



# National Emergency Medical Services Advisory Council

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December 4, 2014

**Aarron Reinert**

Chair

Kathryn Brinsfield, MD, MPH  
Chair, Federal Interagency Committee on EMS  
U.S. Department of Homeland Security

**Kyle Gorman**

Vice-Chair

Dear Dr. Brinsfield:

Thank you for the opportunity to provide input into the implementation of the [FICEMS Strategic Plan](#). NEMSAC thoughtfully considered each of the Objectives and provides recommendations as a result of subcommittee analysis and Council agreement.

At today's meeting, we considered the April 21, 2014 FICEMS request for advice and recommendations on how best to implement and update the FICEMS strategic plan during the next several years. Specifically, FICEMS asked NEMSAC:

1. Which objectives have the greatest opportunity for short-term implementation with targeted federal support?
  - a. For these short-term objectives, what tools or information can be used to determine whether an objective has been fully implemented?
2. Which objectives can and should be implemented concurrently?
3. Considering the next five years, which objectives should be implemented in the short-term and long-term to best improve EMS patient outcomes nationwide?
4. Should the strategic plan be updated every five years or more often?
5. What suggested process should FICEMS use to update the strategic plan, including the gathering of public input?
6. As FICEMS works with its members and other Federal and non-Federal partners to implement the plan, are there suggested additional stakeholders with whom the committee should engage?

Our responses to each question are attached.

The NEMSAC is grateful that its recommendations during the last six years have been considered and many are in the process of being acted upon by both the Department of Transportation and by FICEMS. We are particularly thankful that the NHTSA Office of EMS provides staff assistance and support for our advisory work at NEMSAC.

As always, we stand ready to provide additional assistance, information, and input.

Aarron Reinert, Chair

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**The National EMS Advisory Council**

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**1. Which objectives have the greatest opportunity for short-term implementation with targeted federal support?**

To establish an orderly implementation priority, NEMSAC evaluated the strategic objectives according to these two criteria:

- The urgency of the objective
- The relative time frame of the objective.

**Recommendation:** NEMSAC recommends that that the objectives with the greatest opportunity for short-term implementation are as follows:

Objective #	Objective
4.4:	Apply lessons learned from military and civilian incidents to the EMS community.
5.1:	Promote the reporting, measurement, prevention and mitigation of occupational injuries, deaths, and exposures to serious infectious and illnesses in the EMS workforce.
5.3:	Support the development and use of anonymous reporting systems to record and evaluate medical errors, adverse events, and “near misses”.

**Table 1: NEMSAC Recommendations for Short Term Implementation.**

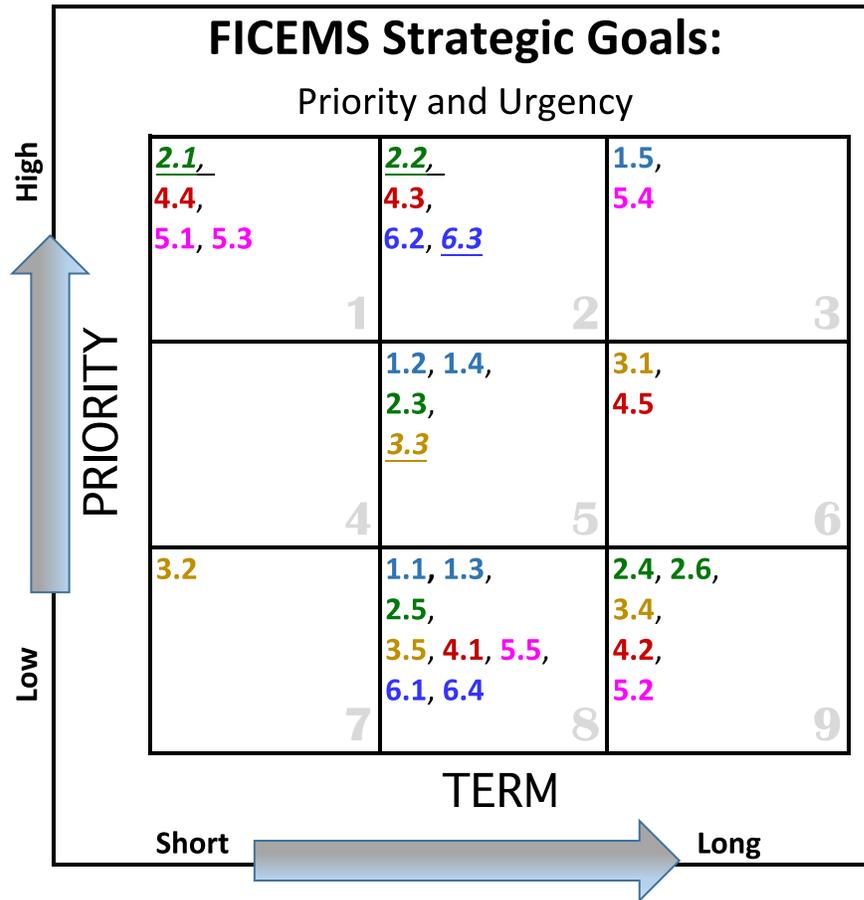
**Analysis:** In order to classify these objectives, each objective was scored according to its longevity and its priority. These scores were then summarized and the scores for each of the objectives were plotted in a “9-box” with the time (in relative terms) representing the horizontal access, and priority representing the vertical. In this case the time horizon was set at six years. As such, each column represents an approximate two-year time frame.

