

46 Whereas, the County and the Milwaukee County Fire Chiefs agree that fire-based emergency
47 medical services provide for the most efficient and seamless provision of quality emergency
48 medical care to the residents and visitors of Milwaukee County;

49
50 Now therefore, in consideration of the objectives of the parties and the mutual benefits accruing
51 to the parties of the contract from performance of the covenants herein made, this Agreement
52 sets forth their respective responsibilities in conjunction with the provision of paramedic services
53 within the County.

54
55 **Statement of Purpose and Relationship.** Municipalities enter into this contract with the
56 County to assure that ALS services are available twenty-four (24) hours a day, seven days a
57 week, all year, through the use of Paramedic Transport Units, Paramedic First Response Units, or
58 Flexible. Municipalities work with the Milwaukee County Fire Chiefs Association, the
59 Intergovernmental Cooperation Council, Milwaukee County and the Medical Director to assure
60 that a uniform delivery system is in place that enhances the partnership between the County and
61 Municipality, and maximizes the use of resources, while simultaneously limiting expenses.

62 63 **SECTION ONE**

64 65 **EDUCATION**

66 67 **1.1 State of Wisconsin Requirements**

68 County will provide educational programs to meet the State of Wisconsin license
69 requirements and qualify students for participation in the National Registry Examination
70 for an Emergency Medical Technician – Paramedic. The County will provide access to
71 refresher courses, continuing education, and computer based education for individuals
72 active in the Paramedic program.

73 74 **1.2 Education Center & Activities**

75 76 **Municipality shall:**

77 Be allowed to refer its personnel to the Milwaukee County EMS Education Center
78 (“Education Center”) for initial or continuing education. Acceptance of personnel will be
79 based on admissions criteria established by the County. The Municipality will provide
80 access to facilities, vehicles, and equipment to support supervised field experiences of
81 their students enrolled in the program.

82
83 Allow students enrolled in the program and County EMS faculty access to facilities,
84 vehicles, and equipment to support supervised field experiences and training upon mutual
85 consent of the Municipality and the County.

86
87 Be allowed to refer an employee to an educational program other than the program
88 operated by the County.

89

90 County will announce a deadline for requests approximately six (6) months prior to the
91 beginning of a Paramedic class. Requests received after that deadline will be considered
92 on a case-by-case basis.

93
94 Be provided initial education, refresher and continuing education courses by the County
95 at no charge to Municipality and shall be limited to those individuals active in the system
96 as long as the Municipality is providing paramedic service as part of the County System.

97
98 Be allowed to petition the County to recognize and accept an individual the Municipality
99 hires whose paramedic education was provided by an entity other than Milwaukee
100 County, as part of the County EMS System. However, the County is under no obligation
101 to recognize or accept that individual into the Milwaukee County Emergency Medical
102 Services System.

103
104 Agree to have representatives from the Milwaukee County Association of Fire Chiefs or
105 their designees sit on the EMS Education Center Advisory Board.

106
107 Agree to reimburse the County, in specific cases, for the costs of students who do not
108 complete entry into the County EMS system as a paramedic after having utilized County
109 educational resources. Specifically, these costs relate to students that the Municipality
110 has hired with paramedic training and/or licensing, but who fail to (or choose not to)
111 complete the licensing and approval process through County, and therefore do not
112 practice in Milwaukee County. Costs include, but are not limited to, tuition, continuing
113 education conferences, and internet education user access offered by the County. In
114 general, Municipalities who are party to this contract are not responsible for the costs of
115 education for their employees who complete the licensing and County's education
116 process and who are approved to practice in the County EMS system.

117
118 Agree to abide by the current State of Wisconsin Administrative Code DHS 110, or
119 current version of the administrative code, in relation to field preceptor requirements.

120
121 Agree to take necessary efforts to ensure that active paramedics within their fire
122 department are in good standing relative to the required system benchmarks. Will work
123 with the County EMS Education Center to develop a benchmark remediation plan that
124 provides for timely remediation of paramedics not obtaining required benchmarks within
125 the established benchmark periods.

126
127 **County shall:**

128 Inform the Municipality of the size of the upcoming EMT/Paramedic class at least ninety
129 (90) days before the start of the class. If the County offers an EMT/Paramedic class it
130 will schedule an EMT/Paramedic class to begin on a date set by the County and agreed to
131 by the Municipality and complete the class offered.

132
133 Provide education to the referred and accepted staff of the Municipality up to the
134 following levels: 1) training and educational opportunities, on a space available basis as
135 determined by the County, 2) access to refresher courses for individuals active in the

136 paramedic program, 3) access to continuing educational programs to individuals active in
137 the paramedic program, and 4) access to computer based education for individuals active
138 in the paramedic program.
139

140 Have full discretion in the establishment of methodologies to assess a petition and to
141 establish review and acceptance criteria regarding individuals educated by other non-
142 County programs. County agrees to meet annually to explore the continuing education
143 schedule and methodologies used to deliver education. County agrees to have
144 representatives from Municipality fire departments be represented on the EMS Education
145 Center Advisory Board.
146

147 Allow paramedics hired by the Municipality and not educated through the County EMS
148 Education Center (“transfer paramedics”), to participate in all educational opportunities
149 while that paramedic completes their probationary period and receives an orientation to
150 the County EMS system. MCEMS will assist municipalities in credentialing transfer
151 paramedics to be able to practice within the Milwaukee County system as quickly as
152 possible.
153

154 Once obtained, maintain accreditation from the Committee on Accreditation of Education
155 Programs for EMS Professionals (“CoAEMSP”) in accordance with the directive by the
156 National Registry of EMTs, including that candidates taking the NREMT exam must
157 graduate from a CoAEMSP accredited education institution.
158

159 Have the authority to set parameters on benchmarks and remediation plans to ensure
160 patient safety and system integrity.
161

162 1.3 Service Commitment

163 Personnel educated through the Education Center must complete three (3) years of ALS
164 service. Personnel who desire to leave the program may only do so with the approval of
165 the County and the respective Fire Chief.
166

167 1.4 Licensing

168 **Municipality shall:**

169 Assure that paramedic students who fail their licensing exam will retake the exam within
170 one (1) month of notification of exam results. Extenuating circumstances will be
171 considered on a case-by-case basis.
172
173

174 **County shall:**

175 Require as of July 1, 2010 that all paramedics who are currently a National Registry
176 EMT (NREMT) maintain their NREMT status in order to continue to practice in the
177 County EMS system. Any paramedic obtaining their NREMT certification after July 1,
178 2010 are also be required to maintain their certification while providing paramedic level
179 care as part of the County EMS system.
180
181

182
183 **1.5 EMS Liaison**
184 Municipality will designate a liaison that is capable of managing paramedic attendance at
185 required continuing education conferences, refresher classes, web-based education
186 modules and video conferencing educational sessions.
187

