The National Emergency Care Enterprise: Advancing Care Through Collaboration

Welcome and Overview
IOM Reports: The Future of Emergency Care

HOSPITAL-BASED EMERGENCY CARE
AT THE BREAKING POINT

FUTURE OF EMERGENCY CARE

EMERGENCY MEDICAL SERVICES
AT THE CROSSROADS

FUTURE OF EMERGENCY CARE

EMERGENCY CARE FOR CHILDREN
GROWING PAINS
IOM Emergency Care Committee’s Statement of Task

(1) Examine the emergency care system in the U.S.

(2) Explore its strengths, limitations, and future challenges

(3) Describe a desired vision of the emergency care system

(4) Recommend strategies required to achieve that vision
IOM Recommendation: End boarding and EMS diversion
IOM Recommendation: Regionalize emergency care
IOM Recommendation:
Designate a lead federal agency
IOM Recommendation: Strengthen pediatric emergency care
IOM Recommendation: Improve the organization and funding of emergency care research
The IOM’s Vision:

“A regionalized, coordinated and accountable emergency care system”
2009 IOM Workshops

May 21-22: The National Emergency Care Enterprise
June 10-11: Surge Capacity
Sept 10-11: Regionalization
The Goal of this Workshop

“To bring stakeholders and policymakers together to discuss which of the many challenges facing emergency care are most amenable to coordinated federal action.”
Objectives

1. Foster information exchange
2. Identify policy areas of “great and immediate concern”
3. Hold discussions with federal partners regarding policy and programmatic areas that should be the focus of coordinated federal action
Agenda

• Keynote address & federal status reports
• Opening discussion of the impact of federal policy at the community level
• Four “focus area” discussions
• Federal partners roundtable
• Written workshop summary
Ground Rules

• This workshop is designed to stimulate discussion and elicit participant input – that includes you

• You are here because of who you are, not who you “represent”

• The more engaged you are, the more productive we will be – speak up!

• Note: This is NOT a consensus committee
Thank you
Emergency Medical Services at the Crossroads Implementation Update

Drew Dawson, Director
Office of Emergency Medical Services
National Highway Traffic Safety Administration
Federal Interagency Committee on EMS (FICEMS)

- **Mandated by DOT Reauthorization**
  - ✔ **Coordination among Federal EMS and 9-1-1 agencies**
    - 🆕 Membership defined by statute
  - ✔ **Identification of State, local and tribal EMS needs**
  - ✔ **Identification of new or expanded programs**
  - ✔ **Annual Congressional report**

- **NHTSA – primary responsibility for administrative support**
  - ✔ Assistance from DHS and HHS
FICEMS – Initial Priorities

- Congressional report
- Operational strategies
- EMS data standardization and collection
- EMS disaster preparedness assessment and needs
- EMS research funding review
- Improved medical oversight
- Examining recommendations of Institute of Medicine Report – *The Future of Emergency Care in the United States Health System*
National EMS Advisory Council (NEMSAC)

- **Objective:**
  To advise DOT/NHTSA & FICEMS on improved coordination and support of EMS systems

- **Established by Secretary of Transportation**
  - Under Federal Advisory Committee Act (FACA) in 2008

- **Membership:**
  - Up to 26 members representing all aspects of the EMS community
  - Appointments for 2-year terms
National EMS Information System (NEMSIS)

- Implementation of uniform EMS dataset with XML standard to assure portability
- All states have signed MOU to become NEMSIS-compliant
- 16 states currently submitting data to National EMS Database
- Revision to Version 3.0 underway and harmonizing with HL7
- National EMS reports available at www.nemsis.org
EMS Workforce

- Completed *EMS Workforce for the 21st Century: A National Assessment*
- *EMS Workforce Agenda for the Future* (to be released in 2009)
- EMS Workforce Injury and Illness surveillance program
  - √ Interagency effort with NIOSH to collect EMS worker injury data from the National Electronic Injury Surveillance Systems (NEISS-Work)
Emergency Medical Services at the Crossroads

- Supporting regionalized, coordinated and accountable EMS systems
  - Model State EMS Legislation
  - Revised highway safety standards
- Performance measurements project
  - Recommended attributes and indicators for EMS System/service performance (to be published soon)
  - Basic QI toolkit using NEMSIS data (under development)
Emergency Medical Services at the Crossroads

(3.2) The National Highway Traffic Safety Administration, in partnerships with professional organizations, should convene a panel of individuals with multidisciplinary expertise to develop an evidence-based model prehospital care protocols for the treatment, triage and transport of patients, including children.
Consensus-building conference Sept 2008
- Sponsored by FICEMS & NEMSAC
- Stakeholders from EMS, government & academia

Overview of development & implementation of evidence-based guidelines

National & international perspectives

Solicited input from EMS community
Purpose of Conference

To provide input on how the process for national EMS evidence-based guidelines will:

- Be organized, operated and sustained
- Evaluate evidence and develop guidelines
- Translate evidence into practice
- Ensure an ongoing method for revising guidelines
- Integrate with other national EMS system development strategies (e.g. National EMS Scope of Practice Model, National EMS Education Standards and others)
Consensus Recommendations

