

| Committee Name                           |  | Date Submitted |
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| <b>Safety Committee</b>                  |  |                |
| Safety - FICEMS 1                        | The National EMS Advisory Council recommends NHTSA work with FICEMS to assure integration and utilization of EMS illnesses, injury, and fatality surveillance databases across federal agencies.   | Jun-09         |
| Safety - DOT 1                           | The National EMS Advisory Council recommends a NHTSA review of current data definitions relating to EMS illnesses, injuries and deaths, to include definitions contained in MMUCC, ANSI D 16.1, and any other database system recording EMS illnesses, injuries, and deaths.   | Jun-09         |
| Safety - DOT 2                           | The National EMS Advisory Council recommends NHTSA to encourage and develop relationships between federal and non-federal partners utilizing existing reporting systems to improve consistency of terminology and access to data sources on EMS illnesses, injuries, and deaths. (i.e. IAFC Near Miss reporting system, Bureau of Labor Statistics, National Transportation Safety Board)  | Jun-09         |
| Safety - NEMSAC 1                        | The Safety Committee recommends the establishment of a standing sub-committee on "EMS Safety Data" to pursue the future development of information processing system(s), process or services capable of providing the analytical tools needed for the mitigation of illnesses, injuries, and deaths to EMS providers, patients, and public.  | Jun-09         |
| <b>Education and Workforce Committee</b> |  |                |
| Education - FICEMS 1                     | FICEMS should identify opportunities for enhanced Federal collaboration to expedite the implementation of the EMS Education Agenda for the Future by the States.   | Jun-09         |
| Education - DOT 1                        | NHTSA should continue to support the efforts of adoption and full implementation of the EMS Education Agenda for the Future. NHTSA should also continue to keep all stakeholders at the table and fully engaged in solving the challenges of implementation.   | Jun-09         |
| Education - DOT 2                        | NHTSA should continue to assist with the drafting of model legislation to assist States with adoption of all components of the EMS Education Agenda for the Future.  | Jun-09         |
| Education - DOT 3                        | NHTSA should publish a regular "report card" on the nationwide implementation of the EMS Education Agenda for the Future to include monitoring the "pockets of excellence" which can, when shared with the States, serve as a benchmark. The "report card" should also identify potential issues that are impeding implementation of the EMS Education Agenda for the Future. NHTSA should provide the "report card" on implementation to the Federal Interagency Committee on Emergency Medical Services at their regularly scheduled meetings. | Jun-09         |
| Education - DOT 4                        | NHTSA should support, at the earliest possible opportunity, the convening of a multi-disciplinary, multi-association task force of subject matter experts to:<br>a. consider the issues impeding uniform adoption and implementation of the EMS Education Agenda for the Future throughout the United States.<br>b. enhance the current EMS Education Agenda for the Future, so that it remains contemporary and relevant for the next decade.   | Jun-09         |