188 **1.6 Student Health & Background Check**
189 The Municipality will provide at its own expense a State of Wisconsin Caregiver
190 background check, and immunization and health record information, as required either by
191 State statutes, rules and regulations, or by affiliating health care institutions for all
192 personnel referred to the Education Center prior to matriculation into a class. Potential
193 students not submitting all required documentations (immunization records, EMT/Basic
194 license etc) on time will not be allowed to begin class.
195

196 **1.7 Student Ride-along**
197 Upon mutual consent by the County and Municipality, persons from health care agencies,
198 businesses, schools, non-local fire/EMS services and other education programs may be
199 scheduled through Milwaukee County's EMS office and the respective fire department to
200 participate in a ride-along. Any person participating in a ride-along must first meet the
201 criteria including legal release and approval as determined by the County, Municipality,
202 and Medical Director. Any ride along program established by the Municipality allowing
203 EMS students/providers to provide direct patient care must be done in coordination with
204 the offices of Milwaukee County.
205

206 **1.8 Research**
207
208 **Municipality shall:**
209 Agree to participate in research as determined by the County Research Committee. This
210 could include, but is not limited to, enrolling patients, data collection and educational
211 sessions. Municipalities shall have a minimum of one representative of all Municipalities
212 on the County Research Committee. Municipalities are not responsible to fund
213 equipment, medications or education that is related to a County sponsored or County
214 approved research study. Municipalities shall be notified as early as practical, of research
215 projects that utilize employees of the host municipality. This notification shall be
216 provided as part of the Milwaukee County Association of Fire Chiefs' monthly meeting
217 EMS Committee report. Municipal Chiefs shall be included in discussions related to
218 costs, study timeframes, impacts of concurrent research projects and other relevant issues
219 via participation on the MCEMS Research committee's quarterly meetings.
220

221 **County shall:**
222 Be solely responsible for securing funding, equipment, and education, necessary to allow
223 the Municipality to participate in research projects that are initiated by the County.
224

225 Assure that any patient care research that requires new or updated equipment, software or
226 hardware will be considered a direct expense of the organization requesting a research
227 study that is conducted by the EMS agencies within the county of Milwaukee. All

228 avenues to recover and reimburse these costs will be explored by the organization
229 requesting the research study within the research grant's legal and ethical constraints.
230 Research protocol education and training will be integrated into existing State EMS
231 office mandated continuing education programming whenever possible.
232

233 Assure that all studies conducted within the County EMS system have Institutional
234 Review Board (IRB) approval from an approved IRB.
235

236 Assure that indirect costs of research such as, but not limited to, meeting attendance,
237 protocol compliance and quality improvement efforts will be based on a mutually agreed
238 upon exchange of services and payment between the County and the principle
239 investigator of the study. County will pass along to the Municipality the exchange of
240 services or payments received.
241

242 Evaluate financial or in-kind commitment of the organization requesting a research study
243 that is conducted by the EMS agencies within the county of Milwaukee in the event that
244 supplemental payment is not included in the yearly-adopted budget and incidental costs
245 per transport fees are not included in this budget.
246

247 All EMS research studies performed in the county of Milwaukee will be reviewed and
248 approved consistent with the County EMS Research Policies and Procedures and by the
249 County EMS Research Committee. County shall invite the Municipality into discussions
250 regarding potential and proposed studies as early as possible regarding research
251 protocols. County shall hold quarterly research committee meetings and invite
252 Municipalities to attend.
253

254 **SECTION TWO**

255 **SYSTEM MANAGEMENT**

256 **2.1 Operations**

257 **2.1.1 Medical Direction & Oversight**

258 **Municipality shall:**

259 Agree that the County's Medical Direction shall manage the EMS Program in
260 accordance with all applicable requirements of federal, state and local laws, rules
261 and regulations.
262

263 Agree that County's Medical Direction, per Wisconsin Administrative Code
264 DHS110, shall provide medical oversight for paramedics providing services under
265 the program.
266

267 Recognize that the Paramedics are performing under the delegated practice of the
268 Medical Director and as such recognize that the Medical Director has sole
269
270
271
272

273 responsibility for establishing standards, medical protocol and practice privileges
274 in the County EMS system.

275
276 Agree the Medical Direction shall develop formal patient care protocols, policies,
277 procedures, standards and guidelines necessary for the County's EMS Program.

278
279 Agree the Medical Direction shall act as an advisor, assisting and consulting with
280 the County on the scope of services for patients and medical equipment or
281 supplies used in the performance of medical procedures within the program
282 and/or other areas of the program as determined by the Director and/or its
283 designee.

284
285 Agree to provide paramedic service following protocols, standards of care, and
286 utilization of the EMS Communication Base under the direction of the EMS
287 System's Medical Direction.

288
289 Agree to the provision of medical direction and coordination of medical care for
290 the ALS 911 emergency response system for the County and provision of medical
291 direction, supervision and on-line and off-line medical direction.

292
293 Have access to Medical Direction for special operation teams, (e.g. Tactial EMS
294 Service providers ("TEMS)). If the Municipality chooses to use the County's
295 Medical Direction for special operations teams, the Municipality will notify
296 Medical Direction of the training curricula and be responsible for maintaining
297 training records.

298
299 **County Shall:**
300 Provide on-line and off-line medical direction and medical oversight for
301 municipal employees active in the provision of paramedic services. The Medical
302 Director has complete discretion regarding the acceptance of any individual,
303 whose practice falls under the Medical Director's license, including the ability to
304 withhold, suspend or terminate an individual's involvement in the County EMS
305 System. The authority of the Medical Director is recognized on issues related to
306 patient care and privileges of medical control for all paramedic and/or Paramedic
307 First Response Units operating under the Medical Director's license. Medical
308 Direction will be applied to Municipality ALS units when responding to locations
309 outside of the County borders when that response is part of an organized EMS
310 plan.

311
312 Have the authority, independent of the Medical Director, to counsel paramedics as
313 needed on patient care issues, proper use of patient standards of care and
314 educational issues. County will communicate to the employing Municipality the
315 need to counsel a paramedic.

316
317 Provide on-line and off-line medical direction and oversight for Municipality
318 employees active in the provision of paramedic and TEMS services.

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2.1.2 Paramedic Response

Shall occur in accordance to the terms listed in the Definitions and the “Statement of Purpose and Relationship” contained on pages 1 and 2 of this Agreement.

2.2 Communications

2.2.1 Communications Center

The County shall provide and maintain a central communication center for coordination of field unit activities, system communications and medical direction to the paramedic units or other EMS units as determined by the County.

2.3 Equipment, Supplies & Inventory

2.3.1 Vehicles & Non-disposable Equipment

The Municipality is responsible for the purchase of any vehicle, all equipment required under State of Wisconsin Administrative Code Trans 309, cost of insuring, cost of maintaining, and the cost of any negligent or accidental damage to the vehicle and to comply with the County’s equipment list requirements. Non-disposable equipment provided by the County shall remain the property of the County and the County may, upon notification to the Municipality, remove any County owned equipment. All equipment purchased by the Municipality will remain property of the Municipality.