Then, the Council considered which objectives were currently in process with FICEMS based upon the letter of April 11, 2014 in which FICEMS identified the objectives were currently in process. NEMSAC then limited its recommendations to those on which FICEMS is not currently working. As such, in this case Objective 2.1<sup>1</sup> was removed from consideration.

The 9-box is a graphical representation of the objectives, graphed into nine separate categories. As such, the priorities are separated into thirds, by urgency and by the time frame for implementation. As shown by the “9-Box” below, NEMSAC has identified four short-term, high priority objectives that have the opportunity for making important improvements in EMS in the short term. As noted above, the NEMSAC removed from consideration objective 2.1.

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<sup>1</sup> Objective 2.1: Support the development, implementation, and evaluation of evidence-based guidelines (EBGs) according to the National Prehospital EBG Model Process.



Goal 1: Coordinated, Regionalized, and Accountable EMS and 9-1-1 Systems that Provide Safe, High-Quality Care
Goal 2: Data-Driven and Evidence-Based EMS Systems that Promote Improved Patient Care Quality
Goal 3: EMS Systems Full Integrated Into State, Territorial, Local, Tribal, Regional, and Federal Preparedness Planning, Response, and Recovery
Goal 4: EMS Systems that Are Sustainable, Forward Looking, and Integrated With the Evolving Health Care System
Goal 5: An EMS Culture in Which Safety Considerations for Patients, Providers, and the Community Permeate the Full Spectrum of Activities
Goal 6: A Well-Educated and Uniformly Credentialed EMS Workplace

Underlined text represents objectives that FICEMS is currently working on.

Figure 1: Strategic Objectives Analysis

As a subset of its first question, FICEMS also asked a follow up question that applies to the short-term objectives listed above. That question is:

**“For these short-term objectives, what tools or information can be used to determine whether an objective has been fully implemented?”**

**Recommendation:** NEMSAC recommends that FICEMS consider the following outcome measures as appropriate methods to determine whether these short-term recommendations have been successfully implemented.

Objective #	Measureable Outcomes
4.4:	Through the state EMS offices, track the inclusion of these measures into EMS education and follow patient treatment and outcomes during, unfortunately tragic, events that occur within austere environments.
5.1:	Track the trends, including the number of events along with reporting accuracy, (true risk of exposures) in the EMS workforce and pair this with ultimate outcomes with linkage to the preventative or therapeutic measures (i.e interventions, immunizations, and antidotes) implemented or administered at the time of the incident.
5.3:	Create a viable system for reporting at the local, regional, and state levels that encourages reporting and track the incidence of errors as well as the impact of these measures to patient outcomes/adverse effects following errors noted.

Table 2: Outcome Measures for Recommended Short-Term Strategies

**Analysis:** NEMSAC considered measureable outcomes for each of the objectives that it evaluated. That analysis provided insight into the measures that are used as best practices in EMS, medicine, or other industries. NEMSAC believes that the overarching goals of patient and provider safety are at the forefront of potential changes in the structure and design of EMS systems in the United States. For this reason, NEMSAC has particular interest in the outcome measures and how they are implemented throughout the nation.

For Objective 4.4, NEMSAC believes that the state EMS offices, potentially with the assistance of the National Association of State EMS Officials (NASEMSO) could coordinate implementation in various EMS offices, and could even act as a method to engage state EMS offices in implementing changes based on military or civilian best practices.

For Objectives 5.1 and 5.3, NEMSAC believes that a national database should be established and maintained that captures occupational exposures as well as near misses by EMS personnel. While some of that data may be captured by state occupational safety offices, typically that reporting mechanism is not in place for “near misses” or other events that are not required to be reported to state or federal offices. While we note that there is considerable interest by EMS systems around the country to make use of non-punitive, near-miss reporting systems, there is currently no guarantee of long-term funding for the project.

## 2. Which objectives can and should be implemented concurrently?

**Recommendation:** There are three areas that NEMSAC recommends that FICEMS implement concurrently.

- Objectives 1.1 and 1.3
- Objectives 1.2 and 1.4
- Objectives 5.1, 5.2, 5.3 5.5

**Analysis.** First, Objective 1.1 and 1.3 both describe performance measurement, Objective 1.1 describes the improvement process based on the industry (and its benchmarks) while Objective 3.3 describes the improvement process based on the patient (outcomes). NEMSAC believes that both are important and both should be implemented together

Objectives 1.2 and 1.4 both describe the importance of best practices, even though Objective 1.4 includes the improvement of data quality by states. NEMSAC believes that both of these objectives are important to improving patient outcomes in the United States and both should be implemented together.

