

Improving Patient Care Through Evidence Based Performance Measures



EMS Compass® is:

- An open, collaborative two-year effort, funded by the National Highway Traffic Safety Administration (NHTSA) led by the National Association of State EMS Officials (NASEMSO)
- Define and develop a sustainable process to design EMS performance measures primarily using National Emergency Medical Services Information System (NEMSIS) version 3 data
- Develop a core set (5-7) of evidence based patient care and safety related performance measures for use by all EMS providers to support a *culture* of performance improvement in EMS



EMS Compass® is not:

- Developing measures in order to punish "poor performers" or discredit them in their communities
- Submitting measures to the NQF or CMS
- Proposing that measures be used for anything other than improvement of patient care and safety
- Developing a comprehensive list of measures to address every aspect of EMS
- Directing how local, state or federal agencies or payers may choose to utilize the measures once they become available





Algorithm #1. Guidance for Evaluating the Clinical Evidence





National Association of state EMS Officials

NATIONAL MODEL EMS CLINICAL GUIDELINES PROJECT

Carol Cunningham, MD, Co-PI Richard Kamin, MD, Co-PI Mary Hedges, MPA, Project Manager Kevin McGinnis, MPS, Paramedic, Technical Writer Supported by the NHTSA, Office of EMS, and by HRSA



The Directive

- The Future of Emergency Care: Emergency Medical Services at the Crossroads (Institute of Medicine report released in 2007)
- * "NHTSA, in partnership with professional organizations, should convene a panel of individuals with multidisciplinary expertise to develop evidence-based model prehospital care protocols for the treatment, triage, and transport of patients."



GRADE: The Process of Evidence-Based Guideline Development and Initial Implementation

- Assembly of expert panel and GRADE training
- Define the EBG content area and establish specific clinical questions to be addressed
- Literature searches and prioritization of outcomes

 Creation of evidence profiles (GRADE tables) and summarize work and draft recommendations
Vet and endorse GRADE

 evidence tables and draft recommendations
Synthesis of collective wisdom into an EMS protocol and visual algorithm



NHTSA Evidence-Based Guidelines

Published in *Prehospital Emergency Care* in January 2014

- Development of Evidence-Based Guidelines Using a GRADE-based Methodology
- Pediatric Prehospital Seizure Management Using GRADE Methodology
- Prehospital Analgesia in Trauma
- Air Medical Transportation of Prehospital Trauma Patients
- Implementation and Evaluation of an Evidence-Based Statewide Prehospital Pain Management Protocol



Why the Need for National Model EMS Clinical Guidelines?

- Enhance patient care with current, evidence-based practices
- Provide a useful composite of expert-panel based guidelines with EB considerations as placeholders for future EBGs
- Promote uniformity in prehospital care which, in turn, promotes skilled practice as EMS providers move across healthcare systems
- Provide ready-to-adopt guidelines for EMS systems



NASEMSO National Model EMS Clinical Guidelines: Workgroup Members

- NASEMSO Medical Directors Council (seven members, one alternate)
- Seven EMS medical director stakeholder organizations: AAEM, AAP, ACEP, ACOEP, ACS-COT, AMPA, NAEMSP
- Subject matter experts and consultations as deemed necessary by the workgroup membership
- Three EMS physician technical reviewers



NASEMSO National Model EMS Clinical Guidelines: Chapters

- Cardiovascular
- General Medical/Other
- GI/GU/GYN
- Pediatric-Specific
- Respiratory

- Respiratory
- Resuscitation
- Toxins/ Environmental
- Trauma
- Universal Care



NASEMSO National Model EMS Clinical Guidelines: Essential Components of Each Guideline

- Title
- Patient care goals
- Patient presentation
- Patient management
- Notes/educational goals
- Quality improvement
- References



EMS: Evidence-Based Medicine



Future Goals on the Path to the Oak Tree

- Dynamic evolution of the National Model EMS Clinical Guidelines to maintain currency
- Track utilization or adoption of the document by the EMS community
- Development of additional core patient care guidelines
- Improve linkage with NEMSIS
- Improvement of interoperability between EMS and healthcare systems
- Encourage quality EMS research



National Model EMS Clinical Guidelines Document

www.nasemso.org

ome About NASEMSO Committees Projects Councils Membership Meetings Advocacy Resources News/Publications Member Portal



Log in here

wing issues with the embers-only log-in? Try The National Association of State EMS Officials is the lead national organization for EMS, a respected voice for national EMS policy with comprehensive concern and commitment for the development of effective, integrated, community-based, universal and consistent EMS systems. Read more...

