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National EMS performance measures project underway

NASEMSO launched a two-year effort to research and publish a set of measures that EMS agencies can use to gauge their own performance

By Michael Gerber

The National Association of State EMS Officials (NASEMSO) held a national stakeholder meeting in Washington D.C. in early December as part of a two-year effort to develop EMS performance measures.

Representatives from the EMS community and federal agencies gathered to hear the project's principals and discussed why standardized performance measures are critical to the future of EMS. The National Highway Traffic Safety Administration (NHTSA) Office of EMS, which is funding the project, selected

NASEMSO to manage the two-year project.

"We are very, very excited to be unveiling a project of national significance," Dia Gainor, the executive director of NASEMSO, told the group.

What to measure

The goal of the project is to publish a set of measures that can be used by EMS agencies to gauge their own performance, leaders said. It's not intended for federal or state entities to grade or set minimum standards.

The scope of measures will include ways to assess the quality of patient care and outcomes and also personnel, financial, and other measures to evaluate administrative and operational performance.

At the kick-off meeting, Gainor introduced the project's leaders. Robert Bass, MD, recently retired after two decades as executive director of the Maryland Institute for Emergency Medical Services Systems. Bass is serving as the chair of the project's steering committee.

"There wasn't a whole lot that could've pulled me back into the 'working environment,' but this is exciting enough that it did," Bass said. "EMS is an essential component of the health care system in this country. We impact millions ... an estimated 30 to 40 million patients a year. Performance is important to us. It's important to our patients."

The steering committee, composed of performance improvement experts and EMS leaders from around the country, will oversee the project along with the project execution group, led by project manager Nick Nudell, a paramedic [GF1] and information systems and data consultant.

How to measure

Nudell outlined the steps that project leaders plan to take to produce a list of performance measures that can be used by local, regional, state, and national entities. The project steps will include:

- A literature review to ensure measures are relevant and evidence-based
- Stakeholder engagement to receive input from the EMS community and external partners

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“The scope of measures will include ways to assess the quality of patient care and outcomes and also personnel, financial, and other measures to evaluate administrative and operational performance.”

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- Testing the measures in the “field” to validate that they are usable with current data definitions and technology
- A blueprint, in the form of a website and guidebook, for how agencies can use National EMS Information System (NEMSIS) and other data to create performance benchmarks

Dave Williams, PhD, a former paramedic who now advises the Institute for Healthcare Improvement and is serving as chair of the project’s Measurement Design Group, briefly discussed some earlier performance measure projects and the process of choosing and testing measures. He told the story of what happened when the National Health Service in the United Kingdom began measuring performance.

“As soon as they started to measure, everybody started to improve,” Williams explained.

In addition to the Measurement Design Group, two other committees were established to help manage the project. Debbie Gilligan of FirstWatch, a data analytics company, has been named chair of the Technology Developers Group, which will help ensure that the benchmarks established can actually be measured using the electronic patient records systems currently available. The Stakeholder Communication Group, chaired by Keith Griffiths of the RedFlash Group, will focus on soliciting and incorporating input from the public and the EMS community throughout the next two years.

“I want to emphasize that we are going to be asking you for help,” Nudell told the audience.

That help will include suggestions for what should be measured, as well as using EMS agencies around the country to test and validate the measures. NASEMSO plans on launching a website soon that will provide project updates, and avenues for EMS providers at all levels to engage with project leaders.

Measures will be designed using data elements from the latest version of the NEMSIS and definitions that meet the standards of the U.S. Centers for Medicare and Medicaid Services (CMS) and the Joint Commission. Williams and Nudell said they also hope to have the measures endorsed by the National Quality Forum, a non-profit organization funded in part by Congress with a mission of bringing together public and private organizations to reach consensus on how to measure quality in healthcare.

The final measures will be published in a peer-reviewed journal and as a document that will be available to EMS providers at all levels nationwide.

Why measure?

Representatives from several federal agencies, including the Department of Homeland Security and the Health Resources and Services Administration, were also on hand to lend their support to the effort. Brian McLaughlin, a senior official with NHTSA, called performance measures “extremely important” for EMS not only to evaluate its performance, but also to help policymakers set priorities and funding levels.

Other officials discussed the use of performance measures in healthcare reimbursement and the potential impact on EMS in the future.

“We have the opportunity to forge our own destiny, and not have it forced upon us,” said Gregg Margolis with the U.S. Department of Health and Human Services.

The steering committee and working groups for the initiative are currently being finalized. They are scheduled for their first face-to-face meetings in late January in Washington, D.C. EMS1 will provide ongoing coverage of the project.