2.3.2 Medical Inventory, Equipment & Supplies:

Municipality shall:

Order equipment and supplies for delivery of patient services that are recognized as authorized equipment and supplies in the program by the County.

Assume the liability imposed by law and hold harmless the County for the negligent operation of Municipality vehicles and equipment.

Assume all risk, responsibility, and liability for replacement of County-owned equipment on paramedic and Paramedic First Response Units when the equipment is lost and/or damaged due to an act of negligence on the part of Municipality employees. Negligence is defined as the “omission or neglect of reasonable care, precaution or action.” An appeal process shall be created to arbitrate questions of responsibility for damaged or lost County equipment should the Municipality disagree with County’s decision. The Municipality will not be held liable for defects in equipment purchased by the County.

Assume financial responsibility for repair costs of County-owned equipment through a reduction in the monthly payment to the Municipality for equipment and supplies.

365
366 Be involved with the County in the planning for the replacement of equipment the
367 County is responsible for purchasing (e.g. Cardiac Monitors) and for County
368 equipment requiring the use of disposable supplies the Municipality is responsible
369 for providing (e.g. EZ IO drills and needles)
370

371 **County shall:**

372 Purchase cardiac monitor-defibrillator equipment and communication equipment
373 necessary to transmit voice and ECG data on Paramedic Transport Units, as the
374 cardiac monitor-defibrillators are extensions of the EMS Communications Center.
375 The number of cardiac monitors and communication equipment the County
376 purchases will be based on the annual financial means of the County, and in
377 cooperation with Municipalities for the quantity and locations of replacement
378 equipment. The number of cardiac monitors purchased by the County will be
379 limited to an equal number of transporting paramedic units in the EMS system on
380 the date of execution of this agreement, pursuant to past practices. The County
381 shall consult the Municipality, with adequate advanced notice with considerations
382 to the Municipality budgets, for the planned replacement of equipment that is
383 within the County's financial responsibility.
384

385 The cardiac monitor-defibrillator and paramedic radio communication system
386 shall be standard throughout the system and shall be ordered through County's
387 Emergency Medical Services. The County will provide routine maintenance
388 checks of County owned equipment and furnish replacement units when
389 necessary as determined by the County.
390

391 Provide for delivery of supplies ordered from Milwaukee County EMS or
392 Froedtert Hospital to the municipalities.
393

394 Whenever fiscally able, purchase a sufficient number of spare equipment units
395 which the County is responsible for that will allow for the municipality to
396 properly function while equipment is out for repair.
397

398 **2.4 Policy and Practice**

399
400 **2.4.1 State of Wisconsin Requirements**

401
402 **Municipality shall:**

403 Agree that Emergency Medical Technician-Paramedics (EMT-P) shall be
404 scheduled during any twenty-four (24) hour shift in a manner that meets State
405 staffing requirements as identified in DHS 110.
406

407 **County shall:**

408 Take the appropriate steps to have the regional emergency medical services plan
409 and the County's Education Center approved by the Wisconsin Department of

410 Health and Family Services. This will include meeting data reporting
411 requirements to the Wisconsin EMS Ambulance Reporting System.

412
413 **2.4.2 Operating Standards**
414 The Municipality is responsible for the operation of paramedic unit(s) and first
415 response paramedic unit(s) to meet the Criteria and Standards of the Milwaukee
416 County Council on Emergency Medical Services and the content of the Standards
417 Manual of the Milwaukee County Emergency Medical Services System. This
418 includes the following: Standards of Care, Standards for Practical Skills, Medical
419 Protocols, Operational Policies, Medical Standards for Special Operations;
420 Contractor's Manual and Dispatch Guidelines.

421
422 **2.5 Responses**

423
424 **2.5.1 First Response Units**
425 Paramedic First Response Units are operated by the Municipality and are to be
426 compliant with State statutes and County requirements. Municipality will not
427 transport a patient who has received ALS services in any vehicle other than a
428 Paramedic Transport Vehicle unless special conditions warrant immediate
429 transport as identified in Milwaukee County EMS policy.

430
431 The Municipality will not enter into situations pertaining to the provision of
432 paramedic level services that detract from the primary service area, including, but
433 not limited to, special events without the approval of County EMS and the
434 Medical Director.

435
436 The Municipality may not, without authorization from the County, the County's
437 Medical Director, the EMS Council, the Fire Chief of the affected Municipality,
438 and other parties to this Agreement, arrange for some or all of the ALS services to
439 be provided by one or more private ambulance provider(s).

440
441 The Municipalities agree that as participants to this Agreement they mutually
442 consent to provide backup, as may be required, to achieve the response zone and
443 backup requirements as established by Milwaukee County Fire Chiefs and
444 approved by the Medical Director.

445
446 **2.5.2 Mutual Aid**
447
448 All paramedic transport units must be documented in the Mutual Aid agreements.

449
450 **Municipality:**
451 Is encouraged, but not required, to execute mutual aid agreements with other
452 Municipalities adjacent to the political boundaries of the Municipality for ALS
453 services to be provided by a Paramedic First Response Unit to assure the
454 availability of more comprehensive coverage. The available ALS units in service
455 must be documented in the Mutual Aid agreements similar to a Mutual Aid Box

456 Alarm System (MABAS). This flexibility shall not significantly compromise the
457 local 911 ALS responses to the Municipality.
458

459 Municipality may execute an ALS response agreement with other Municipalities
460 adjacent to the political boundaries of the Municipality but outside the political
461 boundaries of the county of Milwaukee for ALS services and, during the course of
462 this contract, provide paramedic or Paramedic First Response Unit services to
463 citizens or other individuals within that service area. The Municipality providing
464 the service will retain the revenues earned. The flexible use of ALS units must
465 address ALS response times within established response zones.
466

467 **County shall:**

468 Agree to the flexible use of paramedic units for the purpose of providing all levels
469 of care and transport. The County shall be a party to all discussions regarding the
470 establishment of Mutual Aid Agreements and prior to the execution of any such
471 agreement between a Municipality and a neighboring community outside of the
472 county of Milwaukee, the County shall be consulted to assure that the service
473 provision to County residents shall remain a top priority and that the impact of the
474 Mutual Aid agreement continues to meet the needs of the County. Mutual Aid
475 Agreements shall include indemnification and insurance language sufficient to
476 protect the County and its agents from any liability and recognize the rights and
477 control of the County's Medical Director.
478

479 **2.6 Finances**

480
481 **2.6.1 Rates**

482 The Municipality has the right to set policies, rates and charges for paramedic
483 services and address other operational issues as determined by usual and
484 customary rates set forth as established by local, state and federal guidelines.
485 These include, but are not limited to, establishment of charges for paramedic
486 services and the authority to bill such charges according to policies and
487 procedures established by the Municipality.
488

489 **2.6.2 Billing**

490 The Municipality performing paramedic service shall bill users in accordance
491 with local, state and federal guidelines. The Municipality shall retain paramedic
492 revenue earned to cover the cost of providing paramedic care. The County shall
493 not be held fiscally responsible for the inability to collect any revenues,
494 contractual allowances or other write-offs for individual accounts associated with
495 those invoices for services.
496

