



State Implementation Guide

Revised EMT-Intermediate and EMT-Paramedic
National Standard Curricula

National Council of State EMS Training Coordinators, Inc.
U.S. Department of Transportation
U.S. Department of Health and Human Services

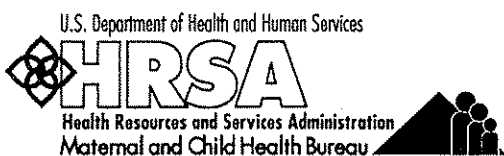


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ABSTRACT

Objective: To develop an implementation guide for state level Emergency Medical Services agencies that would: a) overcome the challenges associated with the implementation of the revised EMT-Intermediate and EMT-Paramedic National Standard Curricula, and b) encourage standardization between and among the states.

Methods: The U.S. Department of Transportation entered into a cooperative working agreement with the National Council of State EMS Training Coordinators, Inc. (NCSEMSTC) to produce this implementation guide. The state implementation guide working group included representatives of the National Association of State EMS Directors (NASEMSD), the National Association of EMS Physicians (NAEMSP), the National Association of EMS Educators (NAEMSE), the National Registry of EMTs (NREMT) as well as the NCSEMSTC.

A consensus-based process was used. NCSEMSTC developed an initial skeletal draft of the document that was provided to working group members. A face-to-face meeting was held and facilitated by a neutral party. Substantial reorganization, addition to and refinement of the implementation guide occurred. Comments were incorporated into an initial review draft which was circulated to the working group. Additional comments were received by the expert writer and incorporated. The document was presented to the organizations represented on the working group as well as other appropriate professional associations. Peer review comments were incorporated into the finished document.

Results: The project resulted in the completion and distribution of the state implementation guide. The guide is intended to be used in conjunction with the revised EMT-I and EMT-P National Standard Curricula, in particular the Course Guide Document.

Discussion: The release of previous EMS National Standard Curricula have occurred without the benefit of such an implementation planning guide. States have interpreted those curricula independently and have made their best attempts to incorporate or accommodate changes within their existing EMS training infrastructures. Wide variations in implementation processes and procedures have occurred across the nation, resulting in continuing disparity and divergence of EMS providers trained in various states. This document represents an attempt to implement new curricula in a more consistent and planned fashion. The need for, and development of, this guide occurred late in the curricula development process.

Limitations: There is limited scientific evidence to support various clinical procedures used in out of hospital medicine. There is even less scientific data to support one implementation approach over another. This document is based on best practices according to organizations and individuals charged with the responsibility of implementing a statewide EMS system rather than scientific evidence.

Conclusion: This guide represents the first attempt to encourage a standardized approach to the implementation of a new EMS National Standard Curriculum published by the U.S. Department of Transportation. Evaluation of the guide's usefulness in achieving the stated objectives should be measured by survey and suggestions for improvement incorporated into future implementation documents. Comparative research should be conducted on implementation methods used by various states. Findings from such examinations should guide subsequent revisions. Implementation challenges, concerns and planning should occur at an earlier point of subsequent curriculum revisions.

PURPOSE

This implementation guide will provide state level personnel who are charged with the regulatory oversight of EMS programs with a framework for implementation of the revised EMT-I and EMT-P National Standard Curricula. It is further anticipated that the judicious use of this document in conjunction with the curricular materials in general, and the course guide specifically, will result in greater national standardization of training for EMT-Intermediate and EMT-Paramedic personnel.

This implementation guide describes general issues that will face each regulatory body as it implements the revised curricula. In addition to identifying those general issues, specific strategies, considerations and, in some cases, recommendations are offered. The information provided in this document serves only as a guideline. Due to the wide variation in administrative structures across the nation, the information is representative, rather than exhaustive. It is hoped that each state will address its unique issues in a manner that is consistent with the general philosophy of thoughtful planning and will move toward national standardization which is the spirit of this document.

BACKGROUND

FOCUS: During the development of this guide, contributors were asked to focus on the following question to guide their deliberations and contributions:

If the revised EMT-I and EMT-P National Standard Curricula arrived on your desk, as the state EMS director or state EMS training coordinator, what would you have to do to implement those curricula effectively and efficiently?

With that question as the centering point for the discussions, clearly the intended audience for this document is state level regulators and program administrators. Other administrative and training personnel may also find the guide useful.

UNDERLYING ASSUMPTION: Due to the extensive nature of the peer review process used during the development of the revised EMT-I and EMT-P National Standard Curricula, the working group based its deliberations on the following assumption.

