

FICEMS Strategic Plan Implementation Progress			Subcommittee Input			Comments?
Objectives			Short term?	Long Term?	Priority (1, 2, 3)	Outcome measures
1: Coordinated, regionalized, and accountable EMS and 9-1-1 systems that provide safe, high-quality care						
1.1	Identify and promote the development and use of EMS performance measures and benchmarks.		III	II	1,4,2,1,	Track the development and implementation of Crisis Standards of Care plans and protocols at the state, regional, and local levels. Follow the trends of EMS agencies achieving the said benchmarks, perhaps through NEMSIS.
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.		III	II	2,2,2,1	Track the period of time from when the issue is brought to the state, national, or federal platform to when a viable solution / resolution has been implemented. Track patient outcomes through their hospital stays and rehabilitation, but consider adjustments in the analysis of the results based upon the healthcare system networks and transport times to better equalize the playing ground between municipal and rural EMS systems.
1.3	Promote measurement and reporting of the relationship between EMS care and outcomes, especially for time-critical and sensitive conditions.		I	III	3,3,2,2	Track and trend the training and resources acquired by EMS systems to address these scenarios. More importantly, track the confidence levels and assess the competency of the individual EMS providers in their abilities to manage these scenarios. Track the patient outcomes from the arrival of EMS through the rehabilitation process and ultimate patient destination (home, nursing home, morgue) to glean the full impact of the initiatives taken in the prehospital setting.
1.4	Identify and promote best practices to reduce regional disparities in care, including supporting States in improving data quality.		II	III	2,1,2,2	Develop a system to capture best practices within the region and provides ready access to partners. Follow the progress of the volunteer and rural EMS systems. Enough said. This is a multi-faceted initiative to track due to the vast number of areas that are classified as having an EMS shortage (due to manpower, distance, resource deficit, etc.) and areas, including major metropolises experiencing a shortage of primary care physicians.
1.5	Develop partnerships with State regulatory agencies to promote regionalized and accountable care systems.		I	III	1,1,2,2	Identify the agencies in each region that are potential partners. Sign partnership agreements. Survey the state EMS offices to see how many states require NIMS training and exercise standards to obtain and/retain state EMS certification/licensure. The state EMS offices have the potential of being a huge positive driver of this initiative.

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2: Data-driven and evidence-based EMS systems that promote improved patient care quality						
2.1	Support the development, implementation, and evaluation of evidence-based guidelines (EBGs) according to the National Prehospital EBG Model Process.	III	I	2,2,1,1,1	Link patient outcomes in systems using EBGs, use NEMSIS to facilitate the gathering of this information.	Provision of patient care that improves outcome strengthens and validates the role of EMS within the healthcare system. In addition, the adoption of evidence-based initiatives promotes and solidifies uniformity in the delivery of patient care between jurisdictions.
2.2	Promote standardization and quality improvement of prehospital EMS data by supporting the adoption and implementation of NEMSIS-compliant systems.	III	II	1,1,1,1,1	Educate the stakeholders of the value of standardization. Get signed agreements of support. Continue to support the standardization of data to ensure that the EMS data that we receive is of sufficient quality. Quality data is critical.	
2.3	Develop relationships with Federal and non-Federal stakeholders to support the development of scientific evidence for prehospital care.	III	II	1,1,1,2,3	Identify the stakeholders and determine their interest. There needs to be a cost-effective and resource-effective method of developing EBGs to include the entire EMS community in this noble and most valuable process. Track the number and type of EMS systems (volunteer, rural, municipal) contributing to the development, acquisition, and implementation of EBGs.	
2.4	Improve linkages between NEMSIS data and other databases, registries, or other sources to measure system effectiveness and improve clinical outcomes.	I	III	3,3,1,1,2	Track the engagement of state EMS offices in their submission to NEMSIS as well as their utilization and analysis of data from NEMSIS during the design and evolution of state EMS systems.	
2.5	Promote the evaluation of the characteristics of EMS systems that are associated with high-quality care and improved patient outcomes.	II	III	2,2,1,1,3	This initiative may be limited to a simple report due to the variety of viable EMS systems operating in our nation. Nevertheless, a list of characteristics will provide an EMS system with potential desired actions that they may want to adopt to provide improvement in patient outcomes.	
2.6	Explore the use of technology that enables enhanced information sharing for increased situational awareness, operational efficiency, and scene safety.	I	III	3,3,1,1,2	Track the level of training and "confidence" of EMS providers in their ability to pre-plan for disasters and events in austere environments.	

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3: EMS systems fully integrated into State, territorial, local, tribal, regional, and Federal preparedness planning, response, and recovery						
3.1	Develop and use reliable and consistent measures of EMS system preparedness.			IIII	2,1,2,2,2	Evaluate the preparedness of the various agencies plans for consistency. Track the development and implementation of Crisis Standards of Care plans and protocols at the state, regional, and local levels.
3.2	Develop a rapid process for providing guidance on emerging EMS issues.	IIII	I	2,4,2,2,1	Track the period of time from when the issue is brought to the state, national, or federal platform to when a viable solution/resolution has been implemented.	
3.3	Improve EMS system preparedness for all-hazards, including pandemic influenza, through support of coordinated multidisciplinary planning for disasters.	III	II	1,3,2,2,1	Track and trend the training and resources acquired by EMS systems to address these scenarios. More importantly, track the confidence levels and assess the competency of the individual EMS providers in their abilities to manage these scenarios.	
3.4	Develop strategies to close the gaps identified in the preparedness component of the "National EMS Assessment".	I	IIII	1,2,2,2,3	Follow the progress of the volunteer and rural EMS systems. Enough said.	
3.5	Develop training and exercise standards within NIMS guidance to promote interoperability.	III	II	3,1,2,2,2	Provide training and furnish exercise guidelines to the agencies. Survey the state EMS offices to see how many states require NIMS training and exercise standards to obtain and/retain state EMS certification/licensure.	

