EMS Structured for Quality:

Best Practices in Designing, Managing and Contracting for Emergency Ambulance Service

Dedication

This Guide, *EMS Structured for Quality: Best Practices in Designing, Managing and Contracting for Emergency Ambulance Service*, is dedicated to all those committed to excellence in emergency ambulance service...to the individual leaders of local government or other agencies who are responsible for the health and safety of their citizens as they contract for emergency prehospital care and transport services, to the health-care professionals and concerned citizens who provide input, to the ambulance service providers who day in and day out provide care to patients in need. To all of you, the authors of this Guide say thank you for embracing an even higher level of care, service and accountability in your community.

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MESSAGE To Those Who Contract for Emergency Ambulance Service

Of all the services that you are responsible for purchasing for your community, prehospital emergency ambulance service is one of the most critical ... because of how deeply it touches the lives of almost everyone who relies upon you, and because it is one of the most complex to understand, oversee, and hold accountable.

This *Guide—EMS Structured for Quality: Best Practices in Designing, Managing and Contracting for Emergency Ambulance Service*—is written for those who want to achieve the balance between quality and cost factors, while earning the satisfaction of patients, taxpayers, elected officials, ambulance service managers, employees, and other customers.

Fortunately, balance *can* be achieved if the overall emergency ambulance service system design holds the service providers accountable to achieve, simultaneously, the following four Essential Performance Results:

- Clinical Excellence
- Response-Time Reliability
- Economic Efficiency
- Customer Satisfaction

This is what is considered a high performance emergency ambulance system.

As a contracting entity, you can incorporate into your system design and contracting practices the following Hallmarks for achieving a high performance system:

Hallmark 1—Hold the emergency ambulance service accountable.
Hallmark 2—Establish an independent oversight entity.
Hallmark 3—Account for all service costs.
Hallmark 4—Require system features that ensure economic efficiency.
Hallmark 5—Ensure long-term high performance service.

In the immediate future there will be incredible new challenges for contractors for ambulance services—the baby boomers are aging and will need more services, budget challenges are impacting ambulance services (with rising costs for fuel, professional labor, technology improvement, etc.), Medicare and Medicaid reimbursement is below cost, and so on. If you are not prepared or at least making steps, your service is at risk of becoming sub-par in quality or service—costing you more or creating great liability for you.

You have taken the first step by subscribing to this *Guide* and using the aids in our *Online Tool Kit* to achieve an even higher level of care, service and accountability in your community.

The Authors

MESSAGE To Emergency Ambulance Service Providers

The pressures on emergency ambulance service providers are intense ... and getting more so everyday. If one of those pressures is to validate the quality of your performance and accountability to a contracting entity, elected officials, your community or the media, colleagues in your medical community, and/or your patients ... then this *Guide—EMS Structured for Quality: Best Practices in Designing, Managing and Contracting for Emergency Ambulance Service*—is for you.

This is also the definitive guide regarding how to "raise the bar" for the level of ambulance service in your community, to achieve the balance between quality and cost factors. Fortunately, balance *can* be achieved if the overall emergency ambulance service system design holds the service providers accountable to achieve, simultaneously, the following four Essential Performance Results:

- Clinical Excellence
- Response-Time Reliability
- Economic Efficiency
- Customer Satisfaction

This is what is considered a high performance emergency ambulance system.

As an ambulance service provider, you can further the quality of your system design and work with contracting entities or evaluators to ensure that the following Hallmarks for achieving a high performance system are incorporated:

Hallmark 1—Hold the emergency ambulance service accountable.
Hallmark 2—Establish an independent oversight entity.
Hallmark 3—Account for all service costs.
Hallmark 4—Require system features that ensure economic efficiency.
Hallmark 5—Ensure long-term high performance service.

In the immediate future there will be incredible new challenges for contractors for ambulance services—the baby boomers are aging and will need more services, budget challenges are impacting ambulance services (with rising costs for fuel, professional labor, technology improvement, etc.), Medicare and Medicaid reimbursement is below cost, and so on. If you are not prepared or at least making steps, your service is at risk of becoming sub-par in quality or service—costing more to operate or creating great liability for you. If contracting entities do not perceive you as performing well, you may also face the risk of being replaced. No matter what size or structure you are, this *Guide* can help you make progress in becoming—and being seen as—a high performance system.

You have taken a great step by subscribing to this *Guide* and using the aids in our *Online Tool Kit* to achieve an even higher level of care, service and accountability in your community.

The Authors

PREFACE New Features of This Guide

For the past fifteen years, the American Ambulance Association has been the leader in publishing practical information for ambulance providers, contracting officials and community leaders regarding the delivery of emergency ambulance services.