States will implement the new curricula at the levels described by those documents, and the curricula will serve as the scope of education for those personnel levels.

DEVELOPMENT PROCESS

NCSEMSTC and the U.S. Department of Transportation, National Highway Traffic Safety Administration (NHTSA), entered into a cooperative working agreement in 1998 for the purpose of developing this implementation guide.

To oversee the project's completion, the NCSEMSTC appointed a five member project team that met by teleconference, and then in person, to produce the first skeletal draft of the document. That team also issued invitations to other select national organizations who will have a vested interest in the implementation of the new curricula to serve on a working group. Those organizations included the National Association of State EMS Directors (3 members), the National Association of State EMS Physicians (1 member), the National Association of EMS Educators (1 member) and the National Registry of EMTs (1 member). The Contracting Officer's Technical Representative from NHTSA also served on the group. The working group met both electronically (through a list serve process) and also on-site in Denver, CO.

The on-site meeting was facilitated by a neutral party with experience in EMS who also served as the draft writer. The first draft of the document was based on comments provided by the working group in response to the initial outline. A consensus rule process was used during the deliberations. The first draft of the document underwent a brief review by the working group and comments were incorporated into a second draft which was distributed more widely. Members of the work group representing other organizations were charged with taking the second draft to their respective memberships for deliberation, peer review and appropriate feedback. The organizations all met in the fall of 1998. Comments from those organizations were incorporated into the third draft which was then presented to the final review organization. Comments from that final review were incorporated into this final document.

The Administrative Team for the NCSEMSTC includes:

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The **National Council of State EMS Training Coordinators, Inc. (NCSEMSTC)** is a national regulatory organization whose membership is comprised of one voting member from each of the 56 United States, Commonwealths, and Territories. The Council has been in existence for 23 years. Each state, commonwealth or territory can have up to three members, with only one from each state being designated as the voting member.

The purpose of the Council shall be to promote the training of Emergency Medical Services (EMS) personnel based on sound educational principles and current medical knowledge and practice. The Council will seek the standardization nationwide of training curricula; certification/recertification policies and procedures; the reciprocity of certification from state to state; and the public recognition and trust of prehospital EMS personnel health care providers.

The Council's mission is to provide a national leadership role and establish alliances, to develop/coordinate a system for research-driven education and training, in order to influence the design and development of EMS education and training; and develop certification and licensure standards for the express purpose of improving the quality of patient care; and promote public health while reducing injury, disability and death.

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During the development of this document, it became apparent that, dealing with so many issues, it would be easier to break them down into subsections. These subsections include: Legal Issues, Scope of Practice, Education Programs (legal issues), Service or Agency Licensure, Personnel Licensure, Programmatic Issues, Transitions or Bridges, Updating Instructors/Coordinators, Updating Medical Directors, Protocol Revisions, Education and Training Facilities, Testing/Evaluations, Continuing Education, Educational Materials, Funding, and Reimbursement.

Each section contains discussion areas titled: Title; General Statement of the Issue; Strategies; Considerations and Worksheet (Appendix A). Some will also contain a discussion area called Recommendations.

It also became apparent that a **COMPARISON** between the current and the revised curricula needed to be developed. This comparison is critical for completion of many of the "issue" worksheets. This comparison document will be available soon from NHTSA to all state EMS offices. It must be noted that the comparison is at the **objective level** and deals only with the US DOT National Standard Curricula as they are available from the US DOT.

Title: Legal Issues

General Statement of the Issue: Because of the changes inherent in any new National Standard Curricula in general, and specifically those contained in the revised EMT-I and EMT-P, a thorough review of all statutes, administrative rules, regulations and policies must be completed early in the implementation process. Since changes in these legal structures often take a protracted amount of time, necessary changes must be factored in to the overall time-line for implementation.

Strategies:

- Using the following sections and worksheets as guidelines, review all statutes, rules, regulations and policies pertaining to:
 - Scope of Practice
 - Education Program
 - Service/Agency Licensure
 - Personnel Licensure
- Institute actions to make necessary changes in the legal structure
- Incorporate needed time to facilitate change into master time-line for implementation

Considerations:

- Is your current legal structure sufficient to handle new curricula implementation?
- Implementation without adequate legal infrastructure creates confusion and disharmony within and between states

Worksheet: YES

Title: Scope of Practice

General Statement of the Issue: The implementation of the revised US Department of Transportation EMT-I and EMT-P National Standard Curricula may result in changes in the scope of practice at each of those two levels. Special attention should be directed toward the EMT-I level since it is anticipated that, for most states and territories, the objectives contained in that curriculum represent significant departure from the previous version.