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4: EMS systems that are sustainable, forward looking, and integrated with the evolving health care system						
4.1	Foster EMS participation in regional and State Health Information Exchanges (HIE).	II	III	2,1,1,1,3	Develop a real time system for the two way exchange of information . Survey state EMS office to assess engagement and participation.	
4.2	Foster and evaluate the development of innovative delivery models for EMS systems that could lead to changes in the reimbursement model.	I	III	3,3,1,2	Although one can track the various ways that state EMS offices address this challenge, the backbone of reimbursement for EMS resides at and must ultimately be addressed at the federal level.	Despite all of the wonderful goals cited on this spreadsheet that will benefit patients and EMS, none of them will be feasible until the reimbursement model for EMS is aggressively addressed for current and future initiatives and patient care delivery.
4.3	Provide coordinated Federal support for incorporating enhanced EMS and 9-1-1 technology for both patient and provider.	III	II	1,2,1,2	Using the state EMS offices as a resource, track the establishment and incorporation of EMS and 9-1-1 technology in our nation.	
4.4	Apply lessons learned from military and civilian incidents to the EMS community.	III	I	1,2,1,2	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.	
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.	I	III	2,1,1,3,1	Deveolp criteria that will identify these areas.Seek input for realistic approaches to address the problem. Utilize the data and input from the state EMS offices to assess and trend the status of EMS systems operating in rural environments or functioning as volunteer EMS agencies.	If this issue is not addressed aggressively, the disparity gap for these EMS systems and the patients they serve will continue to grow and it will become less likely for them to be able to adopt and embrace any of the initiatives on this spreadsheet that will ultimately advance the profession of EMS.

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5: An EMS culture in which safety considerations for patients, providers, and the community permeate the full spectrum of activities						
5.1	Promote the reporting, measurement, prevention and mitigation of occupational injuries, deaths, and exposures to serious infectious illnesses in the EMS workforce.	III	I	2,2,2,1	Track the trends the number and accuracy (true risk of exposures) in the EMS workforce and pair this with ultimate outcomes with linkage to the preventative interventions/immunizations/antidotes implemented or administered at the time of the incident.	It will be difficult, if not impossible, to successfully complete 5.1 and 5.2 until 5.3 has been achieved.
5.2	Evaluate factors within EMS practices that contribute to medical errors or threaten patient safety.		IIII	2,3,2,1	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.	
5.3	Support the development and use of anonymous reporting systems to record and evaluate medical errors, adverse events, and "near misses".	III	I	1,1,2,2	Develop a system for anonymous report and evaluate the use of the system.	
5.4	Evaluate FICEMS role in supporting implementation of the "Strategy for a National EMS Culture of Safety".	I	IIII	1,1,2,2	<p>Same as outcome measure listed for 5.2</p> <p>Seek input from the FICEMS members concerning their role in the culture of safety.</p> <p>This is a difficult measure to assess as it is the role of FICEMS to support the recommendations of NEMSAC; however, it is ultimately the responsibility of Congress and the federal government to implement, through legislation, measures that will should positively impact EMS and the associated agencies affected (workers' compensation, occupational health providers, federal funding for the implementation of safety measures, the purchase of the required equipment, and the training of EMS providers to achieve these measures.</p>	
5.5	Promote the use of detection equipment, training, and personal protective equipment known to enhance the safety of EMS personnel.	III	II	3,2,2,2	Track the utilization of the recommended PPE and the outcomes of the EMS providers during events and address the identified gaps with educational measures and/or a equipment that provides a higher level of protection.	

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6: A well-educated and uniformly credentialed EMS workforce						
6.1	Promote implementation of the "EMS Education Agenda for the Future" to encourage more uniform EMS education, national certification, and state licensing.		II	III	2,1,2,2	Develop state, regional and national seminars. Provide information for state and regional publications. Engage with NASEMSO to track the progress of these parameters and trend the data. Identify the gaps and perform a focused inquiry to identify the issues surrounding the identified gaps.
6.2	Support State, territorial and tribal efforts to enhance interstate legal recognition and reciprocity of EMS personnel.		III	II	1,1,2,3,2	Provide model language and legal advice for local efforts . As the implementation of interstate compacts is under the individual state's legislative authority, track the trends of adoption and implementation via NASEMSO. Identify the gaps and identify measures to ameliorate the issues/hurdles present.
6.3	Work with State EMS Offices to support the transition of military EMS providers to civilian practice.		IIII	I	1,2,2,3	Track the progress of adoption and implementation of this process through NASEMSO. Also track the "success rate" of military EMS providers who have made the transition, their engagement with local EMS agencies, and their rates of retention within the profession of EMS.
6.4	Promote the implementation of the "EMS Workforce Agenda for the Future" to encourage data-driven EMS workforce planning.		II	III	2,2,2,2	Track the utilization of NEMSIS data by state EMS offices to address workforce issues. Identify potential gaps to address the hurdles encountered by states to implement the necessary measures to improve workforce planning and/or refine the data collection process to a level that is more useful for state EMS offices to support the changes that they feel are necessary to make to achieve their goals.