This Guide—EMS Structured for Quality: Best Practices in Designing, Managing and Contracting for Emergency Ambulance Service—is the latest in a series of publications by the AAA on this topic, including, Community Guide to Ensure High-Performance Emergency Ambulance Service (2004); Emergency Medical Services System Cost Template (1995); and Contracting for Emergency Ambulance Services: A Guide to Effective System Design (1994).

Since publishing the 2004 edition of this *Guide*, independent data continues to support our strong belief that *emergency ambulance service, first and foremost, is the practice of medicine in the out-of-hospital environment.* The *Guide*'s key principles—the Hallmarks and the Essential Performance Results—are validated by numerous independent sources which support or confirm the conclusions drawn in the *Guide*'s 2004 edition:

- The *Guide*'s clinical framework and factors of quality patient care presented in *Chapter 3—From the Patient's Point of View: Achieving Essential Performance Results* are substantiated by the 2005 Guidelines from the American Heart Association for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care.
- The *Guide*'s focus on accountability in its *Hallmarks for Ensuring High-Performance Emergency Ambulance Service* is one of the central themes contained in the prestigious Institutes of Medicine (IOM) recommendations published in 2007 for a coordinated, regionalized, and accountable emergency care system.
- The *Guide*'s key financial principles, including the methods for ensuring the accuracy of the financial analysis, presented in *Chapter 6—Focus on Efficiency: Developing the Financing Strategy*, are validated by a federal Government Accountability Office (GAO) report on ambulance providers' costs published in May 2007.
- Researchers used the *Guide*'s methodologies to refine the cost framework for the *EMS Cost Analysis Project*, published in March 2007 in the Annals of Emergency Medicine.
- The *Guide* was one of the first publications to address the policy issues associated with the high cost of readiness for ambulance services. Subsequently, the EMS cost analysis project researchers, Centers for Medicare and Medicaid Services (CMS) officials, the IOM Committee, and GAO analysts have all added to the growing body of evidence that cost of readiness is a critical factor in the financing strategy of emergency ambulance service.
- The *Guide* is part of the curriculum at the University of Maryland, Baltimore County, bachelors of science degree in Emergency Health Services which provides education for future EMS professionals.

The original *Guide* published in 1994 was the only publication of its kind at the time. While many concepts in this new edition are familiar to readers of the AAA's previous publications, we have made significant updates including new references to our original text that reflect the new research, government reports, independent studies, and expert panel recommendations that have been published since 2004. The authors have added the following new features to this 2008 edition:

- An update of all references with *new publications, data and resources* including *internet addresses* providing a gateway to additional information (throughout the *Guide*).
- A new section on technological advancements and performance management processes (page 40).
- *New clinical references* for emergency ambulance service response times (page 44) and publicaccess automatic external defibrillation programs (page 48).

- A description of the unique characteristics that *maximize performance results in small towns and rural communities* (starting on page 55).
- Comprehensive *new cost and revenue comparison data* published by the federal government and industry studies (throughout Chapter 6).
- A comprehensive definition of *cost of readiness* with additional justifications for addressing the issue during rate setting and rate regulation processes (starting on page 78).
- A reorganized chapter which assists contracting entities in *assuring fair competition* when the decision is made to issue a Request for Proposals (Chapter 7).
- The *latest analysis of the federal anti-kickback regulations* and their impact on providers and contracting entities (starting on page 102).
- *Independent justification of the integrity of the financial analysis* including the need for systems of full cost accounting within non-government services to assure that data are reliable (pages 93-96).
- When you subscribe you have unlimited access to the *EMS Structured for Quality* Tool Kit for the length of your subscription. Here are all the resources you receive:
 - The searchable, downloadable, printable guidebook that is the keynote of *EMS Structured for Quality: Best Practices in Designing, Managing and Contracting for Emergency Ambulance Service.*
 - The interactive financial model that can be downloaded and used for situation analysis for fee setting, cost analyses, reimbursement modeling and determination of deficit or surplus.
 - Quick Start Guides for the guidebook, financial model and the resources that are likely of most interest.
 - Access to webinars, technical support staff, and other educational opportunities provided by the AAA that support the subscribers
 - And more resources and tools being added... continuously

Based on the evidence that supports the principles of this *Guide*, community leaders are urged to take action to improve their emergency ambulance services systems to benefit their communities and patients. If you have questions or feedback regarding this *Guide* or the *Online Tool Kit*, send us an e-mail at info@emergencyambulancequality.com.