

National Association of State EMS Officials



Medical Directors Council Strategic Plan Priorities and Strategies 2014

- ▶ Agency and Vehicle Licensure Committee
- ▶ Air Medical Committee
- ▶ Communications & Technology Committee
- ▶ Domestic Preparedness Committee
- ▶ EMS Education Agenda I-Team
- ▶ Government Affairs Committee
- ▶ Highway Incident & Transportation Systems Committee
- ▶ Mobile Integrated Health - Community Paramedicine Committee
- ▶ Rural EMS Committee



Medical Directors Council Strategic Plan

Mission

The NASEMSO Medical Directors Council brings together state EMS medical directors to provide medical expertise and leadership to NASEMSO.

Vision

The highest quality patient care through EMS medical oversight.

The Medical Directors Council of the National Association of State EMS Officials is committed to the provision of the medical aspects of leadership, oversight, coordination, access to best practices, system quality management and research in order to ensure the best possible EMS system for patients. The Council's commitment to these principles is evident in its vision, mission and scope, as stated below.

The NASEMSO Medical Directors Council provides a forum for communications, interaction and networking among peers, other national organizations and federal agencies with similar missions. This forum allows for the sharing of best practices; developing and encouraging mentoring programs; the joint resolution of obstacles and challenges; and the nationwide promotion of evidence-based decision making.

NASEMSO strategy and planning are categorized under three strategic goals:

Leadership refers to the role of state EMS offices as “lead agencies” for EMS as well as thoughtful leaders in public policy development.

Systems Development refers to the role of state EMS offices in the development of effective systems of emergency medical care.

Performance Improvement is the process of continually reviewing, assessing and refining practices to improve outcomes.

NASEMSO strategy and planning under:

Leadership - the role of state EMS offices as “lead agencies” for EMS as well as thoughtful leaders in public policy development.

The EMS community looks to state EMS offices for guidance and approval, as well as regulation and licensure. NASEMSO works to support EMS officials nationwide in understanding and implementing processes that improve EMS practices and patient outcomes.

Leadership Strategic Priorities 2014

The Medical Directors Council supports leadership through the following activities:

- Foster quality state, regional and local medical direction and serve as a resource to new and experienced EMS medical directors. (SP1)
- Develop and promote collaborative relationships with other NASEMSO Councils, state EMS directors, national EMS organizations and federal partners. (SP2)
- Provide leadership in EMS-related clinical issues, such as the ongoing nationwide drug shortage crisis, and other current matters that impact patient care. (SP4)

NASEMSO strategy and planning under:

Systems Development - the role of state EMS offices in the development of effective systems of emergency medical care.

The growing national awareness of the importance of coordinated systems of care places NASEMSO squarely in a leadership role, demonstrating the need for state offices to coordinate the disparate functions that support effective systems.

System Development Strategic Priorities 2014

The Medical Directors Council supports system development through the following activities:

- Develop and update resources, position statements, documents and tools that provide guidance and direction for local, regional and state EMS medical directors. (SP3)
- Develop a core set of Model EMS Clinical Guidelines to further the advancement of up-to-date, standardized prehospital care. (SP5)
- Support the National Evidence-Based Guideline (EBG) Model Process through a three-year pilot project involving the dissemination, implementation and evaluation of an EBG in specified geographic areas. (SP6)

NASEMSO strategy and planning under:

Performance Improvement (PI) - the process of continually reviewing, assessing and refining practices to improve outcomes.

The steps of developing an effective cycle of collecting high quality data, reviewing it in proven multidisciplinary processes, identifying strategies to implement needed changes and communicating them to all stakeholders are the keys to PI success and improving patient outcomes.

Performance Improvement Strategic Priorities 2014

The Medical Director's Council supports Performance Improvement through the following activities:

Promote the acquisition and analysis of quality EMS data that will lead to the development and utilization of EMS performance measures for local and state EMS systems which focus on the quality of patient care. (SP7)

Medical Directors Council Strategic Plan

Strategic Priority 1

Foster quality state, regional and local medical direction and serve as a resource to new and experienced EMS medical directors.

CAP 1, Task 4: Enhance the use of NASEMSO Specialty Councils and Committees within the organization.

Description of the objective and expected outcome: Sharing relevant information with state EMS medical director colleagues enhances understanding of EMS practices nationwide among new, as well as experienced council members.

Activity	Lead	Timeline	Status
Activity 1.1 – Utilize MDC listserv to query colleagues about EMS practices in various states among members. Compile results of mini-surveys and post on website.	All members; Mini-Survey author to compile results	Ongoing	
Activity 1.2 – Share current information about prehospital practices and state oversight during Council meetings.	All members	Ongoing	
Activity 1.3 – Promote involvement in EMS fellowship activities and invite EMS fellows and emergency medicine residents with an interest in EMS to MDC meetings as guests.	Sarah Nafziger, Others?		

