

## NAEMT Comments on National Health Security Preparedness Index

<http://www.nhspe.org/wp-content/uploads/2014/12/Measure-Details.pdf>

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### Healthcare Delivery (pg 113)

#### Prehospital Care

*Measure: State renewal requirement {in years} for emergency medical technician (EMT) basic credentials*

Rationale for Measure - Emergency medical technicians-basic (EMT-Bs) provide important clinical care services in the prehospital setting. They routinely provide basic life support to protect respiratory airways, breathing, and circulation in care of trauma and medical patients. EMT-Bs also assist in rapid assessment and triage of patients in mass casualty incidents. Renewal of credentials ensures that EMT-Bs remain current in their knowledge and skill sets related to the provision of basic life support care. Relatively more frequent renewal requirements may contribute to higher levels of core competencies in this area.

Limitations of Measure - Although a renewal requirement may be important to ensure the retention of skill sets and core competencies, actual compliance rates with the requirement may be low. In addition, relatively frequent renewal requirements (e.g., every year or two) may not lead to a more knowledgeable or skillful prehospital/medical first responder workforce. Moreover, EMT-Bs are only one, though important, component of the prehospital/medical first responder workforce. Finally, EMT-Bs are trained in important, but relatively simple techniques, which may assist in lower acuity cases but may not be sufficient for higher acuity ones such as for CBRNE incidents.

Use of Measure - The measure, in combination with other process and capacity measures, can be used to describe the degree to which the prehospital clinical workforce (i.e., medical first responders) are current in core competencies related to basic and advanced life support. Such competencies are deemed critical to support a response to a mass casualty event, public health emergency, or other health security concern.

Data Source - Federal Interagency Committee on Emergency Medical Services (FICEMS). 2011 National EMS Assessment. 2011 (2010–2011 data). Additional details about this measure are available from the source. Data for this measure were compiled in the National Association of State Emergency Medical Services Officials (NASEMSO) 2011 EMS Industry Snapshot, an internal membership survey of the 56 U.S. state and territorial Emergency Medical Services (EMS) Offices completed between October 2010 and March 2011.

**RECOMMENDATION: SHOULD BE REMOVED - THERE IS NO EVIDENCE TO SUPPORT THIS METRIC AND NO OTHER MEDICAL PROFESSIONAL (I.E. PHYSICIAN OR RN) HAS SIMILAR LANGUAGE - THUS QUESTIONING THE LOGIC BEHIND INCLUDING.**

## Healthcare Delivery (pg 114)

### Prehospital Care

*Measure: State renewal requirement {in years} for emergency medical technician (EMT) paramedic credentials*

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## **Healthcare Delivery (pg 115)**

### **Prehospital Care**

*Measure: State renewal requirement {in years} for emergency medical technician (EMT) paramedic credentials*

Rationale for Measure - A recommendation of the EMS Agenda for the Future was for every state to have a state EMS medical director. This is extremely valuable since EMS prehospital care is changing due to new advances in prehospital research, equipment, supplies, and medications.

Limitations of Measure - The measure does not evaluate the competency of the EMS medical director. The measure does not evaluate whether the EMS medical protocols in a state are up-to-date or implemented at the local level.

Use of Measure - The measure should be used with other measures in the Prehospital Care sub-domain to help evaluate the status of a state's EMS program and the capacity of the state's EMS medical director to provide medical oversight of the EMS program.

Data Source - Federal Interagency Committee on Emergency Medical Services (FICEMS). 2011 National EMS Assessment. 2011 (2010–2011 data). Additional details about this measure are available from the source. Data for this measure were compiled in the National Association of State Emergency Medical Services Officials (NASEMSO) 2011 EMS Industry Snapshot, an internal membership survey of the 56 U.S. state and territorial Emergency Medical Services (EMS) Offices completed between October 2010 and March 2011.

**RECOMMENDATION: REMAIN AS IS.**

## **Healthcare Delivery (pg 116)**

### **Prehospital Care**

*Measure: Does the state submit National EMS Information System (NEMSIS) data to the national emergency medical services (EMS) database?*

Rationale for Measure - By submitting state emergency medical services (EMS) data to a national EMS database, states can ensure that the data can be utilized nationally for quality improvement and process development. This also facilitates the availability for the data to be used as a source for improving patient care and delivery of services at the prehospital level.