An analysis of existing scope of practice will need to be conducted and a comparison made to the activities contained in the revised curricula. To the extent possible, incorporation of the new materials in their entirety is encouraged to promote standardization. However, it will be the states' purview to determine what changes in scope of practice are attainable within their political and health care climates. Once the differences between current scope of practice and desired scope of practice is determined, specific action will be necessary to ensure that personnel trained using the revised curricula will be allowed to function at a level commensurate with that training. Equally important will be that each training facility knows which practices, while contained in the curricula, will not become part of the scope of practice within a particular state or jurisdiction.

Strategies:

- Use worksheet to compare current acts allowed and tasks identified in new curricula
- Engage other stakeholders in defining desired scope of practice, i.e. medical directors, advisory boards, educators, etc. (this activity should include input from those organizations and individuals mandated by law, rule or regulation as well as those organizations and individuals that will be important to the implementation of the curricula)
- Determine whether curriculum defines the scope of practice within your state. If so, should it continue to do so in the future?
- Determine level of required changes, statute, rules, etc.
- Develop time-table and plan for implementation of required changes, include activities in master implementation time-table and plan
- Determine which practices, while contained in the curricula, will not become part of the scope of practice within a particular state or jurisdiction

Considerations:

- Certification/Recertification
- Reciprocity
- Acts allowed
- Medical Direction
- Differentiating between student status and acts allowed in licensure/certification

Worksheet: YES

Title: Education Program (Legal Issues)

General Statement of the Issue: There may be specific language in existing statutes, rules or regulations that preclude the use of the revised curricula in training programs. Examples might include a specific reference to a previous version of the curricula, a definition of time requirements that are no longer applicable, and exclusion of specific skills.

Strategies:

- Use worksheet for comparison of training in proposed content and determine if there might be legal barriers to implementing curricula
- Engage other stakeholders in overcoming legal barriers (if any), i.e. medical directors, advisory boards, educators, etc. (this activity should include input from those organizations and individuals mandated by law, rule or regulation as well as those organizations and individuals that will be important to the implementation of the curricula)
- Develop time-table and plan for implementation of required changes, include activities in master implementation time-table and plan

Considerations:

- Clinical requirements/limitations/authorization
 - Clinical sites
 - Clinical agreements
 - No proscriptive limitations to training
- Length of training
- Prerequisites to training
- Differentiating between student status and acts allowed in licensure/certification
- Liability for clinical sites/preceptors/students
- Process for approval/accreditation
- Educational delivery methods/strategies
- Medical directors
- Instructor/Coordinator requirements

Worksheet: YES

Title: Service or Agency Licensure

General Statement of the Issue: Will individuals trained under the revised curricula and authorized to practice under the proposed scope of practice be able to legally practice with an EMS service or agency?

Strategies:

- Use worksheet for comparison of service/agency licensure requirements to the proposed training curricula and scope of practice
- Engage other stakeholders in overcoming legal barriers (if any), i.e. medical directors, advisory boards, educators, etc. (this activity should include input from those organizations and individuals mandated by law, rule or regulation as well as those organizations and individuals that will be important to the implementation of the curricula)
- Develop time-table and plan for implementation of required changes, include activities in master implementation time-table and plan

Considerations:

- Personnel requirements
- Equipment requirements
- Medical direction
- Service licensure level
- Professional liability insurance
- Data collection/quality improvement
- Intercept Policy
- Reimbursement Procedures

Worksheet: YES

Title: Personnel Licensure

General Statement of the Issue: This is a broad and complex category including, but not limited to: initial certification/licensure, reciprocity/legal recognition, recertification/relicensure, continuing education, grandfathering, individual eligibility criteria, costs and fees, and length of licensure. In this process examine current legislation/rules/regulations and policy/procedures to ensure that they will allow current and future personnel to practice.