- A systems approach to developing EBGs is needed.
- Multidisciplinary involvement is needed in ALL steps of the guideline development process.
- Partnerships with other specialties & guideline organizations will be important.
- Guidelines must be flexible to accommodate different EMS environments.
- Start promoting a culture of evidence-based health care within EMS.
From Evidence ↔ To EMS Practice:

Building the National Model

The Draft National Model
Draft National Model
EMS Evidence-based Guideline Development Process

System Inputs

EMS Evidence Accumulation & GL Initiation

Establish Priorities for GL Development

Guideline Development

Model EMS Protocol Development

Dissemination of Guidelines/Protocols

Implementation

Evaluation of Effectiveness, Outcomes/ Clinical Research QI Evaluations

Draft National Model
EMS Evidence-based Guideline Development Process

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Evaluation of Effectiveness, Outcomes/ Clinical Research QI Evaluations
The Model in Action: Prehospital Management of Pediatric Seizures
Emergency Medical Services at the Crossroads

- (3.7) CMS should convene an ad hoc work group with expertise in emergency care, trauma and EMS systems to evaluate the reimbursements of EMS and make recommendations regarding inclusion of readiness costs and permitting payment without transport.
  - √ NEMSAC requested, through FICEMS, that this work group be formed
  - √ NEMSAC – white paper - EMS financing
  - F Discussion at June, 2009, NEMSAC meeting
Emergency Medical Services at the Crossroads

(4.1) State governments should adopt a common scope of practice for EMS personnel with state licensing reciprocity

✓ National EMS Scope of Practice Model adopted
  ✔ Used as the basis for National EMS Education Standards

✓ National EMS Education Standards completed

✓ Cooperative agreement with National Association of State EMS Officials to guide implementation of National EMS Education Agenda for the Future: A Systems Approach.
  ✔ Tracking State progress with annual surveys
  ✔ Developing a “report card” for NEMSAC

✓ 39 States have adopted or plan to adopt Scope of Practice Model
Emergency Medical Services at the Crossroads

n (4.2) States should require national accreditation of paramedic education programs

✓ Tracking progress regularly with annual survey
✓ National Registry of EMTs to require Paramedic students to graduate from a school accredited by the Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP) by 2013
✓ NASEMSO resolution (2008-03) to work with CoAEMSP to achieve Paramedic Education Program Accreditation
✓ 12 states currently require Paramedic Education Program Accreditation
✓ 29 states plan to require Paramedic Program Accreditation
(4.3) States should accept national certification as a prerequisite for state licensure and local credentialing of EMS providers

- Tracking State progress
- As of May 2008, 45 States use National Registry of EMTs for a least one level of EMS provider
Emergency Medical Services at the Crossroads

(5.1) States should assume regulatory oversight of the medical aspects of air medical services, including communications, dispatch, and transport protocols

- National Transportation Safety Board conducted a 4 day hearing in their investigation of Helicopter Emergency Medical Services
  - Report on status of investigation at June FICEMS meeting
- Helicopter Medical Services Patient Safety, Protection, and Coordination Act
  - S. 848 – Introduced by Sen. McCaskill
Emergency Medical Services at the Crossroads

Hospitals, trauma centers, EMS agencies, public safety departments, emergency management offices, and public health agencies should develop integrated and interoperable communications and data systems.

- US DOT Next Generation 9-1-1: architecture and transition plan for digital, internet-protocol based emergency communications
- National 9-1-1 office housed in Office of EMS
Emergency Medical Services at the Crossroads

(5.3) The Department of Health and Human Services should fully involve prehospital EMS leadership in discussions about the design, deployment, and financing of the National Health Information Infrastructure.

√ NEMSIS and National Trauma Data Standard going through HL7 Standard Development organization to be in synch with HIT and Electronic Health Record
Emergency Medical Services at the Crossroads

(6.1) The Department of Health and Human Services (DHHS), the Department of Homeland Security and the states should elevate emergency and trauma care to a position of parity with other public safety entities in disaster planning and operations.

- Office of Health Affairs created in DHS
- Emergency Care Coordination Center (ECCC) in HHS
- FICEMS Preparedness Committee
- Pandemic Flu Guidelines created and State Assessment completed
- FICEMS members agencies collaborated with CDC to develop Novel Influenza A H1N1 guidance for EMS and 9-1-1
Emergency Medical Services at the Crossroads

- (6.3) Professional training, continuing education, and credentialing and certification programs for all the relevant professional categories of EMS personnel should incorporate disaster preparedness into their curricula and require the maintenance of competency in these skills.
  - The U.S. DOT National EMS Education Standards include incident management, multiple casualty incidents, HAZMAT, and mass casualty incidents due to terrorism and disaster
  - National Incident Management training added as pre/co requisite to National EMS Education Standards
  - NIMS National Emergency Responder credentialing linked to National EMS certification
Emergency Medical Services at the Crossroads

- Federal agencies that fund research and trauma care research should target additional funding at prehospital EMS research, with an emphasis on systems and outcomes research
  - HRSA’s Pediatric Emergency Care Applied Research Network (PECARN) is developing research partnerships with EMS agencies and doing a descriptive study of the EMS pediatric population within PECARN.
  - NEMSIS will assist research access to a national EMS database which will identify national trends, provide a large sample of standardized data, and allow opportunities to generate hypotheses.

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