

National Association of  
State EMS Officials



# Medical Directors Council

Goals and Strategic Directions  
2013



## Goals and Strategic Directions

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.

**Vision:** The highest quality patient care through EMS medical oversight.

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

**Scope:** 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.

*Leadership refers to the role of state EMS offices as "lead agencies" for EMS as well as thoughtful leaders in public policy development. State EMS offices are looked to by the EMS community 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 practice and subsequent patient outcomes.*

The Medical Directors Council supports **leadership** under these principle goals:

- **Goal #1:** Support the state EMS directors in the shared mission to increase the number of states with a designated state EMS medical director. By serving as a resource on the role and parameters of the state medical director, the Medical Directors Council will assist in the creation and retention of state medical director positions throughout the states and U.S. territories.
- **Goal #2:** Increase the participation of state EMS medical directors in Council meetings, teleconferences, projects, and surveys. For states that do not have a state EMS medical director, the Council will welcome the state's physician designee, regardless of NASEMSO membership status, in discussions.
- **Goal #3:** Foster quality state, regional and local medical direction and serve as a resource to new and experienced EMS medical directors. This includes serving as a resource of support and mentorship for EMS fellowship programs nationwide.
- **Goal #4:** Expand outreach and relationships with national EMS and medical organizations, sharing the Medical Directors Council's expertise and experience in order to improve care of EMS patients nationwide.



**Systems Development** refers to 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. Such functions include Emergency Medical Dispatch (EMD), communications systems; regional asset coordination in daily operations and in natural and man-made disasters; EMS data collection, analysis and reporting; and ongoing review and refinement of systems operations.

The Medical Directors Council supports **systems development** under these principle goals:

- **Goal #5:** Promote a culture of safety in EMS by educating Council members on innovations in EMS safety practices, sharing examples of safety initiatives, and participating in committees and projects focused on advancing the safety of EMS providers and patients.
- **Goal #6:** Develop a Core Set of Model EMS Clinical Guidelines to further the advancement of up-to-date, standardized prehospital care.
- **Goal #7:** 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.

**Quality Improvement or "QI"** is 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 key to QI success, and to subsequently improving patient outcomes.

The Medical Directors Council supports **quality improvement** under these principle goals:

- **Goal #8:** 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.

The Medical Directors Council 2013 work plan will undertake strategies focused on the following issues:

- **Strategy 1:** Support the initiatives of NASEMSO to ensure that each state and territory has a state EMS medical director. Serve as a resource to NASEMSO and state EMS offices as they create or enhance their respective state EMS medical director positions.
- **Strategy 2:** Strive for increased participation of the state EMS medical directors in the Medical Directors Council activities.
- **Strategy 3:** Provide input, suggestions, and feedback to NASEMSO regarding issues affecting prehospital care and emergency care systems, such as proposed protocols, legislation, medical care initiatives, position statements, and research.



- **Strategy 4:** Explore and offer recommendations to NASEMSO on practices and initiatives that will enhance the culture of safety within EMS, in particular those measures that are related to medical issues for both the patient and the EMS provider.
- **Strategy 5:** Lead a two-year national project to develop a core set of EMS clinical guidelines to help state EMS systems ensure a more standardized approach to the practice of patient care and to incorporate evidence-based guidelines as they become available.
- **Strategy 6:** Support the use and further refinement of the National Evidence-Based Guideline (EBG) Model Process developed under the auspices of the Federal Interagency Committee on EMS (FICEMS) and the National EMS Advisory Council (NEMSAC). This will be achieved through a three-year pilot project involving five states where the EBG developed for pain management will be disseminated, implemented and evaluated.



## 2013 Workplan

### Goals, Objectives and Action Steps

- **Goal 1:** Support the state EMS directors in the shared mission to increase the number of states with a designated state EMS medical director. By serving as a resource on the role and parameters of the state medical director, the Medical Directors Council will assist in the creation and retention of state medical director positions throughout the states and U.S. territories.

**Objective/Strategy:** Conduct and update state medical director resource documents on a periodic (every 3-5 years) basis. Examine impediments for states without medical director. (CAP1, Task 1: Model State EMS Office Tools)

**Description of the objective and expected outcome:** Produce summary documents to serve as resources for states that wish to create, modify, or retain an EMS Medical Director position. By examining impediments to state medical director appointment, potential solutions can be identified/addressed.

