

**U.S. DOT National EMS Advisory Council Meeting  
Crystal City Marriott Hotel  
Arlington, VA  
October 2-3, 2008**

**EXECUTIVE SUMMARY**

This Executive Summary, submitted pursuant to the Federal Advisory Committee Act (FACA), contains a summary of the activities that took place during the National EMS Advisory Council (NEMSAC) Meeting on October 2-3, 2008.

**DAY ONE – THURSDAY, OCTOBER 2, 2008**

The National EMS Advisory Council (NEMSAC) convened at 1:00 p.m. (EDT) on October 2, 2008, at the Crystal City Marriott Hotel in Arlington, VA.

In accordance with the Federal Advisory Committee Act (PL 92-463), the meeting was open to the public.

**Council Members in Attendance:**

Dia Gainor, State EMS Director, NEMSAC Chair  
Charles Abbott, State Highway Safety Director  
Kyle Gorman, Local EMS Service Director/Administrator  
Thomas Judge, Air Medical  
Kenneth Knipper, Volunteer EMS  
Kurt Krumperman, Private EMS  
Baxter Larmon, PhD, EMS Researcher  
Daniel Meisels, Hospital-based EMS  
Aarron Reinert, Data Manager  
John Sacra, MD, Emergency Physician  
Ritu Sahni, MD, EMS Medical Director  
José Salazar, Educator  
Richard Serino, At Large Membership  
Kevin Staley, Homeland Security  
Matthew Tatum, Emergency Management  
Chris Tilden, PhD, Public Health  
Gary Wingrove, Hospital Administration  
Joseph Wright, MD, Pediatric Emergency Medical Services  
Patricia Kunz-Howard, PhD, Emergency Nurse  
Robert Oenning, Dispatcher/9-1-1  
J. Thomas Willis, Firefighter/Paramedic

**Council Members Not in Attendance:**

Joseph Heck, DO, State or Local Legislative Bodies  
Jeffrey Lindsey, PhD, Fire-based EMS  
Jeffrey Salomone, MD, Trauma Surgeon  
Linda Squirrel, Tribal EMS

**NHTSA Staff in Attendance:**

Brian M. McLaughlin, Senior Associate Administrator  
David Kelly, NHTSA Acting Administrator  
Drew Dawson, DFO  
Susan McHenry  
Cathy Gotschall  
David Bryson  
Jason Grafft  
Gamunu Wijetunge  
Jeffrey Michael  
Gerald Poplin  
Anthony Oliver  
Laurie Flaherty

**Federal Partners:**

Richard Patrick, Department of Homeland Security / Office of Health Affairs  
Bob Davis, DHS OHA  
Kathy Brinsfield, DHS OHA

**Public Attendance:**

Dan Manz, Vermont EMS Director  
Anthony R. Carlini, Johns Hopkins University, Bloomberg School of Public Health  
Carol Spizzirri, Save a Life Foundation  
Lucian Deaton, IAFC, EMS Section  
Jonathan Moore, IAFF  
Allison Moore, NVFC  
Sayuri Smith, TK Holdings  
Adrienne Roberts, American Association of Neurological Surgeons  
Kristin McDonald, American College of Surgeons  
Lisa Meyer, Advocates for EMS, Cornerstone Government Affairs

**WELCOME AND OPENING REMARKS**

The meeting was called to order by Chairperson Dia Gainor who welcomed NEMSAC members and introduced Brian M. McLaughlin, NHTSA Senior Associate Administrator, and David Kelly, NHTSA Acting Administrator.

Mr. Kelly expressed his appreciation to the Council members and his expectations for the Advisory Council including improving post-crash care for automobile crash victims and his eagerness to receive NEMSAC recommendations.

**INTRODUCTIONS AND COMMENTS FROM THE CHAIR, DIA GAINOR**

The NEMSAC members provided brief self-introductions.

## **REVIEW AND APPROVAL OF MINUTES OF JULY 17-18, 2008, NEMSAC MEETING**

The following corrections were noted: Ken Knipper's name should be included on the Safety Committee and System Committee member lists and Kurt Krumperman's name should be added to the Systems and Safety Committees. The minutes were unanimously approved as amended.

