



National Emergency Medical Services Advisory Council

December 4, 2014

Aarron Reinert

Chair

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Kathryn Brinsfield, MD, MPH
Chair, Federal Interagency Committee on EMS
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1200 New Jersey Avenue, SE
Washington, DC 20590

Dear Dr. Brinsfield:

Thank you for the opportunity to provide input into the FICEMS Strategic plan. NEMSAC thoughtfully considered each of the Strategic Objectives and makes the recommendations included herein as a result of subcommittee analysis and Council agreement.

At the December 4, 2014, meeting of the National Emergency Medical Services Advisory Council (NEMSAC), the NEMSAC 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.

The NEMSAC used the FICEMS Strategic Plan as the basis of its evaluation; however, the NEMSAC used the FICEMS questions, specifically the FICEMS questions articulated below to provide a response to its letter. Those questions are:

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?

NEMSAC evaluated the questions using a structured process that included an analysis of both the priorities of the objectives as well as the relative timelines (or term) within which the objectives could be implemented. Once this objective analysis was complete, the Council reviewed the outcomes and made appropriate intuitive adjustments to the scoring as appropriate.

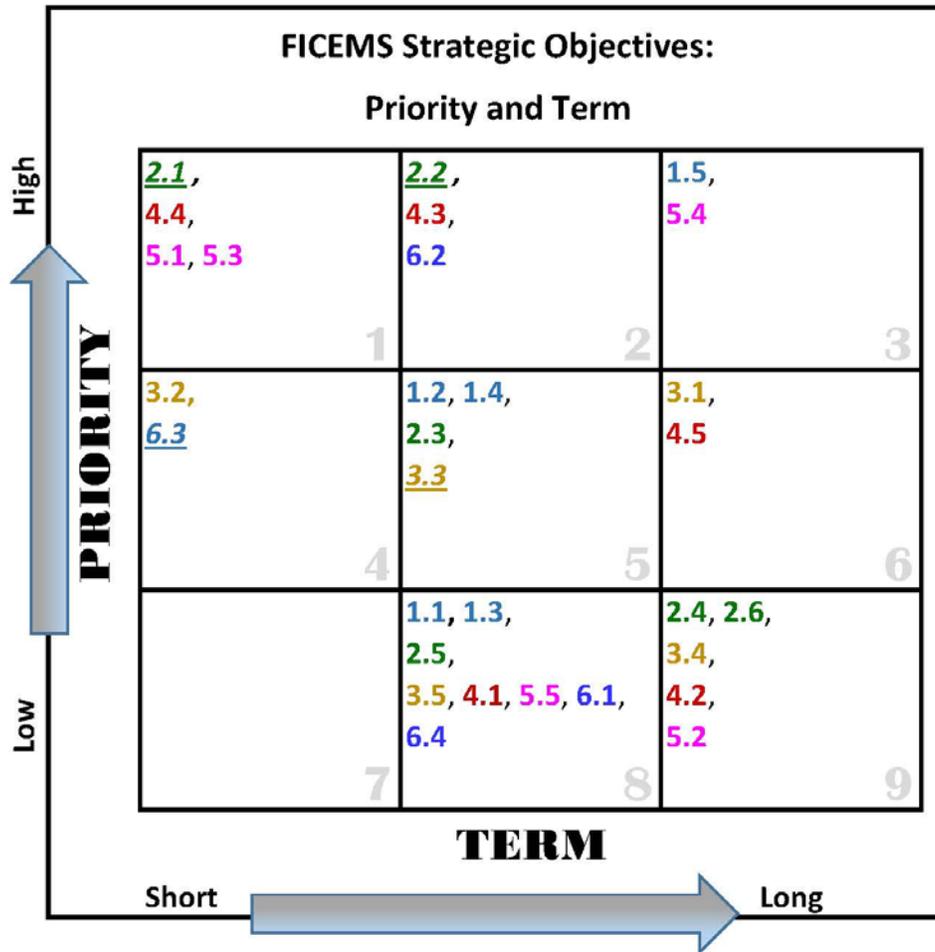
The Council provides in this letter a summary of the recommendations below. In addition, attached to this letter as Attachment 1, is a more detailed analysis that describes how

The National EMS Advisory Council

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NEMSAC arrived at its conclusions. Attachment 2 provides a reference list of the FICEMS Strategic Goals and Objectives, and Attachment 3 provides the matrices by which the Council used as a foundation to make its recommendations.