497 **2.6.3 Payments**

498 In order to standardize equipment and supplies in the EMS system, and support
499 the efficiency of inventory management, the County will reimburse Municipalities
500 for incurred incidental costs at a flat rate of thirty dollars (\$30.00) per paramedic
501 unit transport. Payments will be based on the actual number of paramedic unit

502 transports used by the Municipality during the contract period, on a schedule
503 determined by the County. The maximum reimbursement by County on an
504 annual basis to all Municipalities shall not exceed five hundred thousand dollars
505 (\$500,000.00).
506

507 Quarterly payments to the Municipality for net Tax Refund Intercept Program
508 ("TRIP") revenues collected by the County's TRIP for dates of service after
509 January 1, 2004 shall be reduced by the County for expenses incurred by the
510 County on behalf of the Municipality. Should the Municipality not utilize the
511 County TRIP, or should the amount of TRIP distributions not exceed the
512 expenses, the Municipality shall be billed directly for the expenses incurred by the
513 County for repair and maintenance of cardiac monitor/defibrillators, radios,
514 medical supplies and ALS run reports.
515

516 The County shall include in its adopted annual budget for the four (4) year length
517 of this Agreement, funds of not less than one million five hundred thousand
518 dollars (\$1,500,000.00) per calendar year as a result of the Municipality meeting
519 performance measures. Each Municipality will be eligible for their portion of the
520 payment upon meeting the performance measures found in Appendix "A". The
521 payment of said funds will be done according to a distribution formula developed
522 by the Intergovernmental Cooperation Council (ICC) of Milwaukee County.
523 Following notification by the ICC of the distribution formula, the County shall
524 submit a letter to the Municipality indicating the timing and amounts of any such
525 payments. The City of West Allis would receive \$98,785.50 (6.58570%) (ninety-
526 eight thousand, seven hundred and eighty-five dollars and fifty cents) per the ICC
527 distribution formula.
528

529 **2.7 Data and Information Technology**

530 **2.7.1 Data Collection**

531 **Municipality shall:**

532 Cooperate in the collection of data necessary to provide information or other data
533 regarding paramedic and/or paramedic first response services as set forth in this
534 agreement. This includes, but is not limited to, the following: 1) make available
535 to the County the Emergency Medical Service patient care records within ten
536 business days of the run for paper records and within 72 hours for electronic
537 records, 2) respond to all Quality Improvement (CQI) inquiries from the County
538 in the timeframe established by County, 3) submit patient care record information
539 which meets County data dictionary requirements in a format that is recognized
540 by County's database and does not alter County's process and ability to store,
541 search and perform quality data checks and prepare reports, and 4) automate the
542 daily export of electronic patient care records to a County designated FTP (file
543 transfer protocol) server.
544
545
546

547 Maintain the electronic capacity to upload ECG data in a format required by the
548 County. Suggested requirements include: Quad Core processor and 6GB of
549 memory (if fire department wants to run other applications on this computer).
550

551 Be responsible for submitting data to the Wisconsin Ambulance Run Data System
552 (WARDS) that meets data reporting regulations as outlined by the State of
553 Wisconsin EMS Office as well as submitting the same data to County in the
554 National EMS Information System (NEMESIS) format plus any data dictionary
555 elements that are unique to the County and not in the NEMESIS data dictionary if
556 the Municipality chooses to develop an alternative method of data collection,
557 electronic patient care record (ePCR).
558

559 Shall inform County before developing, implementing or maintaining alternative
560 methods of data collection. Upon ePCR development, provide a single software
561 license to County for viewing the field bridge software used by the Municipality
562 for ePCR collection. Consult County when seeking an alternative ePCR template
563 development. Include County EMS management in the development of and
564 attendance at initial ePCR documentation training sessions by chosen software
565 Vendor.
566

567 Shall be the custodian and be responsible to warehouse legal copies of paper
568 patient care records or ePCR.
569

570 **County shall:**

571 Provide information technology (IT) assistance to enable the Municipality to
572 upload ECG monitor data to the County's data collection system. County shall
573 continue to provide Municipalities with ECG software required to upload and
574 view ECG files.
575

576 Be responsible for acquiring and storing the emergency medical service patient
577 care data from the Municipalities and making data available to the Municipalities
578 upon request.
579

580 Submit data to WARDS that meets data reporting regulations as outlined by the
581 State of Wisconsin EMS office for those municipalities using paper patient care
582 records.
583

584 Should the County choose to develop an alternative method of data collection that
585 will require special equipment, programming and/or technical support to transmit
586 data and perform quality checks, the County will be responsible for any and all
587 costs incurred by the Municipality for such programming, equipment and
588 technical support.
589

590 Make County staff available for consultation to the Municipality developing,
591 implementing, or maintaining an alternative method for of data collection.
592

593 Support those Municipalities using alternative data collection methods, e.g. ePCR,
594 by providing the programming necessary to convert NEMESIS standard compliant
595 data submitted by the Municipality to County into a format recognized by the
596 County's database.

597
598 Refer any requests for official copies of PCR to the Municipality.
599

600 2.7.2 Reporting

601 **Municipality shall:**

602 Agree to meet the reporting requirements established by the County pertaining to
603 any Emergency Medical Service provision as established in this Agreement. The
604 Municipality agrees to comply with standards of response time, data collection,
605 quality assurance, performance improvement and other operational issues as
606 established by Milwaukee County EMS to meet the operational needs of the
607 program and/or as established by Chapter 97 of the Milwaukee County Code of
608 General Ordinances, and reviewed and approved by the County's Emergency
609 Medical Services Council.
610

611
612 If using an alternative method of gathering data, e.g. electronic patient care record
613 (ePCR) data, the Municipality agrees to upload electronically collected data,
614 ECG, blood pressure, end-tidal CO₂, and vital sign data to the County on a
615 mutually agreed upon schedule. The Municipality also agrees to upload
616 electronically collected patient care record (ePCR) data to the Wisconsin
617 Ambulance Run Data System (WARDS).
618

619 Grant the County the authority to access the Municipality/Vendor patient care
620 database to view and print images of ePCRs.
621

622 **County shall:**

623 Agree to support the computer servers, FTP and ePCR database servers necessary
624 to receive ECG and ePCR data. The County will provide the software necessary
625 for the Municipality to upload the ECG data at no cost to the municipality.
626

627 Grant Municipality authority to access the County patient care database to view,
628 print and run reports in County's patient care database.
629

630 Refer all requests for copies of the legal patient care record to the Municipality.
631

632 2.7.3 Uploading of Electrocardiogram (ECG) Data

633 **Municipality shall:**

634 Upload ECG data obtained as part of the patient care record to the County ECG
635 server in a format defined by the County EMS management on a daily basis at a
636 minimum.
637
638

639 **County shall:**
640 Provide computer server capable of receiving uploaded ECG files. In addition
641 County will provide back-end support to receive ECG files.
642

