

Advisory Recommendations from the National EMS Advisory Council

Advisory: Standardized Certification, Licensure, and Credentialing

Date Submitted: April 16, 2009

Available At: <http://ems.gov/nemsac/NEMSACEducationWorkforceCommFinalReport2009.pdf>

National Highway Traffic Safety Administration:

1. NHTSA is encouraged to continue to support the efforts of adoption and full implementation of the EMS Education Agenda for the Future. NHTSA is strongly encouraged to continue to keep all stakeholders at the table and fully engaged in solving the challenges of implementation.
2. NHTSA is encouraged to 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.
3. NHTSA is requested to provide a regular report card to the National EMS Advisory Council on how implementation of the EMS Education Agenda is progressing across the United States. This effort should include monitoring “pockets of excellence” and make this known to States in order to provide opportunities to benchmark. The report card should also include a summary of issues that are impeding implementation for those states that are not moving forward.
4. NHTSA is encouraged to support research on the Education Agenda for the Future to include the effectiveness of the various types of EMS education systems, their delivery and outcomes.

Advisory: EMS Injury and Safety Data

Date Submitted: June 2, 2009

Available At: <http://ems.gov/nemsac/SafetyCommitteeFinalReport2009.pdf>

National Highway Traffic Safety Administration:

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.
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)

Federal Interagency Committee on Emergency Medical Services:

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.
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Advisory: Guiding Principles and Core Issues in EMS System Design

Date Submitted: September 29, 2009

Available At: <http://ems.gov/nemsac/SystemsCommitteeFinalSystemDesignTemplate2009.pdf>

National Highway Traffic Safety Administration:

1. Support a federal effort to expand, enhance, and fund EMS research based on operational, financial, and medical outcomes criteria.
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.

Federal Interagency Committee on Emergency Medical Services:

1. Support a federal effort to expand, enhance, and fund EMS research based on operational, financial, and medical outcomes criteria.
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Advisory: Finance Committee Report to NEMSAC

Date Submitted: September 29, 2009

Available At: <http://ems.gov/nemsac/FinanceCommitteeFinalReport092909.pdf>

National Highway Traffic Safety Administration:

1. Support efforts to raise the baseline national ambulance fee schedule to end the discrepancy between cost and reimbursement as identified in the GAO report.
2. The research supports that regionalized, coordinated and accountable systems of care in which EMS plays a critical part results in the best possible clinical outcomes for our patients. We found that these systems of care for STEMI, Cardiac Arrest, Trauma, Stroke and Pediatrics make a clinical difference. 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

- 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.
 - 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.
 - 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.
 - 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.
3. 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:
- 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.
 - 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.
 - 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).

4. 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.
5. 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.

Advisory: Reducing Adverse Events in EMS: Creating a Culture of Safety

Date Submitted: September 29, 2009

Available At: <http://ems.gov/nemsac/NEMSACOARFinalReport092909.pdf>

National Highway Traffic Safety Administration:

1. NHTSA should move forward with a process: Creating a Culture of Safety in EMS. The project should consider:
 - a. A National EMS Patient Safety Conference as a kickoff event
 - b. A Patient Safety Reporting System (National vs. State)
 - i. Consider previous models
 - ii. Firefighter Near-Miss Registry
 - iii. MEPARs
 - iv. Pennsylvania EMS Safety Event Reporting System
 - v. CONCERN Network
 - c. Develop Model Statutory/Regulatory Language regarding EMS Patient Safety
 - d. Defining taxonomy/data dictionary for EMS adverse event reporting
 - e. Create a list of EMS “Never Events”
 - f. Create a toolkit for local implementation of an EMS patient safety program
 - g. Catalog best practices in EMS patient safety
 - h. Create a national strategy for deploying the EMS Culture of Safety
 - i. Deliverable: Creating a Culture of Safety: The EMS Agenda
 - j. Consider sponsoring an Annual Award for Best Practices in Patient Safety
 - k. Invite representation from transportation safety experts from FAA and NASA to provide expertise for developing a national patient safety program.

