TEXAS EMS ALLIANCE

EMS in Texas

Fall 2018

Ken Strange of Wimberly EMS, a candidate for the Texas Legislature, is pictured speaking at EMS EVOLUTION 2018.

November 19 in Fort Worth:
Medicare Cost Collection Seminar
Medicaid Bridge Funding Briefing
Register Today

February 28 in Austin:
TEMSA Day at the Capitol

2019 Texas Legislature: EMS Preview

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TEMSA E-mail Newsletter

TEMSA provides breaking news through its e-mail newsletter. To subscribe, e-mail **Bobby@txemsa.com.**

TEMSA Membership

Dozens of EMS agencies from across the state are TEMSA members. Visit **www.txemsa.com** to learn more about membership and to fill out the online application.

Follow Us!

@txemsa

FROM TEMSA 1.0 TO TEMSA 2.0

By Jonathan Sell

TEMSA President

Fellow Texas EMS Leaders,

It's amazing to think that it's been five years now since the inception of TEMSA. Our Alliance has grown and accomplished so much over those years due to the dedication and efforts of our membership! We have won numerous advocacy battles, seen our annual conference grow each year, and created better networking and growth opportunities for EMS agencies and their leaders across Texas. As we reach the chronological milestone, however, it is not enough to look back on our successes; we must look forward to our future!

Recently the Alliance's Board of Directors met for a strategic planning session. Many of the goals that were discussed were items that have been suggested to us by you, our members! Please look out for some of our upcoming initiatives:

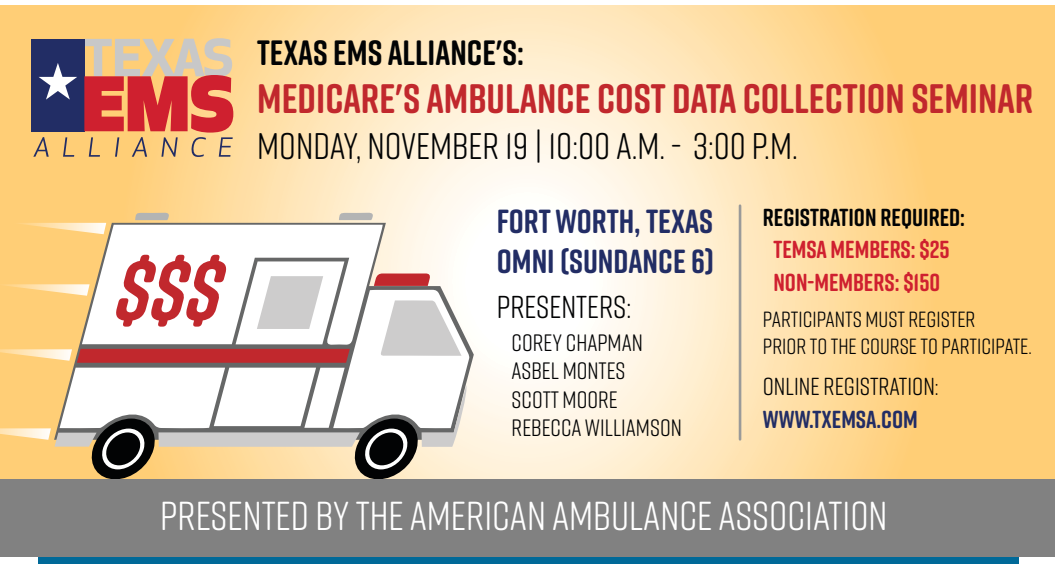
- Additional surveys, such as the recent salary and benefits benchmark survey.
- Webinars that will provide members with invaluable information to navigate the clinical and business issues that affect EMS agencies.
- An enhanced EMS EVOLUTION 2019 that will address both new and current topics.
- Seminars to address Medicare's upcoming cost reporting.
- An even stronger advocacy effort in the 2019 Texas Legislature.
- More initiatives will be announced in the near future.

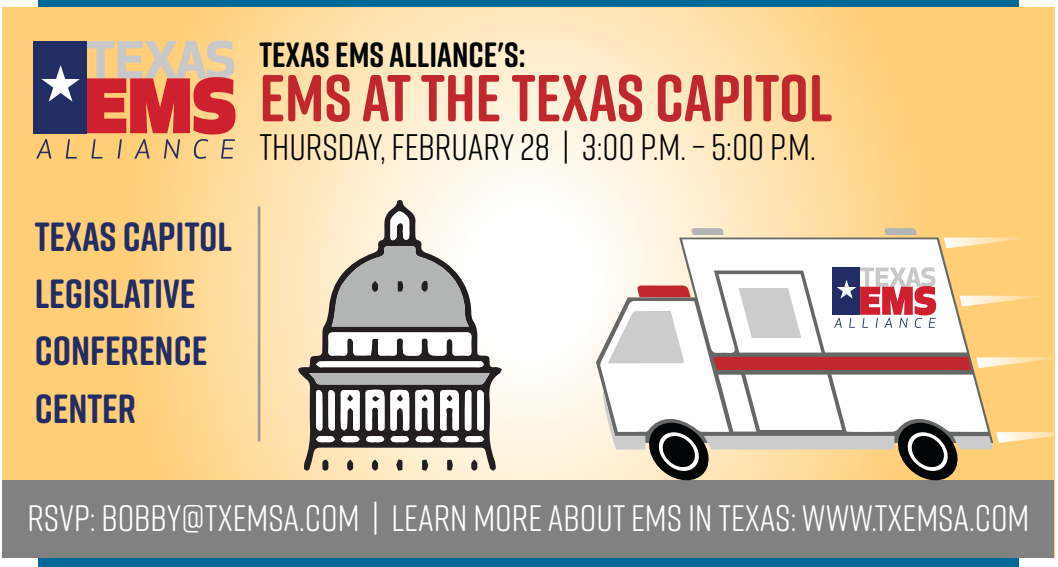
Also at this strategic planning session, the board reconvened and reinvigorated our committees. These committees are designed to be facilitated by members of the board who volunteer to chair the committee, but composed of members who want to be more engaged in the Alliance. The Membership, Advocacy, Communications, and Education Committees will help guide our Alliance in these initiatives as we move forward, and we want your input! Any member is eligible, and encouraged, to participate in a committee!