643 **2.7.4 Video Conferencing** 644

645 **The Municipality & County EMS management shall:**

646 Continue to work towards a video conferencing system that meets the needs of all
647 involved.
648

649 **2.8 Quality Management** 650

651 **2.8.1 Performance Improvement**

652 Municipality agrees the County's Medical Direction shall act in consultation and
653 assistance in the coordination of activities of the Quality Assessment and
654 Assurance Program for the EMS Program.
655

656 Personnel of County's Emergency Medical Services shall have access to and are
657 authorized, at the discretion of the EMS Director and/or Medical Director, to
658 conduct periodic evaluation tours of operational paramedic and/or paramedic first
659 response units for continuous quality improvement projects, training, or special
660 studies and/or projects.
661

662 **2.8.2 Performance Measures** 663

664 **Municipality shall:**

665 Participate in a Performance Measurement Initiative (PMI) program established
666 through a Consensus Development Process (CDP). The Municipality, County and
667 Medical Director shall be members of the CDP.
668

669 Participation in the PMI is a requirement to receive the performance measure
670 payment from Milwaukee County listed in section 2.6.3 (Payments). The CDP
671 will establish criteria to determine levels of accomplishment. Municipalities, who
672 do not receive any of the performance measure payments, are required to meet the
673 PMI requirements to in order to maintain medical control and system practice
674 privileges for their paramedics.
675

676 The PMI is included in Appendix "A" of this Agreement.
677

678 **County shall:**

679 Work with the Municipality as well as the Medical Director to establish
680 performance measures through a CDP that the Municipality fire department has
681 control over, are achievable and measurable.
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683 **2.9 Insurance; Indemnification; Audit**

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2.9.1 Insurance and Indemnification

Pursuant to law, an obligation to pay damages because of injury to any person arising out of the rendering or failing to render emergency medical services by its paramedics and for the worker's compensation coverage of its paramedics, shall be the responsibility of the Municipality, it being understood and agreed that said paramedics are the employees of the Municipality for whom they work and are not the agents of Milwaukee County.

Municipality shall protect, indemnify, hold harmless and defend the County against any and all claims, demands, damages, suits, actions, judgments, decrees, orders, and expenses, including attorney's fees, for any bodily injury or property damage arising out of any wrongful, intentional or negligent acts or omissions, or from any cause, on the part of said paramedics.

2.9.2 Audit and Compliance with Fraud Hotline Bulletin

The Municipality agrees to maintain accurate records for a period of five (5) years with respect to the costs incurred under this contract and to allow the County to audit such records. The Municipality acknowledges receipt of the Milwaukee County Fraud Hotline Bulletin and agrees to post a copy of the bulletin where employees have access to it. Any and all subcontractors employed by the Municipality and involved in the provision of Emergency Medical Services shall have access to the same information.

2.10 Authority

2.10.1 Non-discrimination, Affirmative Action, Equal Opportunity and the Fair Labor Standards Act

In the performance of work under this contract, the parties shall not discriminate against any employee or applicant for employment because of race, religion, color, national origin, age, sex, sexual orientation, or handicap, which shall include, but not be limited to, employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or suspension; rates of pay or other forms of compensation; and selection for training including apprenticeships.

2.10.2 Article and Other Headings

The article and other heading contained in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement.

2.10.3 Governing Law

This Agreement has been executed and delivered in, and shall be construed and enforced, in accordance with the laws of the State of Wisconsin and ordinances of Milwaukee County.

729 **2.10.4 Authorization**
730 The undersigned parties represent that they are duly authorized to contract on
731 behalf of their represented parties.
732

733 **2.10.5 Amendments**
734 This Agreement may be amended at any time by mutual agreement of the parties
735 provided that before any amendment shall be operative or valid, it shall be
736 reduced to writing and subject to approval by the respective governing body.
737

738 **2.10.6 Entire Contract**
739 This Agreement, specified Appendices and other agreements or documents
740 specified herein shall constitute the entire contract between the parties and no
741 representations, inducements, promises, agreements, oral or otherwise as it
742 pertains to the County's obligations for fiscal support to the Municipality Fire
743 Department(s) and/or Fire Department, Inc. regarding the subject matter of this
744 contract shall be deemed to exist or bind any of the parties hereto. Any and all
745 other existing agreements, cost sharing agreements or contracts pertaining to the
746 provision of paramedic service between the County and the Municipality shall be
747 considered void
748

749 **2.10.7 Health Insurance Portability and Accountability Act (HIPAA):**
750 The Municipality and the County shall carry out its obligations under this
751 Agreement in compliance with the privacy regulations pursuant to the Public Law
752 104-191 of August 21, 1996, known as the Health Insurance Portability and
753 Accountability Act of 1996, Subtitle F – Administrative Simplification, Sections
754 261, *et seq.*, as amended (“HIPAA”), to protect the privacy of any personally
755 identifiable protected health information (“PHI”) that is collected, processed or
756 learned as a result of Municipality services provided hereunder. In conformity
757 therewith, the Municipality and the County agree that they will:
758

759 **2.10.7.1 Municipality shall:**
760 Provide a Notice of Privacy Practice to all patients serviced by the
761 paramedic system.
762
763 Not use or further disclose PHI other than as permitted under this
764 Agreement or as required by law;
765
766 Use appropriate safeguards to prevent use or disclosure of the PHI
767 except as permitted by this Agreement;
768
769 Mitigate, to the extent practicable, any harmful effect that is known
770 to the Municipality of a use or disclosure of PHI by the
771 Municipality in violation of this Agreement;
772

773 Report to Milwaukee County EMS any use or disclosure of the
774 PHI not provided for by this Agreement of which the Municipality
775 becomes aware;

776
777 Assure that any agents or subcontractors to whom the Municipality
778 provides PHI, or who have access to PHI, agree to the same
779 restrictions and conditions that apply to the Municipality with
780 respect to such PHI;

781
782 Make PHI available to Milwaukee County EMS and to the
783 Individual who has a right of access as required under HIPAA
784 within thirty (30) days of the request;

785
786 Notify Milwaukee County EMS of any amendment(s) to PHI and
787 incorporate any amendment(s) to PHI at the request of Milwaukee
788 County EMS or the Individual who has a right of access as
789 required under HIPAA;

790
791 Upon patient request, provide an accounting of all uses or
792 disclosures of PHI made by the Municipality as required under
793 HIPAA privacy rule within sixty (60) days;

794
795 Make its internal practices, books, and records relating to the use
796 and disclosure of PHI available to the Secretary of the Department
797 of Health and Human Services for purposes of determining the
798 Municipality's and Milwaukee County EMS's compliance with
799 HIPAA.