Federal Interagency Committee on Emergency Medical Services:

1. FICEMS should adopt the EMS Culture of Safety as a core value and support it in their agency grants, programs and policies.
2. FICEMS should help identify and engage with safety expertise and resources in other Federal agencies. (NTSB, FDA, etc)
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.
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.

Advisory: Emergency Vehicle Operator Education, Training, and Safety

Date Submitted: December 13, 2011

Available At: http://ems.gov/pdf/nemsac/NEMSAC_Advisory-EVOC_Dec2011.pdf

National Highway Traffic Safety Administration:

1. The NHTSA should assess the status of emergency vehicle operator training programs (courses) throughout the U.S. This assessment should place special emphasis on ambulance operator training but not exclude programs involving training in operation of non-ambulance emergency vehicles. NEMSAC Safety Committee Final Advisory Emergency Vehicle Operator Education, Training, and Safety 5
2. The NHTSA should conduct a study (or studies) that seek to determine the efficacy and/or effectiveness of emergency vehicle operator training program. Measures of efficacy or effectiveness may include, and are not limited to, individuals trained, ambulance crashes, patient or provider injury and mortality, and costs to individuals and organizations.
3. The NHTSA should produce an action plan for improving emergency vehicle operator education and training. This action plan should be informed by findings from the above recommended nationwide assessment and study or studies.

Advisory: The Role of Leadership in EMS Workplace Safety Culture

Date Submitted: December 14, 2012

Available At: http://ems.gov/pdf/nemsac/dec11/Advisory_on_Leadership-Safety_12142011.pdf

National Highway Traffic Safety Administration:

1. The NHTSA Office of EMS (OEMS) should address the role that leadership plays in creating and maintaining a positive workplace safety culture. NHTSA should consider augmenting existing efforts (e.g. the EMS Safety Culture Project) by developing and disseminating an implementation guide (a companion document) for EMS leaders. Such a companion document will complement the national Safety Culture Strategy by outlining specific tools and resources that leaders and managers could leverage in their pursuit of improving EMS safety culture. The guidebook may provide guidance on how leaders and managers could evaluate their own workplace safety culture, how they can compare their findings to peer organizations, and how organizations can respond to findings.

Advisory: The Next Steps for Prehospital Care Evidence-Based Guidelines

Date Submitted: May 30, 2012

Available At: <http://ems.gov/nemsac/MedicalOversightResearchCommittee%20Advisory-NextStepsPrehospitalGuidelines.pdf>

The National Highway Traffic Safety Administration:

1. The NHTSA should lead the effort in forming relationships with stakeholder organizations and academic journals in order to hasten the process of publishing EBGs. This relationship would be similar to the relationship the American Heart Association has with the journals Circulation and Resuscitation. Second, organizations developing EBGs should form partnerships with EMS organizations, State and local EMS agencies, as well as EMS provider agencies in order to assist in decreasing the time to implementing EBGs in the field. Such organizations should also develop implementation toolkits or training curricula to ensure that the EBG is incorporated into providers' clinical practice.
2. As the national EMS education standards are revised and reviewed, the NHTSA should take into account existing standards on EBGs and make efforts to implement such standards into EMS education.

The Federal Interagency Committee on Emergency Medical Services:

1. The FICEMS should work in coordination with the NHTSA, the National Institutes of Health (NIH), the National Quality Forum (NQF), and the Agency for Healthcare Research and Quality (AHRQ) to seek means to further the implementation of the strategies presented in the National EMS

Research Agenda, specifically the recommendations on defining prehospital patient outcome measures, promoting the training of EMS researchers, and creating funding sources specifically for EMS research, in order to increase the quantity and quality of EMS research and expertise, thereby supporting the development of EBGs. EBG development depends on a solid resource base of scientific prehospital research and EMS expertise in the subject matter areas being investigated. The National EMS Research Agenda details specific strategies to promote research in EMS and to train credentialed EMS clinicians and professionals in research that would indirectly support the development of EBGs.