If you would like to join a committee, or if you have any other ideas to help grow our Alliance, please feel free to email me at director@bookerems.com. Let's keep making Texas EMS better every day!

Sincerely,

Jonathan Sell





NOVEMBER 19 BRIEFING: MEDICAID BRIDGE FUNDING CONCEPT FOR EMS

TEMSA will hold a free seminar on the Medicaid bridge funding concept for EMS immediately following the Medicare seminar. The briefing, which will run from 3 p.m. to 4:00 p.m. on Monday, November 19, will be held in Sundance 6 in the Fort Worth Omni. Simply e-mail **Bobby@txemsa.com** if you would like to attend.

This concept may be introduced as legislation in the 2019 Texas Legislature, and this will be the first opportunity for EMS agencies to hear about it.

QUESTIONS? ASK TEMSA'S LISTSERV

TEMSA created a listserv this summer to help EMS agencies to ask for feedback from other EMS agencies on various issues. To join, e-mail Bobby@txemsa.com.

Texas EMS Alliance:
The Unified Voice of Texas EMS Agencies

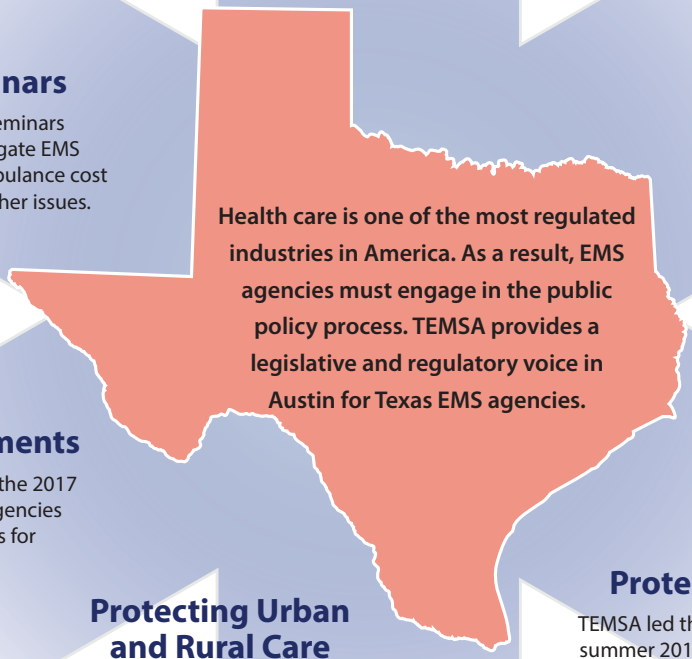
Enhancing EMS Operations

TEMSA is the only organization that focuses on business, public policy, and clinical issues that affect Texas EMS agencies that provide 911 service. Texas EMS leaders turn to TEMSA for its education, networking opportunities, and unique information about the industry.

The EMS Stakeholder Voice

TEMSA serves as the stakeholder voice for EMS in Austin. Health care stakeholders, lawmakers, and regulators turn to TEMSA for its expertise. The organization represents EMS agencies on every public policy issue that affects Texas EMS agencies.

What has TEMSA Done For Your Agency?



Health care is one of the most regulated industries in America. As a result, EMS agencies must engage in the public policy process. TEMSA provides a legislative and regulatory voice in Austin for Texas EMS agencies.

Educational Seminars

TEMSA providers member seminars throughout the year that navigate EMS agencies through Medicare's ambulance cost data collection program and other issues.

Navigating New Payment Models

TEMSA is working with state policymakers to determine which new delivery and reimbursement models will have the ability to enhance 911 care for Texas communities.

Preserving Out-of-Network Payments

TEMSA worked with lawmakers in the 2017 Legislature to ensure that EMS agencies could continue billing patients for out-of-network services.

Benchmarking Surveys

TEMSA members have access to TEMSA's benchmarking surveys that examine ambulance replacement benchmarks, salary and benefits, and other issues.

Protecting Urban and Rural Care

TEMSA works on numerous public policy issues that affect both urban and rural EMS agencies.

Protecting Medicaid

TEMSA led the effort to defeat the state's summer 2017 proposal to cut some EMS Medicaid services by up to 36 percent.

Join Other Texas EMS Leaders Today

Both urban and rural EMS agencies from across the state recognize the value of having a strong organization like TEMSA to represent our EMS agencies in Austin. Join TEMSA today.

New Members:
Join for 2019 before December 31, 2018 and receive half-price membership.

Join Today
Visit www.txemsa.com to fill out a membership form. The cost is a $300 base fee plus $50 per licensed unit.

Texas EMS Alliance | www.txemsa.com | 214.728.7672

2019 TEXAS LEGISLATURE

ANOTHER ACTIVE LEGISLATURE FOR EMS IN 2019?

