

**State Emergency Medical Services System Models  
Project:**

**Model State EMS System Lead Agency**

**June, 2010**

**By:**

**The National Association of State EMS Officials**

**With Support From:**

**Office of Emergency Medical Services  
National Highway Traffic Safety Administration  
US Department of Transportation**

# **State Emergency Medical Services Systems Models Project: Model State EMS System Lead Agency Model**

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## *I. Introduction and Purpose*

Milestone documents in the early development of Emergency Medical Services Systems (EMSS) have included the National Academy of Sciences-National Research Council White Paper “*Accidental Death and Disability: The Neglected Disease of Modern Society*”, the federal Highway Safety Act of 1966, and the federal Emergency Medical Services (EMS) Systems Act of 1973. They guided the first thirty years of booming Emergency Medical Services System growth on the local, regional and state levels. Assisting in organized regional and, to a lesser degree, state system growth was significant funding provided by a large federal Health and Human Services (USDHHS); preceded in the 1970’s by the U.S. Department of Health, Education and Welfare or USDHEW) emergency medical services agency under the 1973 EMSS Act. Both the EMS agency and its categorical funding for EMS were eliminated in the early 1980’s.

The National Highway Traffic Safety Administration’s Emergency Medical Services program (NHTSA EMS) has provided state and local system development support since the late 1960’s. It has innovated programs such as the state EMS system Technical Assistance Team evaluation process and, with its federal partners, created the visionary 1996 *EMS Agenda for the Future*. The “EMS for Children” and the “Trauma System” programs in USDHHS have also provided EMS system development support over the years.

This history contributed to an environment of varying focus of resources and guidance on the development of state EMS systems. Partly as a result of this variable guidance/resources and because of the unique needs and capabilities of each state, state EMS systems have evolved inconsistently. Some have mature networks of leadership connecting state, regional and local systems with broad responsibility for all aspects of emergency care. Others have narrow responsibility for the regulation of certain aspects of prehospital EMS provider certification, licensure and practice.

A recent report by the Institutes of Medicine (IOM) underscores that:

“In states and regions across the country, there is substantial variation among emergency and trauma care systems. These systems differ along a number of dimensions, such as the level of development of trauma systems, the effectiveness of state EMS offices and regional EMS councils, and the degree of coordination between fire, EMS, hospitals, trauma centers, and emergency management.”<sup>1</sup> And, as a result:

“...today the system is more fragmented than ever, and the lack of effective coordination and accountability stand in the way of further progress and improved quality of care. EMS has an opportunity to move toward a more integrated and accountable system through fundamental, systemic changes. Or it can continue on its current path and risk further entrenchment of the fragmentation that stands in the way of system improvement.”<sup>2</sup>

The premise of the State Emergency Medical Services System Models Project accepts the challenge of these observations.

The 1973 EMS System Act described an “EMS system” very broadly to include a system for preventing emergent illness and injury and, where these could not be prevented, for mitigating their impact through emergency, acute and rehabilitative patient care including all subsystems of care such as emergency cardiac and trauma care. This original definition has become less clear with time. Some have come to define EMS as essentially only the prehospital phase of emergency care.

The Project’s original steering group recognized the IOM’s concept of “emergency care system” as being what the EMS Systems Act broadly defined as the “EMS System”. One purpose of the Project is to reinforce this broader definition of EMSS and to reinforce the responsibility and effectiveness of state EMS offices leadership in guiding the development, implementation and oversight of these systems. This leadership and an increased emphasis on a “systems approach” is especially important as EMS evolves and matures to meet the changing needs of an aging population.

The Project has identified the following products to assist in a multi-year project to enhance state EMS system development:

- **Year 1 (All Completed Calendar 2007; With Pilot Testing, Published July, 2008)**
  - **Model State Emergency Medical Services System.** This is a description of the idealized state emergency medical services system. It is organized in ten subsystems which generally reflect the evolution of thinking about the components and attributes of the EMS system. These have ranged from the original “15 components” of the EMSS Act of 1973 through the 10 components of the NHTSA Technical Assistance Team state EMS evaluation process, and the 14 components or attributes of the 1996 *EMS Agenda for the Future*. Each subsystem is then considered by the three core functions of public health system planning: assessment processes, policy processes, and assurance processes. The descriptions of each core function are based on the “highest” scoring (“5” on a “0 to 5” scale) descriptions for indicators of each as found in the State Emergency Medical Services System Self-Assessment tool (below).
  - **State Emergency Medical Services System Self-Assessment.** This is a guide to rating the strengths and weaknesses of the state emergency medical services system. For each subsystem, indicators have been developed and arranged by the three core public health functions (assessment processes, policy processes, and assurance processes) and by the “ten essential services” of public health which have been adapted for this tool (for more information on public health planning applications in EMS, please see the USDHHS Trauma Program document *Model Trauma System Planning and Evaluation*, pages 18 to 32). These indicators

recognize that a state EMS system should be a planned and coordinated organization of local, regional and state EMS capabilities on a statewide basis. Therefore, the indicators are broad in some respects (e.g. statutory authorization of the state system and its lead agency) and very specific in others (e.g. use of performance indicators, and performance against certain performance standards such as treatment rates).

- **Model State Emergency System Planning Process.** This is a brief discussion of the process for implementing the Self-Assessment and then incorporating the results into a state EMSS plan.

The products above have been successfully tested in several states and are now available through NASEMSO and on [www.NASEMSO.org](http://www.NASEMSO.org).

- **Year 2 (and Beyond)**
  - **State Officials Toolbox to Implementing the Model State EMS System Plan.** This is a set of guidance tools to assist state emergency medical services system officials in implementing the state emergency medical services system plan. These include:
    - (Year 2) **The Model State Emergency Medical Services System Lead Agency.** This document describes the idealized office, functions, staff, and responsibilities of the lead agency for the broadly defined state emergency medical services system.
    - (Year 2) **Model Statutory and Regulatory Content for State Emergency Medical Services Systems.** This document describes necessary statutory and regulatory content to authorize, fund and operate a broadly responsible state EMS lead agency and system based on the State Model EMS System Plan.
    - (Year 3 and beyond) **“Rainbow Series” of State EMS System Guidance Tools.** These will be guidance documents for state EMS offices on a variety of topics dictated by contemporary need. These may include model rules/regulations, policies/procedures, protocols and other documents evolving from the Year 2 activities. These might include:
      - Integration with the State Strategic Highway Safety Plan and with the State Highway Safety Office
      - Using the National EMS Information System (NEMSIS) Effectively in System Development.
      - Providing Effective Local Technical and Funding Support in an Era of Changing Emergency Medical Services System Provider Types and Self-Sufficiency.
      - Integrating EMS Communications Planning in Statewide Interoperable Systems.
      - Role of State Emergency Care Medical Directors.
      - The Public Health Approach to Emergency Medical Services System Planning and Implementation.

- Revised Curriculum for NASEMSO “New Directors Boot Camp”.
- Model policies, procedures, and memoranda of agreement for cross-border data collection.
- Model policies and procedures, agreements and other tools to facilitate development of a strong system of integrated local, regional and state medical direction .
- Policies related to the integration and regulation of air medical services.

## **II. Model State EMS System Lead Agency**

### **A. Introduction**

This model is derived from the responsibilities for the state emergency medical services lead agency contained as provisions of the 2008 *State Emergency Medical Services Systems: A Model*. It has been tailored through expert panel consensus discussion by the Steering Group and through public comment from NASEMSO members, including its professional specialty councils, and colleague associations and federal partners.

In this section, an overall model state lead agency organizational chart is presented, followed by a detailed breakout of statutory responsibilities with staff and/or committee assignments for those responsibilities.

**Important Notes:** The model State EMS lead agency, like the model system itself, is the recommended direction in which state EMS planners should head as their system evolves. The priority of its developmental steps are a local matter influenced by the availability of funds and other resources, and factors such as political, bureaucratic, and institutional climates. The Model System document's self-assessment tool and planning process are recommended as tools to be used in setting priorities for system development.

This document does not recommend that every state should have all of the positions that may be suggested by the overall organizational chart or included in the roles and responsibilities in Section III.C. Rather, a state may well be able to assign more than one function to some positions or committees as is common today. What *is* intended is that all functional assignments be considered and managed in some fashion at some point before the state EMS office can consider itself operating well. To determine this, one refers back to the state's completed self-assessment using the Model System document and reviews areas of weakness. One then reviews the roles and responsibilities in Section III.C, below, to determine gaps. Missing staff or committees, or overloaded staff or committees, may be the problem. Or perhaps there has been no statutory authority provided for the weak area(s).

A second issue is the use of a regional substructure. The Model EMS System document asserts that a structure is required to support the notion of regional, accountable systems of care. The series of "Model" documents, including this one, does not recommend one form of structure over another (e.g. regional state offices or independent regional organizations/bodies with state contracts). The assertion is that regional, accountable systems of care need administrative and other support, and that any regional efforts must be well integrated with the state EMS system and office leadership as well as its specialty systems of care development.

