

FAIR Steering Committee Measures Amended and Approved to Proceed to Development

Measures with Low Priority may be developed as time allows

Measure ID	Measure Title	F.A.I.R. Steering Committee Comments	NEMSQA Prioritization Action	NEMSQA Comments
Airway-01	Successful First Endotracheal Intubation without Hypotension or Hypoxia	This measure is important to improving patient care. This measure aligns with current clinical standards of EMS care. The correct providers and patient population that could be included in the measure may be adult vs. peds. The clinical process and outcome needs improvement in EMS. This measure would be well received by EMS. The measure will meet the needs of the FAIR project. Actions for this measure would be adoption of existing measure. Other comments include; recommendation to delete 'without hypotension or hypoxia' from draft measure name and description fields.	Proceed with Development	Combine with PEDS-08, with denominator stratified by age. Include in airway bundle and use in composite measure.
Airway-05	Adequate Oxygen Saturation Achieved During Intubation Procedure	Recommendation to use but request more research and need measure development	Proceed with Development	Include in airway bundle and use in composite measure
Airway-07	ETCO2 Verification of Endotracheal Intubation Placement	-Very important to measure. -This may be to be combined with Airway-18 waveform capnography -May be other measures that work better in this set -Do not need 2 or 3 different measures for the same thing	Proceed with Development	Include in airway bundle and use in composite measure
Airway-10	Documentation of Continuous SP02 Saturation with Advanced Airway	-Related to others with revisions -Should have both continuous SPO2 and ETCO2 -Good measure with revisions -Important measure	Proceed with development	Measure is reasonably feasible. May not be able to capture continuous SPO2, but a documented SPO2. Include in airway bundle and use in composite measure
Airway-18	Waveform Capnography Airway Device Monitoring	-This measure is very important and should be a priority for development -Any advanced airway need waveform capnography -Overlap with Airway-07	Proceed with Development	Include in airway bundle and use in composite measure
Cardiac-04	Direct Transport to a PCI Capable Facility	This measure is important to improving patient care. This measure aligns with current clinical standards of care in EMS. The correct providers and patient populations are included in this measure. This clinical process or outcome needs improvement in the EMS community. Actions for this measure concept would include adoption of existing measure. Additional measure in this topic area that should be considered may include; percentile, median and average times.	Proceed with Development	
Cardiac-07	Time (in minutes) from on Scene to first ECG	This measure is important to improving patient care. This measure aligns with current clinical standards in EMS. The correct providers and patient populations are included in this measure. This clinical process or outcome needs improvement in EMS. Data required for this measure is routinely documented and easily collected. This measures will be well received by EMS. This measure should be considered for further development or inclusive in a bundle or composite measure but action items for this topic area would be to harmonize with Cardiac 04. No additional measures in this topic area are noted.	Proceed with Development	

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Cardiac-13	STEMI Under call Rate	-Data may be problematic to obtain as you would have to rely on hospital data. -Question about how timely this would be. -Patients may develop STEMI after admission to hospital skewing the data -May not be a quality issue, certainly goal would be less than 100% -Felt this was an important concept as this represents missed STEMI patients .	Proceed with Development	
Respiratory-01	Oxygen Administration for Respiratory Distress	This measure is important to improving patient care. This measure aligns with current clinical standards of EMS care. The correct providers and patient populations are included in this measure. The clinical process or outcome needs improvement by EMS. The existing measure will meet needs of FAIR project. The measure would be well received by EMS. Actions for this measure include adoption of existing measure. Other comments include recommendations to change word 'distress' to 'complaint'.	Proceed with Development	
Safety-04	Pediatric Restraint	-Important safety measure -Data may be problematic -Data is being collected in NEMSIS -Often time parents refused to use restraint devices	Proceed with Development	New NHTSA Crash research on pediatric restraint.
Safety-05	Use of Backboards	-Should not be using at all -Maybe expanded to include patients with penetrating trauma -Could see potential improvement as result of this measure	Proceed with Development	
Safety-10	Use of PPE	-This is already measured in NEMSIS. -Certainly COVID has had an impact on this behavior. -May be a valid measure going forward as EMS historically has poor compliance until COVID -Good measure something we need to get use to -Appropriate difficult to determine -Reinforces PPE behavior with some modifications	Proceed with Development	Have initial feasibility concerns, but will likely be able to capture.
SEPS-01	Timely Sepsis Alert	This measure is important to improving patient care. This measure aligns with current clinical standards in EMS. The correct providers and patient populations are included in this measure. This clinical process or outcomes needs improvement in EMS. Data required for this measure is not routinely documented or easily collected (there is problems in documentation currently). This measure will be well received by EMS. This measure should be considered for further development. This measure should be considered for inclusion in a bundle or composite measure. No additional measures in this topic area were discussion. Other comments included: Percent of sepsis patients that had a sepsis alert called and possibly change wording in description to pre-notification.	Proceed with Development	
Stroke-03	Accuracy of Prehospital Stroke Diagnosis	This measure is important to improving patient care. This measure aligns with current clinical standards in EMS. The correct providers and patient populations are included in this measure. It is unknown whether the process or outcome needs improvement in EMS. Data required for this measure is not routinely documented or easily collected - need outcome data. This measure will be well received by EMS. This measure should be considered for further development. This measure should be considered for inclusions in a bundle or composite measure. No additional measure in this topic area were listed. No other comments.	Proceed with Development	
Stroke-06	EMS Use of Regional Destination Protocol for Stroke	This measure is important to improving patient care. This patient aligns with current clinical standards of care in EMS. The correct providers and patient populations are included in this measure. Unknown whether process or outcome needs improvement. Data required for this measure is routinely documented and easily collected - this would be appropriate	Proceed with Development	