Objective #	Consider Implementing Together
1.1	Identify and promote the development and use of EMS performance measures and benchmarks.
1.3	Promote measurement and reporting of the relationship between EMS care and outcomes, especially for time-critical and sensitive conditions.

**Table 3: Objectives 1.1 and 1.3 Should be Implemented Together**

Objective #	Consider Implementing Together
1.2	Promote the comprehensive identification and dissemination of best practices in regionalized EMS and emergency medical care, including treatment for time-critical and sensitive conditions.
1.4	Identify and promote best practices to reduce regional disparities in care, including supporting States in improving data quality.

**Table 4: Objectives 1.2 and 1.5 Should be Implemented Together**

Objective #	Consider Implementing Together
5.1:	Promote the reporting, measurement, prevention and mitigation of occupational injuries, deaths, and exposures to serious infectious illnesses in the EMS workforce.
5.2	Evaluate factors within EMS practices that contribute to medical errors or threaten patient safety.
5.3:	Support the development and use of anonymous reporting systems to record and evaluate medical errors, adverse events, and “near misses”.
5.5	Promote the use of detection equipment, training, and personal protective equipment known to enhance the safety of EMS personnel.

**Table 5: Objectives 5.1, 5.2, 5.3 and 5.5 Should be Implemented Together**

Objectives 5.1, 5.2, 5.3, and 5.5 all provide important components of provider and patient safety programs. Objectives 5.1 and 5.5 describe opportunities to enhance provider safety. Objective 5.2 addresses the issues of patient safety, and Section 5.3 makes considerations for both provider and patient safety. NEMSAC has long been an advocate of safety programs that ensure the safety of providers, patients, and the community. In fact, some of NEMSAC’s earliest recommendations were related to safety and the culture of safety in the community. As such, NEMSAC believes that safety components must be implemented concurrently to be most effective. That is why recommends that these components be implemented together.

**3. Considering the next five years, which objectives should be implemented in the short-term and long-term to best improve EMS patient outcomes nationwide?**

**Recommendation:** NEMSAC recommends that FICEMS consider implementing the following short-, medium-, and long-term objectives in order to best improve EMS patient outcomes in the United States.

Objective #	Short Term Objectives
2.1	Support the development, implementation, and evaluation of evidence-based guidelines (EBGs) according to the National Prehospital EBG Model Process.
4.4:	Apply lessons learned from military and civilian incidents to the EMS community.
5.2	Evaluate factors within EMS practices that contribute to medical errors or threaten patient safety.
5.3:	Support the development and use of anonymous reporting systems to record and evaluate medical errors, adverse events, and “near misses”.

Table 6: Short-Term Objectives to Improve Patient Outcomes.

Objective #	Medium Term Objectives
2.2	Promote standardization and quality improvement of prehospital EMS data by supporting the adoption and implementation of NEMSIS-compliant systems.
4.3:	Provide coordinated Federal support for incorporating enhanced EMS and 9-1-1 technology for both patient and provider.
6.2	Support State, territorial and tribal efforts to enhance interstate legal recognition and reciprocity of EMS personnel.

Table 7: Medium-Term Objectives to Improve Patient Outcomes.

Objective #	Long Term Objectives
1.5	Develop partnerships with State regulatory agencies to promote regionalized and accountable care systems.
5.4:	Evaluate FICEMS role in supporting implementation of the “Strategy for a National EMS Culture of Safety”.

Table 8: Long-Term Objectives to Improve Patient Outcomes.

**Analysis:** NEMSAC believes that implementing these strategic objectives will have the greatest impact on patient care. In the short term, Objective 2.1 articulates NEMSAC’s long-supported effort to ensure

evidence-based guidelines throughout the country<sup>2</sup>. Objective 4.4 will ensure that processes exist to rapidly adopt new discoveries in both civilian and military applications. Objectives 5.2 and 5.3 provide opportunities for agencies to ensure the protection of patients from medical errors and adverse events.

In the medium term, Objective 2.2 helps to ensure data quality, leading to opportunities to continue improvements in patient care. Objective 4.3 provides for improvements in 9-1-1 technology which is one of the American Heart Association's critical links in the chain of survival. Objective 6.2 helps the states to provide methods to avoid discontinuities in patient care due to licensing and regulation of EMTs and paramedics.

In the long term, Objective 1.5 provides assistance to states to examine and promote regionalized "systems" of care for EMS. Regionalized EMS systems not only provide for standardization of care across regions, but also may improve patient outcomes. Finally, Objective 5.4 provides for support of the Culture of Safety Strategy. NEMSAC believes that supporting safety in emergency medical services is critical to not only improving patient outcomes but also protecting providers and patients from harm.