## **PRESENTATION AND DISCUSSION RE EMS EDUCATION AGENDA IMPLEMENTATION**

Dan Manz, Chair of the National Association of State EMS Officials EMS Education Agenda Implementation Team presented "A New Day in EMS Education, Challenges and Opportunities with *The EMS Education Agenda for the Future: A Systems Approach*." A copy of Mr. Manz's presentation is included as an attachment. Mr. Manz emphasized the "EMS Education Agenda" is intended to provide more uniform and consistent education and certification of the nation's EMS providers. He stressed the amount of work still required to implement the "Education Agenda":

- Transitions for EMS educators
- Transitions for existing EMS personnel
- New National Certification Exams
- Paramedic program accreditation
- State statutes and transition rules
- Periodic updates

During additional discussion about implementation of the *EMS Education Agenda*, the NEMSAC discussed education gaps, such as:

- Ongoing professional development of EMS employees
- Accreditation for levels other than the paramedic level
- Advanced Practice Paramedic position
- Pre-arrival personnel training

Drew Dawson stressed that the NEMSAC has an opportunity and responsibility to recommend how the *EMS Education Agenda* can be revised, updated, and expanded. Dan Manz indicated that NEMSAC members consider the *EMS Education Agenda for the Future* as an independent, self-sustaining document and process.

A discussion of the terms "scope of practice," "credentialing," "licensure," and "certification" ensued with Mr. Manz providing the definitions contained in the *National EMS Education Agenda for the Future: A Systems Approach*

Kyle Gorman questioned whether the *EMS Education Agenda* could contribute to an increase in the supply of EMS providers. Mr. Manz conveyed the hope that a more professional, predictable, and credible educational system could attract people who are entering health care by presenting more options for their future.

## **NEMSAC COMMITTEE REPORTS AND DISCUSSION**

Committee chairs provided a short overview of their committee activities and recommendations. Full committee reports are attached as appendices.

### **Systems Committee Report: Presented by Kyle Gorman, Chair**

The Systems Committee's priority issues, as assigned at the July 2008 NEMSAC Meeting are:

- *“Establish model systems for both rural EMS and urban EMS with guiding principles, core issues, and operational plans”*
- *“Standardized certification, licensure, and credentialing of EMS agencies and systems”*

The Systems Committee's initial problem statement is;

*System design in emergency medical systems is equally important in urban, rural, and frontier areas, yet most localities fail to take a patient-centered approach to system design.*

Needs/Recommendations:

- Establish and support the guiding principles for EMS Systems.
- Adopt the Oklahoma City Guiding Principles as a baseline for Committee's evaluation of an EMS system
- Develop recommendations to present to Council for deliberation
- Consider the customer from a local and national perspective

### **Safety Committee Report: Presented by Thomas Judge**

The Safety Committee's priority issue, as assigned at the July 2008 NEMSAC Meeting:

*“Safety of personnel – including vehicle design, lighting, conspicuity, lifting/transfer devices, protection from exposure, highway safety, driver training.”*

The Safety Committee's initial problem statement is:

*There is a noticeable void in ambulance/vehicle safety. There are too many examples of injured EMS workers.*

Domains to categorize safety concerns:

- Vehicles, including ground, air medical, and water
- Practice Environment / Workforce
- Health and Wellbeing / Workforce
- Equipment

Needs/Recommendations:

- Develop a National Ground EMS Vehicle Crash Surveillance System
- Use data to develop and promulgate national design standards for ambulance construction
- Consider opportunities for NHTSA to partner with other organizations or groups, e.g., NTSB, State EMS directors.

Mr. Judge concluded his presentation and asked for Council questions and comments. NEMSAC members discussed the content of the Safety Committee Report and identified issues related to the Committee's goals, intentions, and strategies. The Council identified that there is a need to:

- Provide more regulation over volunteer drivers
- Increase the use of Intelligent Transportation Systems
- Evaluate the effect of alarm exposure on EMS personnel
- Assess the utility of sirens and the effect of sirens on EMS personnel hearing
- Assess the impact of stress in relation to alcohol abuse, divorce rates, etc. among EMS personnel
- Evaluate the immunizations and disease rates of EMS personnel
- Consider European standards in an effort to develop U.S. standards for the future
- Coordinate efforts between the Safety Committee and the Systems Committee to determine the number of providers that is too few or too many to be effective
- Add a National Unified Goal for Traffic Incident Management to the Safety Committee's crosswalk

#### **Analysis, Oversight & Research Committee: Presented by Ritu Sahni, Chair**

The Analysis, Oversight & Research Committee initial priority issue, as assigned at the July 2008 NEMSAC Meeting:

- *"Patient safety and medical errors"*

The Analysis, Oversight & Research Committee's initial problem statement:

*There is not an existing, standard set of benchmarks for EMS systems to use for patient safety parameters.*

Needs/Recommendations:

- Develop a Culture of Safety throughout EMS, addressing both patient safety and provider safety
- Organize a National Strategic Consensus Process to design "Creating a Culture of Safety: A National Strategy"

NEMSAC members discussed the recommendations and agreed to postpone deliberation on a related motion until the next morning, Friday, October 3, 2008.