As with the *State Emergency Medical Services Systems: A Model*, this document organizes its coverage by employing a state model system consisting of ten subsystems and uses a public health planning approach to each subsystem by considering three core functions. These are:

**Ten Subsystems:**

1. System Leadership, Organization, Regulation & Policy Subsystem
2. Resource Management Subsystems – Financial
3. Resource Management Subsystems – Human Resources
4. Resource Management Subsystems – Transportation
5. Resource Management Subsystems – Facility and Specialty Care Regionalization
6. Public Access and Communications Subsystems
7. Public Information, Education and Prevention Subsystem
8. Clinical Care, Integration of Care, and Medical Direction
9. Information, Evaluation, and Research Subsystem
10. Large Scale Event Preparedness and Response Subsystem

**Three Core Functions:**

1. Assessment
2. Policy Development
3. Assurance

For a more detailed discussion of this approach, and to compare the model state EMS agency functions with the original 2008 state EMS system model, please refer to the NASEMSO website (<http://www.nasemso.org/Projects/ModelEMSPlan/index.asp>).

**B. Overall Lead Agency Organizational Chart**

The following organizational chart has been developed based on the roles and responsibilities assigned to staff and committee functions/positions in Section II.C, below.

It provides an overall view of the state EMS agency structure of positions/staff functions and committees/committee functions.

**Important Note:** There are only four positions/functions without which a state EMS agency cannot be said to function. These are described in Chart 1 as “First Echelon Functions” (Staff or Committees Functions): State EMSS Director, State EMSS Medical Director, State EMSS Body (Advisory or Authority), and State EMSS Medical Committee. These recognize that the system requires planning/administrative management and medical oversight. The Echelons that follow should be implemented in the order suggested as resources allow, with no suggested priority among functions (positions/committees) for development. Since these lower Echelon functions fall to the higher echelon position or function as a role/responsibility until staff or committees are created to handle them, it should be that position’s/committee’s determination for priority of implementation. The state’s EMS system self-assessment can be used in this determination as well. The “Regional Echelon” and its structure and implementation depend on existing regional structures, resources and political considerations. It may be adapted or created to meet the needs of overall system development, if at all, at any time appropriate during development of the other echelons.

# Chart 1 – Master Structure

**Order of Implementation:**  
 (“Functions” are Either “Staff” or  
 “Committee”)

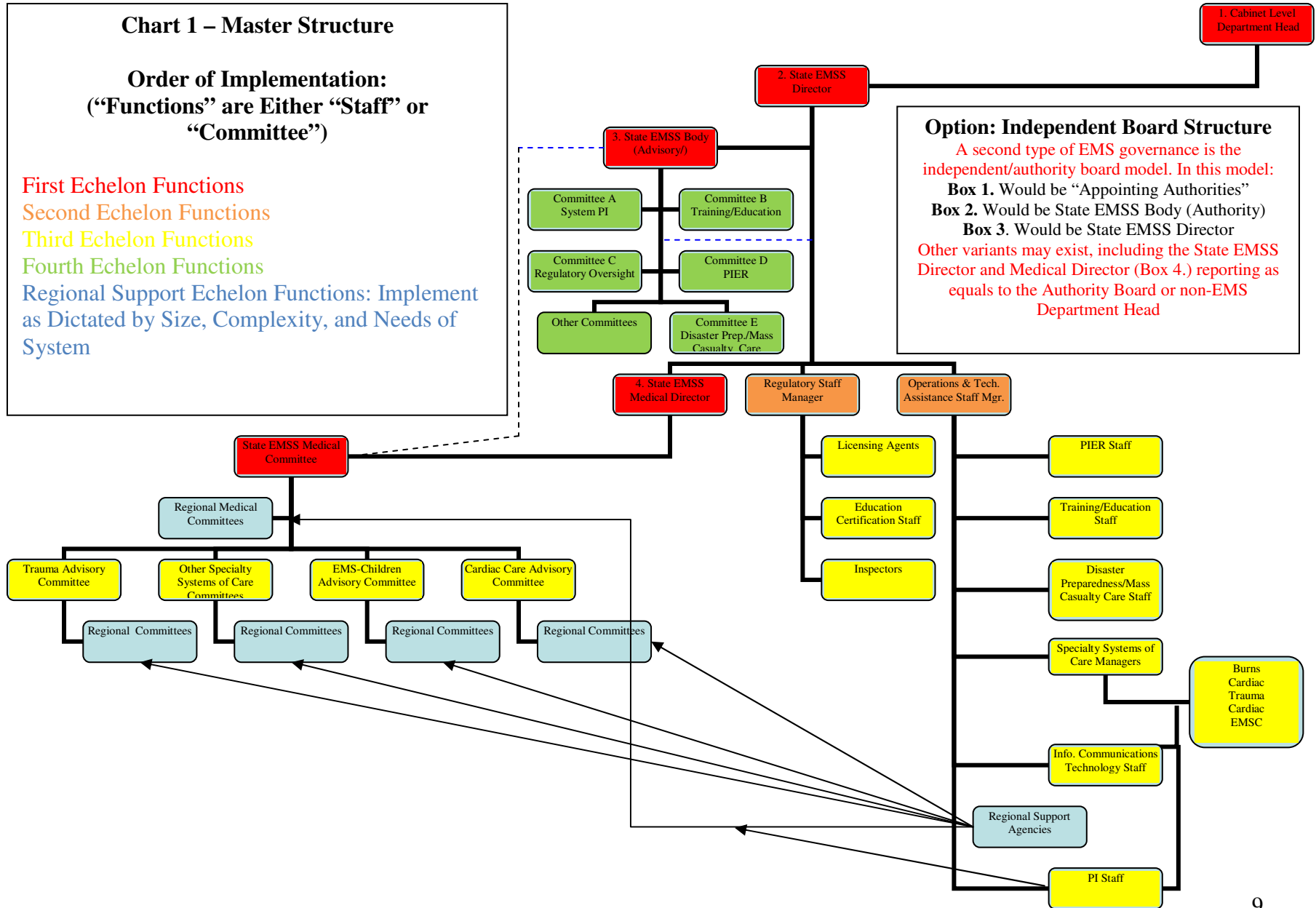
First Echelon Functions

Second Echelon Functions

Third Echelon Functions

Fourth Echelon Functions

Regional Support Echelon Functions: Implement  
 as Dictated by Size, Complexity, and Needs of  
 System



**Option: Independent Board Structure**  
 A second type of EMS governance is the independent/authority board model. In this model:  
**Box 1.** Would be “Appointing Authorities”  
**Box 2.** Would be State EMSS Body (Authority)  
**Box 3.** Would be State EMSS Director  
 Other variants may exist, including the State EMSS Director and Medical Director (Box 4.) reporting as equals to the Authority Board or non-EMS Department Head

## **First Echelon Functions**

The state EMSS director is a full-time role, responsible for all statutory responsibilities of the lead agency, except those assigned to the state EMSS medical director and those to whom the medical director delegates authority and responsibility.

The state EMSS body is a multi-disciplinary board or committee which may serve in an advisory capacity to the state EMSS director, or in an authority capacity. In the latter model, the authority may be limited to some aspect of the lead agency's role (e.g. rule-making, discipline) or broad with the state EMSS director reporting to it.

The state EMSS medical director is the chief medical overseer of the EMSS, but may delegate responsibility and authority to other physicians on a regional or local basis, and/or for a specialty system of care (e.g. trauma, cardiac). This is a full-time role.

The state EMSS medical committee would be the medical deliberative body for the creation of medical policy, protocols, procedures and the like. It would be a blend of those delegated general EMSS medical oversight on a regional or local basis and representatives of the accountable systems of care on a state or regional basis.

These four first echelon functions must be present for a functioning state EMSS to exist. They are responsible for the functions under them in the second, third and regional echelons of implementation. In smaller states, these functionaries may routinely carry out the responsibilities of these other echelons which, in larger systems, might be assigned to the committees and staff listed in the organizational chart and in Section C, below.

## **Second Echelon Functions**

In the model state EMS system, the EMSS lead agency is broadly charged with leading system development and overseeing its operation. The state EMS director and medical director can provide a general level of leadership and oversight with input from the two first echelon committees with which they work. However, carrying out programs in these areas in just about any sized state requires additional staff to manage the regulatory and technical assistance/operational responsibilities of the lead agency. As suggested by the State EMSS model document, these are two capacities which may have conflicting interests and, where possible, staff should be assigned in one area or the other and not both.

On the regulatory side are the licensing/certification (of personnel, provider agencies, educational entities, and/or vehicles) which may include administrative, record-keeping, investigative, inspection, and disciplinary functions.

On the technical assistance operations side are the support services offered to EMSS participants; system and subsystem planning, development, operation, and coordination;

disaster planning and management; and coordination with the regional infrastructure, if such exists.

### **Third, Fourth, and Regional Echelon Functions**

Under the EMSS medical director and committee, committees form around the specialty systems of care (e.g. trauma, pediatric, cardiac, burn) as those systems evolve in a state.

Under the Technical Assistance/Operations Staff function, staff capacity may be developed to support these specialty systems of care and to coordinate with the regional echelon functions if such infrastructure exists or is developing to support regional, accountable systems of care. Also under the Technical Assistance/Operations function, staff may be created to develop and manage evolving subsystems such as information communications technology (a blend of current data management and communications technology functions), human resources (workforce, training/education), public information-education-relations (PIER), performance improvement, and system preparedness. The Fourth Echelon functions are subcommittees under the EMSS to provide statewide, representative input to these subsystem staff managers.