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| Education - DOT 5                                 | NHTSA should support research on the EMS Education Agenda for the Future to include the effectiveness of the various types of EMS education systems, their delivery and outcomes.  | Jun-09 |
| Education - NEMSAC 1                              | NEMSAC affirms the systems-based approach to education as described in the EMS Education Agenda for the Future.  | Jun-09 |
| Education - NEMSAC 2                              | NEMSAC provides the leadership and the organizational home for the task force activities as outlined in the fourth recommendation to NHTSA below.  | Jun-09 |
| <b>Systems Committee</b>                          |  |        |
| Systems - FICEMS 1                                | Support Federal effort to expand, enhance and fund EMS research based on operational, financial, and medical outcomes criteria.  | Sep-09 |
| Systems - DOT 1                                   | Support a Federal effort to expand, enhance, and fund EMS research based on operational, financial, and medical outcomes criteria.   | Sep-09 |
| Systems - DOT 2                                   | Develop and publish key performance indicators (KPIs) for EMS systems to measure and monitor performance. Use NASEMSO Performance Measures document as basis for performance standards.  | Sep-09 |
| Systems - DOT 3                                   | Share common recommendations with CEMC, Emergency Care Coordination Center (ECCC), Federal Emergency Management Agency, and FICEMS so that EMS is not left out of the discussion on health care reform.                                  | Sep-09 |
| Systems - DOT 4                                   | Provide the Guiding Principles information to Federal agencies to assist in funding regionalization demonstration projects.  | Sep-09 |
| Systems - DOT 5                                   | Support Federal effort to expand EMS grant funding so that EMS agencies can implement NEMSIS compliant recording and reporting.  | Sep-09 |
| Systems - NEMSAC 1                                | Develop methods for agencies to create operational plans to help achieve the core issues and guiding principles  | Sep-09 |
| <b>Oversight, Analysis and Research Committee</b> |  |        |
| Oversight - FICEMS 1                              | FICEMS should adopt the EMS Culture of Safety as a core value and support it in their agency grants, programs and policies.  | Sep-09 |
| Oversight - FICEMS 2                              | FICEMS should help identify and engage with safety expertise and resources in other Federal agencies. (NTSB, FDA, etc)   | Sep-09 |
| Oversight - FICEMS 3                              | FICEMS should encourage CMS, in any "value-based purchasing" system they develop for EMS, to include a mechanism to financially reward those EMS programs that have implemented a Culture of Safety throughout their organization.       | Sep-09 |
| Oversight - FICEMS 4                              | FICEMS should encourage CMS to help EMS providers improve the quality of services they deliver to Medicare beneficiaries, and all patients, by including ambulance services in the Quality Improvement Organizations' Statement of Work. | Sep-09 |

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| Oversight - DOT 1        | <p>NHTSA should move forward with a process: Creating a Culture of Safety in EMS</p> <p>The project should consider</p> <ul style="list-style-type: none"> <li>- A National EMS Patient Safety Conference as a kickoff event</li> <li>- A Patient Safety Reporting System (National vs. State)</li> <li>- Consider previous models</li> <li>- Firefighter Near-Miss Registry</li> <li>- MEPARs</li> <li>- Pennsylvania EMS Safety Event Reporting System</li> <li>- CONCERN Network</li> <li>- Develop Model Statutory/Regulatory Language regarding EMS Patient Safety</li> <li>- Defining taxonomy/data dictionary for EMS adverse event reporting</li> <li>- Create a list of EMS "Never Events"</li> <li>- Create a toolkit for local implementation of an EMS patient safety program</li> <li>- Catalog best practices in EMS patient safety</li> <li>- Create a national strategy for deploying the EMS Culture of Safety</li> <li>- Deliverable: Creating a Culture of Safety: The EMS Agenda</li> </ul> | Sep-09 |
| Oversight - DOT 2        | Consider sponsoring an Annual Award for Best Practices in Patient Safety  | Sep-09 |
| Oversight - DOT 3        | Invite representation from transportation safety experts from FAA and NASA to provide expertise for developing a national patient safety program.   | Sep-09 |
| Oversight - NEMSAC 1     | The NEMSAC OAR should engage with the NEMSIS 3.0 task force to provide feedback on patient safety and quality data indicators.  | Sep-09 |
| Oversight - ALLEMS 1     | From government (State and Federal) through leadership/management, EMS agencies, and educators and to the level of the individual provider should adopt the EMS Culture of Safety.  | Sep-09 |
| Oversight - NEMSAC 2     | In the interest of providing the most appropriate quality healthcare to patients, the Analysis, Oversight & Research Committee recommends that NEMSAC adopt "Establishing a Culture of Safety: A National Strategy" with the development of a National Strategic Consensus Project.   | Oct-08 |
| <b>Finance Committee</b> |   |        |
| Finance - DOT 1          | NEMSAC recommends that NHTSA support efforts to raise the baseline national ambulance fee schedule to end the discrepancy between cost and reimbursement as identified in the GAO report.   | Sep-09 |