**Education & Workforce Committee Report: Presented by Kevin Staley, Chair**

Kevin Staley began the Education & Workforce Committee Report by thanking Dan Manz and David Bryson for their contributions to group discussions during the morning committee meeting.

Education & Workforce Committee's initial priority issues, as assigned at the July 2008 NEMSAC Meeting:

- *“Standardized certification, licensure, and credentialing of EMS personnel”*
- *“Leadership Development”*

The Education & Workforce Committee's initial problem statement is:

*There is a current lack of standardized certification, licensure, and credentialing of EMS personnel across the United States. A lack of a standardized approach affects the performance of EMS systems as they cross jurisdictional and state lines in the executions of their duties, whether it is related to routine emergency medical response or mutual aid support as a result of a disaster or mass casualty incident. This lack of standardization has implications on efficiency and effectiveness, compliance with states' statutes, workforce satisfaction, medical control, and EMS system human resource issues, to name a few.*

Needs/Recommendations:

- Promote formally agreed upon definitions for the terms “credentialing,” “licensure,” and “certification”
- Address those concerns, issues, and points of resistance impeding the implementation of the *EMS Education Agenda for the Future*
- Standardize the process of certifying and licensing EMS providers in accordance with the recommendations of the *EMS Education Agenda for the Future*
- Adopt the *EMS Education Agenda* and work to implement its recommendations throughout the nation

Mr. Staley outlined the Education & Workforce Committee's next steps:

- Actively support the adoption and implementation of the *EMS Education Agenda for the Future* and *Model Scope of Practice*
- Dispel common myths pertaining the *EMS Education Agenda*
- Educate NEMSAC members about the *EMS Education Agenda*
- Continue to support EMS research that promote educating the public on EMS issues
- Encourage model legislation for the *EMS Education Agenda* and *Scope of Practice Model*
- Encourage NHTSA and state officials to solicit funding from stakeholders
- Consider collaborating with NAEMSE for committee work

- Study NASEMSO efforts to understand the challenges of convincing states to adopt the *EMS Education Agenda* and *Scope of Practice Model*
- Compile a final list of recommendations ready for NEMSAC deliberation at the next Council meeting in January 2009

NEMSAC members discussed the content of the Education & Workforce Committee Report and identified issues related to the Committee's goals, intentions, and strategies. Council discussion supported the intentions of the Education & Workforce Committee to:

- Champion the *EMS Education Agenda for the Future*
- Consider the recruitment and retention of leadership in the EMS workforce
- Dispel myths pertaining to the *EMS Education Agenda for the Future*

Mr. Dawson suggested that the Education & Workforce Committee consider creating a packet on the topic of the *EMS Education Agenda for the Future* for each member of the Advisory Council to take with them to their own state and use it to promote the *EMS Education Agenda*.

#### **Finance Committee Report: Presented by Kurt Krumperman, Chair**

Finance Committee's priority issue, as assigned at the June 2008 NEMSAC Meeting:

*"EMS reimbursement in general – currently emphasis is on taking the patient to the hospital since that is the only way to be reimbursed. Reimbursement should focus more on the cost of readiness, prevention programs, treat/release, and perhaps even transport to other health care settings besides emergency departments (health clinics, etc.)"*

The Finance Committee's initial problem statement is:

*It is generally recognized that financing EMS has many challenges and that the way the system is funded is fragmented, conflicted, and often underfunded. Over the last decade there have been recommendations to move financing to more of a readiness-based model rather than principally based on transports. This readiness must include the funding of the capacity to surge to some predetermined level in the event of a disaster. Additionally, NEMSAC wants to explore the potential impact on EMS system financing by prevention programs, treat and release, and transportation to other health care settings besides ERs.*

*EMS produces downstream savings in healthcare costs because of actions taken in the field. These savings have not been scientifically quantified. If they were, the argument could be made that these savings could be used to better fund readiness costs for EMS. Examples of this that could be researched are use of 12 lead ECG, CPAP, termination of codes in the field, and treat, refer and release to name a few categories of activities.*

