

NHTSA Recommendations Task List
Listed by Agency responsible

Office of Emergency Medical Services

ACTION	Partners	Status
<p>OEMS and the SFPC should assure that regulations are updated as necessary to reflect the <i>National EMS Scope of Practice Model</i> and the <i>EMS Education Standards</i> as the foundation for educational preparation and practice by EMS personnel. (High)</p>	<p>Fire Commission, Legislation</p>	
<p>DEMSOC should continue efforts to implement the <i>EMS Education Agenda or the Future: a Systems Approach</i> Specific activities in this regard include but are not limited to: *-long term (High)</p> <ul style="list-style-type: none"> a. Establish a requirement for NREMT certification for Emergency Medical Responders * b. Establish the ongoing requirement to maintain NREMT certification at all levels * c. Assure that the language in State statute and rule reflects the <i>National EMS Scope of Practice</i> model and the <i>National Education Standards</i> * d. Consider the process for transitioning existing EMS personnel and educators * 	<p>Fire Commission</p>	
<p>DEMSOC should incorporate the private, inter-facility transport ambulance agencies into the state's overall EMS resource management system and state oversight. These EMS providers should have more accountability to the state as they may be an overlooked resource in the overall system. (High)</p>	<p>Fire Commission</p>	
<p>DEMSOC should work toward the development of other specialty care systems, such as STEMI and stroke, modeled after the successful state trauma system. (High)</p>		
<p>DEMSOC should establish a formalized system to identify and designate hospitals resource capabilities to provide care for other time sensitive diseases. The Trauma System is an example of such a success. (High)</p>		
<p>DEMSOC should work toward the development of other specialty care systems, such as STEMI and stroke, modeled after the successful state trauma system. (High)</p>		

DEMSOC should perform a personnel needs assessment and formally monitor trends in the EMS workforce. The goal is to maintain a qualified BLS and ALS workforce sufficient to meet the needs of EMS agencies in Delaware. (High) Suggest Workforce Development, Jim Domorod to staff committee*	Fire Commission	
DEMSOC should perform a needs assessment of patient transport capabilities to include EMS resource placement, deployment of resources ensuring no gaps in care or service areas. This should be a component of the State EMS Plan. (High)	Fire Commission	
DEMSOC should create destination protocols for specialty care patients based on the determination of hospital resources. (High)		
The SFPC and BOMP should establish expanded mechanisms for enforcement of regulatory requirements beyond the ability to remove licenses or certifications. Possibilities could include provisional or conditional licenses/certifications, reductions in State grant-in-aid funding, public notice of enforcement actions, restrictions from participation in pilot programs, or similar mechanisms to encourage compliance. (High)	Fire Commission	
SFPC should implement, monitor and enforce regulatory standards for interfacility BLS transports. (High)	Fire Commission	
SFPC should monitor protocol compliance for the BLS systems with guidance from the county and state medical directors. (High)	Fire Commission	
OEMS should assure that DIMES is able to populate the trauma registry with EMS data elements. (High)	Trauma Committee	
OEMS and DSHS should ensure that the DIMES system auto-populates EMS patient care reports with relevant times and data from each of the PSAPs. (High)	MISC	
DHSS should provide OEMS with funding for a senior information analyst to support future data management and analysis efforts to direct injury prevention programs and education. (High)		
DHSS should identify resources for the OEMS to provide for a dedicated senior analyst to assist with data collection, querying, abstraction and analysis. (High)		

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OEMS should seek 402 Highway Safety funding to support future injury prevention efforts. (High)		
DEMSOC should strengthen the role, accountability, and authority of medical direction in the BLS system. This may require additional medical direction resources. (High)		
The OEMS, with support from the Office of Public Health Preparedness, should make every effort to ensure the DIMES web- based EMS patient care reporting system (now in the final stages of development) provides for real time data for purposes of public health surveillance. This will likely require regulatory support from DEMSOC to ensure compliance from all EMS agencies. (High)	PHPS	
OEMS and SFPC should ensure all ambulances and EMS response vehicles including those owned by private agencies are driven by personnel with EVOC training. (Medium)	Fire Commission	
OEMS should develop fact sheets from available data for placement on their website to further educate the public about injuries and injury prevention in Delaware. (Medium)		
OEMS should consider utilization of internet social networking applications, such as Facebook, to inform the public of its role in the EMS system and the components and capabilities of a state emergency healthcare system. (Medium)		
DEMSOC should ensure that the resources of the 11 private, for profit ambulance agencies contracted for inter-facility transports by Delaware hospitals are included in all EMS planning and preparedness efforts. (Medium)	PHPS	
The Department of Safety and Homeland Security should work with OEMS to ensure the state's second generation of RMAT (Resource Management and Asset Tracking) is expanded to incorporate all EMS assets, including EMS agencies and personnel, both public and private. (Low)	PHPS, DEMA	

<p>The Department of Safety and Homeland Security, in conjunction with the Division of Public Health, Office of Public Health Preparedness, should ensure the State's second generation of RMAAT (Resource Management and Asset Tracking) is expanded to incorporate all EMS assets, including EMS agencies and personnel, both public and private, as well as an electronic patient tracking system. (Low)</p>	<p>PHPS, DEMA</p>	
<p>DEMSOC, in coordination with the Office of Public Health Preparedness, should ensure that the patient tracking system, when developed, is used on a routine basis to enhance provider familiarity with the system. (Low)</p>	<p>PHPS, DEMA</p>	
<p>DEMSOC should establish a more formal process for monitoring, tracking and communicating the diversion status of hospitals. (Low)</p>	<p>PHPS</p>	
<p>OEMS should consider implementation of a statewide bystander care program for the public. (Low)</p>		

