NEMSAC Priority Issues - First Round Voting
July, 2008

Administration - Structure/System

- Establish model systems for both rural EMS and urban EMS with guiding principles, core issues and operational plans - **15**
- System fragmentation - **14**
- Interface: integration with other health, public health partners - **14**
- Absence of governmental responsibility and accountability to assure provision of EMS - **13**
- EMS role in regional systems of care -trauma, STEMI, stroke, peds, ob - **12**
- Joint planning with public health and health care agencies, prophylaxis for first responders including families, integration of GIS, patient tracking.- **12**
- There needs to be a lead Federal EMS agency – **11**
- Consider different types of providers for rural EMS such as expanded scope of practice for existing health professionals, such as community health aid. - **10**
- Integrating with other community systems - **10**
- Standardized definitions and performance measures, but not standardized response times – will vary widely by type of service, location, etc. - **10**
- System redesign in rural/frontier austere settings - **9**
- Mechanisms for immediate interstate legal recognition – **7**
- Information sharing across EMS agencies across different cities/states/countries, the possibility of sending people to other services for a week or two, this might be nice as a nationally sponsored program. – **7**
- Organization and integration of air medical services - **7**
- Emergency department overcrowding, patient diversion – **7**
- There's no universal method for EMS systems inventory & workload nationwide - **6**
- NTSB-style oversight of EMS agency crashes - **7**
- No pervasive performance improvement systems transparent and accessible to all - **6**
- Access to trauma systems - **5**
- Standardized response time expectation/performance measures - **4**
- Integration of regionalized, accountable, and coordinated systems of Pediatric Emergency Care - **4**
- Assessing differences in EMS systems by configuration; clinical capability – **4**
- Some sort of online application that would house lessons learned, protocols, templates, after action reports, etc, kind of like LLIS, with some sort of security built in. - **4**
- Enhanced coordination between state Highway Safety and EMS Offices - **1**

Finance - Funding/Billing

- EMS reimbursement in general – currently emphasis is on taking patient to hospital since that is the only way to be reimbursed. Should focus more on cost of readiness, prevention programs, treat/release, and perhaps even transport to other health care settings besides ER (health clinic, etc.) - **22**
- Equitable access to federal grants for EMS agencies, including private/non-profit EMS providers that do emergency work - **15**
- Adequate funding for personnel, infrastructure, equipment from non-reimbursement sources – **14**
- Adequate financial support for research - **10**
- Recognize and support readiness costs - **8**
- Funding source to rebuild EMS infrastructure - **6**
- Medicare reimbursement – pay for performance & what it means for EMS - **5**
- Base reimbursement on performance standards not transport and readiness for defined geographical areas - **5**
- Funding for medical oversight - **5**
- Provide reimbursement for non-transports - **4**
- Defined and adequate benefit assurance (third-party payments) - **2**
- Medicaid funding – **2**
- Money for EMS infrastructure - **2**

Human Resources- Education/Cert/ Workforce (Safety)

- Leadership development - **18**
- Standardized certification, licensure and credentialing of personnel, agencies and systems – **17**
- Safety of personnel – include vehicle design, lighting, conspicuity, lifting/transfer devices, protection from exposure, highway safety, driver training – **16**
- Ensure equitable access to accredited education programs – geographic, financial, etc. - **13**
- Interstate credentialing and licensing, including how to handle volunteers at major incidents - **11**
- Recruitment and retention of increasingly professional staff – **11**
- Adopt the "5-part model" (EMS Education Agenda for the Future) and it's influence /effect on initial education, national certification, and improving reciprocity – **11**
- Safety of EMS personnel – **8 – (merge with #3 above)**
- Keeping training and performance requirements within reach of the volunteers; - **8**
- Recruitment, but I would recommend focusing not only on young people, but also people who would make the job a career and stay for the long haul. - **8**
- Pay and benefits for EMS personnel - **7**
- EMT/Paramedic injuries/wellness and mental health readiness (pre and post) - **6**
- Minimum Standard EVOC programs - **6**
- Staffing resource capabilities both for day-to-day and surge - **4**
- Mechanisms for immediate interstate legal recognition - **4**
- Some sort of online application that would house lessons learned, protocols, templates, after action reports, etc, kind of like LLIS, with some sort of security built in. - **2**
- Recruiting young people, getting parental support - **0**

Operations and Equipment

- Communications systems, interoperability - **12**
- Lack of operational systems integration - **8**
- There needs to be some method to evaluate the efficacy and performance of new devices - **5**

Public Education & Information

- Leveling public recognition and appreciation for EMS compared to other public safety services - **12**
- Public education and information - **7**
- Promoting recognition among the public of the importance of EMS - **4**
- Public expectations exceed actual EMS/911 capacity - **2**

Research/ Technology/ Data

- Better standardization and collection of EMS related data points - **19**
- Data; belief and ownership and compliance (NEMSIS) - **15**
- EMS participation in Health Information Enterprise - **10**
- Mapping/GIS/Data Analysis – **9**
- Support electronic patient care records to allow for 100% case review - **9**
- A nationwide EMS crash database with common data points to collect/study the problem - **9**
- Institutional Review Boards & EMS research - **8**
- Emergency medical Dispatch/Wireless 9-1-1/Voice over Internet Protocol (VOIP) - **7**
- Some sort of online application that would house lessons learned, protocols, templates, after action reports, etc, kind of like LLIS, with some sort of security built in. - **7**
- CAD to CAD interfaces for quickly sharing information - **4**
- Vehicle crash telematics – AACN - **3**

Medical Oversight/ Quality

- Standardized definitions and performance measures, but not standardized response times – will vary widely by type of service, location, etc. – **15**
- Place an emphasis on interventions which "make a difference" rather than concentrating on response time standards **- 14**
- Patient safety and medical errors – **13**
- Create EMS protocols which are evidence-based and seamless between First response and Transport **- 12**
- EMS QI programs should have some sort of peer review protections that hospitals have – this will encourage more "no fault" reporting of incidents and near misses to identify/fix system issues **- 12**
- Application of advanced QI **- 8**
- Medical oversight **- 6**
- Clarification/standardization of when it is appropriate to call for helicopter transport **- 5**
- Physicians should have more oversight of standards – for example, a physician should be able to determine what type of response and response time goals are medically appropriate for a system. **- 5**
- Standardized response time expectation/performance measures **- 4**
- Subspecialization for EMS MDs **- 3**
- No pervasive performance improvement systems transparent and accessible to all **- 3**

Disaster Preparedness

- Emergency Preparedness – national recommendations for training, planning, resources, stockpiling, as well as alt standards of care, might be helpful, not to mention a national EMS EP grant. - **17**
- Regionalize protocols, equipment and medical oversight, etc. for disaster response - **8**

Buckets in Priority Order

Administration – Structure/System - **14**

Human Resources – Education/Certification/Workforce - **12**

Finance – Funding/Billing - **8**

Public Education & Information – **8**

Research/Technology/Data - **6**

Medical Oversight/Quality - **5**

Disaster Preparedness - **3**

Operations & Equipment - **1**