Needs/Recommendations:

- Recommend that FICEMS implement the IOM recommendation to evaluate the EMS financing system

- Recommend that FICEMS make a committee priority issue on EMS interventions, such as use of 12 lead ECG, and downstream cost savings
- Recommend that NEMSAC develop a reimbursement model based on readiness costs
- Align Finance Committee work with the work of the Systems Committee to understand the performance requirements (including response times and alternative destinations) and system features that impact cost

NEMSAC members discussed the content of the Finance Committee Report and identified issues related to the Committee's goals, intentions, and strategies. Members of the Council suggested that the Finance Committee:

- Address the issue of reducing costs
- Consider funding to reimburse those involved with EBG research
- Collaborate with the Analysis, Oversight & Research Committee to identify areas in which the EMS financing system could save money
- Ensure that readiness remains part of the funding concept
- Consider the impact of a transition from a transport-based to a readiness-based model on ambulance numbers and Medicare

### **DAY TWO SUMMARY – OCTOBER 3, 2008**

The NEMSAC reconvened for the second day of the meeting at 8:05 a.m. (EDT) on October 3, 2008, at the Marriott Crystal City Hotel in Arlington, Virginia.

#### **Council Members in Attendance:**

Dia Gainor, State EMS Director, NEMSAC Chair  
Charles Abbott, State Highway Safety Director  
Kyle Gorman, Local EMS Service Director/Administrator  
Thomas Judge, Air Medical  
Kenneth Knipper, Volunteer EMS  
Kurt Krumperman, Private EMS  
Baxter Larmon, PhD, EMS Researcher  
Daniel Meisels, Hospital-based EMS  
Aarron Reinert, Data Manager  
John Sacra, MD, Emergency Physician  
Ritu Sahni, MD, EMS Medical Director  
José Salazar, Educator  
Richard Serino, At Large Membership  
Kevin Staley, Homeland Security  
Matthew Tatum, Emergency Management  
Chris Tilden, PhD, Public Health  
Gary Wingrove, Hospital Administration  
Patricia Kunz-Howard, PhD, Emergency Nurse  
Robert Oenning, Dispatcher/9-1-1  
J. Thomas Willis, Firefighter/Paramedic

#### **Council Members Not in Attendance:**



Joseph Heck, DO, State or Local Legislative Bodies  
Jeffrey Lindsey, PhD, Fire-based EMS  
Jeffrey Salomone, MD, Trauma Surgeon  
Linda Squirrel, Tribal EMS  
Joseph Wright, MD, Pediatric Emergency Medical Services

**NHTSA Staff in Attendance:**

Drew Dawson, DFO  
Susan McHenry  
Cathy Gotschall  
David Bryson  
Jason Grafft  
Gamunu Wijetunge  
Jeffrey Michael  
Gerald Poplin  
Anthony Oliver  
Laurie Flaherty

**Federal Partner:**

Richard Patrick, Department of Homeland Security / Office of Health Affairs

**Public Attendance:**

Anthony R. Carlini, Johns Hopkins University, Bloomberg School of Public Health  
Carol Spizzirri, Save a Life Foundation  
Lucian Deaton, IAFC, EMS Section  
Jonathan Moore, IAFF  
Allison Moore, NVFC  
Sayuri Smith, TK Holdings  
Adrienne Roberts, American Association of Neurological Surgeons  
Kristin McDonald, American College of Surgeons  
Lisa Meyer, Advocates for EMS, Cornerstone Government Affairs  
Dave Finger, NVFC

**WELCOME, INTRODUCTIONS, AND REVIEW OF DAY ONE**

Dia Gainor welcomed NEMSAC members to the second day of the meeting. She acknowledged the productive first day and thanked the committees for sharing their group reports. She briefly outlined the intended progression of the day's meeting before moving to the next topic on the agenda: Unfinished Business.

**UNFINISHED BUSINESS FROM DAY ONE**

**Committee Reporting Template**

Ms. Gainor directed members to the revised Committee Reporting Template provided in their folders. Ms. Gainor summarized the components of the Committee Reporting Template (refer to Attachment A) and noted its multi-purpose utility to educate, raise awareness, recommend,

support, or suggest action for other organizations and groups. Several guidelines were given to clarify the scope of committee reports:

- Each committee report should be able to stand alone and travel independently
- Committee reports will be aggregated in a type of warehousing system developed by NHTSA
- Since committee reports are presented at the general meeting and recorded in the minutes, they are public documents
- Every item in a committee report (e.g., recommendation, resolution, recognition) will not be acted upon; some will be adopted and passed forward, while others will not

Thomas Judge suggested the Council consider two versions of committee reports, noting many priority issues were complex and time-consuming assignments. He proposed there be an initial and final version of a committee report to accommodate the development process of committee activity.