TEMSA led the advocacy efforts for EMS agencies on a number of issues in the 2017 Texas Legislature: balance billing for out-of-network services, rural paramedic training, guns for first responders, and a number of other issues. State lawmakers turned to TEMSA and its lobbying team and members for their expertise on these issues.

We are expecting many of the same issues to present in the 2019 Legislature and several new issues.

2019 OVERVIEW

The Texas House will feature a new speaker for the first time in a decade. Once the new speaker is seated in January, he or she will name the committees.

The Texas Senate is likely to return Lieutenant Governor Dan Patrick as its leader, and he will be responsible for appointing committee chairs and committee members.

The committee appointments will play a key role in determining the direction of health care policy in 2019.

OUT-OF-NETWORK BALANCE BILLING

State lawmakers passed legislation in 2017 that created a process in which patients could take any type of provider or facility to potential mediation for an out-of-network balance bill that reached a $500 threshold. However, lawmakers listened to TEMSA's message that communities would have to raise taxes in order to pay for EMS services if the agencies lost the ability to bill a patient for services. As a result, EMS agencies are exempt from the mediation provision.

Looking forward to 2019, the Legislature may take another look at the mediation legislation or wait to see if Congress acts on the out-of-network balance billing issue. The state government only has jurisdiction over a small percentage of the health plans sold in Texas, such as the "Obamacare" plans. As a result, state laws do not apply to ERISA plans. Four U.S. Senators recently introduced legislation that would address balance billing. However, Congress is not expected to act on out-of-network commercial insurance in 2018.

The Texas Legislature may examine a concept that would tie out-of-network payments to a usual, customary, and reasonable (UCR) database that is based on a claims database, such as FAIR Health. Under this concept, providers would agree to not balance bill a patient for agreeing to be paid based on a UCR.

BUDGET: DO LPGS RETURN?

Local project grants (LPGs) died in the last budget due to the slow death of the state's tobacco fund. TEMSA is working with lawmakers to identify avenues for restoring LPGs when the next budget is produced in 2019.

The Legislature is likely to consider a one-time budget appropriation to address Hurricane Harvey, and a one-time appropriation for future disaster preparation could be included.

MEDICAID: PAYMENT FOR RESPONSES

Pennsylvania's governor signed a bill into law in October that will direct health plans and Medicaid to pay EMS agencies for when care is rendered without a hospital transport. Ernesto Rodriguez of Austin-Travis County EMS discussed this concept at EMS EVOLUTION 2018.

TEMSA is discussing the concept with Texas lawmakers. While we do not expect the Texas Legislature to approve a similar directive in 2019, TEMSA is working with lawmakers to direct the Texas Health and Human Services Commission to study the concept and provide a recommendation to the Texas Legislature.

GUNS AND FIRST RESPONDERS

TEMSA worked in the 2017 Legislature to address several bills that would have allowed EMS personnel to carry firearms on ambulances. Existing law actually does not prevent EMS personnel from doing so today, and TEMSA does not have an official position on it. However, the majority of

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EMS IN TEXAS

KEVIN GRANT OF COOKE COUNTY EMS

Kevin Grant is the chief of Cooke County EMS in Gainesville, Texas. TEMSA recently asked Chief Grant for his thoughts on the future of EMS in Texas.

TEMSA: What are the greatest challenges that you currently face in Cooke County?

Kevin Grant: Several of our "greatest challenges" include:

- Educating the commissioners court about what we do. They do not always understand what we do and how we operate. We have to work through projects with them and educate them about what we do. An EMS agency operates 24/7 and is a very unique government service that has many unique challenges that other government services do not have.
- Being rural EMS, we continue to struggle with recruitment. We have spent many hours trying to figure out the best recruitment method to attract paramedics. This goes with the first challenge: Educating the court on the difficulty of recruiting paramedics because members of the younger generation do not have servant hearts. We have a good working environment, great equipment, and a good starting wage. But when you look at what younger paramedics are seeking, we are a smaller department, we don't have step raises, and the ability for promotion is limited. Couple that with high dependent cost for insurance, we have a challenge keeping team members, and we often lose them to the Dallas-Fort Worth Metroplex.
- Reimbursement, as with every other health care provider, is getting more difficult, and it will continue to be more difficult in the future.

TEMSA: What are some of the greatest advances in EMS that you have witnessed over the past decade?

Kevin Grant: Wow, where to start? I would have to look at the clinical side and really concentrate on the cardiac care and stroke care. As a result of our strong relationship with cardiac care centers, a diagnosis of MI with 15-lead ECGs and other means can be made, which leads to the immediate treatment in a cath lab. Our EMS team has the ability to watch the patient be treated in the cath lab and witness the patient's immediate improvement. Much can be said with advancements in stroke care in the EMS setting. As a result of the EMS advancements, many patients are able to walk out of the hospital without noticeable deficits.

Kevin Grant speaking at EMS EVOLUTION 2018

TEMSA: Where do you see EMS in Texas in 10 years?

Kevin Grant: If we take the last 10 years as an example, we will continue to advance our skills and improve patient outcomes. We really need to advance our mental health care for our team members, we need to continue to advance our safety measures for our team members, and we need to start programs to get young people excited about EMS. We have started a "junior EMS" program for young people from the ages of 13 to 17. Our hope that these will be the paramedics of the future and future EMS leaders. We need to promote mentorship within our organizations to get the younger team members excited about being managers. The pool of EMS managers is getting less and less, and if we do not mentor team members, we are going to find ourselves without management staff.

TEMSA: Why do you think that it is important for EMS agencies to be part of TEMSA?

