

Frequently Asked Questions

1. Why is it important to measure quality?

Measuring quality helps to understand how clinicians, agencies, organizations, and health systems are performing on key performance indicators, such as processes and outcomes. Oftentimes, healthcare providers believe that a clinical behavior is being performed exactly as recommended because it is a standard of care. When the process is actually measured, it may be surprising how much room exists for improvement.

Quality measurement is not intended to identify individual or organizational faults, but rather, provides a basis for quality improvement. If performance is never evaluated, there will never be an understanding of how it can be improved.

2. Will my agency be punished for poor performance?

The intent of this measure set is to drive improvement in the care of patients by EMS across the country. In the next months and years, from the national perspective, we will learn a lot about where we are as a specialty. From the agency perspective, you will have the opportunity to work on ways to improve the care of patients through tracking and improving these measures. NEMSQA believes that quality improvement starts with knowledge of the care that is provided. NEMSQA also believes that a systems approach to improvement requires that agencies receive support for improvement efforts, not blind punishment for lower than expected quality measure scores.

3. Why were the EMS Compass candidate measures re-specified?

The EMS Compass candidate measure set was released in 2016 and included measures for public testing. In 2018, the National Highway Traffic Safety Administration (NHTSA), recognized the need for a stand-alone organization dedicated to EMS quality measurement. National EMS Quality Alliance (NEMSQA) became the entity selected to provide this support.

NEMSQA's first task was to review and re-specify the EMS Compass candidate measures. During the re-specification process, NEMSQA reviewed the previous evidence identified during the compass measure development process and also conducted a new measure search to identify new or additional available evidence. The NEMSQA team also reviewed and updated specifications and analyzed measure performance data. This process ensured that the NEMSQA National EMS Quality Measure Set is evidence-based, valid, reliable, and scientifically acceptable.

4. Who was involved in the re-specification project?

The NEMSQA Measure Development Committee, under the leadership of Dr. Kathleen Brown and Jonathan Washko recruited external stakeholders from EMS corporations, technical vendor

companies, and government agencies. This expert group re-specified the EMS Compass Measure Set, serving as the Technical Expert Panel (TEP).

5. Will this be the last time the National EMS Quality Measure Set is re-specified?

To assure the NEMSQA National EMS Quality Measure Set remains evidence-based, valid, reliable, and scientifically acceptable, the NEMSQA Measure Development Committee will perform annual maintenance on the measures. Annual measure maintenance is part of the Measure Development Lifecycle NEMSQA adopted in 2019. These include evidence review, re-specification (if necessary), and testing. Maintenance periods will begin annually in Q3, with new specifications released in Q4 for implementation the following year.

6. Is the National EMS Quality Measure Set benchmarked?

The National EMS Quality Measure Set is not yet benchmarked. Benchmarking methodology uses historical measure data and being the first year for the official NEMSQA, National EMS Quality Measure Set. There are no data for use in benchmarking. NEMSQA is aware data were being collected for the candidate measures prior to this effort, but with the many substantive changes having been made to the measure set, benchmarks created using these data collected before the specification would not be valuable reference points.

Once data are collected using the NEMSQA, National EMS Quality Measure Set, NEMSQA will look at creating benchmarks for the measures. NEMSQA's ability to benchmark the measures will be dependent on agency and organization ability to share their data. Benchmarks cannot be created without performance data from a specific number of users. After this measure set has been deployed for one year, NEMQSA will begin asking organizations to share data. NEMSQA will use CMS' methodology to create benchmarks, which will require 20 reporting agencies per measure that each meet the minimum case size of 20 encounters. These data will need to meet specific completeness and performance rates, which will be discussed next Summer (2020) when the benchmarking project begins.

If your agency or organization is interested in providing data for benchmarking purposes, please reach out to Rick Murray at rmurray@acep.org.