Members agreed with Mr. Judge's suggestion and decided upon Interim and Final versions of committee reports. Ms. Gainor described an Interim Report as a mid-progress update, and the Final Report as a finalized document that is ready for Council deliberation and vote

For clarification purposes, Ms. Gainor outlined the process of creating, presenting, submitting, and implementing a committee report:

- Committees provide updates on their past actions and future plans at NEMSAC Meetings
- If the Council does not object to the direction of the committee as expressed in the report, the committee should proceed in the same direction
- When a committee completes its work it may make a recommendation, resolution, or statement to the Council for voting
- If the Council adopts an item from a committee report, they then make a decision to pass the recommendation/resolution/statement on to outside groups or committees

#### **COMMITTEE RECOMMENDATIONS AND MOTIONS**

On behalf of the Finance Committee, Kurt Krumperman made the following motion:

*NEMSAC requests that NHTSA carry the recommendation to FICEMS to make of highest priority the implementation of the IOM recommendation calling for CMS to assemble an ad hoc working group with expertise in emergency care, trauma, and EMS Systems to evaluate the reimbursement of EMS and make a recommendation with regard to including readiness costs and permitting payment without transport.*

Aarron Reinert seconded the motion.

Some members expressed concern that the recommendation was not developed enough to vote on or pass forward. They suggested that prior to a vote, a motion or recommendation should be:

- Presented in a recognizable format that identifies it as a NEMSAC Committee recommendation
- Supported by background information to explain its significance to the recipient agency
- Included in a Final Committee Report

Other members expressed confidence that the recommendation could stand on its own. Their arguments included:

- The motion addresses a recommendation within the IOM Report
- There is enough supportive material in the IOM report to justify and rationalize the charge of the motion
- Members of FICEMS are already familiar with the topic of the motion; it is recognizable without further explanation

The Council clarified the expectations of the motion and how the roles and responsibilities of the Finance Committee, NEMSAC, NHTSA, and FICEMS relate:

- If a recommendation is intended for FICEMS, it is presented to NHTSA who will present the recommendation to FICEMS
- Motion asks FICEMS to move the IOM recommendation to the top of its priority list
- Motion asks FICEMS to form another committee to work in parallel with the Finance Committee
- Finance Committee needs FICEMS assistance to collaborate with high-level CMS officials
- Finance Committee can identify the barriers and limitations of implementing the IOM recommendation, but it needs FICEMS support to move the initiative forward

The motion was repeated. All members were in favor, no one opposed. The motion passed and the recommendation was adopted.

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Following the acceptance of the first motion, Mr. Krumperman presented, on behalf of the Finance Committee, a second motion for Council consideration:

*NEMSAC requests that NHTSA ask FICEMS to make a priority commissioning a study on downstream healthcare system cost savings as a result of EMS interventions in the field such as 12 lead ECG, field code terminations, and treat refer and release.*

Matthew Tatum seconded the motion.

Drew Dawson explained that NHTSA would transmit any issue/recommendation intact to FICEMS. From that point, it would be up to FICEMS to determine whether or not they were to adopt the committee report item. He explained that NHTSA would need supportive background information and justification to present a recommendation to FICEMS unless the recommendation was associated with an existing, well-known document.

Kurt Krumperman withdrew his motion on the grounds that the Finance Committee needed to conduct additional preliminary research on the topic before presenting the issue again for adoption.

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On behalf of the Analysis, Oversight & Research Committee, Ritu Sahni presented the following resolution:

*The Analysis, Oversight & Research Committee recommend that NEMSAC adopt “Establishing a Culture of Safety in EMS: A National Strategy” with the development of a National Strategic Consensus Project.*

Baxter Larmon of the Analysis, Oversight & Research Committee seconded the motion.

