Processing Procedure

Finding	*Recommendation*	*Management's Response*	*Corrective Action Plan*
Many EMS providers operate with serious deficiencies, which could threaten public safety.	If the program's inspections continue to find high rates of provider deficiencies, the program should develop additional strategies to improve compliance, which should include recommendations for improving state communications with education institutions, service providers and practitioners as well as potential legislative action such as increasing sanctions for noncompliance.	We concur.	A. Develop an information system for evaluating compliance inspection system effectiveness, through trends analysis. B. Review and evaluate the data quarterly. C. Develop a system for communication of deficient and improved compliance trends with educational institutions, service providers and practitioners. D. Explore the feasibility of potential legislative action such as increasing sanctions for noncompliance, if trends analysis determines legislation is needed. Coordinate legislative action with DOH Legislative Planning Office for 2005 session.
The certification process should include criminal history checks.	We recommend that the Legislature amend Ch. 401, Florida Statutes, to give the program authority to conduct criminal history checks, using fingerprint data, at initial certification for new applicants and at the next re-certification cycle for current EMTs and paramedics who have not been fingerprinted.	We concur. Will do what the legislature directs.	DOH supports the criminal history check legislation introduced this session.

Finding	*Recommendation*	*Management's Response*	*Corrective Action Plan*
The certification process should include criminal history checks.	We recommend that the department work with the training centers to make fingerprinting opportunities available to potential applicants early in the training process. This would enable the program to process the fingerprints and receive results while applicants are still in their training program, rather than after they have already become employed.	We concur. Will do what the legislature directs.	DOH supports the criminal history check legislation introduced this session, which will require training centers to make fingerprinting opportunities available to potential applicants early in the training process, if passed.
The current recertification process is inefficient.	We recommend that the department develop a quarterly or continuous recertification process, using the original certification year and a monthly marker, such as the original certification month or birth month, to reduce costs and create a more efficient process.	We will consider the recommendation.	Conduct an evaluation of the recertification program to establish the most cost effective process.

Finding	*Recommendation*	*Management's Response*	*Corrective Action Plan*
The program's data system cannot identify complaint patterns that require systematic intervention.	We recommend that the department continue working with its informational technology office to improve the functionality of the current system at no cost. Given that the number of complaints is expected to increase, this will allow the program to develop management reports to analyze patterns and trends in complaint data. The program can use this information to improve planning, training and technical assistance.	We will consider the recommendation.	A. Make a decision for development of new system or further expansion of existing system, supported by a Cost Based Analysis. The CBA will be used to determine the additional cost of developing a new, or expanding upon the existing system. B. Identify the additional essential core fields of data required to begin analysis of patterns and trends in complaints. Develop and implement these additional core fields of data into the complaint tracking program. C. Identify type of reports necessary for effective management tools and evaluation. Develop patterns and trends analysis methodology. D. Develop and implement flexible report generation capabilities in the complaint tracking program. E. Begin development of enhanced comprehensive complaint tracking and data collection system based on specifications identified in planning phases. F. Prepare long-range objectives for complaint tracking system, including detailed allegation and investigation data collection and automated report generation. Assess expansion potential to meet long-range objectives of the complaint tracking system.

Finding	*Recommendation*	*Management's Response*	*Corrective Action Plan*
The program cannot assess the effects of EMS grants on program goals.	We recommend that the department develop performance measures that assess program effectiveness for improving EMS services statewide by July 2003, and collect performance data to enable an assessment by July 2004. Performance measures based on industry standards, such as call processing time or defibrillation time to first shock, would allow the program to track effectiveness. This would ensure grant efforts are targeted and effectively improve overall performance, as mandated.	We concur.	A. Develop performance measures based upon industry standards. B. Incorporated performance measures into the grant application. Grantees will be required to report measures to EMS bureau during grant cycle. This will require successful rule promulgation to modify the grant application. C. Collect performance data to enable an assessment.