7. Why is the National EMS Quality Measure Set limited to 911 responses?

NEMSQA understands EMS agencies respond to many types of requests. For the purposes of the National EMS Quality Measure Set, the TEP limited measure inclusion criteria to 911 requests. The TEP felt that for the clinical processes measured, 911 requests were most appropriate. However, the term, "911 request," is not as rigid as it may seem. As noted in the Measure Narratives document, the TEP decided to use CMS (Medicare) standards for 911 requests. These include 911 requests that are in accord with local 911 or equivalent service dispatch protocols. By using the Medicare standard, which includes the equivalent protocol, the TEP felt that other methods of emergency requests besides 911 calls could be included in the denominator criteria

8. Should I follow the clinical guidelines listed in the National EMS Quality Measure Set?

The clinical guidelines referenced in the measure specifications were used as the basis from which to develop measures. NEMSQA is not endorsing the referenced clinical guidelines nor recommending EMS professionals or agencies adopt them. Measurement industry standards call for clinical guidelines to be quoted verbatim in measure specifications, which explains why specific dosing criteria might be listed. NEMSQA strongly recommends that EMS professionals follow their state, regional or local treatment protocols, even if contradictory to the referenced clinical guidelines.

9. What if I have a problem with a National EMS Quality Measure Set Measure?

Suggestions for measure improvement should be sent to Rick Murray at rmurray@acep.org. Please provide the measure name, details about your suggestion, and the rationale for the suggestion. Since NEMSQA follows a lifecycle process for measure development, specification changes cannot be made mid-year, but all suggestions will be logged and considered during the 2020 measure maintenance cycle.

Feasibility, data mapping, and calculation issues with measures should be forwarded to Rick Murray at rmurray@acep.org. If errors in measure logic that prevent proper implementation are identified, NEMSQA staff and the Measure Development Committee will review and consider making off-cycle changes in order to improve measure feasibility.

10. There were more measures in the candidate EMS Compass Measure Set. What happened to them?

During the measure re-specification process, the Measure Development Committee and Technical Expert Panel closely examined each measure in the candidate EMS Compass Measure Set. Ultimately, three measures were either retired or temporarily removed from the measure set for a variety of reasons. The measures are as follows:

- i. **Seizure-01: Blood Glucose Evaluation for Patient with Seizure:** although many EMS regions and agencies include this clinical process in their protocols, given that there is published evidence that refutes this treatment, NEMSQA retired this measure from the EMS Compass Measure Set.
- ii. **Stroke-08: Emergency Department Diagnosed Stroke Identified by Prehospital Stroke Assessment:** this measure was temporarily removed from the EMS Compass Measure Set due to feasibility issues. When candidate measure data were reviewed for multiple large agencies, it was found that measure scores could not be calculated for Stroke-08, as hospital data are difficult to obtain. While the intent of Stroke-08 is valid and important, the Measure Development Committee decided to remove the measure until data interoperability between EMS and hospital systems improves. This measure will be reviewed again later on, for potential inclusion in future versions of the measure set.
- iii. **Trauma-02: Pain Re-Assessment of Injured Patients:** this measure was retired from the EMS Compass Measure set due to duplicative elements and characteristics, when compared

to Trauma-03. While the Measure Development Committee understands the value of pain re-assessment, Trauma-03: Effectiveness of Pain Management of Injured Patients includes the second re-assessment in the measure calculation. Without the process of re-assessing pain, Trauma-03 could not be calculated.

After much discussion with the Technical Expert Panel, the Measure Development Committee decided to retire Trauma-02 due to its duplicative nature, noting that its value would not outweigh its burden to measure and maintain.

11. Aren't there other clinical conditions that should be measured as well?

Yes, there are many other clinical conditions that could be measured. There are also many other clinical processes and outcomes that could be measured within each measure topic area. NEMSQA agrees there are many more items that could be measured, and the NEMSQA National EMS Quality Measure Set is not all encompassing. However, this measure set presents a mechanism to begin collecting data, looking at performance, and identifying areas that would benefit from quality improvement efforts that can improve patient care and outcomes.

12. What happens next?

Now that the measures have been re-specified, they can be used within the EMS Community to measure performance. NEMSQA recommends that agencies begin using the updated, re-specified measures rather than the outdated, candidate measures. Many resources, such as measure narratives, worksheets, electronic specifications, and NEMSIS pseudocode have been released to assist EMS agencies with measure implementation.

13. How do I get involved in NEMSQA?

If you are part of the EMS Community and are interested in learning more about becoming involved in NEMSQA, contact us at <http://www.nemsqa.org/contact-us/> for more information. NEMSQA has many membership options to fit multiple interests and needs.