Limitations of Measure - Some states may have statewide or regional data collection systems that allow for state and local quality improvement and process improvement activities.

Use of Measure - The measure should be used with other measures in the Prehospital Care sub-domain to gain an indication of the strength of the state's EMS program.

Data Source - National Highway Traffic Safety Administration (NHTSA). State NEMIS Progress Reports: State & Territory Version 2 Information. 2014. Additional details about this measure are available from the source. Data are reported to NHTSA NEMSIS.

**RECOMMENDATION: SHOULD BE REMOVED – DOES NOT MAKE A STATE MORE PREPARED - THIS IS A DATA DRILL, NOT A PREPAREDNESS TOOL.**

## **Healthcare Delivery (pg 117)**

### **Prehospital Care**

*Measure: {State has} prehospital care emergency medical services (EMS)-specific protocols and triage guidelines {for} mass casualty*

Rationale for Measure - Measuring the existence of EMS-specific triage guidelines for a mass casualty incident is important in terms of a jurisdiction's ability to respond with pre-developed, standardized methods when a prehospital surge (i.e., ramp up) is needed to respond to a mass casualty event.

Limitations of Measure - The measure does not address the quality of EMS-specific mass casualty protocols or guidelines. The measure does not address how well the protocols and guidelines have been implemented in each state, or if the state has adequate EMS resources to respond to a mass casualty.

Use of Measure - The measure can be used to illustrate whether a jurisdiction has EMS-specific protocols and triage guidelines for a mass casualty event. In conjunction with other measures in the Prehospital Care sub-domain it is possible to get a snapshot of the pre-event planning for a mass casualty event by EMS providers in the jurisdiction.

Data Source - Federal Interagency Committee on Emergency Medical Services (FICEMS). 2011 National EMS Assessment. 2011 (2010–2011 data). Additional details about this measure are available from the source. Data for this measure were compiled in the National Association of State Emergency Medical Services Officials (NASEMSO) 2011 EMS Industry Snapshot, an internal membership survey of the 56 U.S. state and territorial Emergency Medical Services (EMS) Offices completed between October 2010 and March 2011. All 50 states and 4 territories participated. NASEMSO has published measures along with a variety of surveys since 2004.

**RECOMMENDTION: REMAIN AS IS.**

## **Healthcare Delivery (pg 118)**

### **Prehospital Care**

*Measure: Does your state have a prehospital medical error reporting system where emergency medical services (EMS) (prehospital care) professionals can report (anonymously if they chose) errors associated with EMS service delivery or patient care?*

Rationale for Measure - Measuring the state's implementation of a prehospital medical error reporting system where medical errors experienced in EMS care can be anonymously submitted for performance improvement is important in improving the quality of care of routine patients as well as those patients impacted by an incident.

Limitations of Measure - The measure does not evaluate the completeness or frequency of reporting. The measure does not describe how the data from this system drives quality improvement.

Use of Measure - The measure is a proxy for medical error of prehospital care reporting during a disaster.

Data Source - Federal Interagency Committee on Emergency Medical Services (FICEMS). 2011 National EMS Assessment. 2011 (2010–2011 data). Additional details about this measure are available from the source. Data for this measure were compiled in the National Association of State Emergency Medical Services Officials (NASEMSO) 2011 EMS Industry Snapshot, an internal membership survey of the 56 U.S. state and territorial Emergency Medical Services (EMS) Offices completed between October 2010 and March 2011. All 50 states and 4 territories participated. NASEMSO has published measures along with a variety of surveys since 2004.

**RECOMMENDATION: SHOULD BE REMOVED – DOES NOT IMPROVE PREPAREDNESS. THIS IS IMPORTANT FOR QUALITY IMPROVEMENT. THERE IS NO REQUIREMENT FOR THE IN PATIENT SIDE; THUS QUESTIONING THE LOGIC BEHIND THE METRIC.**

## **Healthcare Delivery (pg 119)**

### **Prehospital Care**

*Measure: {Number of} emergency medical technicians (EMTs) and paramedics {per 100,000 population}*

Rationale for Measure - Measuring a state's workforce capacity with specific regard to emergency medical professionals such as emergency medical technicians (EMTs) and paramedics is important because this personnel resource is oftentimes the first responder in a public health emergency.