NASEMSO News

NASEMSO Releases State Model Rules for Regulation of Air Medical Services

(09/21/16) Today at its Fall Meeting, NASEMSO announced the release of "State Model Rules for the Regulation of Air Medical Services" to assist states with regulatory language intended to avoid conflict with the Airlines Deregulation Act (ADA) and the possibility of Federal preemption. These model rules are intended to be applied in a manner that would confine their scope to matters solely related to medical care, and not construed in a way that could constitute regulation of aviation safety or economic matters.

<u>Download State Model Rules for the Regulation</u> of Air Medical Services Download press release

NASEMSO is the lead national organization for emergency medical services (EMS) and a respected voice for national EMS policy. Air ambulances are *medical* resources that are used and integrated within EMS systems to provide patient care. In response to "Guidelines for the Use and Availability of Helicopter Emergency Medical Transport (HEMS)" published by the United States Department of Transportation in April 2015, NASEMSO sought to identify opportunities for state regulations that address outcomes related to:

- Quality of emergency medical care provided to patients
- Requirements related to the qualifications and training of air ambulance medical personnel Scope of practice and credentialing

|EMS News & Resources

NASEMSO Announces New Trauma Monograph at 2016 Fall Meeting

(09/21/16) NASEMSO today announced the release of a new monograph, "Status of State Trauma System Planning and Development: Utilization of the HRSA Model Trauma System Planning and Evaluation Document," at the NASEMSO 2016 Fall Meeting.

Download monograph and related <u>charts and</u> <u>figures</u> Download monograph

Download press release

In this monograph, NASEMSO examined the general status of formal trauma system development in the states, and particularly the utilization of system development tools produced by the Health Resources and Services Administration (HRSA) and the National Highway Traffic Safety Administration (NHTSA.)

Key data included: 82% of respondents indicated their state has enabling legislation or rules to designate trauma centers; 23% of respondents, only 16 percent of all states, have legislative authority to limit the number of trauma centers; 46% of respondents did not receive federal or outside funding for state trauma program administration; In spite of a 16% net loss in the Level I category, there has been a 27 percent increase in trauma centers overall since 2010; and the largest increase in trauma center recognition is occurring at the level III (12%), IV (63%), and V (117%) levels.

NASEMSO 2016 Fall Meeting Underway



Veteran to Civilian EMS Transition Project



Recognition of EMS Personnel Licensure Interstate CompAct

EMS COMPASS



SafeAmbulances.org

NASEMSO Fall 2016 Meeting & Exhibit Sept. 19-22, 2016 Albuquerque, New Mexico

details The Washington Update

May 2016 (PDF) Subscribe to receive the



Evidenced Based Practice in EMS: An Australian Perspective

Shane Lenson Paramedicine Professional Practice Lead Australian Catholic University Canberra, Australia Twitter: @shanelenson





EMS in Australia

- Population 23 million
- 8 State/Territory based Ambulance Services
- Largely tax payer system



ACU health sciences



Paramedicine in Australia

- Employed predominantly as health care professionals into State/Territory based Ambulance Services.
- Three year undergraduate degree in paramedicine, including
 - Research
 - Evidenced Base Practice







EBP in Ambulance Services

Clinical Advisory Groups:

Paramedic:

- Clinicians
- Researchers
- Academics
- Leaders/Administrators
- Medicine & Other health care professionals

ACU health sciences



EBP in Ambulance Services



Clinical Practice Guidelines

ACU health sciences



Clinical Advisory Groups

Not without Issues....

- Organisational Culture
- Resourcing
- Professional/Personal Bias
- Community Expectations
- Inconsistently, Inconsistent





The Future

- Increasing Paramedic lead research focused on pre hospital care
- Extended roles for paramedics
- Post graduate education
- Continued over populated undergraduate degree programs





Thanks!