Under the Regulatory Staff function would evolve Third Echelon staff required for licensing/certification, and all of the enforcement activities with which the lead agency is charged. A Fourth Echelon committee could be responsible for disciplinary adjudication, interpretation of regulations and other tools of enforcement, and for developing and maintain due process in enforcement procedures.

### **C. Lead Agency Responsibilities by Model State EMS System Components**

This section is organized in the same fashion as the 2008 *State Emergency Medical Services Systems: A Model* for the ten subsystems and their core functions that were included in that document. It goes one step further by assigning particular statutory responsibilities to one or more recommended staff or committee functions. Again, the organizational chart above resulted from the responsibilities assigned in this section. When multiple staff or committees share responsibility for a function, authority and reporting is consistent with the organizational chart.

# 1. System Leadership, Organization, Regulation & Policy Subsystem

## Core Functions

### A. Assessment

1. There are clearly defined statewide regionalized, coordinated and accountable systems of emergency care. These have regional infrastructures established uniformly under the state EMSS lead agency by rules, regulations, protocols or other policies to guide and monitor care.

**Staff: State EMSS Director, State EMSS Medical Director, Regional System of Care Liaison, Regional Support Agency Staff(s)**

**Committee(s): State EMSS Body, State EMSS Medical Committee, Regional Medical Committees, Regional Specialty System of Care Committees**

2. These regionalized, coordinated and accountable systems of emergency care routinely and uniformly report on care performance through the state EMSS lead agency.

**Staff: State EMSS Director, State EMSS Medical Director, Regional System of Care Liaison, Regional Support Agency Staff(s), Performance Improvement (PI) Staff**

**Committee(s): State EMSS Body, State EMSS Medical Committee, Regional Medical Committees, Regional Specialty System of Care Committees**

3. There is an independent external assessment of the EMSS at least every five years. In substitution for this, a broad-based statewide quality improvement process may be employed on an on-going fashion. The assessment process is linked with a strategic planning process to update the EMSS plan.

**Staff: State EMSS Director, State EMSS Medical Director, Regional Support Agency Staff(s), PI Staff**

**Committee(s): State EMSS Body, State EMSS Medical Committee, Regional Medical Committees, Regional Specialty System of Care Committees, System PI Committee**

### B. Policy Development

1. A single state EMSS lead agency shall be designated to have the comprehensive leadership, development and regulation of the Emergency Medical Services System (EMSS), including all of the ten EMSS subsystem components described in this document.

**Staff: State EMSS Director**

**Committee(s): State EMSS Body**

2. The state EMSS lead agency shall be required to develop and maintain clearly defined EMSS standards (e.g., facility standards, triage and transfer guidelines, and data collection standards) and will be empowered to ensure and enforce compliance.

**Staff: State EMSS Director**

**Committee(s): State EMSS Body, State EMSS Medical Committee**

3. The state EMSS lead agency shall be given routine and direct access to its cabinet level policy-maker.

**Staff: Cabinet Level Department Head, State EMSS Director**

**Committee(s):**

4. The state EMSS lead agency director shall be identified and their full time role, qualifications, and reporting status defined.

**Staff: Cabinet Level Department Head, State EMSS Director**

**Committee(s): EMSS Body if authority board**

5. The State EMSS lead agency medical director shall be identified and their role, qualifications and reporting status defined.

**Staff: State EMSS Director**

**Committee(s):**

6. A state EMSS board or committee, either advisory to or with authority (independent board model) over the state EMSS lead agency, shall be established, integrated as part of the EMSS lead agency, adequately funded to support its routine activities, and maintained. The EMSS lead agency shall be required to solicit for the board a diverse and representative EMS stakeholder membership including local and state EMS and related associations.

**Staff: State EMSS Director**

**Committee(s): State EMSS Body**

7. The needs of pediatric and other special populations shall be integrated into rules and regulations and are represented on the state EMSS board.

**Staff: State EMSS Director, State EMSS Medical Director, EMSC Specialty System of Care Manager**

**Committee(s): State EMSS Body, EMSC Specialty System of Care Committee**

8. The state EMSS lead agency shall regularly review, through established committees and stakeholders, the rules/regulations governing system

performance, including policies and procedures for system operations at the State, regional, and local levels.

**Staff: State EMSS Director, State EMSS Medical Director**  
**Committee(s): State EMSS Body, State EMSS Medical Committee**

9. The state EMSS lead agency shall be required to establish measurable program goals and outcome-based, time-specific, quantifiable, and measurable objectives that guide system effectiveness and system performance.

**Staff: State EMSS Director, State EMSS Medical Director, PI Staff**  
**Committee(s): State EMSS Body, State EMSS Medical Committee, System PI Committee**

10. The state EMSS lead agency will develop and routinely update a comprehensive EMSS plan in conjunction with all key EMSS stakeholders, and include the integration of all ten subsystem components. This plan shall be linked to other relevant plans such as public health and the Strategic Highway Safety Plan to ensure that EMSS information is used to evaluate public health, highway safety, and other problems.

**Staff: State EMSS Director, State EMSS Medical Director, PI Staff**  
**Committee(s): State EMSS Body, State EMSS Medical Committee, System PI Committee, Appropriate System of Care Committees (e.g. Trauma)**

### C. Assurance

1. Municipalities, counties, or other levels or mixes of government as appropriate shall be required to provide, directly or through contract, EMS as a service essential to the same degree as fire protection and law enforcement.

**Staff: State EMSS Director**  
**Committee(s): State EMSS Body**

2. The EMSS lead agency will maintain ongoing EMSS performance improvement processes and shall enforce prehospital agency compliance with all rules, regulations, or protocols (e.g., taking patients to the appropriate facility in accordance with pre-existing destination protocols).

**Staff: State EMSS Director, State EMSS Medical Director, PI Staff, Regulatory Manager and Staff**  
**Committee(s): State EMSS Body, State EMSS Medical Committee, System PI Committee, Appropriate Specialty Care Committee**

3. The EMSS lead agency shall provide an array of services addressing system needs to include but not be limited to:

- a. Executive and clinical leadership
- b. System planning, coordination, and implementation
- c. Response and technical assistance.

**Staff: State EMSS Director, State EMSS Medical Director, Operational and Technical Assistance Manager and Staff, Regional Support Agency Staff(s)**  
**Committee(s): State EMSS Body, State EMSS Medical Committee,**

- 4. Comprehensive annual reports on the performance and status of the statewide EMSS will be provided by the state EMSS lead agency in collaboration with providers and other stakeholders.

**Staff: State EMSS Director, State EMSS Medical Director, PI Staff, Regulatory Manager and Staff**  
**Committee(s): State EMSS Body, State EMSS Medical Committee, System PI Committee**

- 5. System performance measurement and annual system performance and status reports shall routinely utilize state emergency medical services information system (EMSIS) data and be required to integrate comparisons with similar states through National Emergency Medical Services Information System (NEMSIS) data.

**Staff: PI Staff, Information Communications Technology (Data) Staff**  
**Committee(s): System PI Committee**

## **2. Resource Management Subsystems – Financial**

### **Core Functions**

#### **A. Assessment**

- 1. **State EMSS Lead Agency Budget:** In establishing the proposed budget, during each regular budgetary cycle, for funds which it intends to apply to its operations and to the EMSS and its ten component subsystems, the state EMSS lead agency shall routinely utilize strategic planning processes, with broad-based stakeholder representation and participation.
  - a. The strategic planning processes utilize data from state EMSS evaluations and/or specific statewide needs assessment processes. Regardless of which of these sources of overall baseline information is used, the planning process utilizes on-going system performance improvement data to make budgetary decisions.

**Staff: State EMSS Director, State EMSS Medical Director, PI Staff, Information Communications Technology (Data) Staff, Regional Liaison Staff, Regional Support Agency Staffs**

**Committee(s): State EMSS Body, State EMSS Medical Committee, System PI Committee**

2. **EMSS Operations Funding:** The state EMSS lead agency shall routinely seek EMSS operational financial data from the EMS Information System (EMSIS), providers, insurers, emergency department, hospital discharge, death certificate and rehabilitation data. These data, along with data on general EMSS infrastructure costs, are used to assess cost/benefit of the system.

**Staff: PI Staff, Information Communications Technology (Data) Staff**  
**Committee(s): System PI Committee**

### **B. Policy Development**

1. There shall be established and maintained a dedicated, non-lapsing source(s) of revenue, supplemented as necessary by general fund revenue, appropriate to the mission of the EMSS and the level of funding required to meet the budgetary needs of the state EMSS lead agency for:
  - a. The legislated responsibilities for its operation.
  - b. For the lead agency's application of funds to meet the legislated responsibilities of the EMSS and its ten subsystems.
  - c. For financial interventions by the lead agency required for EMSS operations funding.

**Staff: State EMSS Director, State EMSS Medical Director**  
**Committee(s): State EMSS Body**

### **C. Assurance**

1. The state EMSs lead agency shall include reports on its budget status and the EMSS operations funding status in its EMSS system performance assessment and annual reporting processes.