Kevin Grant: As a newer TEMSA member and by attending my first EMS EVOLUTION in June, I have found a lot of great information. TEMSA is a great opportunity for EMS leaders to change the course of EMS in the state of Texas. The information that is shared and the wealth of knowledge that is being shared is great for any leader or prospective leader. From reimbursement to our team members' health to the great networking capabilities, every EMS agency should belong and get involved. We are the only ones who can change the future of EMS in the state of Texas.

EMS IN TEXAS

BEN OAKLEY OF BLANCO EMS

Ben Oakley serves as the countywide EMS chief for Blanco County (North Blanco County EMS and Blanco County ESD 2). TEMSA recently sat down with Ben to get his thoughts on the future of EMS in Texas.

TEMSA: What are the greatest challenges that you currently face in Blanco County?

Ben Oakley: Similar to a lot of other agencies, our greatest challenges all tie back to funding. As many know, emergency services districts (ESDs) are subject to a constitutionally imposed tax cap of $0.10 per $100 of valuation. Our district's tax rate has been at $0.10 for many years now, and we continue to struggle to generate sufficient revenue from ad valorem taxes as a result of our limited tax base, of which a substantial amount has agricultural exemptions. We continue to see some increases in our tax base, but these increases are not even close to our increased demand for services. We recently turned to our voters for a 1 percent sales tax election, which was successful, and this has helped our budget, but we still lack funding to increase our staffing levels to the needed level.

Ultimately, our limited funding has a profound impact on our current staffing levels, which are far below our desired levels. As a result, we have trialed different deployment models and staffing models, to make the most effective use of the staff we do have. The biggest challenge associated with this is the workload on our staff and managing fatigue. Considering the rural setting we work in, our call volume and the time our units are "committed" to incidents (modified UHU) is astounding, and can easily rank up there with some of the busiest urban ambulances in Texas. Nonetheless, as a rural agency with funding challenges, we take a tremendous amount of pride in our ability to deliver progressive, state-of-the-art medicine to our community, in the most fiscally responsible manner.

Our second greatest challenge relates to the recruitment of new personnel. With the funding challenges previously discussed, developing a compensation package that is in line with other agencies can be quite challenging. Because our tax revenue is maxed out, we are unable to increase taxes, and as such have a limited amount of funding available. As such, this sometimes has resulted in having to decide between offering particular benefits or increasing compensation. Additionally, being in a rural setting means that we have to be creative in our recruiting, as there is a lack of candidates in our local area, so we constantly have to reach out to farther areas to seek potential new employees.

Ben Oakley (pictured with the microphone) speaking at EMS EVOLUTION 2018.

TEMSA: What are some of the greatest advances in EMS that you have witnessed over the past decade?

Ben Oakley: Overall, I feel the biggest advancement in EMS over the past decade has been the integration of EMS into the health care system from a data standpoint. We can now electronically link our patient care reports with the hospital record, which results in essentially unlimited access into the hospital data set of our patients. With these data sets combined, we can now drive the future of EMS based on actual patient outcomes. We are now truly able to see what benefits patients, what doesn't make a difference, and even what harms patients. In our own system, we have made massive changes to our clinical care guidelines over the past year based on what we're actually seeing, and how our own patients are responding to our treatments.

On a local level, it was a result of this data becoming available that we developed our sepsis identification and management program six years ago that incorporates not only lactate monitoring, but also blood cultures, broad-spectrum antibiotics and now the Marik protocol (vitamin C, thiamine and Solu-Cortef). Additionally, it was the driving factor in our implementation of point-of-care laboratory testing on our ambulances, intra-arrest cooling, heads up CPR, expanded use of tranexamic acid (TXA) in medical conditions such as GI bleeds, and, most notably, the implementation of intravenous Tylenol (OFIRMEV).

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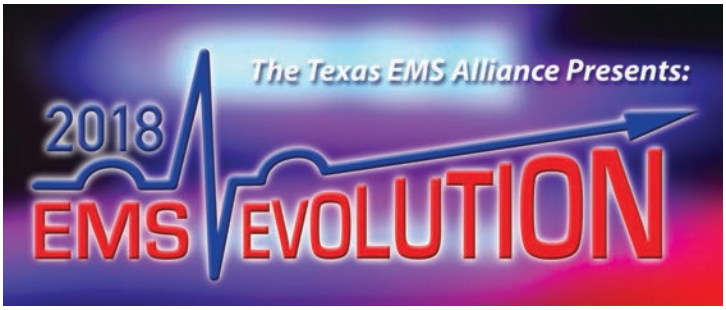
EMS EVOLUTION 2018

TEMSA's fourth annual conference, EMS EVOLUTION 2018, featured the largest crowd to date. Visit TEMSA's website to review the presentations from the conference.



EMS EVOLUTION 2019

TEMSA will return to the La Torretta Lake Resort on Lake Conroe for its fifth annual conference: EMS EVOLUTION 2019.

As a result of your feedback, EMS EVOLUTION 2019 will feature some of your favorite presentations and panel discussions from the past and incorporate new presentations that will be useful to your operation.

Watch your e-mail and mailbox over the next few months for new details regarding the complete agenda. Registration will begin in January 2019.