Dr. Sahni explained that the motion was presented by the Analysis, Oversight & Research Committee, rather than the Safety Committee, because it is based on the belief that a “Culture of Safety” affects patient outcome. He provided the following points of clarification, explaining that the motion aims to:

- Create a “Culture of Safety” throughout the entire industry, from top to bottom, from Federal agencies to the level of the field provider
- Establish a culture in the industry where people feel comfortable admitting mistakes and taking the steps to improve performance and prevent future mishaps
- Create a NEMSAC Steering Committee for the task

Mr. Dawson asked Dr. Sahni to explain the expectations of NHTSA in response to the motion. Dr. Sahni confirmed that the motion asks NHTSA to:

- Assess the feasibility of soliciting the input of experts, stakeholders, aviation, etc. to create a “Culture of Safety” throughout an entire industry
- Respond with a consensus building process that involves other groups outside of NEMSAC
- Respond with a strategy, an agenda-like process
- Determine the funding options that are available for the task
- Look at the logistics and the costs that are required for moving forward with an industry-wide endeavor

Gary Wingrove stated he perceived the recommendation to be a tone setter, demonstrating that NEMSAC regards safety as an important concern. He suggested that the recommendation could be perceived as a guiding principle for the Council.

Mr. Judge added to Mr. Wingrove’s comment that the recommendation could send a message to their constituents. He stressed it is important the Council look for opportunities that publicize NEMSAC activity as effective and progressive, explaining the Council needs first to raise awareness then assess the possibilities of pursuing certain endeavors and calculate resources before making strides.

John Sacra suggested the motion be revised to include language on the delivery of healthcare, expressing concern the motion did not articulate the concept of safety from a patient-centered perspective. He proposed that the motion's language be revised to confirm that "Culture of Safety" refers to delivery of quality care to the patient.

Kyle Gorman expressed concern the phrase "Culture of Safety" was unclear and confusing. He suggested that the motion be reworded to explicitly describe the aim of the motion: a safer environment. He proposed that "Culture of Safety" be replaced by "Safety" in general.

Council members asserted that the word "culture" was effective because:

- It stresses the quality assessment aim of the motion
- It unites all of the committees' work in one issue
- It is a word that has already been embraced by the EMS community, e.g., the EMS Toolkit project is driven to assess the safety culture
- It confirms the intention of the motion, assuring that readers do not misinterpret "Safety" in the limited sense of ambulance crashes and seatbelts

Dr. Sahni amended the motion to include language that highlighted a patient-centered delivery:

*In the interest of providing the most appropriate quality healthcare to patients, the Analysis, Oversight & Research Committee recommends that NEMSAC adopt "Establishing a Culture of Safety: A National Strategy" with the development of a National Strategic Consensus Project.*

Baxter Larmon seconded the motion.

The Council voted on the motion. All were in favor, none opposed, and the motion was passed.

#### **FICEMS UPDATE**

Ms. Gainor introduced Drew Dawson, Lead Staff for FICEMS, to provide an update on FICEMS activity.

Mr. Dawson began his presentation by noting the recent changes in FICEMS leadership positions:

- Dr. Jeffrey Runge, the previous Chair of FICEMS, is no longer in the Federal service
- Dr. Jon Krohmer was selected by DHS to complete Dr. Runge's term until the next FICEMS Meeting in December. He was then elected by FICEMS to serve as Chair for the remainder of 2008
- At the June 2008 Meeting, FICEMS members voted to create a Vice Chair position
- Dr. Kevin Yeskey of Health and Human Services occupies the Vice Chair position and is positioned to take over as Chairman in December

Mr. Dawson explained the FICEMS Technical Working Group (TWG) consists of staff level FICEMS members that meet monthly via telephone to assess implementation of its Work Plan, and determine strategies for collaboration; noting the Work Plan guides and drives FICEMS activity.

Mr. Dawson highlighted two position statements that FICEMS recently adopted and acted on:

1. Anyone receiving Federal EMS grant funding must have medical oversight or, if the system does not, a portion of the funds may be used to develop medical oversight.
2. EMS systems nationwide be encouraged to adopt NEMSIS

Mr. Dawson reviewed FICEMS activities. He explained that Dr. Runge sent a letter to each agency's department director regarding the medical direction position statement that has generated a lot of attention and discussion.

