New NAEMSP Position Papers

• Conflicts:
  – None but looking

Purpose

• The Position Statements are the voice of the NAEMSP Board and describe the association’s stance (or position) on various issues.

• The participant will be familiar with the Position Statements written in 2017
Two types of Position Statements

The Topics

- “Clinical Field Supervision of EMS Providers”
- “EMS Physician-Performed Clinical Interventions in the Field”
- “Defining Quality in EMS”

Where are the Position Papers?

www.NAEMSP.org
Clinical Field Supervision of EMS Providers

• Background:
  – EMS as a practice of medicine has a duty to patient safety which requires supervision
  – The National EMS Management Association produced guidance
    • Seven Pillars of National EMS Officer Competencies
  – No formal standard or requirement exists

Clinical Field Supervision of EMS Providers

• The Problem:
  – “Many EMS agencies fail to implement EMS clinical field supervision into their command structure.”
  – “Some agencies utilize providers with a lower level scope of practice to supervise medical care performed by providers that have a higher scope of practice.”

Clinical Field Supervision of EMS Providers

• The Problem:
  – “Lastly, some agencies require EMS clinical field supervisors to oversee a number of providers far exceeding the accepted span of control…”
Clinical Field Supervision of EMS Providers

- Purpose:

  The purpose of this position statement is to highlight the need for appropriate EMS clinical field supervision and to define the ideal characteristics of an EMS clinical field supervisor as a patient safety measure in the growing field of EMS medicine.

Clinical Field Supervision of EMS Providers

The NAEMSP believes:

- Clinical field oversight begins with active and involved EMS physician medical directors who, in addition to indirect medical oversight, have the ability to provide real-time medical oversight in the field.

Clinical Field Supervision of EMS Providers

The NAEMSP believes:

- EMS clinical field supervision should be implemented into the command structure for all operational EMS programs and utilize a span of control that meets national incident command standards.
Clinical Field Supervision of EMS Providers

The NAEMSP believes:

- Extension of the medical director
- Credentialed at or above those they are supervising
- Must have advanced knowledge of EMS clinical and operational practices, clinical terminology, EMS equipment, and systems of care.
- Direct and indirect oversight
- Advanced knowledge

Clinical Field Supervision of EMS Providers

- Experience and leadership above rank and file
- Critical-thinking, problem-solving, and analytical abilities
- Mentors and educators
- Liaison to hospitals, clinics, and community

#2
EMSP Position Statement

EMS Physician-Performed Clinical Interventions in the Field

- Background:
  - "although rare, there exists a set of high-risk, low frequency clinical interventions that may benefit a patient but that are outside the scope of practice of the local EMS personnel."
EMS Physician-Performed Clinical Interventions in the Field

- Problem:
  - “The **scope** of such interventions must be determined **at the local level**”
  - “It must be recognized that the **environment** in which such interventions are performed is **distinct to the practice of EMS medicine**”

EMS Physician-Performed Clinical Interventions in the Field

- Purpose:

The practice environment of EMS medicine differs greatly from other medical specialties. One aspect of this environment is that, although rare, there exists a set of high-risk, low-frequency clinical interventions that may benefit a patient but that are outside the scope of practice of local EMS personnel. Part of the creation of EMS medicine by EMS physicians can and should include the performance of clinical interventions in the field. The scope of such interventions must be determined at a local level, although examples could include central vascular access, invasive airway management, thoracotomy tube placement, thoracotomy, field amputation of an entrapped limb, perimortem C-section, and others. While these interventions vary in complexity and may not be distinctly unique to the practice of EMS medicine, it must be recognized that the environment in which such interventions are performed is distinct to the practice of EMS medicine. Fur-
EMS Physician-Performed Clinical Interventions in the Field

The practice environment of EMS medicine requires EMS-specific [knowledge and skill]

- must have appropriate training

Methods and frequency of cognitive and psychomotor skills [should be outlined in local policy]

- a system of oversight should be established
- protected by peer-review standards… and performed by other EMS physicians
- paucity of local resource experts may obligate inclusion of experts from outside the local area

- clinical interventions performed by physicians in the field should be subject to at least the same rigor of quality assurance as would be for performance of clinical interventions by non-physician learners within the EMS provider’s agency or system.
- A system of oversight should be established by clinical leadership. A physician should perform in the field such oversight and should be protected by peer review standards. If local resource experts are not available in the community, local resource experts must be included by other EMS physicians.