LEADERSHIP TRACK: CLINICAL, OPERATIONS & BUSINESS PRESENTATIONS

Back by popular demand:

- Medical Director Panel
- Ask Joe: Regulatory Answers from Joe Schmider of DSHS
- Review of the 2019 Legislature and Its Impact on Your Operation
- Texas Division of Emergency Management with Nim Kidd
- Ideas for Your Agency
- New Sessions to Be Announced Later This Year

ENHANCED BILLING/CODING COURSE TUESDAY, JUNE 18:

- New: Best Practices Panel with Different Agencies
- Novitas Update with Gail Atnip
- Brian Werfel's Seminar

MEDICARE COST REPORTING: WHAT TO EXPECT

PRESENTED BY THE AMERICAN AMBULANCE ASSOCIATION:

- Four Hour Seminar
- Helpful Hints for Medicare's Upcoming Cost Reporting Program

BEN OAKLEY OF BLANCO EMS (CONTINUED FROM PAGE 7)

TEMSA: Where do you see EMS in Texas in 10 years?

Ben Oakley: As we move into the future, I see EMS continuing to further integrate with the health care system over the next 10 years. We are at a critical turning point in the history of EMS where we really have an opportunity to redefine who we are and what we do. With the growth of paramedicine programs and our overall commitment to true evidence-based medicine, I see EMS being successful in getting away from being viewed as "transportation based" and placing our focus on solving patients' problems.

Through enhancing our education and scope of practice, we can focus more on prevention activities and the treatment of patients in the field, rather than merely transporting everyone to the hospital. Everyone knows that emergency department overcrowding is a huge problem, and it's a problem that EMS actively contributes to! With the right training, the right tools, and redefining reimbursement processes, we can skip the trip to the hospital in so many cases. Through this change, we will truly begin to become a key component of appropriately navigating patients through the health care system, as many agencies have already begun to do through community paramedicine programs. In other words, imagine if community paramedicine was the norm (applied agency-wide)!

I think we'll also see a substantial redesign of education over the next 10 years. More education is important, but it's a slippery slope because rural agencies already have limited access to advanced education programs. In our agency, as a result of our recruiting difficulties, we are already transitioning towards taking our EMT-level providers and sending them to become paramedics. We need to focus more on programs like these that take fantastic providers who want to learn more and do more, but are unable to do so due to limited resources.

On a local level, as we continue to redefine "who we are and what we do" coupled with our funding challenges, I think we will see a completely different deployment model in 10 years. A concept we have been working on is the deployment of "paramedic squad" units. These are staffed with a single paramedic and are capable of handling low acuity calls that don't require an ambulance. In addition, they can assist on critical calls as additional manpower, which alleviates the need for additional ambulances. In between the calls, they can perform prevention activities.

Incorporating paramedic squads into our system would greatly improve the health of our community while reducing workload of our already overworked transport units. This can all be done for a fraction of the cost of adding an additional ambulance. This sure does sound like the IHI Triple Aim, doesn't it?

TEMSA: Why do you think that it is important for EMS agencies to be part of TEMSA?

Ben Oakley: When you think about it, EMS in Texas is really unique. We are the second largest state in the United States by both area and population. Collectively, as the EMS Providers of Texas, we provide care to over 29 million residents, which is nearly 9 percent of the entire United States! Furthermore, thanks to delegated practice, each EMS system in Texas is unique and tailored to meet the needs of their individual community. Because of how unique each agency is, working together is of the utmost importance for agencies in Texas. Together, we can share ideas, solve problems collectively, and speak with one voice, and let our voice be heard! Not only does this have huge implications at the state level, but we can really turn some heads at the federal level and truly be effective at driving change as we move into the future.

Membership in TEMSA is important because it is our "conduit" to make these changes happen, and is a place where all of us can work together as one team to not only improve EMS at our respective agencies, but the system as a whole!

TEXAS EMS ALLIANCE

TEXAS EMS ALLIANCE'S:
MEDICARE'S AMBULANCE COST DATA COLLECTION SEMINAR
MONDAY, NOVEMBER 19 | 10:00 A.M. - 3:00 P.M.

FORT WORTH, TEXAS
OMNI (SUNDANCE 6)

PRESENTERS:
COREY CHAPMAN
ASBEL MONTES
SCOTT MOORE
REBECCA WILLIAMSON

REGISTRATION REQUIRED:
TEMSA MEMBERS: $25
NON-MEMBERS: $150
PARTICIPANTS MUST REGISTER PRIOR TO THE COURSE TO PARTICIPATE.
ONLINE REGISTRATION:
WWW.TXEMSA.COM

PRESENTED BY THE AMERICAN AMBULANCE ASSOCIATION

WHEN YOUR OWN HOUSE BLOWS UP

HOW A TEXAS EMS AGENCY RESPONDED TO AN INTERNAL DISASTER

RESPONSE FROM LOCAL, REGIONAL, AND STATE RESOURCES

Texas EMS agencies work together when disasters occur. Over a dozen EMS agencies from across the state responded to help Coryell Memorial EMS:

- AMR- Temple EMS
- Copperas Cove Fire Department and EMS
- Fort Hood EMS
- Killeen Fire Department and EMS
- North Bosque EMS
- Acadian Ambulance
- AMR- Ellis County EMS
- Trans Aero Medevac
- Air Evac Lifeteam
- Careflight
- City of Flower Mound Fire Department's Ambus
- City of Schertz EMS's Ambus
- Austin-Travis County's EMS's Ambus

SCOPE OF THE INCIDENT

On June 26, 2018, Coryell Memorial EMS in Gatesville, Texas was put to the test when the unexpected happened: The hospital across the street from the EMS headquarters exploded due to a gas line rupture. Sixteen burn and blast victims at the hospital's central utility plant needed immediate hospital care, and the closest hospital was out of commission.

