National Emergency Medical Services Advisory Council

United States Department of Transportation

January 30, 2013

Aarron Reinert

Chair

Drew Dawson
Director, Office of Emergency Medical Services
National Highway Traffic Safety Administration
1200 New Jersey Ave., SE
Washington, DC 20590

Dear Mr. Dawson:

On behalf of the National Emergency Medical Services Advisory Council (NEMSAC), I offer you guidance and comments on your work with the American College of Emergency Physicians to develop an EMS Culture of Safety Strategy. The strategy is vitally important to influencing how EMS moves forward to improve safety for patients and providers. This is an incredibly ambitious project and the NEMSAC recognizes and thanks the hard work of the authors and the challenges associated with receiving and addressing diverse comments and suggestions from several EMS stakeholders.

The NEMSAC was charged with reviewing and commenting on the current draft of the EMS Culture of Safety Strategy. The following are suggestions and recommendations for editing and improving clarity.

1: LAYOUT --- The EMS Culture of Safety Strategy document is new to the EMS community. Previous efforts familiar to the EMS community include multiple agenda documents, guiding documents, reports, and others. There is some concern that the existing layout detracts from the Strategy's goals and objectives. There is also some concern that the document's length may prevent its review and acceptance - especially among those with excessively busy schedules and limited time. The document contains a lot of information that may be better suited as supplemental material or in appendix format. For example, much of the information presented pre-strategy highlights an abundance of limitations and parameters on what the document is or is not to different audiences. There is some concern that the main components of the strategy are located too deep into the document, which may make it difficult for the reader to follow the “thread” of risks to safety and result in reader attrition. The document and its message are important, and the authors have done an excellent job crafting drafts and responding to various constituents in the EMS, health, and first responder communities. We recommend the authors edit the layout/framework so that the reader is focused on the main components of the strategy at the beginning not middle or end.

Depending on scope of the document, we have several suggestions for possible re-structuring:

1A: Although there are always multiple means to frame a strategic document, one suggestion is to restructure the paper to highlight safety threats and risks using the anatomy of an EMS call - from pre-event, through the event, to post event analysis similar to Haddon's matrix. This approach to framing the paper may help the reader appreciate the risks to safety and need for better safety. This approach may allow the reader to find their personal role, responsibility, and accountability to improve system safety.

1B: Alternatively, some may find it informative if the paper is structured into pillars analogous to those identifiable in discussion of "safety management systems."

These pillars include:

- Policy development and articulation;
- Safety Risk Management; (i.e. threat and error management, risk profiling, static and dynamic risk assessment, etc.)
- Safety assurance; (i.e. compliance, data, measurement metrics, etc.
- Safety promotion: (i.e. provider education, health and wellness strategies, etc.)

This approach may be beneficial if the authors intend for the strategy to be actionable and implemented at multiple levels (e.g., 30,000 foot down to the 1 foot level).

Regardless of the approach adopted the inclusion of "just culture" as a strategy needs clarification. The current highlight of "just culture" is a singular element of a systems approach to safety and is at the final end of error resolution. A comprehensive cultural approach to improving safety requires commitment to a "learning culture" (i.e. organizational commitment to constant improvement of safety based on data.); a "trust" or reporting culture in which providers feel safe in reporting risk or error which may improve safety, a change management system which incorporates the entire organization in implementing safety strategies/ tactics, and finally a "just culture" to manage inevitable error.

2: AUDIENCE AND CONTEXT --- We acknowledge the difficulty associated with developing a strategy for the diverse industry that we know as Emergency Medical Services. The authors should be commended for their effort to appeal to and consider the diversity of EMS delivery. However, we are concerned that the intended targets of the strategy are not easily identifiable. The reader, and possibly target, may perceive that the document does not apply to them but to others at different levels of authority. A clear, short, and concise statement of who the document is intended to target and the scope of the strategy, (i.e. "the 30,000 foot overhead view") is needed immediately prior to presentation of the key components of the strategy. Linking an intended target to specific components of the strategy may be beneficial.

In terms of context, the authors reference "the Strategy" as the entity that will accomplish goals and objectives of improving safety culture. The strategy is an outline of ideas and steps for decision makers, providers, etc. We suggest the authors edit prose so that "the Strategy will" be replaced and edited with

statements such as "We propose that" etc. This change provides the reader with a reference to a group of real authentic national organizations and leaders and individual experts (NHTSA, ACEP, etc.) that believe in a specified approach (the strategy) will improve safety if and only if the intended audience is engaged.

Identifying the occurrence of errors and adverse events highlights the magnitude of the safety outcomes. The document has referenced the prevalence or incidence of provider injuries and other outcomes or threats. However, there is limited attention given to the risk of safety outcomes and threats. Highlighting threats and risk may enhance the reader's understanding of risk and focus on preventive rather than reactionary approach. Identifying taxonomy early in the document is essential. This includes the definition of EMS and the definition of "adverse events" to include risk as well as occurrence.

Confusion over context may also be addressed by editing the Title to convey a "higher level" of impact (e.g., The National EMS Culture of Safety Strategic Plan) or by dividing the document into sections. These sections or chapters may be divided into patient, provider, operations, or other stratifications and aide the reader in focusing on a specific component of a larger safety strategy.

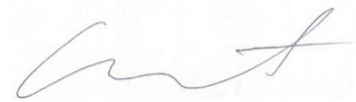
3: MAKING THE CASE FOR A STRATEGY --- The document may not be intended to be a systematic review of evidence; it may be an overview of pertinent statistics and information that conveys risk to safety. However, one goal of the document is to "argue" / "convince" all readers we have a safety problem (for patient and providers). A case must be made to defend the promotion of a strategy to improve safety. There is some concern that the case or argument needs to be strengthened. Highlighting the "anatomy of an EMS call" from beginning to end may emphasize the significance of safety for patient and provider. Significance may be further emphasized by including comparisons on the magnitude or significance of different threats and safety outcomes between EMS and non-EMS settings. Comparisons can provide a strong frame of reference for the reader and may help improve the argument for a strategy. Per the comment on layout above, this may be well suited as a short summary in the early part of the document and then complemented with a more detailed synthesis in appendix material.

4: DETAILS AND GRANULARITY --- There may be considerable confusion amongst the EMS community with respect to scope. Many may perceive the strategy as broad and reference the "30,000 foot level." Others may perceive the strategy as "all things to all people" and demand detailed instructions be included on steps to enact the strategy. The authors, advisory board, and others should reach clear consensus on exactly what "level" the document is intended. They should reach consensus on what is and is not germane for discussion at that specified level / scope. For example, there is considerable support for changing the way we educate future providers and the current workforce. Some may feel the strategy document fails to highlight existing or evidence-based methods for changing or improving behaviors that threaten safety in an educational setting. Some may desire to see information on example programs or interventions that may be transferrable to EMS education and training. Others may feel this level of detail is inappropriate for the scale / scope / level at which the document is

positioned or intended. Authors should address these issues and concerns clearly and concisely.

The above is a synthesis of comments from members of the NEMSAC charged with reviewing and commenting on the document as it was written in December 2012. The NEMSAC acknowledges the hard work by the authors and national groups involved. The edits proposed above are suggestions that we hope are informative and helpful.

Sincerely yours,



Aarron Reinert, Chair
National Emergency Medical Services Advisory Council