NQF
NATIONAL QUALITY FORUM

**CONFERENCE CALL FOR THE REGIONALIZED EMERGENCY MEDICAL CARE SERVICES (REMCS) STEERING COMMITTEE**

**June 21, 2011**

*Committee members present:* Arthur Kellermann, MD (co-chair); Andrew Roszak, JD, MPA, EMT-P (co-chair); Brendan Carr, MD, MA, MS; John Fildes, MD, FACS, FCCM; Kristi Anne Henderson, DNP, NP-BC, FAEN; Howard Kirkwood, MS, JD, EMPT-P, EFO; John Kusske, MD; Thomas Loyacono, MPA, NREM T-P; Ricardo Martinez, MD, FACEP; Allen McCullough Ph.D., MS, MPA, MSN, APRN, ENP/FNP-BC, NREMT-P, CCEMT-P, CEM; Nick Nudell, BA, NREMT-P, CCEMT P; Jesse M. Pines, MD, MBA, MSCE; Michael Sayre, MD; Robin Shivley, AA, EMT; Gary Wingrove; Joseph Wright, MD, MPH, FAAP; Richard Zane, MD, FAAEM

*NQF Staff present:* Helen Burstin, MD, MPH; Sally E. Turbyville, MA, MS; Eric Colchamiro, MPA

*Others Present*: Tabinda Burney; Charles Cairns, MD; Jeff Williams, MD

**WELCOME AND CALL OVERVIEW**

Mr. Colchamiro welcomed the REMCS Steering Committee, thanked them for their continued participation, and conducted a brief roll call. Mr. Colchamiro and Ms. Turbyville reviewed the agenda for the conference call which included a discussion of the framework's report, changes from the Steering Committee's comments from their in-person meeting; the Committee's response to the changes; and concepts of subdomains as enhancements to the framework's domains to potentially help future measure development. A discussion also included how the framework is going to progress toward NQF's Member and Public Comment period.

**FRAMEWORK REVIEW: OVERVIEW OF CHANGES AND COMMITTEE RESPONSE**

Dr. Cairns reviewed some of the key changes made to the framework report as a result of the comments from the Steering Committee and its subsequent input following the meeting. The changes included:

- renaming the framework to "Regionalized Emergency Care Systems" to better reflect the focus area of this paper;
- adding information about the limitations of the episodes of care model to explore whether it only reflects an individual patient experience;
- inserting capability, capacity, and access domain to the framework's domains;
- expanding the concept of "shared accountability" to emphasize the need for care coordination across the system of care; and
- Including additional information about the measurement gap between when the episode begins and when the measurement of the episode occurs.

Committee members agreed with the changes and noted that the changes give separation from classic emergency services although concern was expressed for excluding the term "medical." A Steering Committee member added that the term "system" brings more clinical specialists into the realm of emergency care. Another Committee member noted that it would be helpful to define "system" in the glossary of the report, although Dr. Cairns mentioned that this definition has been merged into the core definitions at the end of the report.

A committee member asked for further explanation of the feedback system within emergency care. Dr. Cairns explained that the term "system-level feedback" could be explained further such as to whom it is directed at and its purpose.

With regard to capability, capacity, and access, a Committee member emphasized the need to connect the framework with the requirements of the EMTALA statute (or other legal and regulatory frameworks) to address concerns at the city or state level.

Another Committee member asked about how the level of service was to be addressed in this domain. Dr. Cairns responded that resources and capabilities of geographical regions are a component of this domain but that the level of personnel and level of capabilities would be a potential area for subdomain development.

A Committee member asked about the coordination of care domain, and whether transitions of care and handoffs were included in this domain. Committee members also asked about first responders, 911 response, caregivers/parents and bystanders, in the graphic included in the framework. Dr. Cairns concurred, and added that these areas along with physical transfers of the patient and other advanced transfer techniques were other areas for subdomain development.

**SUBDOMAIN DEVELOPMENT**

Ms. Turbyville introduced the concept of subdomains. She noted that they do have the benefit of providing more guidance and clarity about the domains to measure developers. She did note that they are a relatively new concept for this framework.

Proposed subdomains included capability, capacity, and access and recognition and diagnosis. Highlights for each are listed below.

Capability, Capacity, and Access

- categorizing receiving facilities by capabilities – knowing what facilities have the capabilities to do what, since not all facilities are created the same way;
    - Includes air and ground transport
- receiving facilities have and share real-time information about staffing and coverage;
- abiding by federal, state, and local laws and regulations;
- pediatric care;
- pre-hospital providers; and
- preparedness (consider the Centers for Disease Control and Prevention's definitions) and surge.

Recognition and Diagnosis

- technology;
- trainings (of both bystanders and professional personnel) and tests;
- communication strategies;
- resource utilization;
- evidence-based triage guidelines;
- telemedicine; and
- efficiency/overutilization.

The Committee agreed to complete its discussion of subdomains via email. NQF staff will send out a survey to garner additional proposed subdomains.

**NQF MEMBER AND PUBLIC COMMENT**
Dr. Michael Phelan of the Cleveland Clinic asked for a copy of the draft framework report. NQF staff explained that the framework is only posted once it is ready for comment.

**NEXT STEPS AND REMINDERS**
The Committee asked that the framework report be revised, incorporate the subdomains and the discussion from the call, and then recirculated.

Steering Committee members were asked to complete the upcoming subdomains survey. Following completion, those proposed subdomains will be incorporated into the framework and the entire report recirculated amongst the Committee. It is tentatively scheduled to go to NQF Member and Public Comment on July 15, 2011.

The next conference call for the Committee to review NQF Member and Public Comment is tentatively scheduled for September 1 at 3:00 pm ET.