CORYELL MEMORIAL EMS: INITIAL EMS RESPONDERS:

- The EMS chief was in the hospital board room, which was 100 yards from the explosion.
- Medic 3 and Medic 4 were in the station.
- Medic 2 was not staffed .
- Medic 1 was in Temple, which was 45 miles away
- Medic 5 responded from its station, which was 17 miles away

PATIENTS WHO NEEDED TRANSPORT:

- Sixteen construction workers were burn and blast victims and needed immediate hospital care
  - One was dead on the scene.
  - Three were transported by air ambulance.
  - Twelve were transported by ground ambulance.
- Nine patients were in the hospital's emergency department when the explosion happened.
- The patients were initially moved to the ambulance bay across the street. After stabilization, four patients were discharged and five were transferred by ambulance to four other hospitals.
- Eleven inpatients in the hospital were initially evacuated to the wound care and physical therapy departments across the street from the hospital. Three were discharged, and eight were transferred to another hospital.
- Approximately 150 residents from the campus' assisted living and skilled nursing facility were initially evacuated to local churches. The patients were eventually moved by EMS agencies and other officials to other nursing facilities throughout the region.

CHALLENGES

- Sixteen trauma victims needed immediate hospital attention, and only two ambulances were in town at the time of the explosion.
- The closest hospital just featured an explosion and could not accept the trauma victims.
- The emotions of being involved in the event (responders as victims).
- Upon completion of the mass casualty incident and subsequent evacuation, the EMS agency had to continue responding to 911 calls with no down time
- The hospital's closure increased the average EMS agency transport by up to 45 miles.

ACHIEVEMENTS

- The immediate utilization of clinic physicians and nurses for treatment and triage freed up the EMS professionals to use their ambulances for transport.
- The municipal airport was identified as staging for all aircraft.
- Off duty EMS professionals responded and put reserve units in service.
- All explosion victims were evacuated in under an hour to level 1 or 2 trauma centers.
- The hospital campus evacuated in an hour and a half.
- Evacuees who were placed in temporary facilities, such as churches, were transported to more appropriate facilities within five hours.
- The City of Flower Mound Fire/EMS's Ambus was participating in a nearby driver training session, which resulted in it being only half an hour away.
- The community response to evacuation and utilization of two churches as a temporary shelter and staging area helped the nursing home residents.

Texas EMS Alliance | www.txemsa.com

THE TEXAS EMS AGENCY:

AN ESSENTIAL PART OF EVERY TEXAS COMMUNITY

EMS IN TEXAS

Emergency Medical Services (EMS) agencies are an essential part of every Texas community. They serve a unique role in the state's health care delivery system: EMS agencies are the only segment of the health care industry designed to respond to the location of a patient suffering from an acute onset of illness or a traumatic injury, provide patients with initial care on scene, and provide timely access to a specialized segment of the health care system, such as a trauma hospital or stroke center.

Thanks to recent advances in the fields of trauma, sepsis, and cardiac/stroke events, Texas' EMS agencies have saved countless lives. For many of these issues, every minute matters, and paramedics are prepared to provide valuable responses during initial contact and transfer to a hospital.

"IF YOU'VE SEEN ONE EMS AGENCY IN TEXAS, THEN YOU HAVE SEEN ONE EMS AGENCY IN TEXAS."

"A NEW DAY IN THE FIREHOUSE"

According to Governing, fire departments across the county responded to 35.3 million calls in 2016, and that is more than three times as many as in 1981. However, the number of fires responded to by the fire departments fell to less than half of the 1981 figure. Fires made up less than 4 percent of the fire department calls in 2016. Meanwhile, medical emergencies accounted for 68 percent of the fire department responses in 2016.

FUNDING IS A CHALLENGE

EMS agencies rely on a variety of revenue sources to fund the capital equipment, personnel, and training necessary to save lives. The funding formula includes commercial and government payers, government grants, taxes, and even charity events such as barbecue dinners to help keep rural EMS agencies in operation.

SAVING A HEART ATTACK VICTIM

When symptoms of a heart attack begin to present, cardiologists recommend that a patient call 9-1-1 instead of driving to a hospital. In many EMS agencies, paramedics have the ability to begin treatment within the field. Paramedics can assess the patient's vital signs and heart activity and trigger the cardiac catheterization lab at the hospital. Research finds that patients who have access to an angioplasty within 90 minutes of first medical contact typically have the best outcomes.

EVERY EMS AGENCY IS DIFFERENT

Over 800 entities are licensed by the Texas Department of State Health Services to provide EMS service to Texas communities. Texas is such a large and diverse state that it results in the use of a number of different EMS models.

FIRE DEPARTMENT MODEL

Some communities have EMS operations that are embedded in the community's fire department. The fire departments in the cities of San Antonio, Dallas, Houston, Lewisville, and Flower Mound have EMS agencies embedded in them.

"THIRD SERVICE"

Most Texas communities feature two different services: fire and police. Some communities feature an EMS service that is separate from fire and police, and this results in a "third service." Austin-Travis County EMS and the City of Schertz EMS are examples of a "third service" EMS model.

HOSPITAL MODEL

Some Texas communities rely on EMS that is operated by the local hospital system. Examples include UT Health East Texas in Tyler, Coryell Memorial Healthcare System EMS, and Hopkins County EMS.

CONTRACT EMS

Some communities outsource their 9-1-1 service to a private company. Examples include the City of Arlington, Bastrop County, and the City of Amarillo.

NON-PROFITS

Some communities rely on EMS agencies that have been chartered as emergency service districts or non-profits. The Harris County Emergency Corps is an example, and it was Texas' first EMS agency when it was created in 1927.