**Staff: State EMSS Director, State EMSS Medical Director**  
**Committee(s): State EMSS Body**

2. The state EMSS lead agency shall be authorized to obtain the data described in 2.A.2.

**Staff: State EMSS Director, State EMSS Medical Director**  
**Committee(s): State EMSS Body**

3. The state EMSS lead agency is authorized and required to investigate, assess, and intervene in EMSS operations funding problems identified in 2.A.2.

**Staff: State EMSS Director, State EMSS Medical Director**  
**Committee(s): State EMSS Body**

### **3. Resource Management Subsystems - Human Resources**

#### **Core Functions**

##### **A. Assessment**

1. The EMSS lead agency shall be required to routinely assess the adequacy of the EMSS workforce.

**Staff: State EMSS Director, State EMSS Medical Director  
Committee(s): State EMSS Body**

2. The workforce assessment shall consider, at least, personnel shortage and causality of shortage, trends in statewide personnel utilization, and health/safety issues specific to the EMS working environment.

**Staff: Operations and Technical Assistance Manager and Staff Including (At Least) System PI, Information Communications Technology  
Committee(s): State EMSS Body, System PI Committee**

3. A component of the workforce assessment shall include establishing a performance measure for the turnover rate of prehospital licensed/certified personnel. The NHTSA Performance Measures (PM) Indicator “2- Annual Turnover Rate” or a similar measure shall be adopted as a statewide PM indicator and data contributing to it shall be routinely collected, and the results analyzed.

**Staff: Operations and Technical Assistance Manager and Staff Including (At Least) System PI, Information Communications Technology  
Committee(s): State EMSS Body, System PI Committee**

##### **B. Policy Development**

1. The EMSS lead agency clearly defines the requirements for licensure/certification as an EMS provider in the following categories:
  - a. Emergency Medical Responder
  - b. Emergency Medical Technician
  - c. Advanced Emergency Medical Technician
  - d. Paramedic
  - e. Emergency Medical Dispatcher
  - f. Medical Director

**Staff: State EMSS Director, State EMSS Medical Director, Regulatory Staff Manager and Staff, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) Training and Education  
Committee(s): State EMSS Body, State EMSS Medical Committee, Training and Education Committee**

2. The EMSS lead agency clearly defines the requirements for licensure/certification as an EMS provider, including at least:
  - a. Training/education requirements
  - b. Testing and other certification requirements
  - c. Local/regional permissions required to practice, if any
  - d. Criminal background clearance requirements
  - e. Physical requirements

**Staff: State EMSS Director, State EMSS Medical Director, Regulatory Staff Manager and Staff, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) Training and Education Committee(s): State EMSS Body, State EMSS Medical Committee, Training and Education Committee**

3. A mechanism exists and is routinely employed to evaluate and change EMS education opportunities as a result of regular reviews of EMS system performance including workforce assessment.

**Staff: State Operations and Technical Assistance Staff Manager and Staff Including (At Least) Training and Education Committee(s): Training and Education Committee**

4. The EMSS lead agency will adopt and implement scopes of practice consistent with the National EMS Scope of Practice.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) Training and Education Committee(s): State EMSS Body, State EMSS Medical Committee, Training and Education Committee**

5. The EMSS lead agency shall require national certification (employing a professionally standardized testing process similar to that of the current National Registry of EMTs to “certify” that a candidate has met a standard required by a state to license/certify the candidate to practice).

**Staff: State EMSS Director, Regulatory Staff Manager and (At Least) Education Certification Staff, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) Training and Education Committee(s): State EMSS Body, Training and Education Committee**

6. The EMSS lead agency shall require national accreditation (employing a qualifying process similar to that of the current Commission on the Accreditation of EMS Programs) of paramedic education programs.

**Staff: State EMSS Director, Regulatory Staff Manager and (At Least) Education Certification Staff, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) Training and Education Committee(s): State EMSS Body, Training and Education Committee**

7. The EMSS lead agency shall maintain a mechanism for approving other levels of education programs or courses, as well as EMS instructor/educator/trainer credentialing, until such time as national accreditation is available at one or more of these levels. This mechanism shall employ standards that are consistent with the National EMS Education Standards. The lead agency shall require national accreditation (employing a qualifying process similar to that of the current Commission on the Accreditation of EMS Programs) of other levels of education programs within two years of accreditation availability.

**Staff: State EMSS Director, Regulatory Staff Manager and (At Least) Education Certification Staff, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) Training and Education Committee(s): State EMSS Body, Training and Education Committee**

8. The EMSS lead agency is required to assure and manage a system to identify and deploy emergency medical care providers within the state for special and large scale event operations.

**Staff: State EMSS Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) Preparedness Specialty System of Care and Information Communications Technology; State Emergency Management, Communications Interoperability, and Emergency Health Preparedness Staffs**

**Committee(s): State EMSS Body, State EMSS Medical Committee, Preparedness System of Care, Statewide Communications Interoperability Committee**

9. Performance standards shall be established as policy for the indicators in section 3.A (3.A.3, specifically, as well as any indicators created pursuant to 3.A.1 and 3.A.2) and it shall be policy of the state EMSS lead agency that performance will meet or exceed these standards.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) System PI and Information Communications Technology**

**Committee(s): State EMSS Body, State EMSS Medical Committee, System PI Committee**

## C. Assurance

1. The EMSS lead agency provides recruitment, retention, and education program support and technical assistance where indicated by the workforce assessments that it performs.

**Staff: State Operations and Technical Assistance Staff Manager and Staff Including (At Least) Training and Education, and PIER**

**Committee(s): State EMSS Body, Training and Education Committee, PIER Committee**

2. The EMS lead agency shall define its procedures for enforcing personnel compliance with laws, regulations, and policies pertaining to provider licensure/certification (meaning initial and renewal). These include processes for adequate review and due process in enforcement.

**Staff: State EMSS Director, Regulatory Staff Manager and Staff,**

**Committee(s): State EMSS Body, Regulatory Oversight Committee**

3. The EMSS lead agency shall document its actions to address needs identified by its routine workforce assessments or document that no significant workforce needs or provider agency management issues exist.

**Staff: State EMSS Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) Training and Education, PIER, System PI and Information Communications Technology**

**Committee(s): State EMSS Body, System PI Committee, PIER Committee, Training and Education Committee**

4. The EMSS lead agency defines its process(es) to assure the education of personnel in new protocols and treatment approaches adopted by medical direction, in a timely manner.

**Staff: State Operations and Technical Assistance Staff Manager and Staff Including (At Least) Training and Education**

**Committee(s): Training and Education Committee**

5. The EMS lead agency shall assure monitoring of compliance with new procedures as they are instituted.

**Staff: Regulatory Staff Manager and Staff, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) System PI**

**Committee(s): Regulatory Oversight and System PI Committees**

6. The state EMSS lead agency shall be required to assure that statewide system performance meets or exceeds the performance standards specified in 3.B.9 and that interventions are sought where necessary on a local, regional, and state level.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) System PI and Information Communications Technology**

**Committee(s): State EMSS Body, State EMSS Medical Committee, System PI Committee**

## **4. Resource Management Subsystems – Transportation**

### **Core Functions**

#### **A. Assessment**

1. The state EMSS lead agency shall assure and maintain a statewide standardized tool which is routinely used on the local/regional level, as part of the overall state EMSS performance assessment, to assess the adequacy of deployment of ground, air, and water response and transportation resources.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) Specialty System of Care, System PI and Information Communications Technology**

**Committee(s): State EMSS Body, State EMSS Medical Committee, Specialty System of Care Committees**

2. As a part of this assessment tool, the state EMS lead agency shall develop and maintain performance measures for response, scene, and transport time intervals by both mean and 90<sup>th</sup> percentile measures. The NHTSA Performance Measures (PM) Indicators “**10.1-** Mean Emergency Patient Response Interval”, “**10.2-** 90<sup>th</sup> Percentile Emergency Response Interval”, “**10.3-** Mean Emergency Scene Interval”, “**10.4-** 90<sup>th</sup> Percentile Emergency Scene Interval”, “**10.5-** Mean Emergency Transport Interval”, and “**10.6-** 90<sup>th</sup> Percentile Emergency Transport Interval”, or similar measures, shall be adopted as statewide PM indicators.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) System PI and Information Communications Technology**

**Committee(s): State EMSS Body, State EMSS Medical Committee, System PI Committee**

#### **B. Policy Development**

1. The lead EMSS agency will establish standards, drawing upon national or other evidence-based standards where possible, for the equipping and operation of ground and water ambulances and other EMS vehicles, and for the clinical operations of air medical services.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) Specialty System of Care, System PI and Information Communications Technology**

**Committee(s): State EMSS Body, State EMSS Medical Committee, Specialty System of Care Committees**

2. Performance standards shall be established as policy for the indicators in section 4.A and it shall be policy of the state EMSS lead agency that performance will meet or exceed these standards.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) System PI and Information Communications Technology**

**Committee(s): State EMSS Body, State EMSS Medical Committee, System PI Committee**

3. There is a policy to inspect vehicles and/or review performance measures about them on a regular basis.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) System PI, and Regulatory Staff Manager**

**Committee(s): State EMSS Body, State EMSS Medical Committee, System PI Committee, Regulatory Oversight Committee**

### **C. Assurance**

1. The lead EMSS agency shall conduct on-going performance improvement and/or regularly inspect vehicles utilizing the standards and performance indicators it has established. Staff and committee oversight will be appropriate to type of oversight utilized and will likely involve those among, but not necessarily all of, the following:

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) System PI, and Regulatory Staff Manager**

**Committee(s): State EMSS Body, State EMSS Medical Committee, System PI Committee, Regulatory Oversight Committee**

2. The agency shall have enforcement authority, including well-defined due process procedures, to take timely and effective action when transportation and/or operational inadequacies are discovered that may pose a hazard to patients or the public.

