



NATIONAL
RURAL HEALTH
RESOURCE CENTER

Fiscal Year 2018 EMS Sustainability Project

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Project Description

- The project
 - Assisting rural EMS providers in increasing their capacities for assessment, triage and reporting of stroke and cardiac patients.
- Why did we choose this project?
 - During the 2018 legislative session, the State of Utah legislature passed SB 150 which directly impacts rural hospitals and their EMS provider networks. The intent of SB 150 is to develop **state-wide stroke and cardiac registries**. These will define and require specific quality data elements to be reported to the registries.

Project Description

1. Participate in statewide EMS stroke and cardiac performance improvement activities, including State Stroke and Cardiac Advisory Committees, to define stroke and cardiac registry data elements
2. Outreach to and training of 17 rural county EMS providers and their corresponding rural hospitals on identification and reporting of the registry data elements and reporting requirements
3. Develop electronic linkage between state EMS provider run system and state registries
4. Provide grant funding to stand-alone systems to connect with the UHIN health information exchange system (UHIN CHIE) for sending data to the state registry.
5. Evaluate success of the program



Project Goals

Baseline and follow-up measures of the following:

- % of EMS agencies with performance improvement plans for stroke and cardiac care
- % of EMS agencies that use quality data for performance improvement
- % of EMS agencies using stroke and cardiac guidelines



What's Going Well?

Current status

- We have established stroke and cardiac registry committees. We are just now identifying the data elements, data dictionary and determining the software systems for collecting the stroke data from hospitals. The cardiac committee has met once.
- Our EMS data manager has been visiting rural EMS agencies to assess their data quality. A list of agencies visited will be shared with the Utah Flex program.
- We have engaged our CARES registry contractor to participate with the cardiac registry committee. He has implemented the CARES registry throughout the state which provides us with a framework for assessing rural EMS cardiac care.
- Our state EMS medical director is strongly engaged with both the cardiac and stroke committees. He and a committee are currently working on an update to our state EMS treatment guidelines. When the stroke and cardiac registries have been established, the data will help drive the revision of these guidelines for EMS in the future.
- Baseline assessments of EMS agencies have not been determined yet.



What's Going Well?

- Washington County (5 agencies)
- Wasatch County (1 agency)
- Box Elder (2 agencies)
- Garfield County (1 agency)
- Beaver County (1 agency)
- Wayne County (1 agency)
- Carbon County (3 agencies)

- Agency data is reviewed with service director/data manager working to improve data quality and timeliness, focusing on Traffic, Cardiac Arrest, Stroke and Trauma incidents.

- Future visits are being planned with Juab, Sanpete, Uintah, Duchesne, and Cache counties.

Next Steps

- Conduct a survey of EMS agencies to determine the baselines for the established measurements.
- Determining the data elements, data dictionary and inclusion criteria, software options for collecting the data, then linking with CARES to assess the continuum of cardiac care.

Lessons Learned

- Planning has been a bit of a struggle for such a large project in a short time period. Contracting itself takes up so much time.



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