800
801 **2.10.7.2 County shall:**
802 Use appropriate safeguards to prevent use or disclosure of the PHI
803 except as permitted by this Agreement;

804
805 Mitigate, to the extent practicable, any harmful effect that is known
806 to the County of a use or disclosure of PHI by the County in
807 violation of this Agreement;

808
809 Make its internal practices, books, and records relating to the use
810 and disclosure of PHI available to the Secretary of the Department
811 of Health and Human Services for purposes of determining the
812 Municipality's and Milwaukee County EMS's compliance with
813 HIPAA

814
815 **2.10.7.3 PHI in relation to termination of agreement**
816 At the termination of this Agreement, all PHI received from, or
817 created or received by the Municipality on behalf of the County
818 EMS, will not require return or destruction, as the Municipality

819 itself is a covered entity under HIPAA, and the PHI will be
820 required for the proper management and administration of the
821 Municipality in the absence of this Agreement.
822

823 Notwithstanding any other provisions of this Agreement, this
824 Agreement may be terminated by the County EMS, in its sole
825 discretion, pursuant to section 2.10.2, if the County EMS
826 determines that the Municipality has violated a term or provision
827 of this Agreement pertaining to the County EMS service
828 obligations under the HIPAA privacy rule, or if the Municipality
829 engages in conduct, which would, if committed by the County
830 EMS, result in a violation of the HIPAA privacy rule by the
831 County EMS.
832

833 **2.10.7.4 Uses and disclosures of PHI**

834 The specific uses and disclosures of PHI made by the Municipality
835 on behalf of Milwaukee County EMS include:
836

837 Review and disclosure of PHI as required for treatment, payment
838 and health care operations;
839

840 Disclosures of PHI upon request as permitted by Wisconsin State
841 statutes and the Federal privacy rule;
842

843 Uses required for the proper management and administration of the
844 Municipality as a business associate and;
845

846 Other uses or disclosures of PHI as permitted by HIPAA privacy
847 rule.
848

849 **2.11 Term, Renewal and Termination**

850
851 **2.11.1 Term**

852 This agreement shall be effective from January 1, 2013 until December 31,
853 2016. If the parties to this agreement fail to renegotiate this Agreement prior
854 to December 31, 2016, then this agreement shall automatically be extended
855 for one (1) additional year on the same terms and conditions.
856

857 **2.11.2 General Termination**

858 Either party may terminate the Agreement without cause by serving a sixty
859 (60) day notice via certified mail in the event of passage and signing of a
860 resolution by the respective governing body declaring the intention of ending
861 the provision of paramedic services or withdrawing support from the
862 paramedic program. Material breach of any provision of the contract,
863 including but not limited to the Municipality's provision of Emergency
864 Medical Services data to the County, by either party may serve as grounds for

865 termination of the contract. In the event of a breach of contract, the offending
866 party shall have thirty (30) days from the date notice has been given to correct
867 the situation. If the offending situation is not corrected at the end of the thirty
868 (30) day period, the contract shall be considered void sixty (60) days from the
869 original date of notification and any further obligations on behalf of the
870 Municipality and/or the County are terminated.

871
872 **2.11.3 Termination by the County in Critical Service Situations:**

873 In recognition that the paramedic program operates to provide health and
874 safety services to all county residents and that situations may arise which
875 would prohibit the delivery of these services, thereby jeopardizing the health
876 and safety of county residents, the County may, at the discretion of the
877 Medical Director, suspend this contract on twenty-four (24) hours notice
878 whenever a situation occurs which, in the judgment of the Medical Director,
879 would prohibit the Municipality from fulfilling its responsibility to provide
880 services to residents at the level mandated by the EMS program and which
881 cannot be corrected within a twenty-four (24) hour time span. For the
882 purposes of this section, situations which might interrupt the delivery of
883 services to residents include, but are not limited to, acts of nature, acts of the
884 Municipality or its employees or any other action which would reduce the
885 availability of trained and authorized paramedics and/or EMTs. In the event
886 the Medical Director determines a situation exists which jeopardizes the
887 health and safety of county residents and which warrants execution of the
888 County's right to suspend the contract under this section, the Medical Director
889 shall perform the following:

890
891 The Medical Director shall inform the Municipality in writing of the situation
892 jeopardizing the safety and health of county residents and the intention of the
893 County to suspend the Paramedic contract for services within twenty-four (24)
894 hours unless the situation can be addressed and corrected within a time span
895 not to exceed twenty-four (24) hours from the time of notification. This
896 notification shall include the date and exact time of suspension and shall be
897 delivered to the Municipality in a manner that insures receipt of notification.

898
899 The Medical Director shall inform the County Executive's Office, the Chair of
900 the Committee on Health and Human Needs, the Director of Health and
901 Human Services and the Director of County's Emergency Medical Services of
902 the decision to suspend the contract under this section and provide a
903 justification of the action and the anticipated actions required to insure
904 continuous delivery of services to county residents. A full report of the
905 situation shall be provided to the Municipality and made available for the
906 County Board of Supervisors and the County Executive within a ten (10) day
907 period following the execution of the County's right to suspend the contract
908 under this section. This report shall include, but not be limited to, the
909 situation which warranted the suspension of the contract, the actions of the
910 Medical Director to insure delivery of services to residents once the contract

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for services was suspended, the plans of the Medical Director to insure continued delivery of services to residents in the immediate future, and what, if any future contract changes would be required with the Municipality or any other Municipality with which the County contracts for paramedic services to insure the delivery of services.

Upon notification of the County's intent to suspend the contract under these provisions, the Municipality shall address the concerns of the Medical Director within eight (8) hours of receipt of notification of the County's intent to suspend the contract under this section with a plan to correct the situation in a time frame not to exceed the twenty-four (24) hour time frame, if the Municipality desires to maintain the operation of the Program(s).

The Medical Director has the right to reject any and all corrective action plans if those plans do not, in the opinion of the Medical Director, insure the safety and health of county residents. The contract shall be considered void twenty-four (24) hours from the original date and time of notification and any obligations on behalf of the Municipality and/or the County suspended.

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For the City of West Allis:

Van Levine 1/11/13
Mayor Date

Paula Ziedler 2/7/13
City Clerk Date

For the County:

Hector Colon 5/15/13
Hector Colon Date
Director DHHS

Paula Lucey 5/10/13
Paula Lucey, Administrator Date
Behavioral health Division

Kenneth Sternig 5/13/13
Kenneth Sternig Date
Program Director
Emergency Medical Services

Gordana Banet 4/24/13
Gordana Banet Date
Risk Management

Kimberly 4/20/2013
Kimberly Date
Corporation Counsel
(Approved as to Form and
Independent Contractor Status)

[Signature] 4/10/13
[Signature] Date
DBE
Complies with Chapter 42

Milwaukee County EMS Performance Measure

Performance measures that are tied to the 1.5 million "Performance Measure" (PM) funding shall be created through a "Consensus Development Process" (CDP). Members of the CDP workgroup shall include representation from contracting fire departments, medical director and County EMS management team. Members of the CDP-PM workgroup shall meet twice a year to evaluate performance data and develop strategic plans for the next year's PM.