2. The FICEMS should work with NHTSA, AHRQ, and other member agencies to create Center(s) of Excellence for EMS EBG development. Center(s) of Excellence should serve to ameliorate the challenges of sustaining EBG development amidst resource and time constraints as well as a steep learning curve to developing EBGs. The specific responsibilities of Center(s) of Excellence might be to provide supporting mechanisms to make the process of developing EBGs more efficient as well as to train stakeholders in EBG development.
3. The FICEMS in partnership with the NHTSA and AHRQ should work to make the process of developing EBGs more efficient by creating supporting mechanisms, such as a registry of current EBG efforts with prehospital relevance occurring anywhere in the world as well as a warehouse of evidence syntheses and appraisals. To build capacity in EBG development, the NHTSA should develop training workshops and resources to build expertise in the EBG development process. The EBG development process is very time and resource intensive, making it difficult for many communities to use to develop local guidelines de novo.
4. The FICEMS, the NIH, and the AHRQ should request that its member agencies and departments incorporate mechanisms to sustain the National EBG Model Process into Federal grant guidance language. Such mechanisms should specify that the National EBG Model Process be used when distributing funds for protocol development and that an applicable EBG be used for grants related to protocol implementation.
5. The FICEMS should sponsor a regularly-held EBG Scientific Assembly. This assembly should bring together practitioners and academic EMS professionals to network on the EBG Model Process, to determine best practices for developing and implementing EBGs, to prioritize EBGs for future development, to identify research gaps in prehospital care, to acknowledge excellence in prehospital research, and to develop strategies for overcoming barriers that the culture of EMS presents to disseminating and implementing EBGs. The Scientific Assembly should have workshops to assist novice EBG investigators learn how to use the National EBG Model Process and the GRADE methodology in order to build capacity for EBG development.

Advisory: Evidence Basis for EMS Systems Design

Date Submitted: May 31, 2012

Available At: <http://ems.gov/nemsac/SystemsCommitteeAdvisoryonEBGsforSystemDesign.pdf>

National Highway Traffic Safety Administration:

1. NEMSAC recommends that the National Highway Traffic Safety Administration continue with its existing “EMS Typology” project and report back to NEMSAC on the results of the nationwide survey of EMS systems.
2. NEMSAC recommends that NHTSA convene a working group of EMS experts, charged with reviewing the evidence and typology and establishing a framework to consider the evidence basis of EMS system design.
3. NEMSAC recommends that NHTSA embark on a project, using the framework document produced in Recommendation #2, to establish an “EMS Systems of the Future” document to provide medical, operational, administrative and financial guidance to EMS systems in the United States.

Advisory: EMS System Performance-based Funding and Reimbursement Model

Date Submitted: May 31, 2012

Available At: <http://ems.gov/nemsac/FinanceCommitteeAdvisoryPerformance-BasedReimbursement-May2012.pdf>

National Highway Traffic Safety Administration:

1. NHTSA, in coordination with FICEMS, should sponsor a comprehensive EMS System Design project that will identify the essential components and functions of EMS systems, standardize terminology, and establish performance standards for minimum levels of service.
 - a. Criteria for the EMS Systems Design project should include the factors listed in the pathway described in Conclusion 2.
 - b. EMS-specific performance standards must also consider and evaluate patient *access* to emergency medical services standards in the following four categories: 1) quality of care, 2) timeliness of care, 3) supply of care and 4) barriers to care. The following factors must be taken into account: 1) the prudent layperson definition of emergency; 2) local and state mandates to respond and transport without regard to patient’s insurance status or ability to pay; 3) local, state, and national EMS personnel standards, medical protocols and medical control regulations.

improved patient outcomes, while preserving the existing funding for the transport system, utilizing existing Medicare and Medicaid authorities.

1. Deliverable: Healthcare is funded by many different mechanisms with the federal government. The recommendation would include an analysis of existing health care payment models to determine if another payment process would better serve EMS for representative and readiness costs for providing EMS. The recommendation would also serve as the basis for developing a template for a shared saving model for EMS and other health care plans for services provided by EMS that result in downstream health care savings and reducing uncompensated care by the health care system. Shared savings to the health care system would be partially or completely re-invested back into EMS to further develop or expand their cost saving programs.