Strategies:

- Use worksheet for comparison of personnel licensure requirements to the proposed training curricula and scope of practice
- Engage other stakeholders in overcoming legal barriers (if any), i.e. medical directors, advisory boards, educators, etc. (this activity should include input from those organizations and individuals mandated by law, rule or regulation as well as those organizations and individuals that will be important to the implementation of the curricula)
- Develop time-table and plan for implementation of required changes, include activities in master implementation time-table and plan

Considerations:

- Initial licensure/certification
 - Nomenclature standardization
 - Testing requirements
- Reciprocity/legal recognition
 - Review of existing policies to determine adequacy in meeting demands of new curricula
 - Recognize that time-lines for implementation of new curricula will vary by state
- Recertification/relicensure
 - Refresher
 - Continuing education
 - Skill competency
 - Testing/evaluation
- Bridge/transition/matriculation/grandfathering
 - Determine whether necessary and how it will be done
- Individual requirements for licensure
 - Functional Job Analysis
 - ADA considerations
 - Criminal history
 - Age, education
- Costs and fees for licensure/relicensure
- Length of licensure

Worksheet: YES

Title: Programmatic Issues

General Statement of the Issues: In addition to the specific legal concerns addressed in the previous section, there are a host of programmatic issues that must be considered prior to and during the implementation process.

Strategies:

- Use worksheet as guidelines, review all program activities pertaining to:
 - Transitions or bridges
 - Updating instructor/coordinators
 - Updating medical directors
 - Protocol revisions
 - Education and training facilities
 - Testing
 - Continuing education
 - Educational materials
 - Funding
 - Reimbursement

Considerations:

- Institute actions to make necessary changes in the programmatic structure
- Incorporate needed time to facilitate change into master time-line for implementation
- Is your current programmatic structure sufficient to handle new curricula implementation?
- Implementation without adequate programmatic infrastructure creates confusion and disharmony within and between states

Worksheet: YES

Title: Transitions or Bridges

General Statement of the Issue: This section outlines general issues concerning whether and/or how to transition currently licensed personnel to new levels. It also provides recommendations.

Strategies:

- Use worksheet for comparison of existing levels of personnel licensure and determine if there are new knowledge and skills required
- Engage other stakeholders in determining how to transition existing personnel to new knowledge and skills, i.e. medical directors, advisory boards, educators, etc. (this activity should include input from those organizations and individuals mandated by law, rule or regulation as well as those organizations and individuals that will be important to the implementation of the curricula)
- Develop time-table and plan for implementation of required changes, include activities in master implementation time-table and plan
- Establish implementation time frame
- Determine availability of quality educational material
- Determine faculty/coordinator/facility readiness
- Examine cost
- Consider alternative delivery formats/methods
- Political sensitivities, marketing, public relations
- Establish administrative procedures to track completion
- Establish training and practice protocols

Considerations:

- Equipment/resources
- Clinical availability/preceptors - internship sites/preceptors
- Quality monitoring/assurance/improvement
- Integration with other system components
- Medical direction/oversight
- Pre-entrance competency measurement

Recommendations:

- Acknowledging that there is a difference in the required knowledge and skills between the existing and new curricula, it is necessary to provide mechanisms to ensure existing personnel obtain the objectives covered in both new knowledge and skill areas
- Nationally, a collaborative work group should identify the differences between the learning objectives of the current and revised curricula
- The educational delivery of the objectives may occur by a variety of methods
- Attainment of knowledge and skill objectives must be measured in a nationally standardized manner

Worksheet: YES

Title: Updating Instructor/Coordinators

General Statement of the Issue: Given the breadth and depth of the new curricula, existing instructors/coordinators may need additional clinical and educational competencies to teach the revised curricula.

Strategies:

- Use worksheet for comparison of existing levels of instructor/coordinator competencies and determine if there are new areas of required knowledge and skills
- Engage other stakeholders in determining how to transition existing personnel to new knowledge and skills, i.e. medical directors, advisory boards, educators, etc. (this activity should include input from those organizations and individuals mandated by law, rule or regulation as well as those organizations and individuals that will be important to the implementation of the curricula)
- Plan and develop instructor/coordinator updates
- Provide materials and courses to allow for opportunities for existing instructors/coordinators to develop the required educational and clinical competencies
- Identify and create resources to assist educational programs
- Develop time-table and plan for implementation of required changes, include activities in master implementation time-table and plan

Considerations:

- Availability of appropriate resources including personnel
- Information about courses/updates, etc.
- System and process of coordination
- Funding/costs
- Time-line considerations/integration

Recommendations:

- States should require that lead instructors be competent in adult educational theory and clinical competency consistent with the level of curricula that they intend to teach
- A national credentialing process for instructors should be developed

Worksheet: YES

Title: Updating Medical Directors

General Statement of the Issues: Medical directors at all levels (regulatory, educational and operational) will need to be informed about the new curricula, changes in scope of practice and any changes or additions to their responsibilities.

