

IDPH Responses to the EMS Interim Requests for Information

11/6/2013

Legislative Study Committee EMS Organization Staff Duties Funding

- The Bureau of EMS has 11 full time staff, 5.5 of those FTE's are funded with state general funds, and the remaining FTE's are funded through federal grants: PH block grant, Coverdell stroke grant, preparedness funds, EMS for children, transportation safety grant, and rural health funds.
- The Bureau has been functioning under an interim bureau chief since March of 2011. The role of interim chief has been filled by the EMS Executive Officer and most recently the IDPH Deputy Director.
- On September 23, 2013 Ken Sharp, the Environmental Health Division Director has now been named the Division Director of the Acute Disease Prevention and Emergency Response over both divisions. ADPER is where EMS resides.
- I am currently the bureau chief of the Center for Disaster Operations and Response in ADPER and was asked to fill the role of interim bureau chief until final re-organizational decisions can be made. For the past 2 years CDOR has been responsible for the administration of the system development grants. Since that time an executive officer and program planner in CDOR have assisted in administering the grant program.

Current Structure of the Bureau:

- The Bureau of EMS has one executive officer: Executive Officer **Joe Ferrell-1 FTE-State General Funds**
This position performs functional oversight and direction for all statewide regulatory functions. This includes 17 authorized EMS training programs (attachment D), over 12,000 certified EMS providers and 779 active services (attachments A&B).
- There are 4 regional coordinators (Community Health Consultants) **These are field offices-Ellen McCardle-Woods 1 FTE, Anita Bailey 1 FTE, Evelyn Wolfe 1 FTE, Merrill Meese .25 FTE (shared with federal preparedness and the rural health grant)**. These individuals perform on-site inspections/follow-up of EMS service programs to ensure statutory, administrative rule and guideline compliance. In addition these staff members provide technical consultation and assistance to EMS services and providers regarding compliance with administrative law and rules, system standards, continuous quality improvement, and strategic planning.
- The Bureau has one program planner. **Cindy Heick 0.5 FTE (shared with federal preparedness)**. Serves as the state and local preparedness points of contact in developing and maintaining the Iowa version of the Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP) called the Iowa Statewide Emergency Registry of Volunteers (I-SERV) and the emergency resource management

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- system (EMResource) and hospital bed registry. Provides administrative and program assistance to the Executive Officer.
- The bureau has on information specialist: **Terry Smith 0.4 FTE EMS (shared with GTSB)** Terry provides oversight of the Hospital Trauma Registry, Pre-hospital (EMS) data collection, brain and spinal cord registry, System Registry, and other key data systems within the Bureau of Emergency Medical Services.
 - The EMS for Children grant program is a federal project that is coordinated by-**Katrina Altenhofen 0.4 FTE (shared with EMSC/federal)-Community Health Consultant-field office.** This is the state pediatric prevention program, this position is responsible for grant procurement, program goals/objectives, and various project initiatives such as injury prevention, protocol review, and education.
 - The state-wide trauma program is housed in the bureau of EMS. **Trauma Coordinator-- Janet Houtz 1 FTE-State General Funds-Community Health Consultant.** Janet is the point of contact for 118 trauma care facilities (TFC) throughout the state regarding the Iowa trauma system. Janet provides technical consultation, assistance, and education regarding enhancement of hospital capabilities to provide trauma care and to comply with the Iowa Administrative code and rules for the Iowa trauma system. Resource (Level I) 2, Regional (Level II) 4, Area (Level III) 20, Community (Level IV) 92
 - In 2012 the bureau applied for the Paul Coverdell National Stroke Registry Project and Grant. The grant supports one FTE **Rebecca Swift-Community Health Consultant.** The grant funds are used to measure, track and improve the quality of care and access to care for stroke patients from onset of stroke symptoms through rehabilitation and recovery.
 - The bureau has on support staff member **Clerk Specialist Katie Linn 1 FTE-General Funds.** Performs specialized clerical work to code and process all EMS certifications, endorsements, card replacement, reciprocity, renewal paperwork, verify National Registry data, print and mail certification cards.

