

## GROUND AMBULANCE SERVICES WORKGROUP MEETING NOTES

April 14, 2021

Regular text = paraphrased discussion

*Italics=Department's response*

***Bold, italics and indented=rule change, with change underlined and highlighted***

### **Opening Remarks**

*The Department welcomed those attending. The purpose of the Workgroup Meetings was stated as being to discuss the December Draft Rules for Article 9, for Ground Ambulance Certificates of Necessity. At this meeting, the Meeting Notes from the March 17 meeting, which are posted on the Department's webpage for the rulemaking, would be discussed before beginning a review of the December Draft Rules, starting with R9-25-907. Participants were told that the Department is seeking their input to improve the draft rules and to develop state-wide standards for response times, performance percentages, and arrival-time variances. The Department also reminded participants that the Department is conducting this rulemaking in a step-wise fashion, so there will be many opportunities to provide input on the draft rules, including those issues for which the Department was not planning a change "at this time."*

### **Review of Meeting Notes**

#### **R9-25-901(#) Arrival time**

Several comments were made about the current draft wording for the definition, stating that the time should end when the ambulance attendants arrive at the facility's parking lot and not include the time in transit from the ambulance to the patient's bedside. Concerns included that the person providing dispatch for the transport may not know how long it would take to get from the parking lot to the patient's bedside; the time may vary greatly depending on the facility and the patient's location within the facility. Another concern was that it may take a considerable amount of time to get patient care information necessary for the transfer of care. Once the ambulance attendants are on the floor. A question was asked about how that could be built into the estimate. A comment was made that both arrival time at the facility and the time ambulance attendants arrive at the patient can be measured and collected, and are currently being reported fairly completely through AZPIERS. Another comment was made that AZPIERS submissions are voluntary and not every agency may have the capability of using ePCR.

*Response: The Department is unaware of any certificate holder that will not be using an ePCR system by the time these rules go into effect. A health care institution expects to see ambulance attendants at about the arrival time and for the transport to be able to begin shortly thereafter, which would require ambulance attendants to be in the facility, not in a parking lot. Most interfacility transports occur from health care institutions with which an ambulance service is familiar. From AZPIERS data, it appears that the time difference for interfacility transport response between scene and patient is approximately 5-6 minutes, which can be built into the arrival time estimate given to the health care institution when arranging the transport. However, the Department is sensitive to the concern that the time the ambulance attendants are at a patient's bedside may not be the time that the transfer of care occurs. Therefore, the Department want to discuss with stakeholders which of the following two changes may better address concerns:*

***#. "Arrival time" means the hour and minute that an ambulance attendant of a ground ambulance service is in a health care institution and available for the health care institution to transfer a patient's care to the ground ambulance service.***

*OR*

***#. "Arrival time" means the hour and minute that an ambulance attendant of a ground ambulance service first enters information about a patient, upon transfer of the patient's care, into the ground ambulance service's patient record system.***

#### **R9-25-901(42) Standby waiting rate**

A suggestion was made that this term should be changed to "waiting rate" to avoid confusion with "standby rate" charged to an event holder for an ambulance and ambulance attendants to be present at the event in case of need.

*Response:* The term “standby waiting rate” is used in A.R.S. § 36-2232, so this term may have to be used in the rules. However, when the rules in Article 11 are discussed, something may be included to reduce the chance of confusion. The Department does not plan to change the rules at this time based on the suggestion.

#### **R9-25-903(A)(5)(b) and (c)**

A question was asked about what useful information these numbers would provide and why they are needed, since the Department knows how many ambulances are registered to a certificate holder and how many passed inspection. A suggestion was made that more useful information to address preparedness might be how many ambulances could be put into service upon 24-hours notice. A comment was made that this information is already being provided to the emergency management unit of each county.

*Response:* The Bureau does not necessarily have access to this information as a method of determining operational readiness or for emergency preparedness and has the authority under A.R.S. § 36-2232(G) to obtain the number of ambulances “engaged in response or transport.” The Department agrees that the number of ambulances that could be staffed and in service with 24-hours notice may be a more useful measure of operational readiness and believes the information currently in the draft for subsection (A)(5)(c) could be derived by subtraction. Therefore, the Department plans to change subsection (A)(5)(c) as follows:

- c. ~~The average number per month of registered ground ambulance vehicles in reserve for the most recent 12-month period;~~**
- c. The number of additional registered ground ambulance vehicles the certificate holder could staff and have in service upon 24-hours notice;**

#### **R9-25-903(B)(2)**

A question was asked about what would happen if a certificate holder’s ground ambulance service did not renew or otherwise went out of business.