Task	Responsibility	Due Date	Done	Notes
Annually update the list of states without state medical designee.	Mary Hedges	Jan 2013		
Develop strategy, talking points and identify resources for states without medical director.	MDC Executive Committee	Jan 2013		
Interview state directors without a state medical director designee to determine impediments/reasons.	Regional Representatives	Oct. 2013		

- **Goal 2:** Increase the participation of state EMS medical directors in Council meetings, teleconferences, projects, and surveys. For states that do not have a designated EMS medical director, the Council will welcome the state's physician designee, regardless of NASEMSO membership status, in discussions.

**Objective/Strategy:** Initiate contact with non-participating Medical Directors in order to demonstrate and offer NASEMSO support. (CAP1, Task 4, Committee & Council Support)

**Description of the objective and expected outcome:** After determining challenges to participation, Council will be better prepared to encourage involvement by all members.

Task	Primary Responsibility	Due Date	Done	Notes
Annually contact non-participating Medical Directors and examine challenges to lack of involvement.	Regional Representatives	May 2013		
Send invitation from NASEMSO President and MD Council Chair to Medical Directors, encouraging participation in January and Annual Meetings.	Joe Nelson, Jim DeTienne (via Mary Hedges)	Nov and April		



- **Goal 3:** Foster quality state, regional and local medical direction and serve as a resource to new and experienced EMS medical directors. This includes serving as a resource of support and mentorship for EMS fellowship programs nationwide.

**Objective/Strategy:** Maintain an active listserv, conduct regular, informative meetings, and provide other mechanisms for sharing information with medical director colleagues, including those aspiring to be EMS medical directors. (CAP1, Task 4, Committee & Council Support)

**Description of the objective and expected outcome:** By sharing current and relevant information with colleagues, the quality of EMS medical direction will be enhanced.

Task	Primary Responsibility	Due Date	Done	Notes
Query colleagues on current practices, using MD Council listserv. Summarize survey results and post on members-only section of website.	All Mary Hedges or survey author	Ongoing		
Share information during regular Council meetings.	All	Ongoing		
Promote participation in EMS fellowship activities, nationally and locally.	All	Ongoing		
Invite EMS fellows to MD Council Mid Year Meeting (at NAEMSP) as guests.	Sarah Nafziger	Jan 2013		

- **Goal 4:** Expand outreach and relationships with national EMS and medical organizations, sharing the Medical Directors Council's expertise and experience in order to improve care of EMS patients nationwide.

**Objective/Strategy:** Ensure that members of the Medical Directors Council are active participants in national meetings, committees and projects where their expertise is needed. (CAP, Task 5, Outreach)

**Description of the objective and expected outcome:** Active engagement by the MD Council in outreach efforts will expand NASEMSO's outreach, presence and visibility in the national EMS community.

Task	Responsibility	Due Date	Done	Notes
Identify national organizations and committees where MD Council members could serve as representatives of NASEMSO. Identify and appoint council members able to serve in these roles. Maintain current NASEMSO outreach list of MD Council members.	NASEMSO leadership, Joe Nelson, Chair (Mary Hedges to maintain list)	Ongoing		
Invite MD liaisons to join MDC Mid Year and Annual Meetings and provide time on agenda for liaison reports.	Joe Nelson, Chair	Ongoing		
Investigate and potentially develop policy on vendors participating in Medical Director Council meetings.	Peter Taillac, Chair-Elect	Jan 2013		
Respond to requests for comments from external organizations on EMS clinically-oriented matters.	All, with final approval from NASEMSO leadership.	Ongoing		
Participate in national discussions on drug shortages, providing expertise and leadership. Present information on drug shortages to NASEMSO membership.	MD council members as appointed	Ongoing		
Working with partner organizations, address concerns regarding varying interpretations by DEA officials on EMS administration of narcotic controlled substances.	Carol Cunningham, Immediate Past Chair, Joe Nelson, Chair	Ongoing		



- **Goal 5:** Promote a culture of safety in EMS by educating Council members on innovations in EMS safety practices, sharing examples of safety initiatives, and participating in committees and projects focused on advancing the safety of EMS providers and patients.