Limitations of Measure - The measure may not distinguish licensed EMTs and paramedics from those that are licensed, practicing, and affiliated.

Use of Measure - The measure gauges the state's workforce for the provision of prehospital medical care during a public health emergency. The measure used in combination with other measures in this sub-domain helps describe the ability of the state's emergency medical services (EMS) pre-event capacity to surge for an emergency.

Data Source - Bureau of Labor Statistics (BLS). Occupational Employment Statistics (OES). 2013. Additional details about this measure are available from the source. OES wage and employment data have been collected in each state since 1996. The OES survey covers all full-time and part-time wage and salary workers in nonfarm industries. The survey does not cover self-employed owners, partners in unincorporated firms, household workers, or unpaid family workers.

**RECOMMENDATIONS: REMAIN AS IS.**

## **Healthcare Delivery (pg 120)**

### **Prehospital Care**

*Measure: State's ability to monitor prehospital care emergency medical services (EMS) response time*

Rationale for Measure - The measure indicates the state's ability to monitor the time it takes for EMS support to arrive on-scene during routine service, which is likely an indicator of the state's readiness to respond to a public health emergency. A state EMS program's oversight of response time can also identify and correct issues delaying routine EMS response.

Limitations of Measure - The ability to monitor pre-event response time is important to this sub-domain, but by itself is not a predictor of the EMS system's ability to surge (i.e., ramp up) during an emergency.

Use of Measure - Monitoring prehospital care response time is an important capability for the state EMS agency to have, because it can drive a reduction in EMS response times. The measure is a proxy for assessing the capacity of an EMS response to an incident's location.

Data Source - Federal Interagency Committee on Emergency Medical Services (FICEMS). 2011 National EMS Assessment. 2011 (2010–2011 data). Additional details about this measure are available from the source. Data for this measure were compiled in the National Association of State Emergency Medical Services Officials (NASEMSO) 2011 EMS Industry Snapshot, an internal membership survey of the 56 U.S. state and territorial Emergency Medical Services (EMS) Offices completed between October 2010 and March 2011. All 50 states and 4 territories participated. NASEMSO has published measures along with a variety of surveys since 2004.

**RECOMMENDATION: SHOULD BE REMOVED – WITH THE INDUSTRY ADVOCATING TO MOVE AWAY FROM RESPONSE TIME CRITERIA, THIS MEASURE DEFIES SUBSTANCE AND SIGNIFICANCE. THIS MEASURE FAILS TO MAKE A STATE “MORE PREPARED”.**

## **Healthcare Delivery (pg 121)**

### **Prehospital Care**

*Measure: State {has number of} prehospital care (EMS)-related specialty service capabilities*

Rationale for Measure - Sudden, acute disasters and other large scale emergencies such as earthquakes, tornadoes, and hurricanes—as well as transportation and mine accidents—may necessitate the need for specialized resources and assets that can locate, extricate, and provide initial medical stabilization to impacted individuals. States that possess such specialized training and assets as part of their organized EMS structure may be better able to assess a situation and provide such services in a timely manner.

Limitations of Measure - The measure does not distinguish between jurisdictions with substantial specialized resources and those with few resources, nor does it distinguish between types of specialized resources or levels of capability. In addition, possession of such capabilities within a jurisdiction may be less important than having access to such resources; for example, via a mutual aid agreement or memorandum of understanding with a neighboring jurisdiction. Finally, data are not available for four states.

Use of Measure - The measure can be used to illustrate whether a jurisdiction has any EMS-related specialty service resources and capability. In conjunction with other measures, it is possible to get a snapshot of the totality of specialized services available to EMS providers in the jurisdiction, as well as the ability of the jurisdiction to provide specialized first responder services and other forms of on-scene prehospital medical care.