*Response:* If such a situation occurred, the Department would address the situation according to statutory requirements in A.R.S. §§ 36-2238 and 36-2242.

#### **R9-25-905(B)(4) and (5)(b)(xi)**

A concern was expressed at the March Workgroup Meeting that old certificates of necessity may not specify on them the services that the certificate holder is authorized to provide. The Department’s response stated that the Department has been listing services on any amended certificates issued for old certificates on which no services are listed, and that the Department is considering administratively reissuing any such remaining certificates to be consistent with the current format used by the Department, without making other changes. A question was asked about whether this would occur at renewal or at some other time. Another question was asked about what would happen if there is a difference between what services a certificate holder believes may be provided and the Department’s belief.

*Response:* An administrative reissuing of certificates of necessity would not necessarily occur at the time of renewal. If the Department’s and certificate holder’s belief of what services are authorized differ, the Department would work with the certificate holder to uncover historical records maintained by the Department or the certificate holder to resolve the matter.

### **Review of Rules**

#### **R9-25-907**

The Department mentioned that the period during which compliance with response times would be considered is being changed from six months to 12 months to be consistent with a similar change in other Sections. A question was asked about why this rule is necessary. A comment was made that the description in subsection (7) is too broad.

*Response:* Subsection (7) is intentionally broad to allow any type of information from these sources and is being added to the rule to clarify and provide notification to stakeholders of a type of document that the Department is currently receiving under the current subsection (5). As mentioned several times during our discussions, while the Department is developing a Table of standardized response times and compliance percentages to comply with statutes, a certificate holder can propose response times or compliance

percentages different from those in the Table as long as the certificate holder has justification for the difference, such as specific needs in the service area or proposed service area. This rule provides the types of information that a certificate holder or applicant might provide and the Director might consider when determining response times, response-time compliance, and priority for responses that are different from those in the Table.

In reviewing comments, the Department discovered that this rule did not include any information about what the Director might consider when determining arrival-time variances different from those in Table 9.1.

Therefore, the Department plans to change the rule as follows:

- A. In determining response times, ~~response codes~~ the priority to be assigned by a certificate holder to a response, and ~~response-time tolerances~~ the percentage of time the actual response time for a run is compliant with the proposed response times during a 12-month period for all or part of a service area that are different from those in Table 9.1, the Director may consider the following:**
- 1. Differences in scene locality, if applicable;**
  - 2. Requirements of a 9-1-1 or similar dispatch system for all or part of the service area;**
  - 3. Requirements in a contract approved by the Department between a ground ambulance service and a political subdivision ~~or health care institution~~;**
  - 4. Whether an EMS provider in the service area or according to a back-up agreement:**
    - a. Share the same 9-1-1 or similar dispatch system;**
    - b. Can respond to a call made to the 9-1-1 or similar dispatch system for EMS in the service area; and**
    - c. Provide ALS services, if necessary;**
  - 5. Whether an EMS provider in the service area that can provide ALS services, if necessary, supports a response time or compliance percentage that is different from those in Table 9.1;**
  - 4.6. Medical prioritization The basis for prioritization for the dispatch of a ground ambulance vehicle according to procedures established by the certificate holder's medical direction authority or an emergency medical services provider in subsection (A)(4);**
  - 7. Information from a political subdivision, a health care institution, or an elected official in the service area that was received by the Department about the request;**
  - 8. Information submitted according to R9-25-902(A)(2) and (14) or R9-25-905(B), as applicable; and**
  - 5-9. Other matters determined by the Director to be relevant to ~~the measurement a determination of~~ response times, ~~response codes~~ and ~~response-time tolerances~~ compliance percentage, for each scene locality and priority that will be assigned by the applicant to a response, that are different from those in Table 9.1.**
- B. In determining arrival-time variances during a 12-month period for all or part of a service area that are different from those in Table 9.1, the Director may consider the following:**
- 1. The information submitted according to R9-25-902(A)(2) and (14) or R9-25-905(B), as applicable;**
  - 2. The geographic distribution of health care institutions in the service area and the anticipated volumes of interfacility transports and 9-1-1 dispatches;**
  - 3. Requirements in a contract approved by the Department between a ground ambulance service and health care institution;**
  - 4. The basis for prioritization for the dispatch of a ground ambulance vehicle according to procedures established by the certificate holder's medical direction authority;**
  - 5. Information from a political subdivision, a health care institution, or an elected official in the service area that was received by the Department about the request; and**
  - 6. Other matters determined by the Director to be relevant to a determination of arrival time variances, for each scene locality and priority that will be assigned by the applicant to a response, that are different from those in Table 9.1.**