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| <p>Finance -<br/>DOT 2</p> | <p>NEMSAC advises NHTSA to utilize whatever governmental entity is best including but not limited to FICEMS, Council on Emergency Medical Care (CEMC), and the Office of Health Care Reform to advance the following system finance recommendations:</p> <p>A. Ambulance services that provide ALS care for patients whose severity in the field qualifies them to be transported to a specialty emergency care center, for example a Level1 trauma center, STEMI Center or Stroke Center, should get reimbursed at the ALS 2 rate for those patients to adequately compensate for the resource intensity of the services required and full participation in the system of care.</p> <p>B. BLS level providers that transport patients to specialty emergency care centers based on the severity of the patient in the field should be reimbursed at a higher rate to adequately compensate for the resource intensity and participation in the system of care.</p> <p>C. Methods should be developed in advance that will minimize the opportunity to fraudulently up-triage patients in order to enjoy these higher reimbursement rates.</p> <p>D. Evidenced based practice leads to innovations and changes in pre-hospital care often requiring expensive new medical devices or medications that are not part of the existing cost and reimbursement schema in place. CPAP is an example of such an advance that has shown to have very positive clinical outcomes and prevents and reduces hospital stays for patients with pulmonary edema. CMS must institute a process that adjusts payment methodology in a timely fashion once the evidence is in.</p> | <p>Sep-09</p> |
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| <p>Finance - DOT 3</p> | <p>The issue of treating and referring patients rather than transport and transporting certain sub-acute patients to alternative destinations has been researched and trialed numerous times in many locations and countries. There are several potential advantages from health care cost savings, EMS system efficiencies, reduction of ED overcrowding and building surge capacity of EMS systems during public health emergencies that these capabilities promote. In the current context of health care reform, NEMSAC advises NHTSA to utilize whatever governmental entity is best including but not limited to FICEMS, CEMC and the Office of Health Care Reform to advance the following recommendations as identified in the "EMS Makes a Difference" white paper:</p> <p>A. Develop National Guidelines: Using the Evidence Based Practice Guideline Model, NHTSA convene an expert panel to develop national guidelines for treat and refer and transport to alternative destinations.</p> <p>B. Treat, Release and Refer; CMS convene a negotiated rule making committee of stakeholder organizations to develop the relative value units (RVU) for EMS assessment, treatment and referral without transport of certain patients under medically approved protocols and oversight which would include but not be limited to diabetic patients in hypoglycemia and non-transport of non-viable cardiac arrest patients and a host of sub-acute medical conditions.</p> <p>C. Transport to Alternative Receiving Facilities: The prehospital triage and treatment of patients that activate EMS through the 911 system and classified as emergency calls but are transported to alternative care facilities (i.e. urgent care centers) after evaluation by EMS can be billed at the appropriate level of service (BLS or ALS1).</p> | <p>Sep-09</p> |
| <p>Finance - DOT 4</p> | <p>As with any change in a system, changes in clinical practice and reimbursement policy have system impacts. NEMSAC recommends that NHTSA utilize whatever governmental entity is best including but not limited to FICEMS, CEMC and the Office of Health Care Reform to support systems and cost effectiveness research so as to evaluate the efficacy and the economic effect of these recommendations. Such research could develop "Utstein-like" research and reporting criterion for each of the disease states identified as being effectively treated by EMS.</p>  | <p>Sep-09</p> |
| <p>Finance - DOT 5</p> | <p>NEMSAC advises NHTSA to utilize whatever governmental entity is best including but not limited to FICEMS, CEMC and the Office of Health Care Reform to advance the investigation into models and methods reimbursing EMS systems based on the readiness costs built on an evidence and performance based system design. CMS should be invited to participate meaningfully in this process.</p>  | <p>Sep-09</p> |

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| Finance -<br>FICEMS 1 | NEMSAC requests that NHTSA carry the recommendation to FICEMS to make of highest priority the implementation of the IOM recommendation calling for CMS to assemble an ad hoc working group with expertise in emergency care, trauma, and EMS Systems to evaluate the reimbursement of EMS and make a recommendation with regard to including readiness costs and permitting payment without transport. | Oct-08 |
| <b>NEMSAC</b>         |  |        |
| NEMSAC -<br>DOT 1     | NEMSAC asks NHTSA to identify opportunities to develop national guidelines around the topic of mode of transport.  | Oct-08 |