**Staff: State EMSS Director, Regulatory Staff Manager and Staff**

**Committee(s): State EMSS Body, Regulatory Oversight Committee**

3. The state EMSS lead agency shall be required to assure that statewide system performance meets or exceeds the performance standards specified in 4.B.2 and that interventions are sought where necessary on a local, regional, and state level.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) System PI and Information Communications Technology**  
**Committee(s): State EMSS Body, State EMSS Medical Committee, System PI Committee**

4. The EMSS lead agency shall be responsible for, and be granted the authority to lead EMSS operations in statewide disaster planning and in mass casualty events that exceed local EMS agency and hospital mutual aid capabilities.

**Staff: State EMSS Director, State Operations and Technical Assistance Staff Manager and Preparedness Staff**  
**Committee(s): State EMSS Body, Preparedness Committee**

5. The state EMSS lead agency shall be empowered and funded to provide (directly or through contract) EMS coordinating and other facilitating services in areas where usual and customary EMS services have been withdrawn, or otherwise do not exist, and have been determined by the agency to be necessary.

**Staff: State EMSS Director, State Operations and Technical Assistance Staff Manager and Preparedness Staff**  
**Committee(s): State EMSS Body, Preparedness Committee**

## **5. Resource Management Subsystems – Facility and Specialty Care Regionalization**

### **Core Functions**

#### **A. Assessment**

1. The state EMSS lead agency shall, as a part of its routine assessment of statewide system performance, assess the adequacy of its regional, accountable systems of emergency medical care to match patient need with prehospital and hospital transportation and provider resources.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) Specialty System of Care, System PI and Information Communications Technology**  
**Committee(s): State EMSS Body, State EMSS Medical Committee, Specialty System of Care Committees**

2. The state EMSS lead agency shall, as a part of its assessment of the adequacy of its regional, accountable systems of care, establish at least the following performance measures as statewide measures, and data contributing to them shall be routinely collected and results shall be analyzed at all levels similar measures shall be developed for all specialty systems of care established):
  - a. A performance measure has been established for “Major Trauma Triage to Trauma Center Rate”. The NHTSA Performance Measures (PM) Indicator “5- Major Trauma Triage to Trauma Center Rate” or a similar measure has been adopted.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) System PI, Trauma System of Care, and Information Communications Technology**

**Committee(s): State EMSS Body, State EMSS Medical Committee, System PI Committee, Trauma System of Care Committee**

- b. A performance measure has been established for “STEMI Triage to Specialty Center Rate”. The NHTSA Performance Measures (PM) Indicator “9- STEMI Triage to Specialty Center Rate” or a similar measure has been adopted.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) System PI, Cardiac System of Care and Information Communications Technology**

**Committee(s): State EMSS Body, State EMSS Medical Committee, System PI Committee, Cardiac System of Care Committee**

## **B. Policy Development**

1. Performance standards shall be established as policy for the indicators in section 5.A (5.A.2, specifically, as well as any created pursuant to 5.A.1) and it shall be policy of the state EMSS lead agency that performance will meet or exceed these standards.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) System PI, Trauma System of Care, Cardiac System of Care, and Information Communications Technology**

**Committee(s): State EMSS Body, State EMSS Medical Committee, System PI Committee, Trauma System of Care Committee, Cardiac System of Care Committee**

2. The state EMSS lead agency shall establish and maintain specialty committees for each regional, accountable system of care with broad stakeholder representation meeting regularly to develop and implement those specialty care systems (e.g. trauma, cardiac, stroke, pediatric, burns). These shall:
  - a. Be formally organized as multidisciplinary, multi-agency subcommittees of the state EMSS body and/or state medical committee.
  - b. Develop system plans which shall be integrated effectively into the statewide EMSS plan and its on-going review and improvement.
  - c. Assure that their system components coordinate well through the lead agency and its state EMSS body and/or state medical committee (e.g. medical direction subsystem development of prehospital protocols draws upon representatives of specialty care systems [system committees, if established] for protocols in those areas]).

**Staff: Cabinet Level Department Head (if legislation required), State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) Specialty System of Care**

**Committee(s): Legislature (if legislation required), State EMSS Body, State EMSS Medical Committee**

3. The state EMSS lead agency is authorized to establish and maintain a process for the designation (meaning initial and renewal) of specialty care facilities that is governed by the EMSS lead agency through its specialty care system committees.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) Specialty System of Care**

**Committee(s): State EMSS Body, State EMSS Medical Committee, Specialty System of Care Committees**

4. The state EMSS lead agency, through its specialty care committees, shall develop standard definitions of transfer “qualifying patient” for each specialty care system.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) Specialty System of Care**

**Committee(s): State EMSS Body, State EMSS Medical Committee, Specialty System of Care Committees**

5. The state EMSS lead agency will implement statewide processes so that transfers are based on the definitions of transfer “qualifying patient” in the specialty systems of care. These shall be linked to performance improvement and medical direction review subsystems, and updated as needed on a statewide basis.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) Specialty System of Care and PI**

**Committee(s): State EMSS Body, State EMSS Medical Committee, Specialty System of Care Committees, System PI Committee**

6. The state EMSS lead agency, through its specialty care committees shall establish statewide prehospital triage criteria for each specialty care system. These shall be linked to performance improvement and medical direction review for appropriateness in identifying qualifying patients and in ensuring that they are transported to the appropriate specialty care facility. Sensitivity and specificity (over- and under-triage rates) of the criteria used shall be regularly reported through the state EMSS lead agency and its specialty care committees. Updates to the triage criteria shall be made as necessary to improve system performance.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) Specialty System of Care, PIER, and PI**

**Committee(s): State EMSS Body, State EMSS Medical Committee, Specialty System of Care Committees, System PI Committee, PIER Committee**

7. Where necessary, the state EMSS lead agency shall establish processes and administrative infrastructure, to support planning, implementation and coordination of regional, accountable systems of care. When this is necessary, the state EMSS lead agency shall base regional definitions and boundaries on the geographic organization of all the specialty systems of care, their designated specialty system hospitals, and patient flow around them. If this is done, the state EMSS lead agency shall develop a participatory, representative process for the designation of regional, accountable systems of care, including the ability to negotiate regional boundaries as necessary, and has designated these. Emergency management, emergency health preparedness, and public safety agencies shall be included in these discussions in order to coordinate regional response organization.

**Staff: Cabinet Level Department Head (as Required), State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) Specialty System of Care, and PI; State Emergency Management, Emergency Health Preparedness, and Public Safety (as Required) Agencies; Regional EMS Staff (State or Contract agency) as May Already Exist**

**Committee(s): Legislature (as Required), State EMSS Body, State EMSS Medical Committee, Specialty System of Care Committees, System PI Committee, Regional EMS Bodies as May Already Exist**

8. The state EMSS lead agency will pursue the establishment of an emergency medical services for children (EMSC) specialty care system as one of its specialty care systems.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager**

**Committee(s): State EMSS Body, State EMSS Medical Committee**

### **C. Assurance**

1. The state EMSS lead agency shall be required to assure that statewide system performance meets or exceeds the performance standards specified in 5.B.1 and that interventions are sought where necessary on a local, regional, and state level.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) System PI, Trauma System of Care, Cardiac System of Care, and Information Communications Technology**

**Committee(s): State EMSS Body, State EMSS Medical Committee, System PI Committee, Trauma System of Care Committee, Cardiac System of Care Committee**

2. The state EMSS lead agency shall assure that hospitals and other affected facilities are represented in the regional, accountable systems of care performance improvement processes and benchmark their performance against local and national standards. The state EMSS lead agency shall assure that issues of noncompliance are monitored and addressed as part of the regional performance improvement process. The state EMS lead agency is authorized to remove a hospital specialty care designation, but this is reserved only as a final public health safeguard. This action will be delegated to the designated regions by the state EMSS lead agency if such regional structures and committees exist, otherwise it will make the decision through its statewide specialty care system committee.

**Staff: Cabinet Level Department Head (as Required), State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) Specialty System of Care, and PI; Regional EMS Staff (State or Contract agency) as Exist**

**Committee(s): Legislature (as Required), State EMSS Body, State EMSS Medical Committee, Specialty System of Care Committees, System PI Committee, Regional EMS Bodies as Exist**

3. The state EMSS lead agency shall develop a well-integrated program of rehabilitation. Rehabilitation programs shall be included in the EMSS plan and systems user's guide(s).

