



EMS Program Has Taken Little Action to Improve Provider Compliance with Safety Standards

at a glance

The Department of Health's performance in inspecting certified Emergency Medical Services providers has declined and it has taken little action to implement the recommendations in our 2003 report. The department has not evaluated its technical assistance efforts, developed a quality-based inspection process and adverse incident reporting system, or changed its sanctioning process to address high rates of provider deficiencies. Also, the department continues to award grants without evaluating whether the funds improve local emergency medical services.

The department plans to transfer responsibility for emergency medical technician and paramedic certification and complaint investigations to its Division of Medical Quality Assurance. This change could improve the program's efficiency and ability to track complaint information. However, the department will need to assess whether these improvements are attained and ensure that the two programs coordinate their activities.

Scope

In accordance with state law, this progress report informs the Legislature of actions taken by the Department of Health in response to the findings and recommendations in OPPAGA's 2003 report on the Emergency Medical Services Program.^{1,2}

Background

The purpose of the Department of Health's Emergency Medical Services (EMS) Program is to ensure that all people in Florida have timely access to essential and quality emergency medical services. These 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 is responsible for four main activities.

License and inspect EMS Providers. As of February 2005, the program had licensed 263 providers that dispatch basic and advanced life support vehicles and air emergency response vehicles. Program personnel inspect vehicles, equipment, medication, and record keeping practices for compliance with state standards.

¹ Section 11.51(6), *F.S.*

² *Emergency Medical Services Program Should Improve Provider Compliance with Safety Standards*, [Report No. 03-25](#), April 2003.

Certify EMS personnel. Currently, the program certifies over 25,300 emergency medical technicians and over 16,800 paramedics.³ This represents an increase of 32% of certified personnel since our last report. Recertification is required biennially and includes an application, a fee, and an affirmation of having met continuing education requirements.

Investigate complaints. The program investigates complaints and takes disciplinary action against both emergency medical service providers and emergency medical technicians and paramedics that violate licensure or certification standards.

Provide local EMS grants. The program awards grants to encourage local governments and private agencies to work together to enhance local emergency medical services, injury prevention, and trauma services. These grants are awarded to EMS providers and other first responders (e.g., fire rescue) and include both pass-through non-recurring awards and competitive matching grants.

In Fiscal Year 2004-05 the program's budget is \$15.4 million. Over 95% of these funds are provided by the EMS Trust Fund, which 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.⁴

Current Status

Inspections of EMS providers

The department is still not meeting its performance standard or inspection goals. Our prior report found that the program was not meeting its legislative performance measure for provider compliance with minimum standards. This rate is still well below the

legislative standard of 92%, although the percentage of providers meeting all minimum standards increased from 36% in Fiscal Year 2001-02 to 56.7% in Fiscal Year 2003-04.⁵

To improve provider compliance and meet the legislative standard, the department's goal is to inspect one-half of emergency response providers each year, with 40% of these inspections unannounced. To meet this goal, the department needs to inspect approximately 130 providers.⁶ However, the department completed fewer than 100 inspections in each of the past two fiscal years, and less than a quarter of these inspections were unannounced. The number of inspections has decreased over time, as it completed 125 inspections in Fiscal Year 2001-02. Department managers cited employee turnover and delays in filling positions as reasons for the decrease in inspections, the same reasons reported in our prior report. To improve its inspection process the department must address its recruitment and retention practices.

The department has not evaluated whether its technical assistance efforts are effective in improving provider compliance. The department has not implemented our recommendation to monitor individual providers' compliance records over time to determine whether its technical assistance is improving compliance. Because over 40% of the providers do not meet minimum standards, it is important for the department to monitor the effectiveness of these efforts.

The department has not developed a quality-based inspection process and adverse incident reporting system. The department also has not implemented our recommendation to develop a quality-based inspection process or adverse incident reporting system by 2005. A quality-

³ 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.

⁴ EMS issues transport licenses to authorize the use of various categories of response vehicles, which include basic life support, advanced life support, and air ambulance licenses.

⁵ Some provider deficiencies reflect the dynamic nature of EMS services, as 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, the extent that reported deficiencies are due to restocking issues is unknown because the program does not separately track these types of deficiencies.

