

# External Accountability

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**Editor**

We, as EMS provider organizations and systems, are entrusted with an awesome responsibility to care for the ill and injured in our community. Through taxes, user fees, insurance payments, donations, grants or other means, we are provided with the financial resources to carry out our responsibilities. Unfortunately, the general public and their elected officials do not have a good way to appropriately assess our performance and thereby hold us accountable for using those resources wisely to provide care that is safe, timely, beneficial, patient-centered, equitable and efficient. When you get right down to it, neither do we as EMS administrators, medical directors, managers, or clinicians.

The hospital community has been struggling with these same kinds of issues. The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO; [www.jcaho.org](http://www.jcaho.org)), the Centers for Medicare & Medicaid Services (CMS; [www.cms.hhs.gov](http://www.cms.hhs.gov)) and the National Quality Forum (NQF; [www.qualityforum.org](http://www.qualityforum.org)) have been working on projects to provide the sort of external accountability that the general public, elected officials and other stakeholders need and deserve. These projects include the JCAHO Oryx Initiative ([www.jcaho.org/pms/index.htm](http://www.jcaho.org/pms/index.htm)) and the CMS National Voluntary Hospital Reporting Initiative (NVHRI) ([www.cms.hhs.gov/quality/hospital/default.asp](http://www.cms.hhs.gov/quality/hospital/default.asp)).

The measures used by the NVHRI are a subset of common hospital performance measures developed and aligned by CMS and JCAHO and endorsed by the NQF. Their website states, “Scientific evidence indicates that they represent the standard of care for the treatment of some of the most common and costly conditions resulting in hospitalization. Hospitals strive continuously to give 100% of their patients the recommended care, against which their rates should be compared. To understand how the nation’s hospitals are doing, the data displays the rates achieved by the top 10% and top 50% of hospitals who have volunteered to participate and have submitted data to the QIO Data Warehouse. CMS plans to create a more “user friendly” version of this website for consumers and release it on [www.medicare.gov](http://www.medicare.gov) in early 2005.”

The EMS community is in the early stages of some activities that could potentially lead to similar programs.

The EMS Performance Measures Project ([www.measureems.org](http://www.measureems.org)) “seeks to create a ‘Guide to EMS Performance Measures’ based on EMS community consensus. The Guide will contain performance measurement questions that the EMS community wants to be able to routinely answer on a local, state, and national level. These questions will be defined using data elements from the new “NHTSA Uniform Prehospital Dataset, Version 2.0 ([www.nemsis.org](http://www.nemsis.org))” so that these questions and their results may be compared with validity across EMS systems.” The EMS Performance Measures Project is coordinated by the National Association of State EMS Directors ([www.nasemsd.org](http://www.nasemsd.org)) in partnership with the National Association of EMS Physicians ([www.naemsp.org](http://www.naemsp.org)), and supported by the National Highway Traffic Safety Administration ([www.nhtsa.dot.gov/people/injury/ems](http://www.nhtsa.dot.gov/people/injury/ems)) and the Health Resources and Services Administration ([www.hrsa.gov](http://www.hrsa.gov)).

The International Association of Fire Fighters ([www.iaff.org](http://www.iaff.org)) and the International Association of Fire Chiefs ([www.iafc.org](http://www.iafc.org)) have developed a performance measures program for EMS systems in the United States and Canada ([www.iaff.org/secure/content/ems/performance.htm](http://www.iaff.org/secure/content/ems/performance.htm)). It

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was created to provide local and regional governments with an “accurate and unbiased tool to assess the quality of the EMS systems in their communities.” “The measures can also be a mechanism for local fire chiefs to report tangible information to municipal budget officials to justify what the fire department does with its budget dollars. Also, the measures will also allow chiefs to communicate knowledge about the system, not just numbers, in annual reports.”

The Open Source EMS Initiative ([www.mhf.net/opensource](http://www.mhf.net/opensource)) has a performance indicator group. In their indicator development efforts, they are considering how performance indicators could be utilized at various levels of the EMS industry to monitor and improve performance. Senior EMS system managers may use the system-level indicators to monitor the overall status of their system and drill down to process-specific indicators to troubleshoot problems. Medical directors may use the indicators to monitor the quality of care. Regulatory agencies may use the performance indicators to define performance standards and monitor compliance to those standards. Software vendors may use the performance indicators to develop standardized report generators. Researchers may use the performance indicators as dependent variables which they try to improve through use of new treatments and techniques.

I would encourage the people involved in these efforts within the EMS community to carefully study the processes and examples of how JCAHO, CMS and NQF have developed their measures and made the results available to the general public and other stakeholders. If you are an EMS administrator, medical director, manager or clinician, I would urge you to get involved in these efforts within the EMS community. They could have a profound impact on how your work as an individual, provider organization and system are ultimately judged and held externally accountable. The people who put their lives in our hands and the people who fund our efforts deserve to know how well and efficiently we are meeting our responsibilities.

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