Data Source - Federal Interagency Committee on Emergency Medical Services (FICEMS). 2011 National EMS Assessment. 2011 (2010–2011 data). Additional details about this measure are available from the source. Data for this measure were compiled in the National Association of State Emergency Medical Services Officials (NASEMSO) 2011 EMS Industry Snapshot, an internal membership survey of the 56 U.S. state and territorial Emergency Medical Services (EMS) Offices completed between October 2010 and March 2011. All 50 states and 4 territories participated. NASEMSO has published measures along with a variety of surveys since 2004.

**RECOMMENDATION: REMAIN AS IS.**

## **Healthcare Delivery (pg 122)**

### **Prehospital Care**

*Measure: State prehospital care emergency medical services (EMS) office chemical, biological, radiological, and nuclear (CBRN) exercise participation*

Rationale for Measure - The measure focuses on CBRN events which are a set of hazards of concern for national health security. Ensuring participation in CBRN disaster preparedness exercises will assist in the ability to manage a response to these types of events.

Limitations of Measure - The measure does not address multi-faceted organizational participation in actual responses in lieu of exercises. The measure also does not represent scenarios that may be more common or have greater risks for a jurisdiction (e.g., including natural/weather events). The measure only focuses on state EMS participation and no other aspects of the public health and healthcare system.

Use of Measure - The measure is a proxy for an EMS system's competency and knowledge required to manage a response to CBRN emergencies.

Data Source - Federal Interagency Committee on Emergency Medical Services (FICEMS). 2011 National EMS Assessment. 2011 (2010–2011 data). Additional details about this measure are available from the source. Data for this measure were compiled in the National Association of State Emergency Medical Services Officials (NASEMSO) 2011 EMS Industry Snapshot, an internal membership survey of the 56 U.S. state and territorial Emergency Medical Services (EMS) Offices completed between October 2010 and March 2011. All 50 states and 4 territories participated. NASEMSO has published measures along with a variety of surveys since 2004.

**RECOMMENDATION: REMAIN AS IS.**

## **Healthcare Delivery (pg 123)**

### **Prehospital Care**

*Measure: What percentage of the state's local emergency medical services (EMS) agencies submit National EMS Information System (NEMSIS) compliant data to the state?*

Rationale for Measure - By submitting local or regional EMS data to a state EMS database, the data can be utilized for quality improvement and process development. This also facilitates the availability for the data to be used as a source for improving patient care and delivery of services at the prehospital level. A state will have increased capabilities to query the database and direct improvement processes.

Limitations of Measure - Some states may collect local and regional EMS data that provide some of the data in the national data set. These states may have the capability to conduct limited quality improvement and process improvement activities, but will be unable to compare themselves to national data.

Use of Measure - The measure is an indicator of the state's EMS program's ability to collect data needed for quality improvement and process improvement. This measure should be viewed with other measures in the Prehospital Care sub-domain to better understand a state's EMS agencies' capabilities.

Data Source - National Highway Traffic Safety Administration (NHTSA). State NEMIS Progress Reports: State & Territory Version 2 Information. 2014. Additional details about this measure are available from the source. Data are reported to NHTSA NEMSIS.

**RECOMMENDATION: REMAIN AS IS.**

## **RECOMMENDATION: ADD THE FOLLOWING METRIC**

### **Healthcare Delivery**

#### **Prehospital Care**

*Measure: The State EMS Office has a written and tested emergency licensure waiver process that allows providers and vehicles from other regions/states/provinces to function in that state.*

Rational for Measure - In the aftermath of large-scale events, there needs to be a process to immediately waive vehicle and provider licensing requirements in order to permit out-of-state EMS practitioners and agencies to function. While the Emergency Management Assistance Compact, Article V-Licenses & Permits provides that "Whenever any person holds a license, certificate, or other permit issued by any state party to the compact evidencing the meeting of qualifications for professional, mechanical, or other skills, and when such assistance is requested by the receiving party state, such person shall be deemed licensed, certified, or permitted by the state requesting assistance to render aid involving such skill to meet a declared emergency or disaster, subject to such limitations and conditions as the governor of the Requesting State may prescribe by executive order or otherwise," not every request will require an EMAC-level activation and there are significant other details (medical control, appropriate medical protocols to follow, scope of practice, staffing models) that need to be determined by the State EMS Office.