About the author

Paramedic Michael Gerber has been involved in EMS since 2001, when he joined the volunteer fire service while working as a journalist on Capitol Hill. In 2006, he joined the career fire service and currently serves as an EMS supervisor for a department in northern Virginia. He has experience as an EMS educator, quality management coordinator, and operational officer, and has presented classes and original research at EMS conferences. He earned a BA from Yale University in the History of Science and Medicine in 2001 and recently completed is Masters in Public Health at the George Washington University.

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How to attain your EMS career goals

EMS leaders can use a professional development plan to identify and attain short-term and long-term goals

By Chris Cebollero

As EMS leaders, our day is spent taking care of the fires that seem to consume the work day. The mess of the day might be the schedule; three sick calls, six open shifts this weekend, trucks not back from maintenance, computer connectivity issues, and of course assisting your employees with their needs, concerns and helping them develop into great clinicians.

As the EMS leader you set your priorities, tackle the tasks and get up and do it all over again tomorrow. During your daily responsibilities, how much time do you spend thinking about your own personal development plan? This is usually one of the topics you fail to address, but yet one of the most important processes in developing into a better leader. Let's take a look at how to focus on your personal development.

Importance of personal growth

Your own personal and professional development is paramount for long-term job satisfaction and advancement. Consider your personal growth and developing your leadership skills an expedition. Just like we take the time to plan a vacation, it is just as vital to chisel out your potential as a leader.

This is a professional journey that if done correctly will never end. Developing into the best leader you can holds very significant rewards for you in your career, relationships, employee growth, and developing organizational excellence.

Developing your plan

Start your Personal Development Plan (PDP) by brainstorming where you are right now in your career. Ask yourself these questions:

- **How am I performing in my current role?** Determine your strengths, challenges, where you excel, and areas where you fall short. This needs to be an honest self-assessment. Talk to your own leaders, peers and workforce. Asking the workforce how you can do a better job for them is a very powerful question.
- **What are your short-term career goals?** Remember, this is about your personal development and not the short-term goals of the organization.
- **What are your learning opportunities?** We have formal learning opportunities, like college courses and on-line classes,

as well as informal opportunities like attending conferences or reading leadership literature.

As you answer these questions write down your answers and thoughts. Give yourself the opportunity to determine the areas where you need assistance. Once this self-reflection process is completed, write down any career goals that you may have considered during this process.

Goals and actions

After your brainstorming session, you should have a basic plan of initial ideas and your development opportunities. In your PDP, write a short statement for your short and long-term goals. Also list specific actions you will address in this next year to achieve your goals. Let's look at an example:

To achieve my long-term goal of becoming an EMS chief I need to complete an advanced degree. I also need to improve my written and oral communication skills, self-awareness about how I am perceived by the workforce, and ability to motivate personnel to achieve their own personnel goals. My immediate short-term goals are to:

- Research advanced degree programs
- Apply and gain acceptance to a degree program
- Find a professional mentor to guide my communication skills development

Creating goals

As an EMS leader, you never shy away from a challenge. When developing your own personal goals, allow yourself to be tough. Think about some real stretch goals. If your goal is an advanced degree, taking one class a semester gets you three classes completed by the end of the year. There is no harm in saying you will achieve this goal, but if you could stretch, four would be better.

Start your PDP with one long-term goal to accomplish in three to five years and three to five short-term goals to complete in the next six to 24 months.

Develop your goals using the SMART format, a great outline for success.

S – Specific. Be specific in developing your goals; make sure they are clear, focused, concise, and well defined.

M – Measurable. Goals should be measurable; you need to have time frames, dates, or number of credits to take. It is vital to

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measure your success. How will you know you get there if you cannot measure the outcome?

A – Attainable. Everyone loves a challenge and this is about your personal development. Challenge yourself, but make sure you can reach this goal.

R – Realistic. Nothing beats you down faster than developing a goal that is out of reach. Remember, you are setting these. Ensure goals are manageable, attainable, and believable.

T – Time. A goal is a dream with a deadline. Ensure your goals have a starting point, a realistic timeline and an ending point. Attaining a bachelor's degree will require accomplishing a series of time-focused goals.

Enjoy the win

When you reach a goal, celebrate this accomplishment. Enjoy the moment and reflect on the road that got you there, and the progress you've made. Remember this is a step in reaching your personal development.