State Fire Prevention Commission

ACTION	Partners	Status
<p>The SFPC should establish regulations requiring a state and federal background check and a Healthcare Integrity and Protection Data Bank Report prior to any person functioning as a driver of an ambulance or holding certification as a First Responder. (High)</p>		

Finance Committee

ACTION	Partners	Status
<p>DEMSOC and the Delaware legislature should perform a review of EMS system funding needs with the goal of assuring an adequate and sustainable source of revenue to meet the legitimate system needs of the OEMS, SFPC, county EMS agencies, fire departments and PSAPs. Opportunities for funding may include recovery of ALS costs from Medicare and private insurance, dedicated funding sources such as motor vehicle registrations and fines, or other creative sources. (High)</p>		
<p>DEMSOC should ensure that any new or expanded funding model for EMS includes adequate funding for EMS medical direction and support. (High)</p>		
<p>DEMSOC should explore creative mechanisms for supporting EMS in addition to the current grant-in-aid system. (High)</p>		
<p>The Secretary of Health and Social Services should pursue legislation to provide funding for the EMS and Trauma System. Sources that have been used by others are: fees on traffic fines, allocation of funds from tobacco tax, alcohol tax, and gaming revenues. Use the success of the Delaware Trauma System as a compelling example of the system's value for future funding. (High)</p>		
<p>SFPC should amend their ambulance regulations so that PCR's are completed at the time of patient delivery. The patient encounter is not complete until the patient care information is delivered to the next emergency healthcare provider. This should be implemented as part of the DIMES implementation, as DIMES will allow for PCR's to be entered on a portable device during transport. (High)</p>	<p>MISC</p>	

Medical Directors

ACTION	Partners	Status
DEMSOC should establish a system to gather ED data to ensure the comprehensive assessment of injuries within the state. (High)		
DEMSOC should create a process that enables the EMS system to obtain hospital outcomes on all EMS patients. (High)		
Medical direction should have the authority to set the prospective BLS indicators for QA/QI. (High)		
DEMSOC should enable the BLS Medical Director to set QA/QI parameters at the BLS agency level. (High)		
The EMS Medical Directors should implement a system in which all QI reviews of charts result in direct feedback to EMS personnel. (High)		
DEMSOC should consider operational standards for the utilization of emergency medical responders within the EMS transportation system. (Medium)		

Ambulance Safety Committee

ACTION	Partners	Status
DEMSOC should consider a range of possible approaches (e.g. statute, rule, policy, protocol, education, etc.) to continue making progress on matters of patient and provider safety to include at least lights and siren usage as well as back to back shift work. (High)		

Trauma Committee

ACTION	Partners	Status
OEMS should assure that DIMES is able to populate the trauma registry with EMS data elements. (High)		

MISC

ACTION	Partners	Status
SFPC and OEMS should work toward 100% compliance for the submission of patient care reports on all types of patient encounters to assure accountability for protocol compliance and for use of PCR data for QA. (High)		
SFPC should require all BLS runs, including BLS interfacility transports, to be reported in the DIMES system. (High)		

Legislative Committee

ACTION	Partners	Status
The state legislature should either indemnify EMS medical directors against potential civil liability incurred in the performance of their duties, or OEMS should provide for adequate insurance coverage. (high)		
The Legislature should enact legislation to protect EMS quality improvement activity and its products from discovery in civil proceedings, in a manner similar to that for other aspects of the health care system. (High)		
DEMSOC and the Delaware legislature should use the upcoming review of the 1999 EMS Improvement Act as an opportunity to assure that the language in law reflects current and anticipated EMS system needs and practices. Administrative clean-ups and consolidations are encouraged including identifying strategies for assuring regulatory compliance. (Medium)		

Department of Safety and Homeland Security

ACTION	Partners	Status
<p>The Delaware Department of Safety and Homeland Security should promulgate regulations pertaining to EMS dispatch operations including the certification of EMS call takers/dispatchers. (medium)</p>		
<p>The Department of Safety and Homeland Security should adopt regulations to define the parameters for dispatch center operations related to the provision of EMS. (Medium)</p>		
<p>DSHS should require medical oversight of PSAP's in regulation. (Medium)</p>		

PHPS

ACTION	Partners	Status
<p>The OEMS, with support from the Office of Public Health Preparedness, should make every effort to ensure the DIMES web- based EMS patient care reporting system (now in the final stages of development) provides for real time data for purposes of public health surveillance. This will likely require regulatory support from DEMSOC to ensure compliance from all EMS agencies. (High)</p>		
<p>DEMSOC should ensure that the resources of the 11 private, for profit ambulance agencies contracted for inter-facility transports by Delaware hospitals are included in all EMS planning and preparedness efforts. (Medium)</p>		
<p>The Department of Safety and Homeland Security should work with OEMS to ensure the state's second generation of RMAT (Resource Management and Asset Tracking) is expanded to incorporate all EMS assets, including EMS agencies and personnel, both public and private. (Low)</p>		
<p>The Department of Safety and Homeland Security, in conjunction with the Division of Public Health, Office of Public Health Preparedness, should ensure the State's second generation of RMAT (Resource Management and Asset Tracking) is expanded to incorporate all EMS assets, including EMS agencies and personnel, both public and private, as well as an electronic patient tracking system. (Low)</p>		

DEMSOC, in coordination with the Office of Public Health Preparedness, should ensure that the patient tracking system, when developed, is used on a routine basis to enhance provider familiarity with the system. (Low)		
DEMSOC should establish a more formal process for monitoring, tracking and communicating the diversion status of hospitals. (Low)		

DEMA

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