Funding Summary: The background section of your packets page 6 has a funding table for 2014, I have current and updated funding allocations.

General funds	603,585
Block Grant	339,323
System Development	454,700
Love our Kids	115,600
EMS for Children	91,279
GTSB	60,000

The total operating budget for the Bureau of EMS in 2014 is 1,209,787. This excludes the system development fund that is only accessed for local contracts (attachment F).

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5 Year Historical Budgets:

General Funds:

2009: General Funds: 431,070 Tobacco: 387,320 for a total of \$818,390
2010: Tobacco funds not provided, therefore the general funds were increased to 738,941
2011: General funds 717,710 decreased by 20,739 (3%)
2012: General funds decreased 626,139 (13%)
2013: General funds decreased 603,585 (4%)
2014: General funds status

General Funds for System Development for local contracts only

2009: 620,172
2014: 454,700
Decrease of 165,472 (27%)

Federal Funds

2009-2014
EMS for Children has decreased by 16,049 (15%)
GTSB decreased by 175,000 (75%)
PHHS Block grant decreased by 17,616 (5%)

Total Decrease in Funds

Total funding decrease from 2009-2011 is 468,715 (28%) this is excluding the system development fund that the bureau can only access for contracts.

FTE's

In 2009-2014 the bureau has reduced staff FTE's by 3.3 FTE's a 27% reduction

In addition to salary, benefits and administrative costs, the Bureau supports 3 software packages: Trauma Registry, EMS System Registry and the Patient Care Reporting Software. These annual maintenance costs total approximately 100,000. The bureau is in the process of moving the system registry to DAS/IT for support and maintenance as well as implementing updates such as e-payment for certification and a certification card print feature.

Division Director

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The numbers of currently certified EMS providers overall as well as the level numbers indicating affiliation with a service.

Active Provider Counts

Provider Certification	Total Count
Advanced EMT	93
EMR	1083
EMS – Instructor	1
EMT	4361
EMT - Ambulance	1
EMT - Basic	2410
EMT - Defibrillator	7
EMT - Intermediate	715
EMT - Paramedic	373
First Responder	216
First Responder - Defib	7
PARAMEDIC	1565
Paramedic Specialist	983
Totals	10,712

Providers Affiliated with a Service

(individuals may be on more than one service)

<u>Level</u>	<u>Count</u>
AEMT	115
EMR	898
EMT	3506
EMT-B	2050
EMT-D	5
EMT-I	675
EMT-P	407
FR	239
FR-D	6
PM	1847
PS	964
Totals	11,815

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What is the total percentage reduction of the EMS Bureau's federal funding sources from FY 2009 compared to FY 2014:

2009 EMS Received:

Emergency Medical Services for Children (EMSC): \$107,328

Governor's Traffic Safety Bureau (GTSB): \$235,000

Preventive Health & Health Services Block Grant (PHHS): \$356,939

2014 EMS Received

EMSC: \$91,279

GTSB: \$60,000

PHHS Block: \$339,323

Total Decrease of \$208,665 (30% decrease)

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Information regarding the concern about submitted data containing patient identifiers. Here is a brief summary:

The data submitted by the EMS agencies does include patient identifiers. This information is necessary for follow-up based on out-of-hospital care primarily for trauma patients. The information is entered directly into a secure server (user id and password protected). Select Bureau staff has access to the information on the server. The only non-Bureau staff with access to the data information is the University of Iowa through a contract with the Department. The contract stipulates that patient identifiers cannot be released.

Also the data submitted by the EMS agencies is protected as identified in IAC 641-132.8(7):
c. Access and release of reportable patient data and information. (1) The data collected by and furnished to the department pursuant to this subrule are confidential records of the condition, diagnosis, care, or treatment of patients or former patients, including outpatients, pursuant to Iowa Code section 22.7. The compilations prepared for release or dissemination from the data collected are not confidential under Iowa Code section 22.7, subsection 2. However, information which individually identifies patients shall not be disclosed, and state and federal law regarding patient confidentiality shall apply.