

NEMSAC Recommendations to FICEMS

Date
Submitted

Safety Committee

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.	June 9, 2009
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Education and Workforce Committee

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.	June 9, 2009
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Systems Committee

Systems - FICEMS 1	Support Federal effort to expand, enhance and fund EMS research based on operational, financial, and medical outcomes criteria.	September 9, 2009
Systems - DOT 5	Support Federal effort to expand EMS grant funding so that EMS agencies can implement NEMSIS compliant recording and reporting.	September 9, 2009

Oversight, Analysis and Research Committee

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.	September 9, 2009
Oversight - FICEMS 2	FICEMS should help identify and engage with safety expertise and resources in other Federal agencies. (NTSB, FDA, etc)	September 9, 2009
Oversight - FICEMS 3	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.	May 30, 2012

<p>Oversight - FICEMS 4</p>	<p>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.</p>	<p>May 30, 2012</p>
<p>Oversight - FICEMS 5</p>	<p>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 <i>de novo</i>.</p>	<p>May 30, 2012</p>
<p>Oversight - FICEMS 6</p>	<p>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.</p>	<p>May 30, 2012</p>
<p>Oversight - FICEMS 7</p>	<p>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.</p>	<p>May 30, 2012</p>

Finance Committee

<p>Finance - FICEMS 1</p>	<p>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. Criteria for the EMS Systems Design project should include the factors listed in the pathway described in Conclusion 2. EMS-specific performance standards must also consider and evaluate patient access to emergency medical services standards in the following four categories:</p> <p>1) quality of care, 2) timeliness of care, 3) supply of care, and 4) barriers to care.</p> <p>The following factors must be taken into account:</p> <p>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.</p> <p>Goal Statement: The project will accomplish the first three steps in the pathway and will develop a baseline for minimal levels of essential service in which to base a comprehensive EMS System Finance study (Recommendation 2).</p>	<p>May 30, 2012</p>
<p>Finance - FICEMS 2</p>	<p>NHTSA, in coordination with FICEMS, should sponsor a comprehensive EMS System finance study that accounts for all costs and revenues and includes the following:</p> <p>1) <u>EMS System Components.</u> EMS System costs to be determined by calculating the dollars to achieve minimum performance standards for each component of the EMS system as defined in the EMS System Design project.</p> <p>2) <u>Total EMS System Costs.</u> The cost components will use EMS functions at a granular enough level to adequately reflect true system costs regardless of EMS system design.</p> <p>3) <u>Cost of Readiness.</u> NHTSA and FICEMS should adopt the IOM’s definition for cost of readiness and ensure that accounting for that cost is included in the EMS finance study.</p> <p>4) <u>Finance Models.</u> Models should address both current and proposed future cost and revenue potentials. A) Finance models must evaluate the cost of EMS functions, potential funding streams from the various disciplines, and the Return on Investment (ROI) of EMS on the health care system, public health systems, public safety system, and emergency medical preparedness system. B) Finance models must specifically address direct and indirect grant, tax, and user fee funding sources.</p>	<p>May 30, 2012</p>