Importantly, to assist with the analysis, the Council created a “9-Box” with which to display its recommendations. The 9-Box display is shown below and further described in Attachment 1.



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, italicised text represents objectives which FICEMS is currently addressing.

SUMMARY OF RECOMMENDATIONS

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

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

- **Objective 4.4:** Apply lessons learned from military and civilian incidents to the EMS community.
- **Objective 5.1:** Promote the reporting, measurement, prevention and mitigation of occupational injuries, deaths, and exposures to serious infectious and illnesses in the EMS workforce.

Objective 5.3: Support the development and use of anonymous reporting systems to record and evaluate medical errors, adverse events, and “near misses”**1.a: 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 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.
- **Objective 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.
- **Objective 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.

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 and 5.5**

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.

Short Term Objectives

- **Objective 2.1:** Support the development, implementation, and evaluation of evidence-based guidelines (EBGs) according to the National Prehospital EBG Model Process.
- **Objective 4.4:** Apply lessons learned from military and civilian incidents to the EMS community.
- **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”.

Medium Term Objectives

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

Long Term Objectives

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

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.

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?

Recommendation: 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 both direct and indirect stakeholders.

NEMSAC is grateful that its recommendations during the last six years have been considered and many of which 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 provided staff assistance and support for this project.

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



Aarron Reinert, Chair
National EMS Advisory Council

- Attachments:
1. NEMSAC Recommendations on FICEMS Strategic Plan.
 2. List of FICEMS Strategic Goals and Objectives.
 3. FICEMS Strategic Plan Implementation Matrices.

Attachment 1: NEMSAC Recommendations on FICEMS Strategic Plan

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:

1. The urgency of the objective
2. The relative time frame of the objective.

Recommendation: NEMSAC recommends 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”.

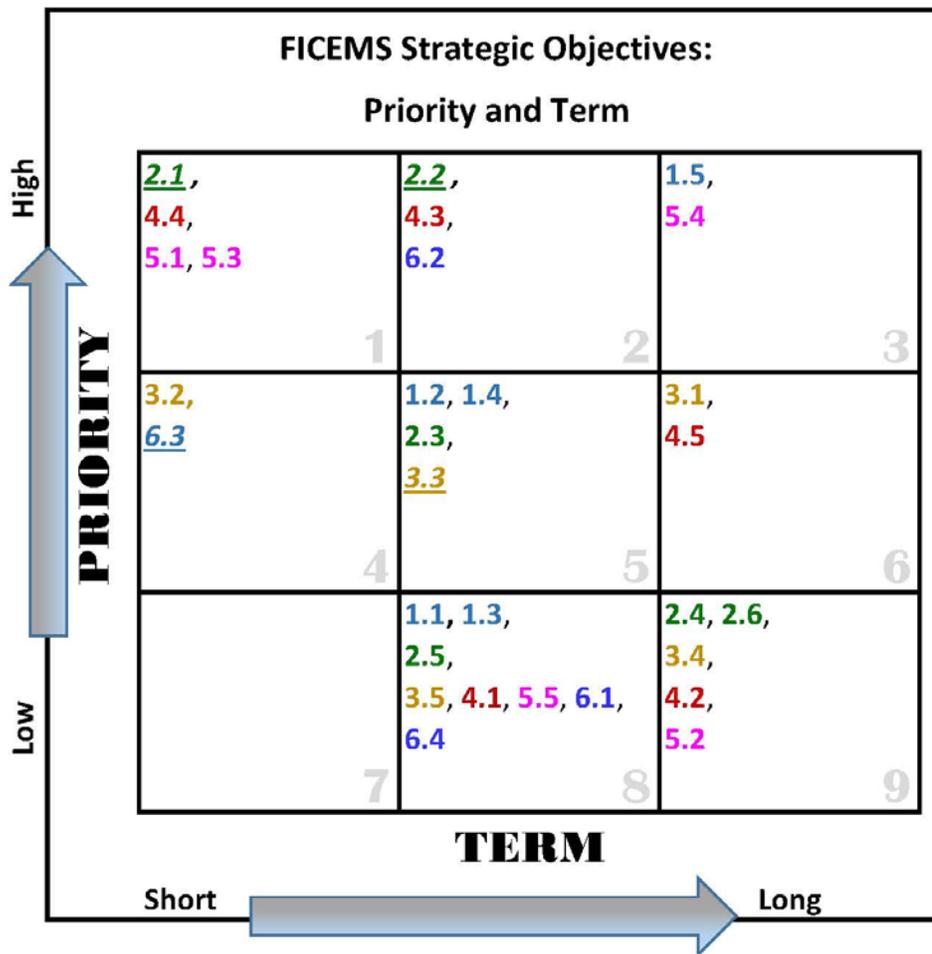
Table 1: NEMSAC Recommendations for Short Term Implementation.

