

Share and Learn Conference Call

Date: May 11, 2009
Time: 2:00p.m. to 3:30p.m. EST
Topic: Performance Measure PM 68c and 68d
Ensuring a full time EMSC program manager and integrating EMSC priorities into state/territory mandates.

Facilitator: Diana Fendya, EMSC NRC Trauma/Acute Care Specialist

Invited Speakers: David Edwards, Marie Renzi, Karen Belli, and Martha Gohlke

Participating Grantees:

Alabama, Katherine Hert
Alabama, Ann Klasner
Delaware, Marie Renzi
Idaho, Rachael Alter
Kansas, Sarah House
Louisiana, Debbie Huffman
Maine, Jan Brinkman
Maryland, Cyndy Wright-Johnson
Maryland, Renee (MEMSIS)
Minnesota, Kristi Moline
New York, Martha Gohlke
North Carolina, Gloria Hale
North Dakota, Kelli Rice
Ohio, Joe Stack
Puerto Rico, Wanda Arbelo
South Dakota, Amy Marsh
Virginia, David Edwards
Washington, Scott Hogan

NEDARC Attendees: Craig Hemingway

NRC Attendees: Karen Belli, Theresa Morrison-Quinata, Jocelyn Hulbert, Gayathri Jayawardena, and Tasmeen Weik

Virginia successfully legislates a full-time EMSC program manager

David Edward, EMSC Program Manager for the State of Virginia, explained the process that has ensured a full time manager for their EMSC Program.

Virginia EMSC is presently housed at the Department of Health. Originally, the program was housed at the Virginia Commonwealth University, in the Division of Pediatrics. Prior to transitioning the program to the state, friends of Virginia EMSC, physicians and State Legislators, worked to ensure placement of the EMSC program into legislation.

The state mandate that was eventually passed, required that the EMSC program be placed within the Office of EMS with a full-time state-funded program manager. To support EMS and the designated position, the State also designated a revenue source, an additional \$4 fee/tax for motor vehicle registration. Thus this position is somewhat nondependent upon the state budget.

To learn more about Virginia's successful process to secure a full time EMSC program manager, please contact David at David.Edwards@vdh.virginia.gov

Delaware's partnerships ensured a full time EMSC program manager

Marie Renzi, EMSC Program Manager for the State of Delaware, shared how partnerships successfully established a full time EMSC manager position in her state.

The EMSC manager position in Delaware is a unique position. The position was the result of a partnership formed between the State's only children's hospital, the Delaware division of public health, and the Office of EMS. The manager is employed by the Children's Hospital. The strategic placement of the position within the hospital has assured direct access to knowledgeable and experienced pediatric staff and a variety of resources. The expectations, defined roles and responsibilities of key partners and the EMSC program manager are clearly defined in a contract between the three partners. The first contract was written in 1997 with the position funded 100% by the EMSC grant.

The EMSC manager's time is split between the hospital and the state EMS office. Spending time with both entities helps in ensuring open communication and personal and organizational creditability among all of the partners.

To learn more about Delaware's partnerships to successfully ensure a full time EMSC Manager, please contact Marie at marie.renzi@state.de.us

New York's successful integration of EMSC priorities into state/territory mandates

Martha Gohlke, EMSC program manager for the State of New York, explained New York's process to successfully integrate EMSC priorities into state mandates.

In general, the state of New York tends to favor regulating; regulations facilitate both control and enforcement while ensuring consistency within the state. With the state being large and diverse, regulations are important as they provide uniform standards. Much of the foundation for setting the EMSC priorities into mandate was established prior to the present program manager assuming the position. As the EMSC performance measures were rolled out, a large focus of the EMSC advisory committee members was ensuring that the defined EMSC priorities became part of state mandates. This was important as EMSC advocates began linking successful achievement of the measures with continued program funding. Fearing the loss of money, i.e. the EMSC grant, provided an incentive to gather the needed support that ensured the priorities were integrated into statute.

EMSC advocates and committee members were in attendance at every state meeting and consistently advocated for the unique medical needs of children. Dr. Arthur Cooper was a huge champion in this endeavor. As a member of the State EMS advisory board, he also emphasized that one had to work with available resources, whether an abundance or limited set. In 2005, statute authorizing a state trauma program was both proposed and passed, however without funding. In 2006 a goal was established to secure a line item budget for trauma funding. Simultaneously, the EMSC program was placed in the newly proposed statute, inclusive of the Program priorities. Although funding for the trauma program was not successfully passed, the state EMSC program was successfully included in statute along with the EMSC priorities. The successful inclusion of EMSC priorities into statute was the result of both timing and working in tangent with the state trauma advocates as they pursued a statute that bundled trauma funding with establishment of an EMSC program and mandated the EMSC priorities.

Gloria Hale, former New York State EMSC program manager and present EMSC program manager for North Carolina, reiterated the immeasurable value of having someone like Dr. Cooper to act as a lightning rod to help move the legislative process forward. Since he was not employed by the state he had the ability to advocate publicly regarding the need for a program with a specific-focus on the medical needs of children. .

To learn more about New York's success in integrating EMSC priorities into state mandates, please contact Martha at Mag20@health.state.ny.us

Participant's Questions and Comments

Question 1: How many agencies do you (Delaware) work with?

Marie shared that EMS is county based and that there are 64 ambulance services and there are 8 hospitals in the state with which she works.

Question 2: How do you (Delaware) successfully work as an employee of numerous partners?

Marie encouraged establishment and maintenance of trust when working with several partners. Making sure that expectations are clear on the front end and that all expected deliverables are met. It is also important that one be both open and willing to share program results. Delaware

found it helpful to share and create a bi-weekly report of projects in process and completed with the partners. It was also helpful to meet with hospital administration on a regular basis.

Question 3: Have the states with EMSC priorities integrated successfully in their state mandates been equally successful in meeting each of the priorities?

Karen Belli, NRC Senior Public Policy and Partnerships Specialist responded: “According to NRC research, New York is the only state that has integrated all of the EMSC priorities into legislative mandates at this time.” Mandates provide authority for implementing the priorities but unfortunately do not ensure achievement of them. Martha added that New York has not achieved the priorities at this time.