Benchmark Activities

date	activity	who	Notes
ongoing	1.1		
ongoing	1.2		
	1.3		



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Strategic Priority 2

Develop and promote collaborative relationships with other NASEMSO Councils, state EMS directors, national organizations and Federal partners.

CAP 1, Task 4: Enhance the use of NASEMSO Specialty Councils and Committees within the organization. Task 5: Expand Outreach and Relationships

Description of the objective and expected outcome: Collaboration with NASEMSO colleagues, national organizations and Federal partners will enhance mutual understanding, maximize opportunities for learning and increase the effectiveness of the Medical Directors Council.

Activity	Lead	Timeline	Status
Activity 1.1 – Engage in joint meetings with other NASEMSO Councils and directors. Invite NASEMSO council members and state directors to speak at MDC meetings.	Joe Nelson, Peter Taillac, Mary Hedges	January and October 2014	
Activity 2.2 – Promote participation in NASEMSO activities by ensuring MDC is represented on Committees and project teams.	Joe Nelson, Peter Taillac, Mary Hedges	Ongoing	
Activity 2.3 – Ensure MDC involvement in projects, committees and activities of related national organizations (NAEMSP, ACEP EMS Committee, CoAEMSP, etc.)	Joe Nelson, Jim DeTienne, Mary Hedges	Ongoing	
Activity 2.4 – Invite liaisons and federal partners to report and participate in meetings of the Medical Directors Council. Solicit feedback from liaisons and partners on activities of the Council.	Joe Nelson, Peter Taillac, Mary Hedges	January and October 2014	
Activity 2.5 – Respond to requests for comments/endorsement on EMS clinically-oriented matters, providing recommendations for Board action.	Joe Nelson, Mary Hedges	As requested	

Benchmark Activities

date	activity	who	Notes
	2.1		
	2.2		
	2.3		
	2.4		
	2.5		

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Strategic Priority 3

Develop and update resources, position statements, documents and tools that provide guidance and direction for local, regional and state EMS medical directors.

CAP 1, Task 1: Maintain, update and deliver Model State EMS Office Tools.

Cap 1, Task 6: Provide national leadership in the area of all-hazards EMS preparedness and public health pandemic preparedness

Description of the objective and expected outcome: The creation of resources by experienced and knowledgeable medical directors can promote quality and consistency in EMS care.

Activity	Lead	Timeline	Status
Activity 3.1 – In conjunction with the Domestic Preparedness Committee and the EPS Council, create a distribution process for delivery of CDC blast injury and public health preparedness training to EMS personnel through state EMS offices as a model for future NASEMSO-led just-in-time training efforts. (T-6-C)	Selected members, Mary Hedges	12 months	
Activity 3.2 – Participate in the development of model documents that will support statewide implementation of a prehospital transport protocol founded upon, and consistent with, the FICEMS HEMS evidence-based guideline development process. (T-1-C)	Selected members, Mary Hedges	6-12 months	
Activity 3.3 – Participate in the development of model documents that will support statewide implementation of national recommendations and guidelines related to the use and availability of helicopter emergency medical transport during emergency response system planning, assuring consistency with federal law, DOT rules and legal opinions. (T-1-D).	Selected members, Mary Hedges	12-24 months	

Benchmark Activities

date	activity	who	Notes
	3.1		
	3.2		
	3.3		

Medical Directors Council Strategic Plan

Strategic Priority 4

Provide leadership in EMS-related clinical issues, such as the ongoing nationwide drug shortage crisis, and other current matters that impact patient care.

CAP 1, Task 4: Enhance use of specialty councils within the organization.

Description of the objective and expected outcome: Providing direction in clinical matters, such as how to respond to the drug shortage crisis, will help to ensure the best possible prehospital patient care nationwide.

Activity	Lead	Timeline	Status
Activity 4-1: Conduct EMS Drug Shortages Summit, inviting representatives from national EMS organizations to share experiences in responding to the ongoing drug shortage crisis.	NASEMSO leadership, Joe Nelson, Carol Cunningham, Peter Taillac, Mary Hedges	March 5, 2014	
Activity 4-2: Develop compendium of best practices in responding to drug shortages based on information gathered at the summit. Post on the NASEMSO website.	Mary Hedges, Others?	July 2013	

Benchmark Activities

date	activity	who	notes
	4.1		
	4.2		

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Strategic Priority 5

Develop a core set of Model EMS Clinical Guidelines to further the advancement of up-to-date, standardized prehospital care.

CAP 4, Model EMS Clinical Guidelines Project

Description of the objective and expected outcome: Developing model EMS clinical guidelines will enhance the ability of EMS providers to move across systems, improve EMS data collection/analysis, and provide the most current standards of practice for prehospital care.