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Structure-01	Pediatric Emergency Care Coordination	<ul style="list-style-type: none"> -National standard to have this in place -Terminology champion vs coordinator -Has been shown to improve behavior -Discussion that this may be handled at the regulatory level for agencies -Currently measured by annual survey in Florida 	Proceed with Development	
Structure-04	Bed Delays	<ul style="list-style-type: none"> -Important to measure -Good measure of system efficiency -Hospital drop off waiting has a clinical impact in delaying definitive care. -This may be a system efficiency measures. -State healthcare resource measure. -Data already exists to measures. -Some discussion this is a local issue and should be discussed with local hospitals on a case by case basis. 	Proceed with Development	
Syncope-01	EKG for Syncope Patients	<ul style="list-style-type: none"> -Discussion that this was an important measure concept. -Should include a time specification of 10 minutes. -The creation of a measure concept bundle for EKG 	Proceed with Development	
TBI-01	Hypoxia in Patients with Traumatic Brain Injury	<ul style="list-style-type: none"> -Maybe rolled into a composite measure O2, BP, hypoxia. Have 3 indicators rolled into one measure as composite. -EMS must avoid hypoxia in TBI -Should account for patients that are already hypoxic, should be for those who become hypoxic after EMS -Do not want to exclude those already hypoxic -This is an impactful measure EMS tends to get this wrong a lot 	Proceed with Development	
Trauma-08	Documentation of Airway, Breathing, Circulation and, Disability	<ul style="list-style-type: none"> -Possible bundle with GCS -Changes should be documented and repeated assesses after specified period of -These are key elements of assessment for making a transport decision -Need to careful what we accept as meeting this measure, but does need to be broad -If call is over 10 minutes 2 sets of vitals should be recorded -Add time element -Changes are very important and address things that have changed that may result in indicated -Important but does need significant revisions 	Proceed with Development	
Trauma-14	Trauma Under call Rate for Pediatric Patients	<ul style="list-style-type: none"> -Concern that this may difficult to measure due to hospital data access -Florida will soon as access to hospital data that could facilitate this measure -Should be applied to overall rate -Should not measure overcall rate as this could have cause negative behavior change. -This approach could be used for STEMI, Stroke and others -Florida may need to update trauma triage criteria -This should be for both adults and peds 	Proceed with Development	Trauma under call rate for all patients