#### **4. Should the strategic plan be updated every five years or more often?**

**Recommendation:** NEMSAC recommends that FICEMS update its strategic plan at least every five years.

**Analysis:** Sooner or later, today's mission and directional path become obsolete. For this reason, NEMSAC believes that a regular examination of the pattern of approaches and moves necessary to improve EMS throughout the nation is critical.

The frequency of examining a strategic plan is based on a number of internal and external environmental factors, all of which may influence the timing of a review. NEMSAC considered several factors when determining whether to recommend a five-year update cycle or some other time frame. A few of the factors considered by the NEMSAC are:

1. Complexity and rate of change in existing EMS systems;
2. New technology, systems, or approaches to delivering EMS services;
3. An examination of the existing strategic plan and how well it's working;
4. Accomplishment of existing strategic plan objectives;
5. Resources available or needed to proceed with updates to the plan; and
6. The mix of long- and short-range results to be obtained.

In making its recommendation, the NEMSAC especially considered the resources needed and the workload necessary to accomplish both the strategic plan objectives and updates to the plan. The NEMSAC believes that a five-year time frame for plan updates represents a reasonable balance between focusing resources on accomplishing plan objectives and on updating the plan.

With these factors considered, NEMSAC recommends that updating the strategic plan every five years is a reasonable time frame given the current complexity and rate of change in EMS systems throughout the nation.

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<sup>2</sup> NEMSAC recognizes that FICEMS has begun implementing Objectives 2.1 and 2.2

**5. What suggested process should FICEMS use to update the strategic plan, including the gathering of public input?**

NEMSAC recommends that FICEMS undertake a strategic plan update every 5 years using the following process:

YEAR 2: Report by the FICEMS Technical Working Groups on progress to the NEMSAC membership.

YEAR 3: Based on the progress report and input from NEMSAC, FICEMS provides an Interim Report. NEMSAC membership would work with NHTSA to convene a national stakeholder meeting and written comment on the report with recommendations for the updated plan.

YEAR 4: NEMSAC membership would continue to monitor and review previous NEMSAC recommendations as part of the updating process and provide recommendations to FICEMS for the Strategic Plan update.

YEAR 5: FICEMS presents the new strategic plan to NEMSAC and the public

**6. As FICEMS works with its members and other Federal and non-Federal partners to implement the plan, are there suggested additional stakeholders with whom the committee should engage?**

Building from the 2006 Institute of Medicine Report and the recent research published the December 2013 Health Affairs there is a clear need to improve integration of EMS within the larger healthcare system. The healthcare system is undergoing some of the most far reaching and fundamental changes to structure and economics and it is vitally important the FICEMS widen the dialogue of their strategic plan and the envisioned update process.

In addition to the direct professional and trade stakeholder organizations within the emergency medical and public safety communities FICEMS should reach out in a structured format to include indirect stakeholders such as related professional medical organizations such as the American Academy of Neurosurgeons, the American Nurses Association or the American Hospital Association; healthcare accreditation organizations, such as Joint Commission, emergency response social service organizations such as the American Red Cross and the Salvation Army, and public organizations such as AARP.

**List A: (EMS Direct Stakeholders)**

- National Association of State EMS Officials (NASEMSO)
- National Association of EMS Educators (NASEMSE)
- American College of Emergency Physicians (ACEP)
- American Academy of Emergency Medicine (AAEM)
- American College of Osteopathic Emergency Physicians (ACOEP)
- National Association of EMS Physicians (NAEMSP)
- National Association of Emergency Medical Technicians (NAEMT)
- Emergency Nurses Association (ENA)
- American College of Surgeons (ACS)
- Air Medical Physician Association (AMPA)
- Air and Surface Transports Nurses Association (ASTNA)
- International Association of Flight and Critical Care Paramedics (IAF-CP)

## NEMSAC Guidance on the FICEMS Strategic Plan

National Association of Air Medical Communicators (NAACS)  
International Association of Fire Fighters (IAFF)  
International Association of Fire Chiefs (IAFC)  
International Association of EMS Chiefs (IAEMSC)  
Association of Air Medical Services (AAMS)  
American Ambulance Association (AAA)  
Association of Critical Care Transport (ACCT)  
Trauma Center Association of America (TCAA)  
National EMS Pilots Association  
National Volunteer Fire Council  
National Fire Protection Association  
National EMS Labor Alliance  
National Registry of EMTs (NREMT)  
American Academy of Emergency Dispatch

### **List B: (Healthcare and Emergency Care Indirect Stakeholders)**

American Red Cross  
Salvation Army  
National Rural Health Association  
AARP  
American Hospital Association  
National Governors Association  
American Public Health Association  
American Academy of Pediatrics  
American Academy of Physician Assistants  
American Nurses Association  
National Association of Mental Illness  
National Association of Home Care and Hospice  
Joint Commission  
Commission for the Accreditation of Ambulance Services  
Commission for the Accreditation of Medical Transport Systems  
America's Health Insurance Plans  
American Academy of Neurosurgeons  
American Trauma Society  
American Academy of Orthopedic Surgeons

**Attachment 1: List of FICEMS Strategic Goals and Objectives**

**Goal 1 Coordinated, regionalized, and accountable EMS and 9-1-1 systems that provide safe, high-quality care**

**Objective 1.1:** Identify and promote the development and use of EMS performance measures and benchmarks.

**Objective 1.2:** Promote the comprehensive identification and dissemination of best practices in regionalized EMS and emergency medical care, including treatment for time-critical and sensitive conditions.