Council members expressed an interest in the FICEMS position on medical direction and asked Mr. Dawson to elaborate further:

- It is the intention of FICEMS that every EMS system have medical direction
- FICEMS recommended this position statement to agencies as a position to adopt; therefore, they cannot require the measure
- The position statement does not specify how medical direction needs to be provided
- The position statement does not specify who must provide medical direction; e.g., it could be provided by an individual medical director or a regional medical director

### **PUBLIC COMMENT**

Ms. Gainor offered the opportunity to audience members for public comment. Ms. Carol Spizzirri accepted the invitation, representing the Save a Life Foundation. Her message to the Council conveyed the following points:

- The public has a distorted view of EMS
- The public incorrectly assumes and expects EMS to respond to an incident scene within minutes
- Response time ranges from 1 to 3 hours in certain locations
- NEMSAC needs to contribute to ongoing efforts to educate the public about the realities of EMS response times
- The public needs to be aware of their pre-EMS role
- The public should be able to render aid before EMS arrives
- Legislation was passed through the Department of Homeland Security's proportions bill for pre-EMS in October of 2006. FEMA has yet to comply
- Legislation on the topic is necessary

When no other members of the audience expressed an interest in speaking, Mr. Gainor asked Council members to give their attention to Cathy Gotschall for an update presentation on the Evidence-based Practice Guidelines Process Conference.

## **REPORT ON EVIDENCE-BASED PRACTICE GUIDELINES PROCESS CONFERENCE**

Ms. Gainor introduced Cathy Gotschall, NHTSA OEMS, to provide an overview of the Evidence-based Practice Guidelines Process Conference.

Ms. Gotschall provided the Council with a general overview of the conference entitled, *From Evidence to EMS Practice: Building the National Model*, which was held at the Kellogg Conference Hotel, Washington, DC on September 4-5, 2008. She began her presentation by noting the participants and groups that contributed to the event:

- NEMSAC acted as co-sponsor for the conference, in conjunction with NHTSA and FICEMS
- The EBG Steering Committee planned the conference
- Rick Hunt and Jon Krohmer chaired the Steering Committee
- Federal representatives from AHRQ
- Baxter Larmon and Joseph Wright represented NEMSAC as members of the Steering Committee
- Eight NEMSAC members attended the conference
- Seventy-five of the 120 National Organizations who received invitations to the event attended, including expert guideline developers, organizations, ethicists, publishers, national EMS organizations, patient advocacy groups, etc.

Ms. Gotschall reviewed the topics that were presented by an international cast of speakers:

- Evidence-based Healthcare
- Guideline Development Process
- Guidelines for Cardiac Care
- Local Governments: Nova Scotia
- Other Disciplines: Chest Physicians
- The Cochrane Collaboration
- GRADE-ing recommendations
- Assessment and Implementation
- Guidelines Implementability Appraisal
- Guideline International Network (GIN)

In addition to, and in response to the speaker presentations, conference participants discussed the following topics during the conference breakout sessions:

- Levels of evidence in EMS research setting thresholds and grading recommendations
- Translation, implementation and the role of medical direction
- Soliciting provider input and buy-in
- Funding, sustainability, and incorporation into educational standards

NHTSA has drafted a model of an Evidence-based Practice Guidelines Process that is being circulated among steering committees for review and additional input on how to revise and reevaluate such a process.

Ms. Gotschall concluded her presentation, sharing that the EBG Steering Committee will meet on December 5, 2008, to discuss their next steps. She assured the Council that the Steering Committee intends to publish the proceedings of the conference.

Drew Dawson suggested that the EBG Conference offered an opportunity for the Council to consider recommendations on the topic of evidence-based guidelines.

## **NEXT STEPS AND FUTURE MEETINGS SCHEDULE**

### **Future Meeting Schedule Dates**

Members decided on the following dates:

- January 29-30, 2009 NEMSAC Meeting
- April 2009 NEMSAC Teleconference
- June 2009 NEMSAC Meeting in conjunction with the June 2009 FICEMS Meeting

### **NEMSAC Notes**

Kevin Staley raised concern there was a disconnect among members on communicating NEMSAC topics, events, and updates to public inquirers. He asked for clarification about what members should, or should not, reveal on the topic of NEMSAC activity prior to the publication of the Minutes. Council members agreed it takes too long to review and distribute the minutes before they are confronted with questions pertaining to Council activity. Susan reminded members of the NEMSAC Code of Conduct that specifies NEMSAC members are able to share their own perspectives and interpretations of NEMSAC activity with the public; however Dia Gainor, as Chair, is the only member permitted to speak on behalf of the Council.