**Table 9.1**

The Department provided some background for the Table and stated that stakeholder input is needed to develop the standards for response times, arrival-time variances, and compliance percentages. A comment was made that

“Table 9.1 remains a problem because it establishes a statewide standard instead of basing response times on the needs to the service area.” Another comment was made that arrival times should not be in rule because there is “not statutory reference for Arrival Times.” Discussion centered on the definitions of “urban area,” “suburban area,” “rural area,” and “wilderness area.” Questions were asked about what different definitions are being used elsewhere and if there are response times associated with them.

In preparing for the Workgroup Meeting, the Department wanted to provide some Arizona-specific data, already being received by the Department, to act as a starting point for discussions and developed spreadsheets of data for Arizona that had been reported from certificate holders through AZPIERS. Before discussing specific definitions, three spreadsheets of data were presented for the four different area types, based on the definitions currently in rule. The Department pointed out limitations of the data, including that “Dispatch” was taken from a field showing when the ground ambulance vehicle got the call to respond, rather than when the ground ambulance service received direction to respond. In addition, not every certificate holder now reports data to AZPIERS. The number of records used for each spreadsheet also varies because only records that contained all data elements needed for the report were included in the data.

In the first spreadsheet discussed, “Dispatch to Scene,” the median time for 911 response to both “emergent” and “non-emergent” situations in all but “wilderness areas” was about 7 minutes. Discrepancies between “mean” and “median” times were pointed out, with the difference being attributed to a few outliers for which a much longer response time occurred. This was most apparent for “wilderness areas,” as might be expected. The median response times for interfacility transports were between 2 and 2.5 times longer than for 911 responses.

The second spreadsheet shows data for “Dispatch to Patient.” The median times for responses are slightly longer, with 911 responses 1-2 minutes longer, and interfacility response times 5-6 minutes longer. Again, there are differences between “mean” and “median” times, especially for “wilderness areas” and interfacility rural responses.

Table 9.1 includes the possibility of different times at night than during the day, with the thought that the number of ambulances available may be different. Because of this, a spreadsheet was developed showing the number of responses in the four area types during the day and at night, including the mean number per day. With a few exceptions, there were many more responses during the day for both 911 and interfacility transports.

The fourth spreadsheet shown during the meeting had been developed just before the meeting started. It showed Minutes to Scene during the day and at night for both 911 and interfacility transports of less than or greater than 50 miles. However, the instructions for pulling and aggregating the data were flawed, as was pointed out by one of the participants.

*Response: While the Table establishes a state-wide standard for response times for the four population-density-based geographic areas, as required by A.R.S. § 36-2232(A)(2), the Department has pointed out in several places in other rules that an applicant or certificate holder can propose response times and compliance percentages different than what is in the Table, as long as there is justification for the difference. In many ways, this is not really a change for how response times are currently established, with the Department looking at response times in similar service areas and the justification provided. In fact, the current R9-25-906/drafted R9-25-907 provides guidance on the types of information that may be part of a justification.*

*The draft Table is not establishing “arrival times” for interfacility transfers, but “arrival-time variances” – the difference between when an ambulance is expected to arrive and when it actually does arrive. In developing estimates for when ambulance attendants should arrive for an interfacility transport from a specific facility, a certificate holder may be able to look at the data probably already being collected by the certificate holder and determine, on average, how long it takes from “scene” to “patient” for facilities at which the certificate holder frequently picks up patients, as shown in the first two spreadsheets. To determine the “arrival-time variance,” the certificate holder can look at the historical variances from the mean/median to propose how far off from the estimated arrival time they are likely to be.*

*The Department will be posting the first three spreadsheets on the rulemaking webpage, with the Workgroup Meeting Notes. However, because the fourth spreadsheet does not contain accurate or usable data, it will not be posted. The Department plans to provide additional materials to review during the next Workgroup Meeting.*

**Announcements/Closing Comments**

Participants were advised that the date of the next Workgroup Meeting was not yet set at the time of the meeting, and that Workgroup members would be notified of the date and teleconferencing information. The March Draft Rules, posted on the rulemaking webpage with an opportunity for online comments, will be used for that meeting. All comments received will be brought to a subsequent Workgroup Meeting for discussion.

Participants were again thanked for their participation.

**Next Workgroup Meeting**

**June 23, 2021** via teleconference