

NEMSMA POSITION PAPER

Scope and Philosophy of EMS Quality and Performance Management

INTENT

This paper outlines the position of the National EMS Management Association on the appropriate scope and philosophy of approach to the management of quality and performance in EMS provider organizations, EMS systems and regulatory entities.

CONTEXTUAL TERMINOLOGY

- *Quality* - characteristic of a system or process that reflects on how well the needs of a patient, client or other EMS customer is met
- *Cost* - the amount of money required by the system or process to meet a customer need or expectation
- *Customer* - recipient of a system or process output
- *Value* - 1. a measurement that reflects on the combined effects of quality and cost 2. dividend of quality divided by cost (i.e., $quality / cost = value$)
- *Performance* - a general term that encompasses measures of quality, cost and value
- *EMS Provider* - an organization that directly delivers EMS services, such as an ambulance service, fire rescue service, or private ambulance company.
- *EMS System* - a group of providers, regulatory entities, and political entities that work together in an organized manner to design, fund, manage and regulate the delivery of EMS to a community or service area.
- *System* - a group of interrelated processes that meet a broad need or expectation
- *Process* - 1. set of procedures used to meet a specific objective 2. a component of a system

EMS INDUSTRY CHALLENGES

1. EMS systems and providers commonly focus their performance improvement efforts on clinical issues, to the neglect of other essential EMS and business processes. Good stewardship of EMS systems and providers assures that resources are used effectively and efficiently.
2. EMS systems and providers commonly focus their corrective actions on individuals rather than the system or process designs in which the problem had an opportunity to occur.
3. EMS systems and providers commonly focus on measurements and improvements to quality, to the neglect of measurements and improvements to cost and value.
4. EMS systems and providers do not commonly conduct assessments of overall EMS system and provider performance.

5. EMS regulatory and oversight entities do not commonly have assessments made of their own performance.

RECOMMENDATIONS

The National EMS Management Association recommends the following to all EMS providers, systems, and regulatory entities:

1. The scope of EMS performance improvement efforts include all key processes: clinical, operational and administrative.
2. EMS regulatory and oversight bodies within a given provider, system, region, state or at a federal level, should include clinical, operational and administrative processes in their scope of oversight and regulation.
3. EMS providers and systems should utilize performance measures that monitor process performance and prioritize correction of root causes in the process and system design that provided opportunities for errors and problems to occur. Correction of problems at an individual level should only be warranted in unusual cases, although many such cases may ultimately have root causes in the recruitment, orientation, training processes, or the organizational culture and correction of such issues should be an early priority.
4. The scope of performance measurement and improvement for a given process should include dimensions of quality, cost and value.
5. Some of the most important information about any organization, including an EMS system or provider, is un-measurable. Therefore, EMS providers and systems need to complement their use of 'hard' (objective) measurements with appropriate use of 'soft' (subjective) assessments to get a balanced evaluation of quality and performance.
6. EMS providers, systems, regulatory bodies, and purchasers of EMS services should utilize EMS performance assessment tools that consider the overall performance of the EMS provider or system. We recommend the use of the following tools or equivalents thereof to accomplish this goal:
 - a. Early phases - Assure regulatory compliance at a local, state and federal level
 - b. Intermediate phases - Achieve compliance to applicable accreditation standards (e.g., CAAS, CAMTS, NAED, CFSAI, ISO 9000, etc.)
 - c. Continuing phases - Measurement of overall performance using the Malcolm Baldrige Criteria for Healthcare Excellence
7. Performance audits should be objectively conducted periodically on the regulatory / oversight bodies associated with EMS providers and systems, to include the regional, state, and federal levels.

RESOLUTION

This position paper is officially adopted by the National EMS Management Association through resolution by its Board of Directors this 30th day of October, 2003.