Strategies:

- Use worksheet for comparison of existing levels of medical director competencies and determine if there are new areas of required knowledge and skills
- Engage other stakeholders in determining how to transition existing medical directors to new knowledge and skills, i.e. medical directors, advisory boards, educators, etc. (this activity should include input from those organizations and individuals mandated by law, rule or regulation as well as those organizations and individuals that will be important to the implementation of the curricula)
- Plan and develop medical director updates to ensure that each medical director knows his/her roles and responsibilities with respect to service and education programs
- Invite/integrate medical directors into update/rollouts (or conduct MD rollout)
- Identify and create resources to assist medical directors, e.g. provide a comparative summary of existing and revised curricula
- Work with ACEP/NAEMSP or other medical groups to incorporate information about new materials/procedures, etc. (newsletters/web sites)
- Integrate updates with ACEP/NAEMSP medical director's course
- Involve MDs in national rollout teleconference
- Use physicians to promote and promulgate changes to medical facilities, staff, etc.
- Use state medical directors to promote program to other MDs
- Develop time-table and plan for implementation of required changes, include activities in master implementation time-table and plan

Considerations:

- Hospital/facility update, education and buy-in
- Need to be part of decision making process regarding local EMS provider performance and training levels
- New equipment purchases for local EMS agencies
- Medical director's time constraints and commitments
- Alternative information dissemination strategies/methods to encourage participation

Recommendations:

- Provide the opportunity for medical directors at all levels to receive information, education and training in regard to their duties and responsibilities as they relate to the new curricula
- Information regarding the new curricula must be added to the state level medical directors' courses.

Worksheet: YES

Title: Protocol Revisions

General Statement of the Issue: Protocols need to be reviewed and revised to be consistent with the new scope of practice and should be integrated with the overall time-table for implementation.

Strategies:

- Use worksheet for comparison of existing protocols and determine if there are new areas of protocols required
- Engage other stakeholders in determining how to revise existing protocols, i.e. medical directors, advisory boards, educators, etc. (this activity should include input from those organizations and individuals mandated by law, rule or regulation as well as those organizations and individuals that will be important to the implementation of the curricula)
- Complete the appropriate and required approval processes for the new protocols
- Disseminate protocols, update and inform on-line medical control personnel in an integrated fashion consistent with the remainder of the implementation process
- Develop time-table and plan for implementation of required changes, include activities in master implementation time-table and plan

Considerations:

- Timing and integration with remainder of implementation is crucial
- Costs and staffing requirements
- Revision provides opportunity to review protocol structure/process and levels of medical direction
- Include sufficient time and processes for protocol check-off, authorization at local levels
- Include methods to inform/educate local agencies about proposed changes in education and practice requirements

Worksheet: YES

Title: Education and Training Facilities

General Statement of the Issues: Updating the education and training facilities of the curricula changes, as well as their integration into the planning and implementation process is critical during the transition process.

Strategies:

- State office personnel should establish an ongoing dialogue with boards of education, regents, deans, leadership and faculty of educational facilities (academic and non-academic)
- Use worksheet for comparison of existing educational facility standards to determine if new standards should be developed
- Engage other stakeholders in determining how to revise existing standards, i.e. medical directors, educators, etc. (this activity should include input from those organizations and individuals mandated by law, rule or regulation as well as those organizations and individuals that will be important to the implementation of the curricula)
- Review and revise (as needed) accreditation or program approval processes and measure ongoing compliance
- Use this document in conjunction with the curricula course guide to determine essential education and training facility requirements
- Establish specific time-lines for implementation of new curricula consistent with other necessary items in the master plan

Considerations:

- Include academic, academy and local educational delivery structures
- Ensure that resources to teach new curricula are available
- Coordination and timing is a key issue
- Costs, fees

Recommendation:

- Encourage cooperative agreements with academic and clinical resources consistent with recommendations outlined in the course guide

Worksheet: YES

Title: Testing/Evaluation

General Statement of the Issue: All tests/evaluations that lead to certification/licensure must be consistent with the practice analysis and the educational objectives contained in the new curricula.