**Staff: Cabinet Level Department Head (as Required), State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) Specialty System of Care, and PI**

**Committee(s): Legislature (as Required), State EMSS Body, State EMSS Medical Committee, Specialty System of Care Committees, System PI Committee**

4. The state EMSS agency shall monitor hospital decisions to go on facility bypass, and the circumstances that led to those decisions, and determine whether those decisions were reasonable.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager**

**Committee(s): State EMSS Body, State EMSS Medical Committee**

## **6. Public Access and Communications Subsystems**

### **Core Functions**

#### **A. Assessment**

1. The state EMSS lead agency will establish and maintain an index of EMS agencies, emergency medical dispatch centers, and hospitals listing (as appropriate) their emergency access type (9-1-1, E-9-1-1, other), direct ten-digit dispatch number, ten-digit business number, dispatch voice frequency, dispatch data frequency, field to hospital frequency/ies, hospital to hospital frequency/ies, EMS tactical frequency/ies, broadband or wideband frequency/ies and purpose. As appropriate, the state EMSS lead agency will incorporate this information into its EMSS communications system user's guide.

**Staff: State Operations and Technical Assistance Staff Manager and Staff Including (At Least) Information Communications Technology and PIER**

**Committee(s): Information Communications Technology Committee, PIER Committee**

2. The state EMSS lead agency shall also establish and maintain a list of major communications system assets (at least fixed radio consoles and mobile units, towers, base stations, and recording equipment) by date and type.

**Staff: State Operations and Technical Assistance Staff Manager and Staff Including (At Least) Information Communications Technology**

**Committee(s): Information Communications Technology Committee**

#### **B. Policy Development**

1. The state EMSS lead agency shall produce and maintain an EMSS communications system plan and a system user's guide which provide guidelines and goals, respectively, for system improvement and for day to day system use. The plan and guide shall also specifically address:
  - a. The organization and development of wire-line, cellular, voice over internet protocol, automatic crash notification, patient alerting system device and other public 9-1-1 access to the Emergency Medical Services System.
  - b. How the EMSS will utilize all voice, video, telemetry, and other data communications as necessary to best enhance real-time information management for patient care.
  - c. How medically directed systems of emergency medical dispatch (EMD) and communications are in place or will develop to adequately support the statewide regionalized, accountable systems of care.
  - d. How the statewide EMSS communications interoperability will progress as a whole from its current status to the far right on the US Department of Homeland Security (USDHS) SafeCom Interoperability Continuum.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) Information Communications Technology and PIER**

**Committee(s): State EMSS Body, State EMSS Medical Committee, Information Communications Technology Committee, PIER Committee**

2. A state agency shall be designated and adequately funded within the executive branch to coordinate statewide interoperable public safety communications. This agency shall:
  - a. Plan, coordinate, implement, manage, and enforce policies for interoperable communications including instate and neighboring state/province/territory frequency coordination
  - b. Name a multidisciplinary statewide interoperability executive committee (SIEC) or similarly named and functioning body that has representation from the state EMSS lead agency and local EMS and hospital providers
  - c. Produce and disseminates a public safety statewide communications interoperability plan (SCIP) integrating the EMSS communications system plan.<sup>3</sup>
  - d. Produce a "system user's guide" which explains National Incident Management System (NIMS) and SafeCom compliant policies and procedures for participation in the public safety communications interoperable system (e.g. use of interoperability channels in major events and plain language usage at all times).
  - e. Establish as a goal, within a specified period, that all jurisdictions are at least at mid-point, and most are at the far right on the SafeCom Interoperability Continuum (see p. 19).<sup>4</sup>

**Staff: Governor, Affected Department Heads, State EMSS Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) Information Communications Technology**

**Committee(s): State EMSS Body, Information Communications Technology Committee**

### **C. Assurance**

1. The state EMSS lead agency will develop emergency medical dispatch (EMD) protocols with statewide input and with EMSS medical direction oversight. These shall recognize that EMD protocols for resource dispatch must be specific to the resources present in any given locale and decisions on these protocols must reflect input of those locales.

**Staff: State EMSS Director, State EMSS Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) Specialty System of Care**

**Committee(s): State EMSS Body, State EMSS Medical Committee, Specialty System of Care Committees**

2. The state EMSS lead agency shall establish procedures to involve representatives of EMD staff in EMD and EMSS performance improvement and a “feedback loop” to change protocols or to update dispatcher education when appropriate. These protocols shall include, but are not limited to, which resources to dispatch (for example, Advanced Life Support (ALS) versus Basic Life Support (BLS), use of lights and sirens mode, early notification of the air medical and specialty facility resources, pre-arrival instructions, and other procedures necessary to ensure resources dispatched are consistent with the needs of emergency patients.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) Specialty System of Care, and PI**

**Committee(s): State EMSS Body, State EMSS Medical Committee, Specialty System of Care Committees, System PI Committee; Relevant Statewide Telecommunicators Association(s) as May Exist**

3. The state EMSS lead agency will be empowered to require that all emergency callers to Public Safety Answering Points (PSAPs) are assured of interaction with EMD certified staff in a facility whose EMD program has a medical director and has been reviewed and approved/certified by the state EMSS lead agency.

**Staff: Cabinet Level Department Head (as Required), State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) Specialty System of Care, and PI, State Regulatory Staff Manager and Staff**

**Committee(s): Legislature (as Required), State EMSS Body, State EMSS Medical Committee, Regulatory Oversight Committee, System PI Committee**

4. The executive branch is required to assure, through the appropriate agency, that state-of-the-art electronic, seamlessly linked citizen access (specifically E-9-1-1 and wireless E-9-1-1) and dispatch communication systems are available within all jurisdictions and utilize state-of-art EMD and other dispatch procedures routinely evaluated in an on-going performance improvement program.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least)**

**Information Communication Technology**

**Committee(s): State EMSS Body, State EMSSS Medical Committee, Information Communication Technology Committee**

5. The executive branch is required to assure, through the appropriate agency, that state-of-the-art electronic communication systems are available within all jurisdictions and are coordinated by an SIEC or similar body. The systems shall
  - a. Constitute a linkable statewide system, ideally coordinated in a single EMS or other state communications center or through linked, statewide regional communications centers, that is utilized for day to day operations and is effective in all-hazards responses.
  - b. Be linked to public health and other nontraditional partners.
  - c. Be routinely evaluated on a statewide basis and affords narrowband, wideband and broadband solutions to EMS agencies and facilities in all jurisdictions.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least)**

**Information Communication Technology**

**Committee(s): State EMSS Body, State EMSSS Medical Committee, Information Communication Technology Committee**

## **7. Public Information, Education and Prevention Subsystem**

### **Core Functions**

#### **A. Assessment**

1. The state EMSS lead agency shall maintain a comparison (written descriptive, graphic, and/or tabular) of the *top ten* leading causes of emergent illness and injury death using local, regional, statewide, and national data.

**Staff: State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) PI, and PIER; State Public Health Agency**

**Committee(s): State EMSS Medical Committee, System PI Committee, PIER Committee**

2. The state EMSS lead agency will utilize the data on the *top ten* causes of death, at least as a component, in its on-going system performance improvement assessments.

**Staff: State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) PI, and PIER; State Public Health Agency (as Required)**

**Committee(s): State EMSS Medical Committee, System PI Committee, PIER Committee**

3. The state EMSS lead agency and the state agency charged with public health epidemiology will be required to work cooperatively, with well-defined reporting roles and responsibilities and the use of data sharing and/or linkage, to assess emergent illness/injury and ways to improve EMMSS and other health system response.

**Staff: State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) PI, Information Communication Technology, and PIER; State Public Health Agency**

**Committee(s): State EMSS Medical Committee, System PI Committee, PIER Committee, Specialty System of Care Committees**

4. The state EMSS lead agency shall assure polling on a periodic basis to gauge expectations about the EMSS such as access, speed of response, and level and type of care expected. The results of this activity shall be utilized to focus certain public information and education activities and system service development.

**Staff: State EMSS Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) PI, and PIER**

**Committee(s): State EMSS Body, System PI Committee, PIER Committee**

## **B. Policy Development**

1. The state EMSS lead agency shall maintain routine and effective links with local, regional, and state policy-makers, as well as the media, to inform them and the public about proper use and expectations of the EMSS on a day-to-day basis and during large scale emergencies, use of public funds in the development and maintenance of the EMSS, and the structure and effectiveness of the EMSS.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) PIER, and Preparedness**

**Committee(s): State EMSS Body, State EMSS Medical Committee, Preparedness Committee, PIER Committee**

### **C. Assurance**

1. The EMSS lead agency shall provide a formal technical assistance program for communities. This shall include a detailed explanation of community EMS system evaluation methods and informed self-determination processes. The state EMSS lead agency will develop (or adopt/adapt an existing program) an informed self-determination program<sup>5</sup> (generically, a process through which communities are encouraged to evaluate their local EMSS, learn about alternative levels and type of EMS response and their comparative costs and then determine the type of system and level of public cost they prefer), and shall provide staff support, guidance materials and subsidies to encourage adoption of the program.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) PIER Committee(s): State EMSS Body, PIER Committee**

2. The EMSS lead agency will routinely distributes public information, education, and relations (PIER) support materials to provider agencies, will publicize this availability, and will provide staff technical assistance to local agencies as requested. This program shall include not only robust resources on raising the profile of the local EMSS (and its appropriate use) and emergency illness/injury prevention efforts in the community, but enables agency leaders to explore opportunities to become involved in directly meeting preventive health, primary care and other needs in the community in order to strengthen the clinical base and response capabilities of the agency. This shall encourage consideration of EMS based community health service (“community paramedicine”)<sup>6</sup>, or other programs appropriate to the health needs of the state’s various community types, and shall offer technical assistance in approaching issues such as medical direction and training for such services.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) PIER; State Public Health Agency**