- EMS physicians should be involved as local resource experts may obligate inclusion of experts from outside the local area

- EMS physicians should be involved as local resource experts may obligate inclusion of experts from outside the local area

- must have appropriate training
EMS Physician-Performed Clinical Interventions in the Field

• Regardless of the type of EMS service, the operational and logistic needs of physician clinical practice must be addressed. This should be determined locally, but as a minimum should consider appropriate training, equipment, medical and/or surgical supplies, medications, screening, personal protective equipment (PPE), and professional liability protection.

EMS Physician-Performed Clinical Interventions in the Field

• A physician intending to respond to the field to perform direct patient care, including specific clinical interventions, should be protected by adequate malpractice and liability protection as well as death and disability coverage. Hazardous duty benefits may also be appropriate in some circumstances. Such protections should ideally be provided by the supporting or employing agency, institution, or government body, not the physician him/herself.

EMS Physician-Performed Clinical Interventions in the Field

• Physicians who are considering performing clinical interventions in the field should proactively build relationships with the facility(ies) that will primarily receive the patients who underwent the field intervention. The purpose of these relationships should be to establish awareness and understanding at the receiving facility of the capabilities of the physician field response asset(s), and to coordinate patient care.
EMS Physician-Performed Clinical Interventions in the Field

What's good for one... is good for all.
Defining Quality in EMS

• Background:
  – “EMS can be seen as a transportation and public safety entity, however, it is also a practice of medicine and therefore, there is a need to ensure EMS practice provides the highest quality of medical care.”
Defining Quality in EMS

• Problem:
  – "Healthcare has moved to quality- and value-based assessments of care and EMS should embrace this practice fully."

Defining Quality in EMS

• Purpose:
  – "EMS must embrace a culture of quality improvement and patient safety that is on par with the highest performing hospital and ambulatory care networks."

Such constraints cannot, however, be used to justify sacrificing the quality of care delivered.
Defining Quality in EMS

- Quality in EMS must be prioritized and measured. The complexity of EMS and the diversity of the patients served require that measures of performance and process improvements be well-implemented and monitored. To achieve these goals, the EMS community must use technology, process and quality improvement measures that are meaningful and reflect patient outcomes.

- Quality improvement measures should be aligned with EMS operations to ensure ongoing improvement toward performance that meets or exceeds regulatory and regulatory expectations.

- Quality and performance measures must reflect meaningful practice and processes from initial design through implementation and ongoing improvements. The performance measures should be part of a comprehensive system of performance improvement and patient safety.

Defining Quality in EMS

- Appropriate interventions to support quality efforts must be developed that are supported at local levels. It should include the following features:
  - Relate to the methodology that promotes continuous improvement
  - Developed in partnership with EMS operational leadership, providers, and medical directors
  - Adequate resources to enable medical directors and quality personnel to perform data collection and outcomes tracking
  - Integrates initial and improvement efforts
  - Linked to refinement in practice

- Building blocks within systems require education, adoption, implementation, and integration. Information sharing of patient data is crucial. This data can be used to improve local, state, and national operations, as well as to enhance care and patient outcomes.

- Electronic medical records must be developed and implemented to improve data collection and reporting requirements. Agencies should implement this technology to improve data capture for quality improvement, which will enable EMS agencies to identify trends and allow regulatory and governmental agencies to understand the overall effectiveness.
Defining Quality in EMS

- EMS should support and show quality improvement training and/or certification for personnel dedicated to the effort.
- EMS leaders need to promote a culture of safety. Leaders must emphasize that the highest quality of care is only achieved when the process improvement programregards the patient identity and seeks improvements before the response.

The Positions of 2017

- “Clinical Field Supervision of EMS Providers”
  - Available on the S&P Website and in PEC

- “EMS Physician-Performed Clinical Interventions in the Field”
  - Coming soon to PEC

- “Defining Quality in EMS”
  - Just approved...will be sent to PEC next week.

A big THANK YOU to all the authors, the S&P Committee, and the Board of Directors

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