New NAEMSP Position Papers

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- 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

"Close enough. Let's go."

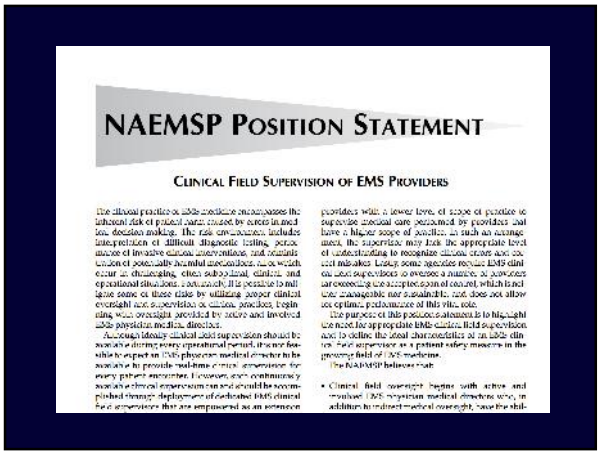
The Topics

- "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

#1



NAEMSP Position Statement

Clinical Field Supervision of EMS Providers

The clinical practice of EMS medicine encompasses the inherent risk of patient harm caused by errors in medical decision making. The risk environment includes interpretation of difficult diagnostic testing, performance of invasive clinical interventions, and treatment or omission of potentially harmful medications, each within chaotic or challenging, often suboptimal, clinical and operational situations. Fortunately, it is possible to mitigate some of these risks by utilizing proper clinical oversight and supervision of clinical practice, beginning with oversight provided by active and involved EMS physician medical directors.

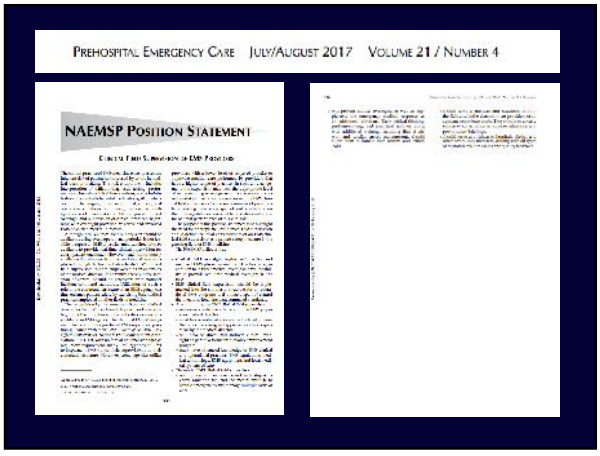
Although ideally clinical field supervision should be available during every operational period, it is not feasible to expect an EMS physician medical director to be available to provide real-time clinical supervision for every patient encounter. However, such continuity such as clinical supervision in real time could be accomplished through deployment of dedicated EMS clinical field supervisors that are empowered as an extension

providers with a lower level of scope of practice to supervise medical care performed by providers that have a higher scope of practice in such an arrangement, the supervisor may lack the appropriate level of understanding to recognize clinical errors and correct mistakes. Lastly, some agencies require EMS clinical field supervisors to oversee a number of providers that exceeding the acceptable span of control, which is neither manageable nor sustainable, and does not allow for optimal performance of this role.

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.

The NAEMSP believes that:

- Clinical field oversight begins with active and involved EMS physician medical directors who, in addition to indirect medical oversight, have the abil-



Prehospital Emergency Care July/August 2017 Volume 21 / Number 4

NAEMSP Position Statement

Clinical Field Supervision of EMS Providers

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

- At a minimum, the EMS [illegible]:
  - serves as a real-time extension of the EMS physician medical director.
  - [illegible]ntialed at or above [illegible]vising and approve[illegible] [illegible]edical director.
  - direct and indirect [illegible] oversight as part of a formalized quality improvement program.
  - must have advanced knowledge of EMS clinical and operational practices, E[illegible] [illegible]ical terminology, EMS equip[illegible] [illegible]cal systems of care.

extension of the medical director

direct and indirect oversight

credentialed at or above those they are supervising

advanced knowledge

Clinical Field Supervision of EMS Providers

[illegible]del EMS clinical field supervisor:
- [illegible]ovider with experience and leader[illegible] [illegible] rank and file, and the mental ap[illegible] [illegible]e emergencies and manage multipl[illegible]
- will provide clinical oversight, as we[illegible] plement the emergency medical re[illegible] an additional clinician. Their critical-thinking, problem-solving, and analytical abilities, along with additional training, including that of airway and cardiac arrest management, should [illegible] handle both routine and critical
- [illegible] mentors and e[illegible] [illegible]the classroom, f[illegible] [illegible]nce levels. They[illegible] [illegible]sultation in adver[illegible] post-incident briefings.
- should serve as a liaison to hospitals, clinics, and other community members, dealing with all types of customer-relation issues and quality feedback.

