

The National EMS Advisory Council

Comments on the EMS Culture of Safety Strategy Document

Presented for Consideration by the NEMSAC on January 29, 2013

1: LAYOUT --- The EMS Culture of Safety Strategy document is new to the EMS community. Previous efforts familiar to the EMS community include multiple agenda documents, guiding documents, reports, and others. There is some concern that the existing layout detracts from the Strategy's goals and objectives. There is also some concern that the document's length may prevent its review and acceptance - especially among those with excessively busy schedules and limited time. The document contains a lot of information that may be better suited as supplemental material or in appendix format. For example, much of the information presented pre-strategy highlights an abundance of limitations and parameters on what the document is or is not to different audiences. There is some concern that the main components of the strategy are located too deep into the document, which may increase the risk of early attrition by the reader. The document and its message are important, and the authors have done an excellent job crafting drafts and responding to various constituents in the EMS, health, and first responder communities. We recommend the authors edit the layout/framework so that the reader is focused on the main components of the strategy at the beginning not middle or end.

2: AUDIENCE AND CONTEXT --- We acknowledge the difficulty associated with developing a strategy for the diverse industry that we know as Emergency Medical Services. The authors should be commended for their effort to appeal to and consider the diversity of EMS delivery. However, there is some concern that many readers and intended targets of the strategy may perceive that the document does not apply to them but to others at different levels of authority. The document may benefit from editing whereby the intended target is identified early and often. Linking an intended target to specific components of the strategy may be beneficial. In terms of context, the authors reference "the Strategy" as the entity that will accomplish goals and objectives of improving safety culture. The strategy is an outline of ideas and steps for decision makers, providers, etc. We suggest the authors edit prose so that "the Strategy will" be replaced and edited with statements such as "We propose that" etc. This change provides the reader with a reference to a group of real authentic national organizations and leaders and individual experts (NHTSA, ACEP, etc) that believe in a specified approach (the strategy) will improve safety if and only if the intended audience is engaged.

3: MAKING THE CASE FOR A STRATEGY --- The document may not be intended to be a systematic review of evidence; it may be an overview of pertinent statistics and information that conveys risk to safety. However, one goal of the document is to "argue" / "convince" all readers we have a safety problem (for patient and providers). A case must be made to defend the promotion of a strategy to improve safety. There is some concern that the case or argument needs to be strengthened. One option may be the inclusion of comparisons on the magnitude or significance of different threats and safety outcomes between EMS and non-EMS settings. Comparisons can provide a strong frame of reference for the reader and may help improve the argument for a strategy. Per the comment on layout above, this may be well suited as a short summary in the early part of the document and then complemented with a more detailed synthesis in appendix material.

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4: EDUCATION AS A KEY COMPONENT --- There is widespread support for changing the way we educate future providers and the current workforce. Unfortunately, there is a lack of information in the document that highlights existing or evidence-based methods for changing or improving behaviors that threaten safety. There is a lack of information on programs or interventions that may be transferrable to EMS education and training. This lack of information may leave the reader ill-prepared to take action - as is the goal of the strategy. The discussion on education should include EMS clinicians, leaders, and individuals or positions that play a role in EMS delivery (e.g., local politicians and decision makers, local police and first responder groups).

The strategy is vitally important to influencing how EMS moves forward and improves safety for patients and providers. The above is a synthesis of comments from members of the NEMSAC charged with reviewing and commenting on the document as it was written in December 2012. This group wants to acknowledge the hard work by the authors and groups involved. The edits proposed above are suggestions that we hope are informative and helpful.

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