**Objective 1.3:** Promote measurement and reporting of the relationship between EMS care and outcomes, especially for time-critical and sensitive conditions.

**Objective 1.4:** Identify and promote best practices to reduce regional disparities in care, including supporting States in improving data quality.

**Objective 1.5:** Develop partnerships with State regulatory agencies to promote regionalized and accountable care systems.

**Goal 2 Data-driven and evidence-based EMS systems that promote improved patient care quality**

**Objective 2.1:** Support the development, implementation, and evaluation of evidence-based guidelines (EBGs) according to the National Prehospital EBG Model Process.

**Objective 2.2:** Promote standardization and quality improvement of prehospital EMS data by supporting the adoption and implementation of NEMSIS-compliant systems.

**Objective 2.3:** Develop relationships with Federal and non-Federal stakeholders to support the development of scientific evidence for prehospital care.

**Objective 2.4:** Improve linkages between NEMSIS data and other databases, registries, or other sources to measure system effectiveness and improve clinical outcomes.

**Objective 2.5:** Promote the evaluation of the characteristics of EMS systems that are associated with high-quality care and improved patient outcomes.

**Objective 2.6:** Explore the use of technology that enables enhanced information sharing for increased situational awareness, operational efficiency, and scene safety.

**Goal 3 EMS systems fully integrated into State, territorial, local, tribal, regional, and Federal preparedness planning, response, and recovery**

**Objective 3.1:** Develop and use reliable and consistent measures of EMS system preparedness.

**Objective 3.2:** Develop a rapid process for providing guidance on emerging EMS issues.

**Objective 3.3:** Improve EMS system preparedness for all-hazards, including pandemic influenza, through support of coordinated multidisciplinary planning for disasters.

**Objective 3.4:** Develop strategies to close the gaps identified in the preparedness component of the “National EMS Assessment”.

**Goal 4 EMS systems that are sustainable, forward looking, and integrated with the evolving health care system.**

**Objective 4.1:** Foster EMS participation in regional and State Health Information Exchanges (HIE).

**Objective 4.2:** Foster and evaluate the development of innovative delivery models for EMS systems that could lead to changes in the reimbursement model.

**Objective 4.3:** Provide coordinated Federal support for incorporating enhanced EMS and 9-1-1 technology for both patient and provider.

**Objective 4.4:** Apply lessons learned from military and civilian incidents to the EMS community.

**Objective 4.5:** Address the challenges of emergency care in areas where there are special concerns posed by geography or in which access may be limited.

**Goal 5 An EMS culture in which safety considerations for patients, providers, and the community permeate the full spectrum of activities**

**Objective 5.1:** Promote the reporting, measurement, prevention and mitigation of occupational injuries, deaths, and exposures to serious infectious illnesses in the EMS workforce.

**Objective 5.2:** Evaluate factors within EMS practices that contribute to medical errors or threaten patient safety.

**Objective 5.3:** Support the development and use of anonymous reporting systems to record and evaluate medical errors, adverse events, and “near misses”.

**Objective 5.4:** Evaluate FICEMS role in supporting implementation of the “Strategy for a National EMS Culture of Safety”.

**Objective 5.5:** Promote the use of detection equipment, training, and personal protective equipment known to enhance the safety of EMS personnel.

**Goal 6 A well-educated and uniformly credentialed EMS workforce.**

**Objective 6.1:** Promote implementation of the “EMS Education Agenda for the Future” to encourage more uniform EMS education, national certification, and state licensing.

**Objective 6.2:** Support State, territorial and tribal efforts to enhance interstate legal recognition and reciprocity of EMS personnel.

**Objective 6.3:** Work with State EMS Offices to support the transition of military EMS providers to civilian practice.

**Objective 6.4:** Promote the implementation of the “EMS Workforce Agenda for the Future” to encourage data-driven EMS workforce planning.