**Committee(s): State EMSS Body, State EMSS Medical Committee, PIER Committee**

## **8. Clinical Care, Integration of Care, and Medical Direction Subsystem**

### **Core Functions**

## **A. Assessment**

1. The state EMSS lead agency shall, as a part of its routine assessment of statewide system performance, assess the adequacy of medical provider workforce for maintaining the system of medical direction on a state, regional, and local basis.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including PI**

**Committee(s): State EMSS Body, State EMSS Medical Committee, System PI Committee**

2. The following performance measures shall be established as statewide measures, data contributing to them shall be routinely collected and results shall be analyzed at all levels:
  - a. A performance attribute measure for the types of calls received by the EMSS: The NHTSA Performance Measures (PM) Attributes “17.1- Call Complaint Distribution” and “17.2 – Call Complaint Rate”, or similar measures, (e.g. with a goal of better matching resources to call types experienced).
  - b. A performance measure for prehospital relief of pain: The NHTSA Performance Measures (PM) Indicators “6.1- Pain Relief Rate”, “6.2- Pain Worsened Rate”, and “6.3- Pain Unchanged Rate”, or similar measures.
  - c. A performance measure EMS cardiac arrest survival rate to hospital discharge: The NHTSA Performance Measures (PM) Indicator “18.2- EMS Cardiac Arrest Survival Rate to Hospital Discharge” or similar measure.
  - d. A performance measure for at least one additional indicator of system interest in expanding its role to meet the changing needs of the patient population (e.g. this might be coordinated with the emergent illness/injury system performance interests of subsystem component 7).

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least)**

**System PI, Pertinent System of Care, and Information Communications Technology**

**Committee(s): State EMSS Body, State EMSS Medical Committee, System PI Committee, Pertinent System of Care Committee(s)**

## **B. Policy Development**

1. The state EMSS lead agency shall, by regulation, define the organization and division of legal authority and responsibility for medical direction decision-making and protection from liability, and for information flow between levels of medical directors involved in the processes of protocol adoption, performance improvement, and credentialing and restricting the practice of prehospital care providers. The role and responsibilities of medical directors at all levels and their

functional interconnection and reporting and authority relationships should be defined in rules and regulations.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff, State Regulatory Manager and Staff**

**Committee(s): State EMSS Body, State EMSSS Medical Committee, Regulatory Oversight Committee**

2. The state EMSS lead agency shall employ medical committees as deliberative, advisory or authoritative, bodies at appropriate local, regional and/or state levels to encourage and facilitate the two-way (local through state level) flow of information and input to support medical direction and the processes described immediately above.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff**

**Committee(s): State EMSS Body, State EMSS Medical Committee**

3. The state EMSS lead agency medical director shall be the ultimate authority and shall have the ultimate responsibility for EMSS medical direction statewide. By regulation, this authority and responsibility may be delegated to state, regional and/or local medical committees and/or medical directors, and this authority and responsibility will be accompanied by delegated governmental or other protection from liability. Further delegation of EMSS medical decision-making and practice to EMSS providers shall be made through EMSS protocols which may be adopted as a matter of state EMSS lead agency policy, and which may have opportunities for local variation.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff, State Regulatory Manager and Staff**

**Committee(s): State EMSS Body, State EMSSS Medical Committee, Regulatory Oversight Committee**

4. Performance standards will be established as policy for the indicators in section 8.A (8.A.2, specifically, as well as any indicators created pursuant to 8.A.1) and it shall be policy of the state EMSS lead agency that performance will meet or exceed these standards. Standards will be established for initiating and maintain medical director recruitment and retention activities based on the workforce assessment in section 8.A.1.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (At Least) System PI, Pertinent System of Care, and Information Communications Technology**

**Committee(s): State EMSS Body, State EMSS Medical Committee, System PI Committee, Pertinent System of Care Committee(s)**

**C. Assurance**

1. The state EMSS lead agency shall enforce, utilizing well-defined standards, policies, and procedures (including protocols) all prehospital clinical practice.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff, State Regulatory Manager and Staff**

**Committee(s): State EMSS Body, State EMSSS Medical Committee, Regulatory Oversight Committee, System of Care Committees**

2. The state EMSS lead agency shall employ a documented, effective system of performance improvement which has specific points of integration with and separation from disciplinary and other licensure/certification actions and is coordinated well with the statewide medical direction system. In all enforcement practices, the lead agency shall maintain well-defined procedures for adequate review and due process.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff, State Regulatory Manager and Staff**

**Committee(s): State EMSS Body, State EMSSS Medical Committee, Regulatory Oversight Committee, System of Care Committees**

3. The EMSS lead agency shall require EMSS medical directors to be credentialed. The EMSS lead agency credential shall require a specific initial training program and on-going continuing education.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (at Least) Training/Education, State Regulatory Manager and Staff**

**Committee(s): State EMSS Body, State EMSSS Medical Committee, Regulatory Oversight Committee**

4. The state EMSS lead agency shall be required to assure that statewide system performance meets or exceeds the performance standards specified in 8.B.4 and that interventions are sought where necessary on a local, regional, and state level.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (at Least) System PI, Pertinent System of Care, and Information Communications Technology**

**Committee(s): State EMSS Body, State EMSS Medical Committee, System PI Committee, Pertinent System of Care Committee(s)**

## 9. Information, Evaluation, and Research Subsystem

### Core Functions

#### A. Assessment

1. The state EMSS lead agency shall be required and authorized to collect, or to receive from another agency already collecting, and analyze death certificate data, by E-code, as part of the overall assessment of EMSS care, including statewide rural and urban preventable mortality studies.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (at Least) PI, and PIER; State Public Health Agency**

**Committee(s): State EMSS Body, State EMSS Medical Committee, System PI Committee, PIER Committee**

2. The state EMSS lead agency will be required to identify all EMSS data stakeholders (including insurance carriers, Fatal Accident Reporting System, and rehabilitation services, in addition to EMS system prehospital and hospital resources and providers). The state EMSS lead agency and these stakeholders will be required to execute data access agreements to assure that clinical, operational, financial and other performance aspects of the EMSS may be measured and monitored in an on-going fashion.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (at Least) PI**

**Committee(s): State EMSS Body, State EMSS Medical Committee, System PI Committee**

3. The state EMSS lead agency shall be assigned adequate hardware and software infrastructure and staff resources to deterministically and probabilistically link, analyze, and report from a variety of data sources in a routine and timely manner. The resulting reports must accurately represent the performance of all ten subsystems described in this document throughout the continuum of emergency care.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (at Least) PI**

**Committee(s): State EMSS Body, State EMSS Medical Committee, System PI Committee**

4. The state EMSS lead agency shall be required to assure, through written policy and/or other means, that there is compliance concerning data management and governance including an evaluation of the quality, timeliness, and completeness

of data, with confidential protection of records ensured while allowing appropriate access for research purposes.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (at Least) PI and information Communication Technology**

**Committee(s): State EMSS Body, State EMSS Medical Committee, System PI Committee, Information Communication Technology Committee**

## **B. Policy Development**

1. A National EMS Information System (NEMSIS) -compliant EMSIS shall be implemented and maintained by the state EMSS lead agency, and all EMSS provider agencies shall be required to provide data electronically on a regular, timely basis. At a minimum, providers will submit data on all emergency calls for assistance regardless of their disposition/conclusion (transport or otherwise), and on all non-emergency transports. These will include all events handled by the state's licensed/certified agencies/services regardless of where the event occurred, and all in-state events handled by an out of state service.

**Staff: State EMSS Director, State Operations and Technical Assistance Staff Manager and Staff Including (at Least) PI and information Communication Technology, Regulatory Staff Manager and Staff**

**Committee(s): State EMSS Body, System PI Committee, Information Communication Technology Committee, Regulatory Oversight Committee**

2. The state EMSS lead agency is authorized to submit appropriate EMSIS data to NEMSIS, to participate in NEMSIS programs, and to utilize NEMSIS data to assist in EMSS improvement through inter-state benchmarking and other comparisons.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (at Least) PI and Information Communication Technology**

**Committee(s): State EMSS Body, System PI Committee, Information Communication Technology Committee, Regulatory Oversight Committee**

3. The EMSS lead agency shall routinely utilize NHTSA Performance Measures (PM) and additional state EMSS created indicators (including outcome measures) and attributes to gauge the effectiveness of the EMSS at all levels and against state and national results. The lead agency shall provide these to the public with appropriate explanation and system improvement suggestions.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (at Least) PI and PIER**

**Committee(s): State EMSS Body, State EMSS Medical Committee, System PI Committee, PIER Committee**

4. The state EMSS lead agency and the state agency charged with public health epidemiology shall maintain a cooperative, well-integrated, emergent illness/injury reporting system. This system will be utilized for the specific monitoring of work-related illnesses and injuries for the EMS workforce.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (at Least) PI and PIER; State Public Health Agency**

**Committee(s): State EMSS Body, State EMSS Medical Committee, System PI Committee, PIER Committee**

5. The state EMSS lead agency will be required to establish a system encouraging and facilitating system providers to routinely use EMS information system (EMSIS) data to identify program needs, to develop strategies on program priorities, and to set annual goals for emergent illness/injury prevention.