Strategies:

- Use worksheet for comparison of existing test items to determine which and how many will have to be replaced
- Engage other stakeholders in determining how to revise the test items, i.e. medical directors, educators, etc. (this activity should include input from those organizations and individuals mandated by law, rule or regulation as well as those organizations and individuals that will be important to the implementation of the curricula)
- Ensure that the practice analysis has been updated to be consistent with the new curricula
- Develop a test blue print based on the previous analysis
- Validate/re-validate all current or new test items and overall test
- Review/revise performance examination
- Develop transition measurements
- Update exam processes, equipment and personnel
- Review criteria for candidate eligibility for testing
- Review and revise (as needed) administrative processes
- Provide for computer updates for tracking, scoring, and reporting
- Establish specific time-lines for implementation of new testing procedures consistent with other necessary items in the master plan

Considerations:

- Costs, fees
- Staff
- Other testing alternatives, e.g. National Registry

Worksheet: YES

Title: Continuing Education

General Statement of the Issues: Continuing education for recertification/relicensure needs to reflect changes in curricula and practice. Continuing education requirements should be consistent with national guidelines.

Strategies:

- Use worksheet for comparison of existing educational standards to determine if additional standards should be developed/adopted
- Review and compare existing CE requirements to new curricula and to proposed national guidelines
- Revise existing CE requirements to ensure knowledge and skill maintenance
- Confirm that appropriate resources and facilities will be available on an ongoing basis to support clinical continuing education requirements
- Inform agencies and providers about CE requirements
- Establish specific time-lines for implementation of new continuing education requirements consistent with other necessary items in the master plan

Considerations:

- Explore alternative delivery methods and models
- Cost
- Review DOT documents (EMS Educational Agenda for the Future) as they become available
- Align state requirements with national guidelines as they become available
- Incorporate scientific evidence into CE structure as it becomes available

Recommendation:

- Continuing education requirements should be consistent with national guidelines to facilitate reciprocity

Worksheet: YES

Title: Educational Materials

General Statement of the Issue: Educational materials, being a critical component of an effective educational program, must be available prior to program accreditation or approval.

Strategies:

- Use worksheet for comparison of existing educational materials to determine if additional materials should be developed/adopted
- Determine what additional materials are necessary prior to full curricula implementation
- Work with NCSEMSTC and NAEMSE to determine when appropriate materials will become available
- Factor materials availability into master plan time-line

Considerations:

- Cost
- Consider training equipment needs in addition to texts and supportive materials
- Explore alternative educational delivery methods

Recommendations:

- NCSEMSTC and NAEMSE meet with all educational material vendors to ensure that appropriate materials will be developed and made available to support the new curricula, and to establish a time-table for the delivery of those materials and to report those findings back to state EMS offices
- Educational materials, being a critical component of an effective educational program, must be available prior to program accreditation or approval

Worksheet: YES

Title: Funding

General Statement of the Issue: The integration of the new curricula into the existing EMS education and training system may require additional funding.

Strategies:

- Develop an implementation plan for the integration of the new curricula into the existing system
- Determine the financial impact to the state system/structure
- Develop a plan for attaining additional financial resources, if necessary
- Include the attainment of necessary fiscal resources into master plan for implementation

Considerations:

- Proper implementation requires appropriate fiscal resources
- Alternative funding may be necessary for successful implementation
- Costs to and across all facets of the system must be evaluated and considered during the development and implementation of the master plan

Recommendations:

- Ensure that appropriate fiscal resources are in place to facilitate implementation of the master plan.

Worksheet: NO

Title: Reimbursement

General Statement of the Issue: Since the scope of practice may change substantially as the result of the implementation of this curricula, mechanisms must be in place to assure the appropriate reimbursement for EMS personnel.

Strategies:

- Determine if there are existing reimbursement policies in place
- Determine the adequacy of those policies to ensure appropriate levels of reimbursement for new levels of practice
- Engage other stakeholders in determining how to reform existing reimbursement standards, i.e. medical directors, educators, etc. (this activity should include input from those organizations and individuals mandated by law, rule or regulation as well as those organizations and individuals that will be important to the implementation of the curricula)
- Enter into discussions with appropriate agencies and organizations to overcome deficiencies in reimbursement for EMT-I and EMT-P
- Establish specific time-lines for implementation of new reimbursement policies consistent with other necessary items in the master plan

Considerations:

- Program sustainability without reimbursement adjustments

Recommendations:

- The NASEMSD should engage in dialogue with HFCA to address issues of reimbursement for out-of-hospital services commensurate with new levels of training and scope of practice
- NASEMSD should communicate findings of such discussion with their membership as well as other pertinent EMS organizations and agencies