Adjust the plan

If there is still work to complete after achieving a goal, ask yourself the following questions to adjust your plan accordingly:

- Was this goal easily attained? If so, make the next one harder
- Did this goal take too long to achieve? If so, make the next one a bit easier
- What did you learn about yourself along the way?
- Do you have new goals to consider?

Own your professional development

When you think of your professional development, you have to be the sole resource in reaching career goals. You spend lots of time developing organization success, developing your leadership team and developing your workforce. As you grow as a leader, you not only become a better leader, but everyone that follows you will benefit as well from your growth.

About the author

Chris Cebollero is a nationally recognized Emergency Medical Services leader, author, and advocate. Chris is a member of the John Maxwell Team and available for speaking, coaching and mentoring. Currently Chris is the Chief of Christian Hospital EMS in North St Louis County.

Why EMS must praise people, not just teams

Praise often goes to the team as a whole, while individual members that make mistakes are often disciplined in public rather than in private

By Steven Knight, PhD

If you were to ask any supervisory level person if they should praise in public and discipline in private, I am confident you would get a response confirming the statement.

But how often do we do that well?

Good job, team

For such a simple concept to follow, it is difficult to do in fire and EMS work environments. For the most part, we are pretty adept at publicly praising good work – but for the team more so than the individual.

At times, the team orientation that serves us so well in the emergency services also inhibits praise of individual performance. Our reliance on each other and our humility towards the service creates an environment where the “team” routinely gets the credit for good works and successes while the individual is lost.

However, there are times when individual praise is not only appropriate, but also necessary for illustrating best practice to the organization. There are many cultural, social, and behavioral influences shaping how we view individuality in our team environment – particularly when it comes to praise.

Where's the team mentality when a member makes a mistake?

However, we find that the “team” often disappears when corrective action is required. Far too often we expect an individual to accept responsibility for “failures.” To compound the problem, we are not very good at disciplining in private.

When working in a team environment and a member makes a mistake on a call, most of the team members are completely aware of the misstep. When discipline is necessary, many times all of the “dirty laundry” and details are exchanged on the open market, regardless of the good faith efforts by the supervisor.



Factors that contribute to this are the close working environment of the team, the culture of emergency services, the inability of the offended employee to keep it close to the vest, the organizational structure, and the labor group's process for dealing with disciplinary cases.

When a mistake is made in the field, how long does it take for word to travel to other crews, stations, and shifts about the mistake or transgression? If word travels fast, then that is an organizational level failure to honor the principle. However, when the transgression is grossly contrary to the values and principles of the organization, it is appropriate for the EMS or fire chief to deviate from this principle. In these cases, a public exit has tremendous benefit in reinforcing the values and principles to the rest of the organization.

All said, adherence to the tried and true principle of praising in public and disciplining in private is a shared responsibility by all levels of the organization.

About the Author

Dr. Steve Knight, a Fitch & Associates consultant, brings more than 25 years of fire and EMS experience to the firm. He served for nearly 17 years as assistant fire chief for the City of St. Petersburg, Fla. He has been a subject matter expert for both the National Fire Academy and the Center for Public Safety Excellence (CPSE), a nonprofit corporation that serves as the governing body for the organizations that offer accreditation, education, and credentialing services to the first responder and fire service industries.

Knight has also served as team leader and assessor for the Commission on Fire Accreditation International and has held multiple faculty appointments in Fire Science and EMS. Prior to coming to Fitch, he served as senior manager of a consulting team within the Center for Public Safety Management.

AHA releases new CPR course for field providers

The new CPR course focuses specifically on BLS care, and uses realistic training and scenarios

By Danielle Cortes DeVito

EMS professionals are a critical link in successful resuscitation from cardiac arrest. Approximately 400,000 Americans experience an out-of-hospital cardiac arrest every year and only 10 percent survive. However there has never been a CPR course tailored to EMS professionals until now.

The American Heart Association released, for the first time, a new CPR course geared specifically toward BLS prehospital providers.

Basic Life Support for Prehospital Providers BLS PHP, released in October 2014, combines flexibility and customization to meet department and agency needs.

The course is based on the 2010 American Heart Association guidelines for CPR and ECC and will be updated when the 2015 guidelines are released in November.

Why the new course?

The American Heart Association heard from EMS providers that the previous BLS Health Care Provider course was missing essential and realistic CPR training. The new BLS for Prehospital Providers course focuses on first responders and uses realistic EMS team approaches to respond to cardiac arrests in the field.

Each state or local agency can also customize the course to ensure EMS professionals get the resuscitation training they need in a way that incorporates their individual protocols.

