

August 2, 2013

Mr. Aaron Reinert, NREMT-P, BA  
Chair  
National Emergency Medical Services Advisory Council  
1200 New Jersey Avenue, SE  
Washington, D.C. 20590

Dear Mr. Reinhart:

Please pass along our sincere thanks to the Council members for their recent guidance, regarding the National EMS Culture of Safety Strategy. This letter summarizes our consideration and application of that guidance in the fifth and final draft of the Strategy.

### **1. LAYOUT**

The main components of the Strategy are now clearly identified and described succinctly in the Executive Summary. The Executive Summary serves as an introduction to the master document, and also can be distributed independently. It is written so that a time-challenged individual (whether a member of the EMS community or a policymaker) can read it quickly and understand the Strategy's vision, its key components, and its high-level, conceptual nature.

In addition, the Strategy document itself has been further condensed, particularly the introductory material.

The Council's suggestion to restructure the paper using the anatomy of an EMS call, with pre-event issues through post-event analysis, has been adapted for a series of articles in the *EMS Insider* leadership publication. The first two installments included interviews with Sabina Braithwaite, MD, MPH, FACEP, Chair of the National EMS Culture of Safety Steering Committee and NEMSAC member, Tom Judge, CCT-P.

The Strategy document as currently formatted is the result of a collaborative, interactive process involving multiple rounds of input from a broad variety of stakeholders. As such, it has earned considerable (although admittedly not universal) support across the EMS community. The core team felt that restructuring the document into safety management system-type pillars, especially at this late stage, would be viewed as substantial change in the focus of the document and would risk the collaborative nature of the existing document and the support of the many stakeholders who contributed throughout the Strategy process.

The Council requested clarification of the inclusion of Just Culture. The document now prominently notes that Just Culture is not a substitute for a comprehensive safety management system, and that its inclusion as a key element in the Strategy is intended as an important, appealing and achievable first step toward broader cultural change.

FACEP

Vice Speaker

EXECUTIVE DIRECTOR

Dean Wilkerson, JD, MBA, CAE

## **2. AUDIENCE AND CONTEXT**

Per the Council's recommendation, the Strategy document now contains a concise statement describing its intended audience and high-level nature.

Passages implying that the Strategy is a free-standing entity that will accomplish goals and objectives have been identified and reworded.

The document now highlights risk and adverse events per the Council's suggestion.

Although several EMS stakeholder organizations have created specific definitions of what EMS encompasses, the Steering Committee recognizes that EMS is in a time of rapid evolution, and that existing definitions may well not capture what EMS evolves into over the next 10 to 15 years. Regardless of what needs EMS fills within the health care continuum and the community, safety must be a core value and be integrated into every aspect of EMS in the future. This reasoning is noted clearly in the Strategy.

## **3. MAKING THE CASE FOR A STRATEGY**

We conducted an additional literature search for any new material to strengthen the case for a strategy and update citations. We reviewed citations in seven categories: risk; provider safety; patient safety; leadership and management; Just Culture, EMS education; and data and resources.

## **4. DETAILS AND GRANULARITY**

Per the Council's suggestion, the document now more clearly and prominently emphasizes the Strategy's conceptual, high-level nature. The Executive Summary now concisely describes Scope and Intended Audience, as well as the manner in which the Strategy is intended to be applied and by whom.

We wish to thank the Council for the vision that led to this very important project. We also appreciate the interest and support that the NEMSAC members have shown during the development of the Strategy.

Sincerely,



Andrew E. Sama, MD, FACEP  
ACEP President