A four (4) year PM plan is listed below. The intent of identifying a four year PM plan is to assist the Milwaukee County EMS system to provide high quality out-of-hospital care. A four year plan will also allow the fire departments from contracting municipalities to know what measures they will be accountable to meet in order to receive 100% of their allocation of the 1.5 million which is determined by the ICC. While the plan presented below is a four year PM plan, it is a challenge to predict best practices and new trends in out-of-hospital care in the future. That having been said, members of the CDP-PM workgroup may bring forth proposals to be submitted to change a given year's PM to address current best practices in EMS. Any changes must be agreed upon by the CDP-PM workgroup.

PM data will be made available to municipal fire department in manners that will allow the fire department administrators and managers to monitor their department's progress in meeting the PM and to establish corrective action plans as needed. Data will be reported monthly, quarterly or per semester for education PM. MC EMS will take into considerations and make adjustments to the data calculations as a result of noted exceptions such as an inability to upload data because of technical problems (ex. computer crashes etc.) An explanation as to why adjustments have been made and revisions to calculations (ex. data calculated on 27 days Vs 30 days within a measured month) will be noted on the reports.

PM plan is progressive and cumulative. In years 2,3 and 4, municipalities will be required to continue to meet PM from previous years. (Ex In year 2, PM for year 1 must also be met, in year 3, PM for years 1 & 2 will be required to be met and in year 4, PM from years 1,2 & 3 will also be required to be met.)

If a municipality does not fully meet a given year's PM and receives less than 100% of their funds the appeal process will be as follows:

1. Corrective Action Grace Period: Municipality fire department EMS officer will prepare and submit a 'Corrective Action' plan to Milwaukee County EMS addressing the steps the fire department will take to meet the PM. The corrective action plan will in effect for six (6) months following the end of the PM period which the fire department failed to fully meet. If the PMs are met after the six (6) month corrective action period, the municipality will be paid the funds according to the level of PM met. (PM met, vs PM marginally met). Funds not awarded will be encumbered from the year they are withheld for up to 1 year to allow for corrective actions to take place.
2. At the end of the Corrective Action Grace Period, if a fire department has not achieved 100% funding due to not fully meeting their PMs, MC EMS administration and EMS program director will meet municipality administration and fire department leadership to address why corrective action plan did not achieve the 100% goal and decide on next-step (s).

Grievance process: All source data will be available for review by fire department administration if there are questions on the validity of data used to make calculations.

Year #1 (1/1/2013-12/31 2013) "Task" focus

| Category | Performance Measure (s) | PM Data Source (s) Reported : | Expected activity | Criteria | PM payment based on points awarded VS available |
|-------------|--------------------------------------|---|--|---|---|
| Clinical PM | End tidal CO ² monitoring | ZOLL cardiac monitor, available on ECG screen to EMS providers Reported monthly | End-tidal CO ² readings are documented on patients with an advanced airway; King Airway or ETT | 95-100 % patients with advanced airways have End-tidal CO ² documented (waveform and numeric value)= 100 pts & PM met 90-94% patients with advanced airways have End-tidal CO ² documented = 75 pts & PM marginally met <89% patients with advanced airways have End-tidal CO ² documented = 0 pts & PM unmet | |
| Ops PM | Controlled Substance monitoring | County Internet based Oracle application Reported monthly | Paramedic vehicle controlled substances counts | 95-100 % Controlled substance counts submitted daily per P&P = 100 pts & PM met 90-94% Controlled substance counts submitted daily per P&P = 75 pts & PM marginally met <89% Controlled substance counts submitted daily per P&P= 0 Pts & PM unmet | |
| Admin. PM | Education session attendance | County EMS Education Center and fire department attendance records Reported at end of Fall/Spring semesters | <ul style="list-style-type: none"> Attendance at refresher classes Completion of distance learning (DL) modules on time Completion of psychomotor skills competencies on time | 95-100 % Attendance at regularly scheduled refresher class = 100 pts & PM met 90-94% Attendance at regularly scheduled refresher class = 75 pts & PM marginally met <89 % Attendance at regularly scheduled refresher class = 0 Pts & PM unmet <u>95-100 % Complete DL modules by due scheduled date = 100 pts & PM met</u> 90-94% Complete DL modules by due scheduled date = 75pts & PM marginally met <89 % Complete DL modules by due scheduled date = 0 pts & PM unmet <u>95-100 % Complete r skill competencies = 100 pts & PM met</u> 90-94% Complete skill competencies = 75 pts & PM marginally met <89 % Complete r skill competencies = 0 pts & PM unmet | 376-500 pts = PM met = 100% funded 251-375 pts = PM marginally met = 75% funded < 250 pts = PM unmet = 50% funded |

Year #2 (1/1/2014-12/31 2014) "Task" focus

| Category | Performance Measure (s) | PM Data Source (s) Reported: | Expected activity | Criteria | PM payment based on points awarded VS available |
|-------------|---------------------------------|---|--|--|---|
| Clinical PM | 12 Lead ECG acquisition | ZOLL ECG monitor Reported monthly | 12 Lead ECGs labeled with patient identifier (initials acceptable) and case number | 95-100 % 12 lead ECGs properly labeled = 100 pts & PM met 90-94% 12 lead ECGs properly labeled = 75 pts & PM marginally met <89 % 12 lead ECGs properly labeled = 0 pts & PM unmet | |
| | Blood sugar measurements | Patient Care Records (PCRs) Reported monthly | BS obtained on all patients with Alt consciousness, repeat BS on patients treated for low BS | 95-100 % BS obtained = 100 pts & PM met 90-94% BS obtained = 75 pts & PM marginally met <89 % BS obtained = 0 pst & PM unmet | |
| Ops PM | Medical supply ordering process | Fire department supply officer | Orders submit medical supply orders by 1500 hrs the Friday prior to assigned delivery week. | 95-100 % orders submitted on time = 100 pts & PM met 90-94% orders submitted on time = 75 pts & PM marginally met <89 % orders submitted on time = 0 pts & PM unmet | |
| | | Fire department supply officer Reported quarterly | Inventories for medical supplies should be at a level to not require emergency orders 95-100 % supply orders submitted on time = PM met 90-94% supply orders submitted on time = PM marginally met | 100% - 2 or less Med/Supply Orders Per Year Per Department = 100 pts. & PM met 75% - 4 or less Med/Supply Orders Per Year Per Department= 75 pts & PM marginally met 50% - More than 4 Med/Supply Orders for any Department in a given year= 0 pts & PM unmet 100% - 2 or less Narc Orders Per Year Per Med Unit = 100 pts & PM met 75% - 4 or less Narc Orders Per Year Per Med= 75 pts & PM marginally met 50% - More than 4 Emerg Narc Orders for any one Med unit in a given year= 0 pts & PM unmet | |