Worksheet: NO



Appendix A

Legal Issues						
Action Items	Current Status	Desired Status	Method	Responsible	Cost	Date
Will there need to be change in the following items as a result of the implementation of this curriculum	The current status of the item in your state	What would your state need to do to implement the new curricula?	Varies: could include rule changes, committee action, staff	What individual, agency or group will complete this task?	Are there any associated resource costs, personnel, financial or other resources?	Target date for completion
Review current legal structure						
Revise as necessary to meet demands of new curricula						
Develop time-table and plan for implementation						
Factor legal issues time-table into master implementation plan and time-table						

Scope of Practice						
Action Items	Current Status	Desired Status	Method	Responsible	Cost	Date
Will there need to be change in the following items as a result of the implementation of this curriculum	The current status of the item in your state	What would your state need to do to implement the new curricula?	Varies: could include rule changes, committee action, staff	What individual, agency or group will complete this task?	Are there any associated resource costs, personnel, financial or other resources?	Target date for completion
Compare acts allowed to new curricula						
Engage stakeholders to revise as necessary						
Determine whether scope of practice is defined by curricula						
Determine level of desired changes, e.g. rules or statute						
Develop time-table and plan for implementation						
Factor scope of practice time-table into master implementation plan and time-table						

Education Program (Legal Issues)						
Action Items	Current Status	Desired Status	Method	Responsible	Cost	Date
Will there need to be change in the following items as a result of the implementation of this curriculum	The current status of the item in your state	What would your state need to do to implement the new curricula?	Varies: could include rule changes, committee action, staff	What individual, agency or group will complete this task?	Are there any associated resource costs, personnel, financial or other resources?	Target date for completion
Clinical requirements						
Length of training						
Prerequisites to training						
Student status versus acts allowed						
Liability for clinical sites, preceptors and students						
Process for approval/ accreditation						
Educational delivery methods						
Medical director changes						
Instructor/coordinator requirements						
Develop time-table and plan for implementation						
Factor education program time-table into master implementation plan and time-table						

Service or Agency Licensure						
Action Items	Current Status	Desired Status	Method	Responsible	Cost	Date
Will there need to be change in the following items as a result of the implementation of this curriculum	The current status of the item in your state	What would your state need to do to implement the new curricula?	Varies: could include rule changes, committee action, staff	What individual, agency or group will complete this task?	Are there any associated resource costs, personnel, financial or other resources?	Target date for completion
Personnel requirements						
Equipment requirements						
Medical direction						
Service licensure levels						
Professional liability insurance						
Data collection/quality improvement						
Intercept/rendezvous policies						
Reimbursement procedures						
Develop time-table and plan for implementation						
Factor service licensure time-table into master implementation plan and time-table						

Personnel Licensure						
Action Items	Current Status	Desired Status	Method	Responsible	Cost	Date
Will there need to be change in the following items as a result of the implementation of this curriculum	The current status of the item in your state	What would your state need to do to implement the new curricula?	Varies: could include rule changes, committee action, staff	What individual, agency or group will complete this task?	Are there any associated resource costs, personnel, financial or other resources?	Target date for completion
Initial licensure/certification						
Reciprocity/legal recognition						
Recertification/relicensure						
Bridge, transition, matriculation and grandfathering considerations						
Individual requirements for licensure						
Costs and fees						
Length of licensure						
Develop time-table and plan for implementation						
Factor personnel licensure time-table into master implementation plan and time-table						

Programmatic Issues						
Action Items	Current Status	Desired Status	Method	Responsible	Cost	Date
Will there need to be change in the following items as a result of the implementation of this curriculum	The current status of the item in your state	What would your state need to do to implement the new curricula?	Varies: could include rule changes, committee action, staff	What individual, agency or group will complete this task?	Are there any associated resource costs, personnel, financial or other resources?	Target date for completion
Transitions/bridges						
Updating instructor/coordinators						
Updating medical directors						
Protocol revisions						
Education and training facilities						
Testing						
Continuing education						
Educational materials						
Funding						
Reimbursement						
Develop time-table and plan for implementation						
Factor programmatic time-table into master implementation plan and time-table						

Transitions or Bridges						
Action Items	Current Status	Desired Status	Method	Responsible	Cost	Date
Will there need to be change in the following items as a result of the implementation of this curriculum	The current status of the item in your state	What would your state need to do to implement the new curricula?	Varies: could include rule changes, committee action, staff	What individual, agency or group will complete this task?	Are there any associated resource costs, personnel, financial or other resources?	Target date for completion
Determine differences between existing personnel and new curricula						
Material availability						
Faculty readiness						
Cost of program						
Alternative delivery methods						
Political impact						
Administrative procedures to track completion						
Equipment and resources						
Clinical availability						
Quality monitoring/assurance/improvement						
Medical direction						
Pre-entrance competency measurement						
Develop time-table and plan for implementation						