EMS IN TEXAS

BLOOD LABS IN EMS

EMS EVOLUTION 2018 featured a lightning round presentation by Jonathan Sell of Booker EMS on blood labs for EMS. TEMSA recently sat down with Jonathan Sell and Ben Oakley of Blanco County EMS, who also has a blood lab, to discuss their experience with the service.

TEMSA: When did EMS agencies start utilizing their own blood labs?

Jonathan Sell: Technically, every EMS that has a glucometer, which is also a lab, However, they are simply operating under a CLIA Certificate of Waiver (or they are breaking federal regulations if they don't). As a result, most EMS agencies have a "lab," so to speak. That said, what we are doing with a blood lab is taking that a few steps further. It's important to define that what we are doing is point of care testing. We don't have a lab back at the station that we take samples back to. Instead, the entire process is run though a simple portable device (ours is the Abbott iStat) on scene.

The iStat was developed for both civilian and military use back in the 1980s and 1990s. The company started in 1983, I believe, and the system was available and having studies published by 1994 and was bought by Abbott in 2003 for just under $400 million. It's not particularly new technology, but the price point and the technical ability have now gotten to the point that we are seeing them a lot in health care settings.

Ben Oakley: As Jonathan mentioned, the utilization of laboratory data in the pre-hospital setting has been around a long time, as a result of the certificate of waiver requirement for fingerstick-based glucose assessment. With that being said, point of care testing is a newer concept, especially in the context in which we are utilizing it. There are a handful of systems around the country that do this, although the majority of these programs are typically air medical programs and/or hospital-based systems.

In our system, we utilize the epoc Blood Analysis System, which is a newer product than the iStat. The epoc is becoming increasingly popular in the hospital setting, but is not very common in EMS. In Texas, only our agency and one air medical program are currently using the device. The epoc Blood Analysis System was created by Epocal, Inc., a Canadian company, and the system first received 510(k) FDA clearance back around 2006. Subsequently, Epocal, Inc. was acquired by Alere beginning in 2009, and then it was acquired by Siemens Healthineers last year. Having now utilized both the iStat and the epoc, I can attest that both systems are fantastic systems, and our decision to move forward with epoc in 2016 was a tough decision. Ultimately, we chose to move forward with the Alere epoc Blood Analysis System as the price point was lower than iStat, better shelf life of the test cards, and the lack of any refrigeration requirements.

Jonathan Sell of Booker EMS presenting on blood labs at EMS EVOLUTION 2018

Jonathan Sell: I love where you guys are going with your lab program! I wasn't aware that you had gone with the Epoc, and it's great to hear you're happy with it. Like you said, it won't work for my program yet because the troponin is such a key component to us, but my hope is that as the Epoc grows and gets more recognition, the competition between it and the iStat will push them both to introduce even more POC lab tests that can expand our abilities even further.

TEMSA: What does it entail to create your own blood lab?

Jonathan Sell: We did ours as a three-step process. Step one was to choose a system and implement it under our certificate of waiver. We started that in 2013 when we purchased our iStats and started running only the waived Chem 8 cartridges.

Step two was to educate ourselves about the process to move our lab to a Moderately Complex level lab and also to perform internal testing of our iStat results. We did this by comparing our field results with the tests run at the hospital, preferably on the same blood we drew to use to com-

BLOOD LABS IN EMS (CONTINUED FROM PAGE 13)

pare results. The education was a steep curve for us. There are just a ton of things in the lab world that we don't have to deal with or even think about in EMS. Dealing with federal level regulations can be a huge pain as well.

Step three was to move to a Moderate complex designation (we did this through accreditation rather than certification) and to fully implement the additional iStat cartridges we wanted, blood gases plus lactate, and troponin.

As far as training, not much is required. Each lab has to develop its own form of competency training and testing. As long as it meets the regulations, that and a high school diploma are all that are required to be a lab staff member. Now, key positions such as lab director, clinical consultant, and technical consultant have much higher requirements. In the EMS system, the medical director can serve in all three of these roles as long as they have some specific education. We paid for our medical director to go through about 20 hours of continuing medical education (CME) to meet the requirements. In retrospect, I would never recommend an agency medical director to serve as the technical consultant. There are plenty out there with whom to contract, and unless your medical director has a ton of very specific experience in lab operations, he or she will not be able to fill this role well.

Ben Oakley: Simply put … money, patience and a lot of education. In all seriousness, after we made the decision to move forward with our point of care testing program, it took us about 13 months to go "live" after we issued a purchase order, which excludes all the time we took planning, evaluating, and seeking the necessary funding, etc. Our decision to embark on this journey was ultimately a result of our sepsis program. We had already seen such tremendous success with lactic acid (lactate) monitoring through a cooperative agreement with one of our local hospitals, we quickly realized that there was a lot more diagnostic data out there that we were missing out on. With us, a routine transport to a comprehensive facility exceeds an hour, which is a lot of time for patients' conditions to go untreated.

Once we made the decision to move forward and purchased the equipment, we began the process to become an accredited laboratory. For moderate-complexity testing, you have the option to either go with the certification route or the accreditation route. Like Jonathan, we chose the accreditation route based on feedback from other systems. Ultimately, we signed on with COLA, who turned out to be a huge resource in helping us through their accreditation process. Like Jonathan's medical director, our medical director also completed 20 hours of laboratory-based CME to become qualified to be our laboratory director. Our device manufacturer developed an implementation schedule and got us connected with Technical Specialists and true experts in the field who helped us develop all of the materials needed to fulfill accreditation requirements. Ultimately, the accreditation book is several hundred pages of requirements you have to demonstrate compliance with, which was what we spent the bulk of our implementation time on. With accreditation requirements fulfilled and a qualified Laboratory Director (our Medical Director), we then focused on staff training. Our staff went through the necessary competency training, assessments and re-assessments, which ultimately focus on how to physically use the device, and perform testing in accordance with our accreditation requirements.