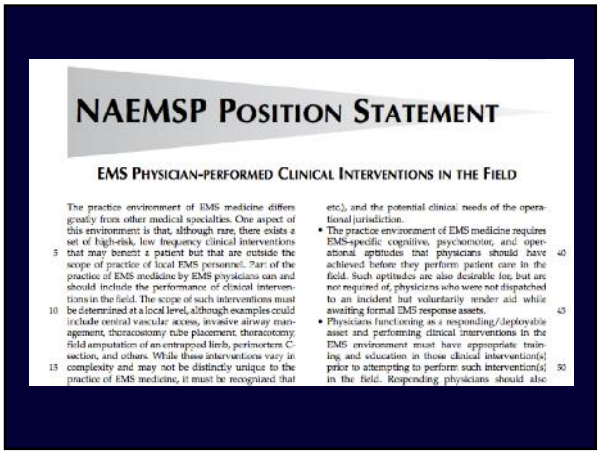
experience and leadership above rank and file

critical-thinking, problem solving, and analytical abilities

mentors and educators

liaison to hospitals, clinics, and community

#2



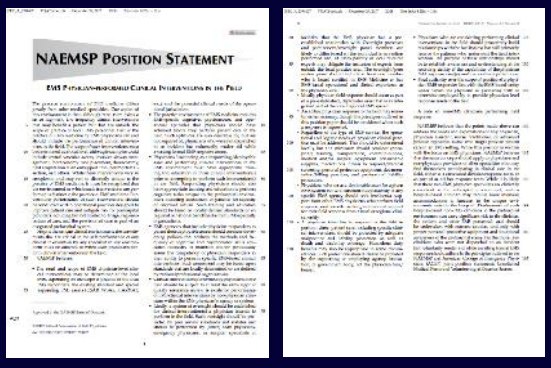
NAEMSP POSITION STATEMENT

EMS PHYSICIAN-PERFORMED CLINICAL INTERVENTIONS IN THE FIELD

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 practice 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, thoracostomy 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 etc.), and the potential clinical needs of the operational jurisdiction.

- The practice environment of EMS medicine requires EMS-specific cognitive, psychomotor, and operational aptitudes that physicians should have achieved before they perform patient care in the field. Such aptitudes are also desirable for, but are not required of, physicians who were not dispatched to an incident but voluntarily render aid while awaiting formal EMS response assets.
- Physicians functioning as a responding/deployable asset and performing clinical interventions in the EMS environment must have appropriate training and education in those clinical intervention(s) prior to attempting to perform such intervention(s) in the field. Responding physicians should also

Coming soon to PEC!



NAEMSP 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 practice 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

EMS Physician-Performed Clinical Interventions in the Field

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EMS Physician-Performed Clinical Interventions in the Field

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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]

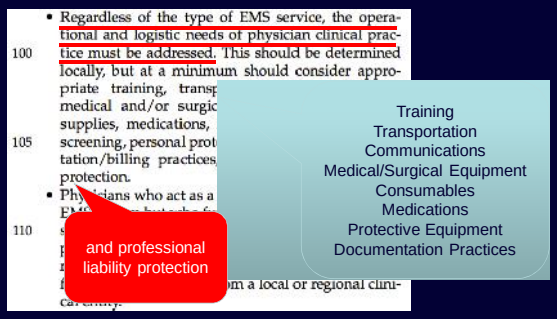
EMS Physician-Performed Clinical Interventions in the Field

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

EMS Physician-Performed Clinical Interventions in the Field



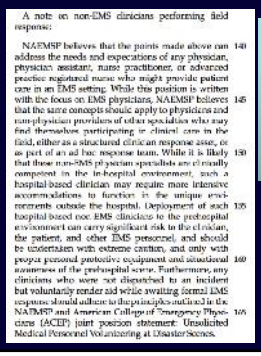
EMS Physician-Performed Clinical Interventions in the Field

- 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



A note on non-EMS clinicians performing field response:

NAEMSP believes that the points made above can address the needs and expectations of any physician, physician assistant, nurse practitioner, or advanced practice registered nurse who might provide patient care in an EMS setting. While this position is written with the focus on EMS physicians, NAEMSP believes that the same concepts should apply to physicians and non-physician providers of other specialties who may find themselves participating in clinical care in the field, either as a structured clinician response asset, or as part of an ad hoc response team. While it is likely that these non-EMS physician specialists are clinically competent in the in-hospital environment, such a hospital-based clinician may require more intensive accommodations to function in the unique environments outside the hospital. Deployment of such hospital-based non-EMS clinicians to the prehospital environment can carry significant risk to the clinician, the patient, and other EMS personnel, and should be undertaken with extreme caution, and only with proper personal protective equipment and situational awareness of the prehospital scene. Furthermore, any clinicians who were not dispatched to an incident but voluntarily render aid while awaiting formal EMS response should adhere to the principles outlined in the NAEMSP and American College of Emergency Physicians (ACEP) joint position statement: Unsolicited Medical Personnel Volunteering at Disaster Scenes.

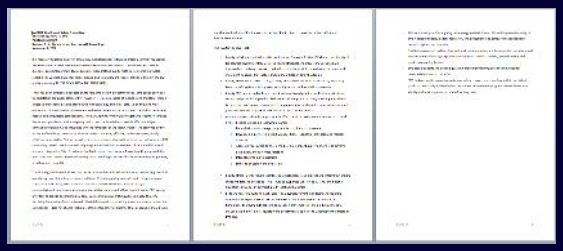
What's good for one…
...is good for all.

#3

NAEMSP Quality and Safety Committee
DEFINING QUALITY IN EMS
Position Statement
Revision 2 - to Standards and Practice with Board Input
November 7, 2017

It is necessary to define quality in emergency medical services (EMS) and create a common foundation and resource for leaders who work to improve the quality of EMS care. This includes EMS medical directors, quality researchers, EMS educators, those drafting quality metrics, electronic healthcare record (EHR) vendors, EMS stakeholder groups, and regulatory and federal entities working in the EMS quality space (e.g. NHTSA OEMS, HRSA, EIIC, AHRQ, NQF).

There has been considerable debate on the role EMS plays in our communities. 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. To do this, EMS must



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."

Defining Quality in EMS

Traditionally, EMS is medical care that occurs outside of established healthcare structures (e.g. hospitals, ambulatory care clinics, long term care facilities). Providing quality medical care in this environment requires a holistic perspective on the multiple factors that affect care. Systems design, community/public relations, operations, and available resources all affect the ability of an EMS agency or system to provide optimal medical care. Such constraints cannot, however, be used to justify sacrificing the quality of care delivered. What defines quality – providing proper care to the patient in a safe manner – does not change regardless of the EMS agency or system. Thus, all agencies should focus

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

Defining Quality in EMS

The NAEMSP believes that:

- Quality in EMS must prioritize patient outcomes. The complexities of EMS and the diversity of the practice environment require attention to structural and process measures to build improved care delivery; however, the EMS community must strive to develop, promote and implement measures that capture meaningful effects on patient outcome.
- Quality efforts are dynamic. A high-quality EMS system should be continuously advancing toward a safer system that improves patient, provider, and population outcomes.
- Quality EMS care should embrace current evidence-based practice in all EMS domains from system design to clinical practice. EMS leaders should promote timely knowledge translation through the development, dissemination, implementation, and monitoring of evidence-based guidelines that inform practice at the national, state, and local levels.

Defining Quality in EMS

- Accquate infrastructure to support quality efforts must be developed and supported at local levels. It should include the following features:
  - Imbued with methodology that promotes continuous improvement
  - Developed in partnership with EMS operational leadership, providers, and medical directors
  - Adequately resourced to enable medical directors and quality personnel to perform data review and outcomes reporting
  - Integratec into daily operations
  - Linked to education and evaluation

Defining Quality in EMS

- Quality efforts in EMS require seamless, automatic, large-scale bidirectional information sharing of patient data and outcomes. This should be supported via provincial, state, and national regulations as well as in partnership with local health entities.
- EHRs and reporting systems must support quality improvement monitoring and reporting requirements. Agencies of all sizes should have access and be able to implement this technology. Improving data capture for quality improvement will enable EMS agencies to analyze data and will allow regulatory and governmental agencies to understand the effects of EMS care.

Defining Quality in EMS

- EMS should support and develop quality improvement training and/or certification for personnel dedicated to this 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 program rewards those who identify and seek to prevent errors before they occur.

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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Chairman: Standards and Clinical Practice

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