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Trauma-17	Alternative Approaches to Pain Management	<ul style="list-style-type: none"> -Adopt the NEMSQA Measure Trauma-03 -Adopt the NEMSQA Measure Trauma-03 where added opioid was not used -Concern we may discourage opioid use when is indicated -POTENTIAL NEW MEASURE -No opioid uses measure - NEMSEOA is working on evidence based protocol currently 	Proceed with Development	Combine Trauma 15 & Trauma 16 to create this measure
TTR-01	Appropriate Treatment and Release	This measure is important to improving patient care. This measure can align with current clinical standards of care in EMS. The correct providers and patient populations are included in the measure - it is generalized and can be broken down or stratified further with ages. This clinical process or outcome needs improvement in EMS. Data required for this measure is not always documented or easily collected. This measure will not be received well by EMS. This measure could be considered for further development if it is shifted to what is more applicable - focus on the release issues and look at 72 hours 911 transports after initial release.	Proceed with Development	Will depend on patient identifiers in data set Systems will be able to implement. Need to determine Florida's ability to identify in database.
Cardiac-12	Aspirin Administration for STEMI	<ul style="list-style-type: none"> -Contraindications are an issue. -Suggestion was made that should also have a time frame included. -Allergy or administered prior to arrival may skew data 	Low Priority	Aspirin use isn't time sensitive as long as given in first 24 hours. There is also concern about diagnosis bias.
Care Coordination-01	Referral to Fall Prevention Services	<ul style="list-style-type: none"> -Concern over extra work for crews to document the follow-up. -This data is not in NEMSIS, this could be included in the future revisions -This referral is achieved long after the call is completed makes it difficult to gather data -Does this apply to lift assists or acute falls that need to be transported -Do we have the data to capture this measure. -Impactful high fall volume just not sure how to measure 	Low Priority	
Hyperthermia-01	Assessment of Body Temperature in Hyperthermic Patients	<ul style="list-style-type: none"> -Was mental status assessed 3 separate process measures -No accurate thermometer is available, could be terrible misleading -Real measure should be based on mental status rather than a number, erroneous reading could delay treatment -Very small set of patients -Most accurate measure is rectal, reluctant from providers to assess -NEMSQA comment: They have different discussion more of a general assessment measure 	Low Priority	
SEPS-07	IV Antibiotics for Sepsis Patients	<ul style="list-style-type: none"> -Discussion that this modality for sepsis patients is currently evolving with a small number of EMS agencies offering this treatment. -Discussion also on resistance from some hospitals for pediatric patients. -Caution was noted use in patients that are truly septic -Antibiotic administration was very time sensitive -Sepsis numbers are not improving under current modalities -This concept may not specific enough -Maybe consider antibiotics for open fractures as an alternative -Alternative may be sepsis patients received fluids with BP<X -Administration of antibiotics can be life saving 	Low Priority Steering Committee Amended to Proceed with Development	Primary focus should be on getting patient to hospital.
SEPS-08	ECTO2 Measurement for Sepsis Patients	<ul style="list-style-type: none"> -Do not see priority in this measure -May be an indicator of shock from lactic acid -May be an important measure 	Low Priority	

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CareCoord-02	Communication of Color Treatment Zone	<ul style="list-style-type: none"> -Currently much national debate on the efficacy of these types of systems -Consensus that some system to establish weights of pediatric patients to aid in dosing calculations -Must establish some standardized system to relay pediatric weights to hospital emergency departments. -Consider NEMSQA Peds-03 -Frequent medication errors in pediatric treatment -Data may be problematic as written 	Adopt NEMSQA Pediatrics-03	Recommend adoption of NEMSQA Pediatrics-03, which includes documentation of weight in KG or documentation of Color Zone.
PEDS-06	Benzodiazepine Administration to Pediatric Seizure Patients	This measure is important to improving patient care. This measure aligns with current clinical standards of care in EMS. The correct providers and patient populations are included in this measure. This clinical process or outcomes needs improvement in EMS. This measure will meet needs of FAIR project. The existing measure would no be well received with EMS - maybe due to peds specific. Actions for this would be to harmonize with another measure. Other comments included would be changing to transported.	Adopt NEMSQA Seizure-02	The denominator for NEMSQA Seizure-02 includes all patients, but can be stratified to capture only pediatric patients
Safety-09	Correct weight-based medication dosage	<ul style="list-style-type: none"> -Data may be problematic -May be more important to document patient weight -Correct is difficult to determine -More important to capture patient weight 	Adopt NEMSQA Pediatrics-03	Concept is not feasible. Recommend adoption of NEMSQA Pediatrics-03, which includes documentation of weight in KG or documentation of Color Zone.
Cardiac-11	Time on Scene for STEMI	<ul style="list-style-type: none"> -Harmonize with AHA -Debate whether should be 5 or 10 minutes concerns that 5 minute may not a reasonable expectation. -This measure exists within other systems. -Trying to set higher bar may not represent what is reasonable in the state -Should follow national standard 	Adopt AHA Mission Lifeline Measure: First Medical Contact to Destination within 30 Minutes for STEMI	The intent of this concept is best served by the AHA Mission Lifeline Measure
Stroke-04	Stroke Severity Score Performed and Reported	This measure is important to improving patient care. This measure aligns with current clinical standards of care in EMS. The correct providers and patient populations are not included in this measure- stratify one for transports vs. responses/exclusions. The clinical process or outcome needs improvement in EMS. The existing measure will not meet the needs of FAIR project. The existing measure would be well received in EMS. Actions for this measure concept would be harmonization. No additional measures in this topic area are listed. Other comments included - need clarification on which field is required for assessment (exclude unresponsive patients from denominator).	Adopt NEMSQA Stroke-01	
Stroke-05	Advanced Notification of Stroke with Triage Findings	This measure is important to improving patient care. This measure aligns with current clinical standards of care in EMS. The correct providers and patient populations included in this measure. This clinical process or outcome needs improvement in EMS. Unknown about routine or easy data collection (zoll/intermedix). This measure will be well received by EMS. This measure should be considered for further development. This measure should be considered for inclusion in a bundle or composite measure - possibly bundle with Alert -01. No additional measures in this topic area are listed. Other comments include changing the word triage to assessment.	Adopt NEMSQA Stroke-01	