Our biggest mistake during our implementation was assuming that our providers felt comfortable with interpreting the laboratory values and modifying their treatment plans accordingly. We are fortunate to have a fantastic staff with mind-blowing clinical experience and backgrounds, including over half of our staff who are critical care paramedics, flight paramedics, etc. With that being said, upon implementation, it was a bit of information overload. We had to go back and work on getting our providers comfortable with all of the laboratory values which were now available to them in a matter of minutes.

Frankly, performing point of care lab testing is easy. However, interpreting laboratory values and incorporating those laboratory values into the clinical-decision making process can be quite challenging, especially on certain patients, but our providers have risen to the challenge and done amazing since implementation.

Visit www.txemsa.com to read the full interview

TEMSA SERVICES

SALARY & BENCHMARKING SURVEY

TEMSA embarked on a salary and benchmarking survey in mid-October, and the survey is still open. EMS agencies that participate will have the first access to the results. Visit www.txemsa.com to participate.

AMBULANCE REPLACEMENT SURVEY

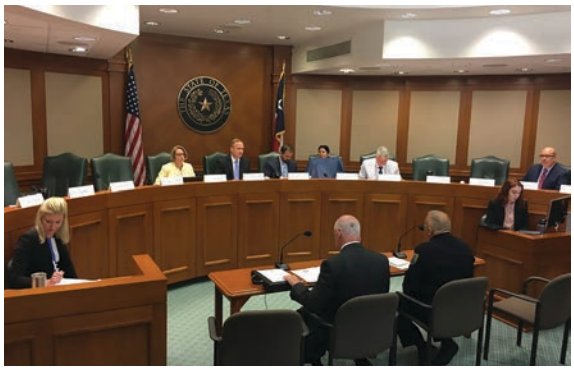
TEMSA conducted a June 2018 survey to ask EMS agencies which benchmarks they use for replacing ambulances. The majority of the respondents indicated that they relied on mileage as a benchmarking, and the majority indicated that 150,000 was typically their starting point for an ambulance replacement.

Visit www.txemsa.com for the results.

OPIOIDS & SUBSTANCE ABUSE SURVEY

At the request of state lawmakers, TEMSA conducted a spring 2018 survey of the response to opioids and substance abuse issues that EMS agencies have faced.

Ernesto Rodriguez, the chief of Austin-Travis County EMS, testified on behalf of TEMSA at a Texas Legislature hearing on opioids and presented the survey results, which can be found at www.txemsa.com.



2019 TEXAS LEGISLATURE

the bills in 2017 would have taken away the rights of the agency director to prevent this in their workplace for any or all employees. TEMSA believes that the right of the agency director to control their workplace should be maintained.

One bill, HB 435 by Rep. Ken King of Canadian, which was directed exclusively at volunteers, was signed into law in 2017. HB 435 provides a defense to prosecution if a volunteer is carrying a firearm and is called to duty. If that volunteer takes his or her firearm while on the call of duty, the individual cannot be prosecuted for carrying it into a location that may be exempt from right to carry laws (hospitals, bars, churches, etc.).

TEMSA expects to be asked by lawmakers to provide feedback on firearm legislation again in 2019.

MENTAL HEALTH ACCESS FOR EMS PERSONNEL

The 2017 Legislature created the Workgroup on Mental Health Access for First Responders at the Texas Health and Human Services Commission (HHSC). Two TEMSA board members – Dudley Wait and Ricky Reeves – serve on the workgroup, which voted in early October on its recommendations for the 2019 Texas Legislature to consider.

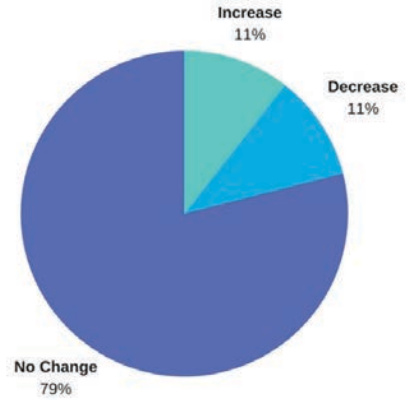
RURAL PARAMEDIC TRAINING

Sen. Kel Seliger (R-Amarillo) and Rep. J.D. Sheffield (R-Gatesville) passed HB 1407 in 2017, which created a rural paramedic training program. TEMSA will work with lawmakers to build on that legislation in 2019 by identifying entities to conduct the training and seeking funding to implement the program.

EMS PERSONNEL

Legislation regarding vaccine databases for EMS professionals is likely to be filed in 2019. Officials witnessed several cases in which EMS professionals responding to Hurricane Harvey efforts did not have easy access to their vaccination records.

Lawmakers are also expected to file several bills related to first responders and Workers' Compensation claims in 2019.



OPIOID RESPONSES

Has your agency witnessed an increase, decrease, or no change in opioid responses over the past 12 months?

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MEDICARE'S AMBULANCE COST DATA COLLECTION SEMINAR
MONDAY, NOVEMBER 19 | 10:00 A.M. - 3:00 P.M.

TEXAS EMS ALLIANCE'S:
EMS AT THE TEXAS CAPITOL
THURSDAY, FEBRUARY 28 | 3:00 P.M. - 5:00 P.M.

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**The Fire Based EMS Large category is "at large" due to a lack of candidates in the summer 2017 election.*

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