NEMSAC Guidance on the FICEMS Strategic Plan

ATTACHMENT 2

SORTED BY GOAL NUMBER

FICEMS Strategic Plan Implementation: Sorted by Goal Number

	Objective	Comments from Committee	Comments	Goal #	Priority Score	Term Score
1.1	Identify and promote the development and use of EMS performance measures and benchmarks.	Short Term	1.1 and 1.3 can be implemented together	1.1	2.3	2
1.2	Promote the comprehensive identification and dissemination of best practices in regionalized EMS and emergency medical care, including treatment for time-critical and sensitive conditions.	Short Term	1.2 and 1.4 can be implemented together	1.2	2	2
1.3	Promote measurement and reporting of the relationship between EMS care and outcomes, especially for time-critical and sensitive conditions.	Long Term		1.3	3	4
1.4	Identify and promote best practices to reduce regional disparities in care, including supporting States in improving data quality.	Medium term but follows 1.2	is a component of 1.2	1.4	2	3
1.5	Develop partnerships with State regulatory agencies to promote regionalized and accountable care systems.	Long Term		1.5	1.6	5
2.1	Support the development, implementation, and evaluation of evidence-based guidelines (EBGs) according to the National Prehospital EBG Model Process.	Short Term	FICEMS is working on this	2.1	1.6	1
2.2	Promote standardization and quality improvement of prehospital EMS data by supporting the adoption and implementation of NEMSIS-compliant systems.	Short Term	FICEMS is working on this	2.2	1	2
2.3	Develop relationships with Federal and non-Federal stakeholders to support the development of scientific evidence for prehospital care.	High priority and Short term		2.3	2	2
2.4	Improve linkages between NEMSIS data and other databases, registries, or other sources to measure system effectiveness and improve clinical outcomes.	Long Term goal but important priority	Can we give FICEMS an impetus to continue this process	2.4	2.3	5
2.5	Promote the evaluation of the characteristics of EMS systems that are associated with high-quality care and improved patient outcomes.	Long term	Medium	2.5	2.3	4
2.6	Explore the use of technology that enables enhanced information sharing for increased situational awareness, operational efficiency, and scene safety.	Long Term		2.6	2.3	5
3.1	Develop and use reliable and consistent measures of EMS system preparedness.	Long term		3.1	2	5
3.2	Develop a rapid process for providing guidance on emerging EMS issues.	Short Term		3.2	2.3	1
3.3	Improve EMS system preparedness for all-hazards, including pandemic influenza, through support of coordinated multidisciplinary planning for disasters.	FICEMS Priority		3.3	2	2
3.4	Develop strategies to close the gaps identified in the preparedness component of the "National EMS Assessment".	Long Term		3.4	2.3	5
3.5	Develop training and exercise standards within NIMS guidance to promote interoperability.	Short Term		3.5	2.3	2
4.1	Foster EMS participation in regional and State Health Information Exchanges (HIE).	Long Term goal but important priority	Federal Government sponsored a full day meeting	4.1	2	4
4.2	Foster and evaluate the development of innovative delivery models for EMS systems that could lead to changes in the reimbursement model.	Long Term but not a particularly high priority		4.2	2.6	5
4.3	Provide coordinated Federal support for incorporating enhanced EMS and 9-1-1 technology for both patient and provider.	Short Term and high priority		4.3	1.6	2
4.4	Apply lessons learned from military and civilian incidents to the EMS community.	Short Term and high priority		4.4	1.6	1
4.5	Address the challenges of emergency care in areas where there are special concerns posed by geography or in which access may be limited.	Long Term and high priority		4.5	2	5
5.1	Promote the reporting, measurement, prevention and mitigation of occupational injuries, deaths, and exposures to serious infectious illnesses in the EMS workforce.	Short term high priority	Highest priority, can be implemented concurrently with 5.3, 5.5	5.1	1	1
5.2	Evaluate factors within EMS practices that contribute to medical errors or threaten patient safety.	Long term medium	Must have 5.1 and 5.3	5.2	2.3	5
5.3	Support the development and use of anonymous reporting systems to record and evaluate medical errors, adverse events, and "near misses".	Short term high priority	Concurrent with 5.1	5.3	1.6	1
5.4	Evaluate FICEMS role in supporting implementation of the "Strategy for a National EMS Culture of Safety".	Long term high priority		5.4	1.6	5
5.5	Promote the use of detection equipment, training, and personal protective equipment known to enhance the safety of EMS personnel.	Short term medium		5.5	2.6	2
6.1	Promote implementation of the "EMS Education Agenda for the Future" to encourage more uniform EMS education, national certification, and state licensing.	Long term medium to high priority		6.1	2	4
6.2	Support State, territorial and tribal efforts to enhance interstate legal recognition and reciprocity of EMS personnel.	Short term		6.2	1	2
6.3	Work with State EMS Offices to support the transition of military EMS providers to civilian practice.	FICEMS Priority		6.3	2.3	1
6.4	Promote the implementation of the "EMS Workforce Agenda for the Future" to encourage data-driven EMS workforce planning.	Long term medium priority		6.4	2.3	4