The target audience is all prehospital responders and emergency care professionals including paramedics, basic and advanced EMTs, police officers and fire fighters. The secondary target audience is athletic trainers.

The new course format

The BLS for Prehospital Providers course consists of both online and classroom components, and the new format stresses the importance of transition of care from BLS to ALS EMS providers.

For instance, an opening video scene for the online training shows a fire engine pulling out of the station to respond to a call, and first responders assessing a patient in a car. The actors depicted a realistic scene, and



A new American Heart Association CPR course geared specifically toward BLS prehospital providers includes both online and classroom components, and uses realistic training scenarios. (Image American Heart Association)

often had sweat on their faces while doing CPR on the side of the road.

Online

The online portion is narrated and presents the cognitive information. Students must complete all the objectives in order to complete the online portion of the course, and cannot skip ahead.

The online course focuses on three core scenarios:

- Cardiac arrest in a car
- A child drowning in a family pool
- Cardiac arrest in a home bathroom

Students must pass an online exam. To move on to the classroom portion students need to bring a certificate of completion from the online portion and a copy of questions for discussion from [the online course](#).

Classroom

Students then attend the in-classroom portion, led by an American Heart Association BLS Instructor. The classroom portion features instructor-led discussions, debriefing, coaching and support for hands-on skills. The classroom is blended with skills tests from the current health care provider course, along with discussions and a six-person team resuscitation.

The course focuses on a high-performance

team approach, moving from two rescuers, to six suggested roles for responders, depending on personnel available. Teams with less than six may take on multiple roles.

Key roles include a compressor, a team member to handle compressions, a team member to handle the airway, another team member to defibrillate/AED, a team leader to delegate roles and make decisions and lastly a team member to administer an IV/IO/medication. The team approach is similar to an in-hospital resuscitation.

Course materials

All materials exist in an online format. EMS agencies can purchase multiple quantities of online keys to access materials for their personnel, and schedule the classroom sessions with their in-house American Heart Association BLS CPR Instructor.

Students responsible for their own CPR education can purchase a course from an approved American Heart Association Training Center. Once registered with the training center, an instructor will send an online key to the student.

Current Basic Life Support Instructors have the option of buying a kit or purchasing supplies individually. Instructors will need to purchase one copy of the Basic Life Support (BLS) For Prehospital Providers Instructor Supplement with instructor CD, one Basic Life Support (BLS) For Prehospital Providers classroom DVD, and one online key. Instructors can buy materials at authorized distributors: [Channing Bete](#), [Laerdal](#), and [World Point](#).

The American Heart Association's BLS for Prehospital Provider is fun and interactive, and incorporates EMTs, medics, firefighters and police with real life scenarios.

About the author

Danielle Cortes DeVito A.A.S. NREMT-P is a paramedic and has been featured on Access Hollywood, CNN, Fox news during her 20 years experience in emergency Medical services. She was the youngest Emergency Room Tech to work at Cook County Hospital's ER, one of the busiest ER in the US. Moving on she worked at the Chicago Fire Department awarded the outstanding candidate award and the community commitment award. Danielle had the privilege to be on the Bike and Segway response paramedic team for George W. Bush and the Dalia Lama. Danielle is the national spokesperson for American Heart Association's "Hands Only" CPR campaign. She is a member of the National Society of Safety Engineers and serves on Illinois and stroke advocacy committees. She is also a Hazmat tech and Lead EMS instructor. Danielle can be reached at DanielleSpeaks@me.com.



ON EMS LEADERSHIP

How to reduce your agency's 'suck factor'

Five questions every EMS leader should ask employees about their perceptions of the organization

By John Becknell

In more than a decade of conducting organizational assessments, we have found that leaders are often out of touch with their organization's "suck factor." The suck factor is your frontline employees' unvarnished opinion about what isn't working and what needs to change.

'Suck' is hardly a precise quantitative term, but when a paramedic says, "This sucks," it's a window into your culture. Yes, it's their opinion, thought or feeling, but organizational culture rides on perceptions, not facts.

For example, if medics perceive that the scheduling process sucks, even if they are wrong, have incomplete information or are simply being selfish — the perception is what you have to deal with. You can't change their perceptions about scheduling by simply smothering them with facts and details.

Perceptions about what sucks need to be heard, understood and examined for what lies beneath. The most common "suck factor" issues are:

"Perceptions about what sucks need to be heard, understood and examined for what lies beneath."