Activity	Lead	Timeline	Status
Activity 5.1 – Create and conduct initial meeting of work group; set parameters of project, assign tasks, schedule meetings.	Richard Kamin, Carol Cunningham, Mary Hedges	Jan 2013	Completed
Activity 5.2 – Conduct monthly teleconference meetings of work group.	Cunningham, Kamin, Hedges	Monthly	Ongoing
Activity 5.3 – Develop list of model guideline titles and components; distribute to EMS stakeholder community for comment.	Work Group; Staff support by Mary Hedges	June-July 2013	Completed
Activity 5.4 – Conduct 2nd meeting of work group; Review input and modify as necessary.	Cunningham, Kamin, Hedges	August 2013	Completed
Activity 5.5 – Complete first draft of guidelines with internal review, submit to technical writer for finalizing first draft.	Work Group; Staff support by Mary Hedges	December 2013	
Activity 5.6 – Distribute finalized first draft with stakeholders for comment.	Mary Hedges	March 2014	
Activity 5.7 – Review comments and begin revisions at 3rd work group meeting.	Work Group	May 6-8 2014	
Activity 5.8 – Submit Model EMS Guidelines to NHTSA	Work Group, Mary Hedges	August 2014	
Activity 5.9 – Submit final report of key activity progress to NHTSA	Mary Hedges, contracts staff	September 2014	

Benchmark Activities

date	activity	who	notes
Jan 2013	5.1		First workgroup meeting held Jan 2013
Ongoing	5.2		Meetings held 2 nd Monday of month
Mar 2013	5.3		Completed and public comments received
Aug 2013	5.4		Meeting in Minneapolis held July 30, 31, Aug 1
	5.5		
	5.6		
	5.7		
	5.8		
	5.9		

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Strategic Priority 6

Support the National Evidence-Based Guideline (EBG) Model Process through a three-year pilot project involving the dissemination, implementation and evaluation of an EBG in specified geographic areas.

Description of the objective and expected outcome: Piloting one or more EBGs in specified geographic areas will help demonstrate the feasibility and value of the EBG process.

Activity	Lead	Timeline	Status
Activity 6.1 – Kick-Off Webinar for States	Co-PI's Peter Taillac and Matthew Sholl; Staff support by Rachael Alter	Jan 2013	Completed
Activity 6.2 – Conduct monthly teleconference calls with Project Team.	Taillac, Sholl, Alter	Monthly	Ongoing
Activity 6.3 – Conduct GoToMeetings with participating states for updates on project status to include successes and challenges.	Taillac, Sholl, Alter	Initially monthly; updated per state needs	Waiting for release of manuscript for conference calls to start
Activity 6.4 – Develop state-specific Implementation Plans	Taillac, Sholl, Alter	Due Date TBD	Waiting for release of manuscript for individualized plan updated due date
Activity 6.5 – Presentation to NHTSA in Washington DC – current project status.	Taillac, Sholl, Alter	September 2014	

Benchmark Activities

date	activity	who	notes
Jan. 2013	6.1	Taillac, Sholl, Alter	Kick-Off Webinar for States held on January 3rd
Monthly	6.2	Rachael Alter	Conference calls held monthly
Aug 2013	6.3	Rachael Alter	Webinars held to present Evaluation Plans to the states
Nov 2013	6.4	Rachael Alter	Program Plan and Evaluation Checklists sent to states to help create state-specific Implementation Plans
	6.5		

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Strategic Priority 7

Promote the acquisition and analysis of quality EMS data that will lead to the development and utilization of EMS performance measures for local and state EMS systems which focus on the quality of patient care.

CAP 1, Task 10: Provide leadership and support for continued development of quality EMS data systems, data linkage, and evidence-based decision-making.

Description of the objective and expected outcome: Improved understanding by Council members in using EMS data and EMS performance measures will help promote effective QI in their respective states.

Activity	Lead	Timeline	Status
Activity 7.1 – Conduct shared meeting with Data Managers Council at Annual Meeting.	Mary Hedges	October 2014	
Activity 7.2 – Promote and highlight examples of effective EMS data systems at MDC meetings and via listserv.	Mary Hedges, TBD	Ongoing	

Benchmark Activities

date	activity	who	notes
	7.1		
	7.2		

Medical Directors Council Strategic Plan



Parked Issues –Issues and strategies on the radar, but are currently parked due to various reasons, i.e. awaiting completion of dependent activities; a current lack of champions to whom an issue can be assigned; limited funding, etc.

As appropriate, these will be moved up into the current work plan or carried into a future year.

Strategic Priority

Educate eligible EMS medical directors regarding American Board of Emergency Medicine EMS subspecialty board certification when the examination becomes available.

Strategic Priority

Explore and support the creation of standardized medical guidelines for disasters and mass casualty incidents with potential incorporation of applicable crisis standards of care measures. Identify the availability of medical guidelines for disasters/MCIs in other states and regions, working in conjunction with NASEMSO’s Domestic Preparedness Committee. Compiling and comparing existing disaster guidelines will create a valuable compendium that can be shared and potentially developed into model disaster guidelines. Explore interest from Domestic Preparedness Committee in a joint project. Identify and lead small group of Council members willing to assist in gathering disaster medical guidelines.