## NEMSAC Guidance on the FICEMS Strategic Plan Implementation: Sorted by Priority

Goal #	Objective	Comments from Committee	Comments	Goal #	Priority Score	Term Score
5.1	Promote the reporting, measurement, prevention and mitigation of occupational injuries, deaths, and exposures to serious infectious illnesses in the EMS workforce.	Short term high priority	Highest priority, can be implemented concurrently with 5.3, 5.5	5.1	1	1
2.2	Promote standardization and quality improvement of prehospital EMS data by supporting the adoption and implementation of NEMSIS-compliant systems.	Short Term	FICEMS is working on this	2.2	1	2
6.2	Support State, territorial and tribal efforts to enhance interstate legal recognition and reciprocity of EMS personnel.	Short term		6.2	1	2
2.1	Support the development, implementation, and evaluation of evidence-based guidelines (EBGs) according to the National Prehospital EBG Model Process.	Short Term	FICEMS is working on this	2.1	1.6	1
4.4	Apply lessons learned from military and civilian incidents to the EMS community.	Short Term and high priority		4.4	1.6	1
5.3	Support the development and use of anonymous reporting systems to record and evaluate medical errors, adverse events, and "near misses".	Short term high priority	Concurrent with 5.1	5.3	1.6	1
4.3	Provide coordinated Federal support for incorporating enhanced EMS and 9-1-1 technology for both patient and provider.	Short Term and high priority		4.3	1.6	2
1.5	Develop partnerships with State regulatory agencies to promote regionalized and accountable care systems.	Long Term		1.5	1.6	5
5.4	Evaluate FICEMS role in supporting implementation of the "Strategy for a National EMS Culture of Safety".	Long term high priority		5.4	1.6	5
1.2	Promote the comprehensive identification and dissemination of best practices in regionalized EMS and emergency medical care, including treatment for time-critical and sensitive conditions.	Short Term	1.2 and 1.4 can be implemented together	1.2	2	2
2.3	Develop relationships with Federal and non-Federal stakeholders to support the development of scientific evidence for prehospital care.	High priority and Short term		2.3	2	2
3.3	Improve EMS system preparedness for all-hazards, including pandemic influenza, through support of coordinated multidisciplinary planning for disasters.	FICEMS Priority		3.3	2	2
1.4	Identify and promote best practices to reduce regional disparities in care, including supporting States in improving data quality.	Medium term but follows 1.2	is a component of 1.2	1.4	2	3
4.1	Foster EMS participation in regional and State Health Information Exchanges (HIE).	Long Term goal but important priority	Federal Government sponsored a full day meeting	4.1	2	4
6.1	Promote implementation of the "EMS Education Agenda for the Future" to encourage more uniform EMS education, national certification, and state licensing.	Long term medium to high priority		6.1	2	4
3.1	Develop and use reliable and consistent measures of EMS system preparedness.	Long term		3.1	2	5
4.5	Address the challenges of emergency care in areas where there are special concerns posed by geography or in which access may be limited.	Long Term and high priority		4.5	2	5
3.2	Develop a rapid process for providing guidance on emerging EMS issues.	Short Term		3.2	2.3	1
6.3	Work with State EMS Offices to support the transition of military EMS providers to civilian practice.	FICEMS Priority		6.3	2.3	1
1.1	Identify and promote the development and use of EMS performance measures and benchmarks.	Short Term	1.1 and 1.3 can be implemented together	1.1	2.3	2
3.5	Develop training and exercise standards within NIMS guidance to promote interoperability.	Short Term		3.5	2.3	2
2.5	Promote the evaluation of the characteristics of EMS systems that are associated with high-quality care and improved patient outcomes.	Long term	Medium	2.5	2.3	4
6.4	Promote the implementation of the "EMS Workforce Agenda for the Future" to encourage data-driven EMS workforce planning.	Long term medium priority		6.4	2.3	4
2.4	Improve linkages between NEMSIS data and other databases, registries, or other sources to measure system effectiveness and improve clinical outcomes.	Long Term goal but important priority	Can we give FICEMS an impetus to continue this process	2.4	2.3	5
2.6	Explore the use of technology that enables enhanced information sharing for increased situational awareness, operational efficiency, and scene safety.	Long Term		2.6	2.3	5
3.4	Develop strategies to close the gaps identified in the preparedness component of the "National EMS Assessment".	Long Term		3.4	2.3	5
5.2	Evaluate factors within EMS practices that contribute to medical errors or threaten patient safety.	Long term medium	Must have 5.1 and 5.3	5.2	2.3	5
5.5	Promote the use of detection equipment, training, and personal protective equipment known to enhance the safety of EMS personnel.	Short term medium		5.5	2.6	2
4.2	Foster and evaluate the development of innovative delivery models for EMS systems that could lead to changes in the reimbursement model.	Long Term but not a particularly high priority		4.2	2.6	5
1.3	Promote measurement and reporting of the relationship between EMS care and outcomes, especially for time-critical and sensitive conditions.	Long Term		1.3	3	4