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Measures to Proceed for Adoption and Harmonization

Measure ID	NEMSQA Concept	Competing Measure Description	Competing Measure Steward	F.A.I.R. Steering Committee Comments	Action	NEMSQA Recommendation 20201206
Cardiac-02	12 Lead ECG Acquisition Performed for Chest Pain	EMS MEASURE 1 Percentage of patients with nontraumatic chest pain/ ACS symptoms in patients ≥ 35 years of age, treated and transported by EMS who received a prehospital 12 Lead ECG.	AHA Mission Lifeline		Adoption	Adopt AHA Measure
Cardiac-03	Aspirin Administered for Chest Pain	EMS REPORTING MEASURE C Percentage of patients with non-traumatic chest pain/ ACS symptoms in patients ≥35 years of age, treated and transported by EMS who received Aspirin in the field, either by EMS or self administration.	AHA Mission Lifeline		Adoption	Adopt AHA Measure
Cardiac-08	ECG Performed within 5 minutes of Patient Contact	PLUS MEASURE Of those patients who received a 12 Lead ECG (measure 1 numerator volume), the percentage of 12 Lead ECG's performed within 10 minutes of EMS First Medical Contact on patients with an initial complaint non-traumatic chest pain/ACS symptoms who are > 35 years of age. (Required for reporting but not used for baseline recognition analysis)	AHA Mission Lifeline	-Should be the same as AHA -Check with AHA more recent guidelines -Mission lifeline has measure within 10 minutes upon arrival 85% of the time -Percentage to meeting a standard is a more appropriate measure -Harmonize with AHA prefer 5 minutes and using age of 35 -Time from ALS unit on scene may be skewed by other responders	Adoption/ Harmonization Process	Adoption AHA measure as specified until topped out, then consider harmonization for time element.
Cardiac-10	Prehospital STEMI Alert	EMS MEASURE 2 Th percentage of hospital notifications or 12 lead ECG transmissions suggesting a STEMI alert (or Cardiac Cath Lab Activation) that are performed within 10 minutes of the first STEMI positive 12 lead ECG in the field.	AHA Mission Lifeline	-Harmonize with AHA Mission Lifeline. -The amount of time should be discussed 5 as opposed to 10 minutes -We should use a consistent time measure -Consecutive 10 minutes timeframes may lead to a compounding of time to 30 minutes - 5 minutes for EKG and 5 minutes to transmit 80% of time -Should you use national measure as opposed to a separate time for Florida	Adoption/ Harmonization Process	Adoption AHA measure as specified until topped out, then consider harmonization for time element.
Cardiac-14	First Medical Contact to Destination within 30 Minutes for STEMI	EMS MEASURE 3 Percentage of patients treated and transported directly to a STEMI Receiving Center, with EMS First Medical Contact to device time ≤90 Minutes and/or EMS First Medical Contact to PCI≤120 Minutes when transport time≥45 minutes and Door to Balloon ≤30 Minutes. (When destination facility = STEMI Receiving Center)	AHA Mission Lifeline		Adoption/ Harmonization Process	Adopt AHA measure due to alignment with guideline