**Staff: State Operations and Technical Assistance Staff Manager and Staff Including (at Least) PI and PIER**

**Committee(s): System PI Committee, PIER Committee**

6. The statewide multidisciplinary, multi-agency EMSS (advisory or authority) body formally shall delegate by rule to a statewide medical direction committee, or other similar body, the responsibility to complete regular reviews of annotated EMSIS data reports to determine and recommend the need for system modifications. This process should be integrated with and comprise part of the statewide system performance assessment process.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (at Least) PI and System of Care**

**Committee(s): State EMSS Body, State EMSS Medical Committee, System PI Committee, System of Care Committees**

7. The state EMSS lead agency shall provide (or require to be provided, depending on the organization and direction of data flow during collection) statewide, regional, and jurisdictional/local agency EMSIS data reports no less than once per year. The lead agency shall specify the data/measures to be included and shall make these available to EMSS leaders on all levels and to other stakeholders and the public as appropriate to evaluate and improve system performance.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (at Least) PI, System of Care, and PIER**

**Committee(s): State EMSS Body, State EMSS Medical Committee, System PI Committee, PIER Committee, System of Care Committees**

8. EMSS hospitals and other facilities identified as EMSS system participants shall be required to facilitate real-time data linkage and transmission for operational and clinical purposes (e.g. field access to patient history; on-line medical direction access to field data on patients and resources) and outcome evaluation.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (at Least) PI and Information Communication Technology, Regulatory Staff Manager and Staff**

**Committee(s): State EMSS Body, State EMSS Medical Committee, System PI Committee, Information Communication Technology Committee**

9. The state EMSS lead agency shall develop and maintain a statewide performance improvement (PI) plan with universal prehospital and hospital provider participation at the state, regional, jurisdictional, and local agency level with dedicated, specified medical oversight. All EMSIS, hospital and other data and information utilized in PI review processes shall be protected from discoverability. This plan shall not be exclusive of other PI, system assessment or data collection activities described in this document but should be well integrated with them. This plan shall include a mechanism for reporting patient care/treatment errors.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (at Least) PI and Information Communication Technology, Regulatory Staff Manager and Staff**

**Committee(s): State EMSS Body, State EMSS Medical Committee, System PI Committee, Information Communication Technology Committee, Regulatory Oversight Committee**

10. State EMSS lead agency policies for educational programs shall require exposure to scientific literature, appropriate research principles, and the value of initiating and participating in research to produce evidence-based advancement of the field are included in EMS education content.

**Staff: State EMSS Director, State Operations and Technical Assistance Staff Manager and Staff Including (at Least) Training/Education, Regulatory Staff Manager and Staff Including (at Least) Education Certification**

**Committee(s): State EMSS Body, Training/Education Committee, Regulatory Oversight Committee**

## **C. Assurance**

1. The EMSS lead agency is authorized to establish regulations, policies, procedures, and memoranda of agreement on an intrastate and interstate (as appropriate) basis to assure the collection of EMSIS data for which the lead agency is assigned responsibility in 9.B.1 above, to share data with NEMSIS, and to most effectively share the responsibility for data collection with other states' EMSS lead agencies for cross-border operations.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (at Least) PI and Information Communication Technology**

**Committee(s): State EMSS Body, System PI Committee, Information Communication Technology Committee**

2. The state EMS lead agency is empowered to enforce provider agency participation in the EMSIS and statewide performance improvement (PI) systems, as well as facility participation in EMSIS for operational, clinical, and outcome evaluation purposes.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (at Least) PI and Information Communication Technology, Regulatory Staff Manager and Staff**

**Committee(s): State EMSS Body, State EMSS Medical Committee, System PI Committee, Information Communication Technology Committee, Regulatory Oversight Committee**

## **10. Large Scale Event Preparedness and Response Subsystem**

### **Core Functions**

#### **A. Assessment**

1. The state EMSS lead agency is required to conduct a resource assessment of the EMSS' ability to expand its capacity to respond to mass casualty incidents (MCIs) in an all-hazards approach. This includes all hospital resources

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (at Least) PI, Preparedness, and Information Communication Technology; State Emergency Management and Emergency Health Preparedness Staff**

**Committee(s): State EMSS Body, State EMSS Medical Committee, Preparedness Committee; State Emergency Response Body**

2. The state EMSS lead agency, in conjunction with the state emergency management lead agency will complete a gap analysis comparing the resource

assessment for EMSS emergency preparedness and system resource standards adopted.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (at Least) PI, Preparedness, and Information Communication Technology; State Emergency Management and Emergency Health Preparedness Staff**  
**Committee(s): State EMSS Body, State EMSS Medical Committee, Preparedness Committee; State Emergency Response Body**

3. The state EMS lead agency shall perform an assessment of need for protective resources (including vaccinations, prophylaxis, and personal protective equipment) for prehospital and hospital providers and their families. The lead agency shall maintain a system for routinely reassessing the need for protective resources and for identifying new providers as they enter the EMSS.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (at Least) PI, Preparedness, and Information Communication Technology; State Emergency Management and Emergency Health Preparedness Staff**  
**Committee(s): State EMSS Body, State EMSS Medical Committee, Preparedness Committee**

## **B. Policy Development**

1. The EMSS plan (including user's guide) shall have clearly defined methods of integrating with other emergency preparedness plans (all-hazards). The EMSS plan shall address the lead agency's coordination among EMS, public health, public safety and emergency management. It should have the primary role in EMS system situational awareness and resource management including hospitals.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (at Least) Preparedness, and Information Communication Technology; State Emergency Management and Emergency Health Preparedness Staff**  
**Committee(s): State EMSS Body, State EMSS Medical Committee, Preparedness Committee**

2. The state EMSS plan (including user's guide) and other state agency response plans shall be well integrated and include annual multidisciplinary exercises to test this capability using scenarios based on appropriate targeted capabilities lists, risk vulnerability assessment, and Homeland Security Exercise and Evaluation Program (HSEEP) guidelines. Results from drills and live responses must be analyzed and used to further improve the plans and processes.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (at Least) Preparedness, and Information Communication Technology; State Emergency Management and Emergency Health Preparedness Staff Committee(s): State EMSS Body, State EMSS Medical Committee, Preparedness Committee**

3. The EMSS plan (including user's guide) shall specify means to allow EMS resources to be used across jurisdictions, both intrastate and interstate, using the Emergency Management Assistance Compact, memoranda of understanding, the National Incident Management System, and other contracting arrangements which may be in force on a national basis.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (at Least) Preparedness, and Information Communication Technology; State Emergency Management and Emergency Health Preparedness Staff Committee(s): State EMSS Body, State EMSS Medical Committee, Preparedness Committee**

4. The state EMSS lead agency, in conjunction with the state emergency management lead agency, will assure that the EMSS adequately identifies additional resources (both manpower and equipment) necessary to respond to a large scale mass casualty and utilizes NIMS compliant resource typing definitions to describe these.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (at Least) Preparedness, and Information Communication Technology; State Emergency Management and Emergency Health Preparedness Staff Committee(s): State EMSS Body, State EMSS Medical Committee, Preparedness Committee**

5. The state EMSS plan (including system user's guide) shall be rehearsed, and shall be supported by sufficient caches of equipment and backup personnel, that ensure the rapid deployment of additional resources during mass casualty incidents.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (at Least) Preparedness, and Information Communication Technology; State Emergency Management and Emergency Health Preparedness Staff Committee(s): State EMSS Body, Preparedness Committee**

6. The EMSS plan (and user's guide) has specific provisions for a pandemic influenza event.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (at Least) Preparedness, and Information Communication Technology; State Emergency Management and Emergency Health Preparedness Staff Committee(s): State EMSS Body, State EMSS Medical Committee, Preparedness Committee**

### C. Assurance

1. The EMSS, through the lead agency, shall identify and have access to additional equipment, materials, and personnel for large-scale events including access to the strategic national stockpile. The lead agency shall maintain additional equipment and materials for EMS response to all-hazards events.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (at Least) Preparedness, and Information Communication Technology; State Emergency Management and Emergency Health Preparedness Staff Committee(s): State EMSS Body, State EMSS Medical Committee, Preparedness Committee**

2. The state EMSS lead agency has implemented a deployment mechanism to share personnel resources and this shall be tested on a routine basis in both all EMS settings (e.g., mutual aid, precredentialing of practitioners, and rapid assignment of privileges).

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (at Least) Preparedness, and Information Communication Technology; State Emergency Management and Emergency Health Preparedness Staff Committee(s): State EMSS Body, State EMSS Medical Committee, Preparedness Committee**

3. Based on the most recent state EMSS lead agency assessment of need for protective resources (including vaccinations, prophylaxis, and personal protective equipment) for EMS providers and their families, all of the resources identified as being needed shall be made available by the lead agency.

**Staff: State EMSS Director, State EMSS Medical Director, State Operations and Technical Assistance Staff Manager and Staff Including (at Least) Preparedness, and Information Communication Technology; State Emergency Management and Emergency Health Preparedness Staff Committee(s): State EMSS Body, State EMSS Medical Committee, Preparedness Committee**

### **III. Appendices**

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