- Employees not feeling appropriately valued ("my brother-in-law makes more installing window glass and doesn't work nights or weekends")
- Employees believing their opinions are not heard ("no one listens to us")
- A mismatch between how leaders describe organizational priorities and how frontline employees describe organizational priorities ("we're focused on be-

coming a world-class clinical provider" vs. "all management talks about is money")

- The toleration of too much internal drama ("I won't work with any of those new guys")
- Allowing poor performers to stay and impact the organization ("It is impossible to get fired")
- Leaders keeping secrets ("We can't tell the troops about our plan because they'll be disappointed if it doesn't work")

Don't wait for a consultant to use a survey, interview, or focus group. Start assessing your "suck factor" using the following five questions.

1. How engaged are your employees?

Engagement is consultant lingo for an employee's excitement, enthusiasm, dedication and loyalty. Engagement impacts everything in the organization. It's about how employees think and feel about their jobs. It includes how they view their place in the organization, their value to leaders, their connection to others in the organization and how they view the meaningfulness of their work. Engagement is affected by structure, operational issues and rewards (pay).

Research is telling us more about engagement every year. When engagement is low, things suck for workers and, ultimately, for customers and organizational success. When people don't look forward to coming to work and don't feel connected, cared about or part of something big, they will only do what's required (and often less). When engagement is low, absenteeism, safety breaches, turnover, customer complaints and internal conflict go up. When engagement is high, customer service, quality and productivity all go up.

Don't assume you have high engagement. Engagement can change and needs to be continually assessed by talking with employees and using proxy questions and engagement surveys. We're finding that the most useful tools for EMS are those that use common engagement questions that are adapted for the specific challenges and issues of EMS work.

2. Do managers and supervisors make time to listen to employees and value their input?

The people who know what sucks and how to fix it are the frontline staff. Many managers don't believe this. Consequently, the most common complaint we hear from frontline employees is, "Management doesn't

listen to us.” That’s their perception. Even though managers and supervisors may frequently ask, “How’s it going?” or conduct rounding processes, employees do not perceive they are being heard. Token listening doesn’t work.

There is a kind of listening that really makes a difference. It’s the kind of listening that emerges from a deep conviction that employees have valuable feedback, information, ideas and solutions that are critical to organizational success. So, the secondary question here is: Are managers and supervisors convinced employees have information you truly need to know? If so, they will keep asking and listening.

3. Are you tolerating drama and allowing problem employees to stay?

While most leaders know about the 80/20 rule (80 percent of your time is spent on the bottom 20 percent of your employees) many fail to get rid of the problem employees. Developing a hard line against problem employees and the drama they bring is a powerful way to reduce the suck factor and honor your best-performing employees.

Imagine what your organization would be without the problem people around. Make a commitment to get rid of those one or two problem people as soon as possible and then use your new found extra time to work on more positive issues.

4. Is there a common perception about organizational priorities and direction?

One of my favorite organizational assessment processes is to individually ask people throughout the organization to describe the organization’s top three priorities. Rarely do I find agreement on priorities and direction. When people don’t agree on what’s important, it’s nearly impossible to align behaviors and actions toward success.

Employees’ perceptions about priorities and direction are formed by observing the actions and behaviors of leaders and not from what is said. For example, a leader may say that quality patient care is a top priority, but in behavior and actions, the leader demonstrates that reducing overtime and expenses is the current top priority.

Ensure that everyone understands the current priorities and direction. This is done by first, clarifying your direction and aligning your stories and actions and then, continually assessing the employees’ perceptions of what’s important and where you are headed.



5. Do employees believe you keep secret information they would benefit from knowing?

A prime indicator of a great organizational culture is the absence of a perception that there are secrets. Secrets poison your culture. Trying to protect employees from unnecessary anxiety by keeping something secret only breeds resentment and the perception that leaders view employees as immature. Employees feel valued and trusted when leaders go out of their way to be open, even with difficult information. Ask employees if they believe there are unnecessary secrets in the organization, and then tell all.

Paying attention to your “suck factor” is a powerful way to strengthen your culture. What really sucks is when leaders are clueless about their own organization’s suck factor.

About the author

*John Becknell, PhD, is a partner in the consulting firm [SafeTech Solutions, LLP](http://SafeTechSolutions.com). John works with individuals, organizations and communities in leadership development, organizational assessment, strategic planning and employee engagement. John has been involved in emergency services and healthcare for 35 years and co-directs the EMS Leadership Academy. John is the founding publisher of *Best Practices in Emergency Services* and the former editor-in-chief of *The Journal of Emergency Medical Services (JEMS)*. Contact John at john@safetechsolutions.us.*

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