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Safety-02	Pediatric Non-Critically Ill Patients Transported Lights and Sirens	Percentage of EMS transports originating from a 911 request during which lights and sirens were not used during patient transport.	NEMSQA		Adoption/Harmonization Process	Adopt NEMSQA measure due to alignment with evidence (measure will be stratified by age during upcoming annual maintenance cycle)
Safety-03	Adult Non-Critically Ill Patients Transported Lights and Sirens	Percentage of EMS transports originating from a 911 request during which lights and sirens were not used during patient transport.	NEMSQA		Adoption/Harmonization Process	Adopt NEMSQA measure due to alignment with evidence (measure will be stratified by age during upcoming annual maintenance cycle)
Seizure-02	Time to Administration of Benzodiazepines for Seizures	Percentage of EMS responses originating from a 911 request for patients with status epilepticus who received benzodiazepine aimed at terminating their status seizure during the EMS response.	NEMSQA	-Harmonize with NEMSQA-Seizure-02 -Should not specify IV over IM, as IM is quicker -Important measure -Status epilepticus difficult to determine	Adoption/Harmonization Process	Adoption AHA measure as specified until topped out, then consider harmonization for time element.

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Stroke-07	Last Known Well Documented	EMS MEASURE 5 Percentage of patients with suspected stroke for whom a "last known well" (LKW) time is documented by EMS.	AHA Mission Lifeline	-The discussion was that this measure is very important in the treatment of stroke patients and should be a measure. -Important clinical component -Determinate in potential transport destination determination	Adoption/ Harmonization Process	Adopt AHA measure
Stroke-08	Prehospital Stroke Alert	EMS MEASURE 6 Percentage of patients with suspected stroke for whom EMS provided advance notification to the receiving hospital.	AHA Mission Lifeline	-Harmonize with AHA. -A time specification should be included -Potentially build off the AHA measures	Adoption/ Harmonization Process	Adoption AHA measure as specified until topped out, then consider harmoniza tion for time element.
Stroke-09	Stroke Assessment Conducted for Stroke	Percentage of EMS responses originating from a 911 request for patients suffering from a suspected stroke who had a stroke assessment performed during the EMS response.	NEMSQA	-This is an important measure. -A time specification should be included maybe same as STEMI -Since this based on caregiver impression they have already suspected stroke, we may need to assess whether they missed the stroke completely	Adoption/ Harmonization Process	Adoption AHA measure as specified until topped out, then consider harmoniza tion for time element.
Trauma-12	Patients Transported to Appropriate Trauma Center	Percentage of EMS responses originating from a 911 request for patients who meet CDC criteria for trauma and are transported to a trauma center.	NEMSQA	-Adopt the NEMSQA MeasureTrauma-04 -Appropriate is difficult to define -Existing Florida measure which we are plateauing -Should the air transports be excluded -State measure says transport to a trauma center -State on scene goal should be reduced from 20 minutes to 10 minutes	Adoption/ Harmonization Process	Adopt AHA measure
Trauma-13	Scene Time for Trauma		Internal to State	-Yes good measure -Already a state measure -Use what we have -Put minutes to measure rather than a pass/fail	Adoption/ Harmonization Process	Include State internal measure in program

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Trauma-17	Alternative Approaches to pain Management	<p>NEMSQA Trauma-01: Percentage of EMS responses originating from a 911 request for patients with injury who were assessed for pain.</p> <p>NEMSQA Trauma-03: Percentage of EMS transports originating from a 911 request for patients whose pain score was lowered during the EMS encounter.</p>	NEMSQA	<p>-Adopt the NEMSQA Measure Trauma-03 -Adopt the NEMSQA Measure Trauma-03 where added opioid was not used -Concern we may discourage opioid use when is indicated -POTENTIAL NEW MEASURE -No opioid uses measure - NEMSEOA is working on evidence based protocol currently</p>	Adoption/Harmonization Process	Adopt NEMSQA Trauma-01 and Trauma-02 to complement Trauma-17
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