

National EMS Quality Alliance Meeting Minutes

Tuesday, July 13, 2018 7:30 am – 2:00 pm CDT

ATTENDEES

Steering Committee:

Mike Hall (AAA); Peter Taillac, MD, FACEP (NASEMSO); Chief Mike McEvoy, PhD, NRP, RN, CCRN (IAFC); Dan Hankins, MD, FACEP (AAMS); Paul Brennan (IAEMSC); Michael Redlener, MD, FAEMS (NAEMSP); Jon Washko (NAEMT); Brooke Burton, NRP (NEMSMA)

Stakeholders:

Roxanne Shanks, RRT, MBA, FABC (ACCT); Matt Zavadsky, MS-HAS, NREMT (AIMHI); Allen Yee, MD, FAAEM (AAEM); Peter Fischer, MD, FACS (ACS-COT); Jay Scott (CAPCE); Sam Vance, MHA, LP (EMSCIIC); Ginny Kennedy-Palys (ITLS); Michael Hilton, MD, MPH, FACEP, FAEMS (NCEMSF); Megan Hollern, MA, RN, NRP (NREMT); Gary Wingrove, FACPE, CP-C (TPF)

Federal Partners:

Sean Andrews (HHS PHE ECCC); Jon Krohmer, MD, FACEP (NHTSA OEMS); Dave Bryson, EMT (NHTSA OEMS)

Guest Speakers:

Clay Mann (NEMSIS); Kelly Burlison (ACEP)

ACEP: Jeffery Jarvis, MD, MS, EMT-P, FACEP, FAEMS 6; Rick Murray, EMT-P; Patrick Elmes, EMT-P; Deanna Harper, EMT-I; Mari Houlihan; Cynthia Singh, MS

DISCUSSION ITEMS

I. Sustainability

The group discussed the possibility of making \$5,000 commitments per member that would begin after March 2019 to fund the Alliance. After additional review of the budget and the funds remaining it was decided that the request for an extension of the project should continue through September 2019. Mr. Murray will prepare the appropriate paperwork to submit to NHTSA. A value statement should be developed for use with the individual associations to demonstrate the return on investment. Everyone was encouraged to ask their organizations to consider endorsing NEMSQA as the standard quality setting body that will move the process forward. It was suggested that the group explore partnerships with universities that have EMS research programs receive funding/sponsorships from them.

The mission of NEMSQA should be validation, implementation, and dissemination of all pre-hospital quality measures guidelines being developed.

II. Review of Existing Quality Measures

The following suggestions were made:

- On existing Compass measures, determine if measures were currently being used and are of value.

- Contact vendors and work through associations to find out what is working, and tweak what needs to be changed.
- Review the EMS Compass process of identifying measures and come up with a similar process.
- Create a checklist of what will work for the Alliance and standardize the process.
- Develop a taskforce or subcommittee per measure in order to divide the work and provide more timely results for the Development Committee.
- Explore outreach for adoption of measures into accreditation standards with various stakeholders. Vendors need to be at table for technology advisory portion.
- GAMUT database was created several years ago for ground and air critical care transport. This is already being used for tracking, although not reporting.
- If we work together on current compass measures and on other measures in the future, EMSC might be willing to contribute funding to the project.
- Develop a strategy to reduce barriers to working together with other groups to create a project that will endure.
- Charge the Quality Measures Committee with identifying other groups that are doing measures to see if there are opportunities for learning from or partnering with them.
- Create a group of measures to look at initially and recommend any necessary substructure.
- Potentially work with NEMSIS and/or other vendors to see what issues there might be with any current measures.

III. Process for Identifying New Measures

Kelly Burlison presented ACEP's measure development process, see attached slides.

The group discussed the following items:

There is a distinct advantage in that the EMS data set is more uniform than hospital data...NEMSIS is a clear defined standard. 80% of the data set is the same and all is electronic. The majority of expense of measures is in data collection and abstraction. We must let NEMSIS know when we need a new data element.

Every compass measure would fall into the electronic measures only category. There are other measures that depend on human abstractors. It was suggested the group add custom fields with the EHR and also provide guidelines outside the NEMSIS domain. The NEMSIS data includes structure for the custom elements, which provides framework for adding variables, which means those could be created quickly. The group agreed it would be a good idea to publish directions on how to go about standardizing the non-standard data for those flexible data elements. This could be a huge time saver.

Dr. Krohmer suggested the group think 3-5 years ahead about measures where the data elements already exist and not rely on NEMSIS to create a lot of custom elements, which is incredibly expensive and time consuming. Focus on things that can be easily identified with currently existing data elements.

Promote and focus on outcomes. The structure to do this on the national level is not there. Vendors sell solutions for this. Need to work on interoperability of the systems going forward. The goal is to make the EMS record part of the patient's medical record. We should put a

placeholder in for outcomes data when we construct our measures so when it is turned on in a specific area, that can happen. We may have to suggest to CMS what we want. Hospitals need to abstract the same data we are interested in getting. Maybe they are interested in getting the EMS data also. Dr. Krohmer will find out who to talk with at the AHA.

TO DO/NEXT STEPS:

1. Finalize decision regarding incorporation (501C3 or 501C6) and in which state to incorporate.
2. Finalize a budget that will support the organization initially.
3. Continue to investigate further funding – grants, membership fee, donations, government funding, etc. Mr. Murray will identify the additional contract services needed such as legal counsel and audit.
4. The Board will request bids from management companies to do management oversight of the project to compare expenses.
5. Invite vendor participation on next membership call to get feedback on their experience with compass measures, how far along they are, customer feedback, etc.
6. Establish work priorities by dividing compass measures up for review and look at possible new measures such as opioid.
7. Contact the Naloxone Evidence-based Guidelines group regarding partnering to develop new compass measure.
8. Complete organization of the three committees – bylaws committee, communications committee, measure development committee and ask for volunteers from the membership to serve on each. There will be a chair and Board liaison for each committee.
9. Work on developing a mission and vision statement. A draft will be circulated for review.
10. The Board will meet monthly by conference call initially and plan a general membership calls every 3 months. Dates for the next face-to-face meeting will be explored for the fall or early spring.

End of meeting-