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 axis, 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. NEMSAC then limited its recommendations to those on which FICEMS is not currently working. As such, in this case Objective 2.1¹ was removed from consideration.

The 9-box is a graphical representation of the objectives, graphed into nine separate categories. As such, the objectives are separated into thirds, by priority 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. A cross-reference of the objective numbers are included in Attachment 2.

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

Underlined, italicised text represents objectives which FICEMS is currently addressing.

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 1.3 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.

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 country². 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.

²NEMSAC recognizes that FICEMS has begun implementing Objectives 2.1 and 2.2

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.

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 five 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 NESMAC 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?

The 1996 EMS Agenda for the Future noted that “EMS represents the intersection of public safety, public health, and health care systems.” The Agenda further characterized EMS as “community based health management that is fully integrated with the overall health care system...with...the ability to identify and modify illness and injury risks, provide acute illness and injury care, and contribute to the treatment of chronic conditions and community health monitoring. This new entity will be developed from redistribution of existing health care resources and will be integrated with other health care providers...improving...community health and result in more appropriate use of acute health care resources while remaining the public’s emergency medical safety net.”

A decade later, the 2006 Institute of Medicine Future of Emergency Care Report, EMS at the Crossroads and the more recently published research in Health Affairs: Future of Emergency Medicine (Dec. 2013) highlighted the clear need to improve integration of EMS within the larger healthcare system.

Healthcare is currently undergoing the most far reaching and fundamental changes to structure and economics in the last four decades and it is vitally important the FICEMS widen their dialogue as they develop strategic plans and the envisioned update process.

The NEMSAC recommends that in addition to Federal agencies, the FICEMS should engage professional and trade organizations directly operating within the emergency medical and public safety communities in the strategic planning cycle. Further, the FICEMS should reach out in a structured format to include indirect stakeholders related professional medical organizations such as the American Academy of Neurosurgeons, the American Nurses Association; healthcare associations such as 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 interest organizations such as AARP.

A partial list of direct and indirect stakeholder organizations is included herein noting these stakeholder lists should not be considered all inclusive and should be updated with each planning process.

List A: (EMS Direct Stakeholders)

Air and Surface Transports Nurses Association (ASTNA)
Air Medical Physician Association (AMPA)
American Academy of Emergency Medicine (AAEM)
American Ambulance Association (AAA)
American College of Emergency Physicians (ACEP)
American College of Osteopathic Emergency Physicians (ACOEP)
American College of Surgeons (ACS)
Association of Air Medical Services (AAMS)
Association of Critical Care Transport (ACCT)
Association of Public-Safety Communication Officials (APCO)
Emergency Nurses Association (ENA)
International Academies of Emergency Dispatch (IAED)
International Association of EMS Chiefs (IAEMSC)
International Association of Fire Chiefs (IAFC)

International Association of Fire Fighters (IAFF)
International Association of Flight and Critical Care Paramedics (IAF-CP)
National Association of Air Medical Communicators (NAACS)
National Association of Emergency Medical Technicians (NAEMT)
National Association of EMS Physicians (NAEMSP)
National Association of State EMS Officials (NASEMSO)
National Emergency Number Association (NENA)
National EMS Labor Alliance
National EMS Manages Association (NEMSMA)
National EMS Pilots Association (NEMSPA)
National Fire Protection Association (NFPA)
National Registry of EMTs (NREMT)
National Volunteer Fire Council (NCFC)
Trauma Center Association of America (TCAA)

List B: (Healthcare and Emergency Care Indirect Stakeholders)

American Red Cross
AARP
America's Health Insurance Plans
American Academy of Neurosurgeons
American Academy of Orthopedic Surgeons
American Academy of Pediatrics
American Academy of Physician Assistants
American Hospital Association
American Nurses Association
American Public Health Association
American Trauma Society

Commission for the Accreditation of Ambulance Services
Commission for the Accreditation of Medical Transport Systems
Governor's Highway Safety Association
Joint Commission
National Association of Home Care and Hospice
National Association of Mental Illness
National Governors Association
National Rural Health Association
Salvation Army

Attachment 2: 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”.

Objective 3.5: Developing training and exercise standards to promote interoperability.

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.