Updating Instructor/Coordinators						
Action Items	Current Status	Desired Status	Method	Responsible	Cost	Date
Will there need to be change in the following items as a result of the implementation of this curriculum	The current status of the item in your state	What would your state need to do to implement the new curricula?	Varies: could include rule changes, committee action, staff	What individual, agency or group will complete this task?	Are there any associated resource costs, personnel, financial or other resources?	Target date for completion
Availability of resources						
Availability of personnel						
Funding/costs						
Develop time-table and plan for implementation						
Factor instructor/coordinator time-table into master implementation plan and time-table						

Updating Medical Directors						
Action Items	Current Status	Desired Status	Method	Responsible	Cost	Date
Will there need to be change in the following items as a result of the implementation of this curriculum	The current status of the item in your state	What would your state need to do to implement the new curricula?	Varies: could include rule changes, committee action, staff	What individual, agency or group will complete this task?	Are there any associated resource costs, personnel, financial or other resources?	Target date for completion
Medical Director Competencies						
Transitions						
Medical Director Resources						
Equipment						
Develop time-table and plan for implementation						
Factor medical director time-table into master implementation plan and time-table						

Protocol Revisions						
Action Items	Current Status	Desired Status	Method	Responsible	Cost	Date
Will there need to be change in the following items as a result of the implementation of this curriculum	The current status of the item in your state	What would your state need to do to implement the new curricula?	Varies: could include rule changes, committee action, staff	What individual, agency or group will complete this task?	Are there any associated resource costs, personnel, financial or other resources?	Target date for completion
Existing protocols						
Revision of protocols						
Approval process						
Distribution						
Cost						
Develop time-table and plan for implementation						
Factor protocol revision time-table into master implementation plan and time-table						

Education and Training Facilities						
Action Items	Current Status	Desired Status	Method	Responsible	Cost	Date
Will there need to be change in the following items as a result of the implementation of this curriculum	The current status of the item in your state	What would your state need to do to implement the new curricula?	Varies: could include rule changes, committee action, staff	What individual, agency or group will complete this task?	Are there any associated resource costs, personnel, financial or other resources?	Target date for completion
Existing facilities						
Facility standards						
Program approval						
Resources						
Delivery structures						
Develop time-table and plan for implementation						
Factor educational facilities time-table into master implementation plan and time-table						

Testing/Evaluation						
Action Items	Current Status	Desired Status	Method	Responsible	Cost	Date
Will there need to be change in the following items as a result of the implementation of this curriculum	The current status of the item in your state	What would your state need to do to implement the new curricula?	Varies: could include rule changes, committee action, staff	What individual, agency or group will complete this task?	Are there any associated resource costs, personnel, financial or other resources?	Target date for completion
Test development/construction						
Test revision						
Practice analysis						
Blueprint						
Practical exam						
Equipment						
Candidate eligibility						
Fees						
Administrative processes						
Personnel/staff						
Develop time-table and plan for implementation						
Factor testing/evaluation time-table into master implementation plan and time-table						

Continuing Education							
Action Items	Current Status	Desired Status	Method	Responsible	Cost	Date	
Will there need to be change in the following items as a result of the implementation of this curriculum	The current status of the item in your state	What would your state need to do to implement the new curricula?	Varies: could include rule changes, committee action, staff	What individual, agency or group will complete this task?	Are there any associated resource costs, personnel, financial or other resources?	Target date for completion	
Current requirements							
Skill maintenance							
Resources							
Distribution							
Costs							
Develop time-table and plan for implementation							
Factor continuing education time-table into master implementation plan and time-table							

Educational Materials						
Action Items	Current Status	Desired Status	Method	Responsible	Cost	Date
Will there need to be change in the following items as a result of the implementation of this curriculum	The current status of the item in your state	What would your state need to do to implement the new curricula?	Varies: could include rule changes, committee action, staff	What individual, agency or group will complete this task?	Are there any associated resource costs, personnel, financial or other resources?	Target date for completion
Available materials						
Cost						
Equipment						
Delivery methods						
Develop time-table and plan for implementation						✓
Factor educational materials time-table into master implementation plan and time-table						

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