Year #2 (1/1/2014-12/31 2014) "Task" focus

| Category | Performance Measure (s) | PM Data Source (s) Reported: | Expected activity | Criteria | PM payment based on points awarded VS available |
|-----------|--|------------------------------|---|---|--|
| Admin. PM | Upload of ECG and patient care record data | FD station upload computers | ECG files uploaded daily | 95-100 % ECGs uploaded = 100 pts & PM met 90-94% ECGs uploaded within 24 hrs = 75 pts & PM marginally met <89 % ECGs uploaded within 24 hrs= 0 pts & PM unmet | 451-600 pts = PM met = 100% funded 300-450 pts = PM marginally met = 75% funded |
| | | <u>Reported monthly</u> | Patient care records (PCR) exported to MC EMS daily (after completed PCRs are 72 hrs old) | 95-100 % PCRs exported = 100 pts & PM met 90-94% PCRs exported within 24 hrs = 75 pts & PM marginally met <89 % PCRs exported within 24 hrs = 0 pts & PM unmet = 50 pts & PM unmet | < 300pts = PM unmet = 0% funded |

Year #3 (1/1/2015-12/31 2015) "Medical Chief Complaint" focus

| Performance Measure (s) | PM Data Source (s) <u>Reported:</u> | Expected activity | Criteria | PM payment |
|-------------------------------|--|---|--|------------|
| Heart attack (STEMI) patients | Patient care Record (PCR) <u>Reported quarterly</u> | Patient contact to 12 lead obtained | <p>100% - 12 Lead ECG obtained ≤ 10 after EMS arrival 90% of the time= 100 pts & PM met</p> <p>75% - 12 Lead ECG obtained < 10 after EMS arrival 80% of the time = 75 pts & PM marginally met</p> <p>50% - 12 Lead ECG obtained < 10 after EMS arrival less than 80% of the time = 0 pts & PM unmet</p> | |
| | County EMS Medical Command database <u>Reported quarterly</u> | STEMI 12 lead to physician contact | <p>100 pts - Contact made to medical control STEMI DX 90% of the time (YES/NO)</p> <p>75 pts - Contact made to medical control for STEMI DX 80% of the time (YES/NO)</p> <p>0 pts - Contact made to medical control for STEMI DX less than 80% of the time (YES/NO)</p> | |
| | Patient care Record (PCR) <u>Reported quarterly</u> | At patient to transport Proper medications; ASA, NTG | <p>100 pts - At patient time to transport < <u>30</u> minutes 90% of the time</p> <p>75 pts- At patient time to Transport < 30minutes 80% of the time</p> <p>0 pts - At patient time to Transport < 30 minutes more than 20% of the time</p> | |
| | Patient care Record (PCR) <u>Reported quarterly</u> | Transport to appropriate hospital | <p>100 Pts - Field DX STEMI Pt transported to appropriate STEMI receiving hospital (CATH LAB) 95-100% of the time</p> <p>75 pts- Field DX STEMI Pt transported to appropriate STEMI receiving hospital (CATH LAB) 90% - 94% of the time</p> <p>0 pts - Field DX STEMI Pt transported to appropriate STEMI receiving hospital (CATH LAB) less than 89% of the time</p> | |

Year #3 (1/1/2015-12/31 2015) "Medical Chief Complaint" focus

| Performance Measure (s) | PM Data Source (s) <u>Reported:</u> | Expected activity | Criteria | PM payment |
|------------------------------|--|--|--|--|
| Resuscitated (ROSC) patients | Patient care Record (PCR) ZOLL ECG monitor <u>Reported quarterly</u> | 12 Lead ECGs obtained upon ROSC | <p>100 pts - 12 Lead ECG obtained post ROSC > 90% of the time 75 pts - 12 Lead ECG Obtained post ROSC 80% -89% of the time 0 pts - 12 Lead ECG Obtained post ROSC less than 80% of the time</p> | |
| | ZOLL ECG monitor <u>Reported quarterly</u> | End-tidal CO ² (waveform as well as numeric value) documented | <p>100 pts - End-tidal CO² documented 95-100 % of the time on required patients 75 pts - End-tidal CO² documented 90-94% of the time on required patients 0 pts - End-tidal CO² documented less than 89% of the time on required patients.</p> | |
| | Patient care Record (PCR) <u>Reported quarterly</u> | Transport to appropriate hospital | <p>100 pts - Transport to ROSC hospital 100% of the time 75 pts - Transports to ROSC hospital 95 -99% of the time 0 pts - Transports to ROSC hospital less than 95% of the time</p> | |
| | Patient care Record (PCR) County EMS Medical Command database <u>Reported quarterly</u> | Contact Medical Control per P&P | <p>100 pts - Medical Control contacted post ROSC if patient hypotensive, presence of ectopic beats 90-100 % of the time 75 pts - Medical Control contacted post ROSC if patient hypotensive, presence of ectopic beats 80-89% of the time 0 pts Medical Control contacted post ROSC if patient hypotensive or presence of ectopic beats less than 80% of the time</p> | <p>601-800 pts PM met = 100% funded 400-600-PM marginally met = 75% funded < 400 pts PM unmet = 0% funded</p> |

Year #4 (1/1/2016-12/31 2016) Medical Chief Complaint focus

| Performance Measure (s) | PM Data Source (s) <u>Reported :</u> | Expected activity | Criteria | PM payment |
|-------------------------|--|---|---|---|
| Quality of CPR | ZOLL ECG monitor Rescus Net computer software program (loaded on each FD ECG upload computer) <u>Reported quarterly</u> ZOLL ECG monitor Rescus Net computer software program <u>Reported quarterly</u> | Percent time CPR performed on cardiac arrest patients (Time on chest) Depth of CPR compressions | <p>100 pts - Chest compressions fraction is > 70% % of time in 90% of cases 75 pts - Chest compression fraction is > 70% in 80 - 89% of the Cardiac Arrest cases 0 pts - Chest compression fraction is > 70% less than 80% of the time</p> <p>100 pts- Depth of chest compressions per County P&P 90% of the time (2 inches in adults 80% of the time) 75 pts - Depth of chest compressions 2 inches or more 80% of the time achieved in 80% to 89% of adult Cardiac Arrest patients 0 pts - Depth of chest compressions 2 inches or more 80% of the time achieved in less than 80% of adult Cardiac Arrest patients</p> | |
| | ZOLL ECG monitor & ZOLL ECG monitor Rescus Net computer software program <u>Reported quarterly</u> FD completed debriefing worksheet <u>Reported quarterly</u> | Rate of CPR compressions Evidence of case review debriefing by EMS team | <p>100 pts - Rate of chest compressions per County P&P 90% of the time between 90 and 120/minute 75 pts - Rate of chest compressions between 90 and 120 /minute 90% of the time achieved in 80% to 89% of Cardiac Arrest patients 0 pts - Rate of chest compressions between 90 and 120/minute 90% of the time achieved in less than 80% of Cardiac Arrest patients</p> <p>100 pts - EMS crew completed debriefing form for cardiac arrest patients 90% of the time 75 pts - EMS crew completed debriefing form for cardiac arrest patients 80% to 89% of the time 0 pts - EMS crew completed debriefing form for cardiac arrest patients less than 80% of the time</p> | 301-400 pts =PM met = 100% funded 300 pts =PM marginally met = 75% funded < 300,pts =PM unmet = 0% funded |