⁶ The number of scheduled inspections varies slightly each year because the number of licensed providers slightly varies.

based inspection process would monitor quality of care and patient outcomes and supplement compliance inspections. Adverse incident reporting would enable the department to track preventable injuries to patients.

Several factors will delay this effort. Department managers are waiting for the National EMS Information System data set, which will define data standards.⁷ The data set is not expected to be completed for one to two more years. The department, along with providers, will then use these standards to develop data collection systems for Florida. These systems may require investment in an information technology infrastructure, which could require several additional years to complete. Obtaining quality outcome and adverse incident information could be further delayed unless the department mandates that all providers collect and submit data.

The department has improved communication with regulated providers but has not increased sanctions for noncompliance. Our prior report recommended that the department develop additional strategies to improve compliance with minimum standards, including improving its communication with regulated providers and increasing the sanctions for noncompliance. Since our first report, the department has taken steps to improve communication with providers, practitioners, and training centers. For example, the department placed its newsletter on its website and developed a spreadsheet to help providers track their employees' continuing education. In addition, the department now uses medics to conduct inspections and provide technical assistance, which, because of their expertise, should improve communication on industry-specific issues.

However, the department has not implemented our recommendation to develop a schedule of increasing levels of sanctions based on the severity of deficiencies and recurring patterns of noncompliance. Given the high rate of provider noncompliance, we continue to believe that this step is warranted and that the department should pursue any needed legislation to implement such a schedule.

Certification of EMS personnel

Fingerprinting legislation considered but not passed. Our prior report recommended that the Legislature amend Ch. 401, *Florida Statutes*, to give the program authority to conduct criminal history checks, using fingerprint data, of EMS personnel. We recommended that this be done at initial certification for new applicants and at the next certification cycle for current emergency medical technicians and paramedics who have not been fingerprinted. Although statutes and rules require these personnel to disclose past felony convictions, complaint investigations show some certified persons have not done so, which can place individuals at risk during emergency situations. The 2004 Legislature considered, but did not pass, a proposal that would have required background screening and fingerprinting for initial certification and recertification of all emergency medical technicians and paramedics.

Organizational changes may affect whether a continuous recertification cycle is needed. Our prior review concluded that the program's biennial recertification process was inefficient and required the program to use temporary workers to handle the peak workload demands of processing all applications during the same time period. To improve efficiency, we recommended that the department implement a continuous recertification process.

The department plans to transfer responsibility for EMS certification and recertification to its Division of Medical Quality Assurance (MQA) as part of an overall effort to centralize certification and licensure activity. MQA uses a fully automated application and payment system,

⁷ The National Association of State EMS Directors is working with several federal partners, including the National Highway Traffic Safety Administration to develop this data set. The data set includes standard definitions for variables such as response time, patient status, and the type of care provided. If states apply these standard definitions to statewide systems, the information can be used to monitor individual providers and compare performance with other similar providers.

which should improve efficiency and may eliminate the need for temporary staff to manage the program's recertification workload. To facilitate automation, the department is considering no longer requiring recertification applicants to submit a signed and notarized statement, as this step is not required for other professions. When the next recertification cycle occurs, in the fall of 2006, the department should assess whether these changes have improved efficiency to the extent that a continuous recertification cycle is not needed.

Complaint investigation

The department has not used investigation results to improve operations. We previously recommended that the department enhance the reporting capabilities of its complaint database and use this information to improve planning, training, and technical assistance. The department has not implemented this recommendation, although its proposed transfer of some program responsibilities to MQA may improve the program's data tracking capabilities. Under this plan, the Emergency Medical Services Program will investigate complaints against providers, while MQA will investigate complaints against emergency medical

technicians and paramedics and track this information in its integrated database that links investigation outcomes with certification information. It will be important for the department to coordinate data between the two programs so that it can use outcome information from complaint investigations to improve planning, training, and technical assistance.

Grants

The department has not developed performance measures to evaluate the effectiveness of grants. The department has not implemented our recommendation to evaluate the effectiveness of its local grants initiative. Department managers report that they plan to wait for the National EMS Information System and subsequent state data collection efforts, and use this information to evaluate the effect of grant funds. The national system is expected to be completed in one to two years. Until then, the department plans to continue awarding local competitive and pass-through grants without evaluating whether these funds improve EMS services and operations. We continue to recommend that the department evaluate the effectiveness of the use of these funds.

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