**Objective/Strategy:** Educate Council members on innovative safety practices in EMS and encourage members to participate in safety projects, locally, statewide or nationally.

**Description of the objective and expected outcome:** Sharing information on EMS safety initiatives with Council members will help to promote safer practices in EMS.

Task	Responsibility	Due Date	Done	Notes
Conduct presentation annually on safety initiatives in EMS. Encourage members to report on EMS safety projects in their own states.	Mary Hedges to arrange for presentation.	Sept 2013		

- **Goal 6:** Develop a core set of Model EMS Clinical Guidelines to further the advancement of up-to-date, standardized prehospital care.

**Objective/Strategy:** Lead a 2-year project to create Model EMS Clinical Guidelines developed by a work group comprised of representatives of the national EMS clinical community. (Funded via CAP4, 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.

Task	Responsibility	Due Date	Done	Notes
Create and conduct initial meeting of work group; set parameters of project, assign tasks, schedule remainder of meetings.	Co-PI's Richard Kamin and Carol Cunningham, Staff support by Mary Hedges	Jan 2013		
Conduct monthly teleconference meetings of work group.	Carol Cunningham, Richard Kamin, Mary Hedges	Monthly		
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		
Conduct 2nd meeting of work group (face to face); Review input and modify as necessary.	Carol Cunningham, Richard Kamin, Mary Hedges	August 2013		



- **Goal 7:** 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.

**Objective/Strategy:** Pilot the pain management EBG in 5 states through dissemination, implementation and evaluation of the guideline.

**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.

Task	Responsibility	Due Date	Done	Notes
Kick-Off Webinar for States	Co-PI's Peter Taillac and Matthew Sholl; Staff support by Rachael Alter	Jan 2013		
Conduct monthly teleconference calls for Project Team.	Co-PI's Peter Taillac and Matthew Sholl; Staff support by Rachael Alter	Monthly		
Conduct GoToMeetings with participating states for updates on project status to include successes and challenges.	Co-PI's Peter Taillac and Matthew Sholl; Staff support by Rachael Alter	Initially monthly; updated per state needs		
Create state-specific Implementation Toolkits.	Co-PI's Peter Taillac and Matthew Sholl; Staff support by Rachael Alter	April 2013		
Develop state-specific Implementation Plans	Co-PI's Peter Taillac and Matthew Sholl; Staff support by Rachael Alter	June 2013		
Presentation to NHTSA in Washington DC – current project status.	Co-PI's Peter Taillac and Matthew Sholl; Staff support by Rachael Alter	September 2013		

- **Goal 8:** In partnership with the Data Managers Council, 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.

**Objective/Strategy:** Educate Council members on the status of existing EMS data systems and efforts to create EMS performance measures. (CAP, Task 8 EMS Performance Measures; Task 10, Data Driven Evidence-Based EMS Systems)

**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.

Task	Responsibility	Due Date	Done	Notes
Conduct shared meeting with Data Managers Council at Annual Meeting every other year.	Mary Hedges to arrange	Sept 2013		





**Parked Issues** – Numerous issues and strategies are on the Medical Directors Council’s radar, but are currently parked due to various reasons, i.e. awaiting completion of dependant activities; a current lack of champions to whom an issue can be assigned; limited funding, etc.

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

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

**Objective/Strategy:** [Objective #1]

**Description of the objective and expected outcome,** short description – no more than several sentences.

Task	Responsibility												Due Date	Done	Budget
Not necessary until objective becomes active														Y	
Task	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	done		
Cut and paste tasks from above													Y		

- **Goal:** Explore and support the creation of standardized medical guidelines for disasters and mass casualty incidents.

**Objective/Strategy:** Identify the availability of medical guidelines for disasters/MCIs in other states and regions, working in conjunction with NASEMSO’s Domestic Preparedness Committee. (CAP, Task 6, All Hazards Disaster Preparedness and Public Health Pandemic Preparedness)

**Description of the objective and expected outcome:** Compiling and comparing existing disaster guidelines will create a valuable compendium that can be shared and potentially developed into model disaster guidelines.

Task	Responsibility												Due Date	Done	Notes
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.															