NEMSAC Guidance on the FICEMS Strategic Plan

ATTACHEMENT 4

**SORTED BY TERM**

**FICEMS Strategic Plan Implementation: Sorted by Term**

Goal #	Objective	Comments from Committee	Comments	Goal #	Priority Score	Term Score
5.1	Promote the reporting, measurement, prevention and mitigation of occupational injuries, deaths, and exposures to serious infectious illnesses in the EMS workforce.	Short term high priority	Highest priority, can be implemented concurrently with 5.3, 5.5	5.1	1	1
2.1	Support the development, implementation, and evaluation of evidence-based guidelines (EBGs) according to the National Prehospital EBG Model Process.	Short Term	FICEMS is working on this	2.1	1.6	1
4.4	Apply lessons learned from military and civilian incidents to the EMS community.	Short Term and high priority		4.4	1.6	1
5.3	Support the development and use of anonymous reporting systems to record and evaluate medical errors, adverse events, and "near misses".	Short term high priority	Concurrent with 5.1	5.3	1.6	1
3.2	Develop a rapid process for providing guidance on emerging EMS issues.	Short Term		3.2	2.3	1
6.3	Work with State EMS Offices to support the transition of military EMS providers to civilian practice.	FICEMS Priority		6.3	2.3	1
2.2	Promote standardization and quality improvement of prehospital EMS data by supporting the adoption and implementation of NEMSIS-compliant systems.	Short Term	FICEMS is working on this	2.2	1	2
6.2	Support State, territorial and tribal efforts to enhance interstate legal recognition and reciprocity of EMS personnel.	Short term		6.2	1	2
4.3	Provide coordinated Federal support for incorporating enhanced EMS and 9-1-1 technology for both patient and provider.	Short Term and high priority		4.3	1.6	2
1.2	Promote the comprehensive identification and dissemination of best practices in regionalized EMS and emergency medical care, including treatment for time-critical and sensitive conditions.	Short Term	1.2 and 1.4 can be implemented together	1.2	2	2
2.3	Develop relationships with Federal and non-Federal stakeholders to support the development of scientific evidence for prehospital care.	High priority and Short term		2.3	2	2
3.3	Improve EMS system preparedness for all-hazards, including pandemic influenza, through support of coordinated multidisciplinary planning for disasters.	FICEMS Priority		3.3	2	2
1.1	Identify and promote the development and use of EMS performance measures and benchmarks.	Short Term	1.1 and 1.3 can be implemented together	1.1	2.3	2
3.5	Develop training and exercise standards within NIMS guidance to promote interoperability.	Short Term		3.5	2.3	2
5.5	Promote the use of detection equipment, training, and personal protective equipment known to enhance the safety of EMS personnel.	Short term medium		5.5	2.6	2
1.4	Identify and promote best practices to reduce regional disparities in care, including supporting States in improving data quality.	Medium term but follows 1.2	is a component of 1.2	1.4	2	3
4.1	Foster EMS participation in regional and State Health Information Exchanges (HIE).	Long Term goal but important priority	Federal Government sponsored a full day meeting	4.1	2	4
6.1	Promote implementation of the "EMS Education Agenda for the Future" to encourage more uniform EMS education, national certification, and state licensing.	Long term medium to high priority		6.1	2	4
2.5	Promote the evaluation of the characteristics of EMS systems that are associated with high-quality care and improved patient outcomes.	Long term	Medium	2.5	2.3	4
6.4	Promote the implementation of the "EMS Workforce Agenda for the Future" to encourage data-driven EMS workforce planning.	Long term medium priority		6.4	2.3	4
1.3	Promote measurement and reporting of the relationship between EMS care and outcomes, especially for time-critical and sensitive conditions.	Long Term		1.3	3	4
1.5	Develop partnerships with State regulatory agencies to promote regionalized and accountable care systems.	Long Term		1.5	1.6	5
5.4	Evaluate FICEMS role in supporting implementation of the "Strategy for a National EMS Culture of Safety".	Long term high priority		5.4	1.6	5
3.1	Develop and use reliable and consistent measures of EMS system preparedness.	Long term		3.1	2	5
4.5	Address the challenges of emergency care in areas where there are special concerns posed by geography or in which access may be limited.	Long Term and high priority		4.5	2	5
2.4	Improve linkages between NEMSIS data and other databases, registries, or other sources to measure system effectiveness and improve clinical outcomes.	Long Term goal but important priority	Can we give FICEMS an impetus to continue this process	2.4	2.3	5
2.6	Explore the use of technology that enables enhanced information sharing for increased situational awareness, operational efficiency, and scene safety.	Long Term		2.6	2.3	5
3.4	Develop strategies to close the gaps identified in the preparedness component of the "National EMS Assessment".	Long Term		3.4	2.3	5
5.2	Evaluate factors within EMS practices that contribute to medical errors or threaten patient safety.	Long term medium	Must have 5.1 and 5.3	5.2	2.3	5
4.2	Foster and evaluate the development of innovative delivery models for EMS systems that could lead to changes in the reimbursement model.	Long Term but not a particularly high priority		4.2	2.6	5