Members agreed that they would like confirmation on a more immediate, expedited, and unified response to inquirers. They discussed ideas for providing a summary report with critical meeting activities. NEMSAC members agreed on the following decisions:

- NHTSA will deploy staff capacity to create NEMSAC Notes for future meetings
- NEMSAC Notes will include a list of motions, summaries of committee reports, significant updates, and major outcomes
- Cathy Gotschall, as editor of NHTSA Notes, can help explore publication possibilities for NEMSAC Notes
- NEMSAC Notes can be forwarded and shared because they are generated by a Federal agency and therefore, public domain
- NEMSAC Notes can be posted on the NEMSAC website

### **Next Steps**

Ms. Gainor asked members to outline Council tasks for review or completion prior to the January 2009 meeting. Members identified the following actions:



- Committees will submit draft versions of their committee reports by January 9, 2009 and distribute them to Council members in advance of the January 29-30, 2009 meeting. Committees will have an opportunity to revise and edit their reports during the morning session committee meetings on January 29, 2009.
- NHTSA will invite experts outside of NEMSAC, who were previously identified by committee Chairs, to inquire about their willingness and availability to participate in NEMSAC Committee activity. Outside committee members will participate by teleconference; they are welcome to attend a NEMSAC Meeting if they are willing to pay for their travel expenses.

Members discussed the format of NEMSAC Meetings and considered additions and revisions to the meeting schedule. All members agreed that the morning session committee meetings were valuable and productive. Additional suggestions pertaining to the NEMSAC Meeting schedule included:

- Coordinate speakers and presentations during the morning session committee meetings to accommodate those members that participate in more than one committee and must choose how to allot their time during the morning session
- Schedule a “Chair Huddle” before the morning session committee meetings to allot time for committee Chairs to review overlapping topics and consider opportunities for collaboration and partnering

### **New Business**

Robert Oenning informed the group that the Center for Disease Control and Prevention is taking interest in preparedness and assessing the link between 911 and EMS, and developing a work plan on how to handle calls in a pandemic situation, for example, if there are no available resources.

Mr. Dawson clarified that the CDC project is a follow-up activity to an initiative to develop state guidance for 911 and emergency services. Principles from the NHTSA plan and CDC plan have already proved effective and influenced state pandemic flu plans.

Mr. Gorman raised the issue of air medical crashes and expressed a concern regarding the increase of crashes in the last 2 years.

Mr. Judge addressed the issue and noted that the past year was the most tragic in US air medical history, and offered to do a briefing on the topic at the next NEMSAC Meeting. While Mr. Judge expressed uncertainty on how NEMSAC could contribute to an effort to decrease air medical crashes, he identified the related issue of medical transport where he saw an opportunity for NEMSAC involvement. He suggested there should be a way to classify an emergency and guide field practice on decisions pertaining to mode of transport, presenting his suggestion in the form of a motion:

*NEMSAC asks NHTSA to identify opportunities to develop national guidelines around the topic of mode of transport.*

Kevin Staley of the Education & Workforce Committee seconded the motion.

NEMSAC members made the following clarifications:

- The motion refers to all modes of transport
- The motion asks NHTSA to look for an opportunity to build on ongoing trauma triage work and investigate funding options

Mr. Oenning cautioned that the implementation of national guidelines may increase, rather than decrease, the frequency of air transport. Dr. Sahni acknowledged the possibility and added the decision to transport a patient in a certain type of vehicle is as important a medical decision as deciding to start an IV.

The motion was presented and members voted. All were in favor, none opposed. The motion passed.

Dia Gainor thanked all of the members for their participation and hard work. She commended the group for a productive and informative meeting. At 11:00 a.m. (EDT) on October 3, 2008, the NEMSAC Meeting adjourned.

**National Emergency Medical Services Advisory Council  
Committee Reporting Template  
Draft, October, 2008**

**Committee: None**

**Report Number:**

**TITLE:**

**ISSUE SYNOPSIS:**

**A. Description**

**B. Supporting data related to the issue (if available)**

**C. Analysis of the facts/data**

**D. Crosswalk with other documents** (Check those that apply and describe the comparable issues in other documents)

EMS Agenda for the Future

EMS Education Agenda for the Future

Model State EMS Plan

Documents from other Federal agencies (specify)

Institute of Medicine (IOM) Report: The Future of Emergency Care (2007)

NFPA, ASTM, CAAS, CAMTS, CoAEMSP and other Standard Development Organizations

EMS Research Agenda for the Future

Published research (specify)

Other documents (specify in detail)

## **RECOMMENDED ACTIONS/STRATEGIES**

### **National Highway Traffic Safety Administration**

Existing project

Future project

### **Other Department of Transportation**

### **Federal Interagency Committee on Emergency Medical Services**

### **Other**

### **National EMS Advisory Council Activities**