



National Association of EMS Physicians®

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DEFINING QUALITY IN EMS Position Statement

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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 embrace a culture of quality improvement and patient safety that is on par with the highest performing hospital and ambulatory care networks. The *EMS Agenda for the Future* urged EMS leaders to “provide the nation’s population with emergency health care that is reliably accessible, effective, subject to continuous evaluation, and integrated with the remainder of the health system.” As described by the National Academy of Medicine, there are six aims for patient care: safe, effective, patient -centered, timely, efficient and equitable. Without question, these aims should also apply to the care provided by the EMS community. Health care has moved to quality- and value-based assessments of care and EMS should embrace this practice fully. To achieve this, EMS systems must adopt a forward-looking approach that anticipates and prevents errors before they occur, resulting in an overall safer environment for patients, providers, and the public.

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



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on what can be done within the construct of their EMS system to maximize patient safety and healthcare outcomes.

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



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analyze data and will allow regulatory and governmental agencies to understand the effects of EMS care.

-) EMS should adopt uniform quality terminology and definitions. This will improve the ability of EMS medical directors, leaders, regulators, and policymakers to compare results between systems, regions, and countries.
-) Quality improvement methodology and work requires partnership between the operational and medical community using a system-based approach in which patient / provider safety and quality care are highlighted.
-) 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.