

National Emergency Medical Services Advisory Council

May 30 - 31, 2012

Meeting Minutes

These minutes, submitted pursuant to the Federal Advisory Committee Act (FACA), contain a summary of the activities that took place during the National Emergency Medical Services Advisory Council (NEMSAC) Meeting on May 30 – 31, 2012.

DAY 1 –WEDNESDAY, May 30, 2012

The National Emergency Medical Services Advisory Council Meeting convened at 10:00 a.m. (EDT) on May 30, 2012, at the FHI 360 Conference Center in Washington, D.C.

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

Members in Attendance

Aarron Reinert, Chair
Arthur Cooper
Daniel Patterson
Dennis Eisnach
Gary Wingrove
James McPartlon
Jeff Salamone

Joseph Wright
Kenneth Miller
Kyle Gorman
Leageay Barnes
Linda Squirrel
Marc Goldstone
Matt Tatum

Ritu Sahni
Robert Oenning
Scott Somers
Terry Mullins
Troy Hagen

Federal Representatives in Attendance

Drew Dawson, Designated Federal Official

Call to Order and Opening Remarks

The first day of the National Emergency Medical Advisory Council meeting took place from 10:00 a.m. to 5:34 p.m. EDT.

NEMSAC Chair Aarron Reinert opened the meeting by having the council provide introductions. Afterwards, Mr. Reinert asked council members to review advisories with a critical eye, ensuring that the document's problem statement is clear, the body of the document helps one to better understand the problem statement, and that the advisory falls within the scope of the council and the bodies it advises. Mr. Reinert encouraged the council to allow advisories that needed additional work to have additional work done, and to not simply advance them in an effort to finish work before the current term ended.

The minutes from the March 2012 NEMSAC meeting were reviewed and unanimously approved with no changes.

Update from the NHTSA Office of EMS

Drew Dawson then provided the update from the NHTSA Office of EMS. Mr. Dawson had Noah Smith and Laurie Flaherty of NHTSA, provide an update on the new version of EMS.gov, which NHTSA hopes will be the main portal for information for all the federal programming relating to EMS and emergency care throughout the U.S. government. The web site had been under development for over a year, and now has several new improvements and elements not seen in the previous version, such as the resource page that has a database of all of NHTSA's publications, by sector. There is also a page dedicated to NHTSA's federal partners, as well as information for members of FICEMS, and minutes and materials from previous meetings. After previewing the site's new layout and features, the two asked for the council to provide feedback to Mr. Smith or Ms. Flaherty in the future.

Gamunu Wijetunge, NHTSA Office of EMS, provided updates on EMS workforce program developments. At the previous meeting, an update was provided on the project NHTSA is funding with the National Association of State EMS Officials (NASEMSO), who is leading the effort in the development of EMS workforce planning and development guidelines for state adoption. The project team leading this effort convened several weeks prior to the meeting, with work expected to continue to 2013, and NASEMSO will provide updates on the effort to NEMSAC. FEMA also recently released its 2012 National Preparedness Report, which mentions the interagency grant coordination committee which was established by MOU between ASPR, CDC, HRSA, and FEMA. Mr. Wijetunge also discussed NHTSA's continued efforts with CDC to address the NTSB's recommendations on air ambulance system integration guidelines. This work will likely take several more months to complete.

Cathy Gotschall discussed the NHTSA Note, which is published every other month in the annals of emergency medicine. NHTSA Notes highlight an industry publication, and invites a commentator to discuss it. The program allows these articles to be searchable through Index Medicus.

Susan McHenry discussed a cooperative agreement between NHTSA and NASEMSO which covers a variety of projects that help to continue to improve the capabilities of the states. For example, there has been an ongoing effort to improve model EMS state legislation, model legislative language, and model plans. There has been a significant amount of work on communications and interoperability as well. Ms. McHenry also brought the council attention to the process of when a state requests a statewide EMS assessment. Dave Bryson of NHTSA discussed studies on electric vehicles and their impact on EMS response, and stated that new materials could be found on www.EMS.gov.

Mr. Smith informed that council that he represents NHTSA on a steering committee to develop a comprehensive approach to serious traffic crash injury incident and reporting systems, which is a project from the Transportation Research Board. The project is from the National Cooperative Highway Research Program under TRB. The program is funded jointly by DOT, state DOT offices, and the American Association of State Highway and Transportation Officials (AASHTO). Motor vehicle crashes kill over 33,000 people are year, but it injures hundreds of thousands more, and there is no standardized way to measure the seriousness of the injury of the

crash victim. Currently NHTSA and other organizations collect information from police, who file a report when a crash involves an injury. The report is typically very basic, and is most often recorded by someone who is not in a medical profession. The program hopes to use pre-hospital data and in-hospital data, as well as discharge data, to gain more faceted information on injury. It is a twenty-four month project hoping to link the crash report done by police, to an EMS record, to an in-hospital care record, to a hospital discharge record.

Mr. Dawson then concluded the update by discussing the nature of NEMSAC's recommendations, and asked that the council keep recommendations realistic and actionable, concise and articulate, and for the council to continue to think on what items are most necessary to for EMS systems to develop nationally.

Mr. Dawson discussed the NEMSAC reappointment process, acknowledging that several members of the council would be leaving at the end of the term. So far, NHTSA had received 80 applications for the potential seats for the next term. NHTSA recommendations have been reviewed, and are currently winding through the approval process within DOT. Nominations are also being vetted by the White House. Mr. Dawson did not know how long process the will take, but he said that there will be a number of current members who will be reappointed. Council members' tenures will remain intact until a replacement is named. The appointments will reflect NHTSA's best efforts to balance the membership among various entities in EMS.

This is the first time NHTSA has managed an advisory council, and Mr. Dawson said that NHTSA appreciates the council's insight. Mr. Dawson asked that as the council deliberates, to keep some things in mind. First, a federal advisory council is evaluated by the number of recommendations given, and how they are implemented. If there are a number of recommendations made that are not implemented, it reflects poorly on the NEMSAC. There is a balancing act between coming up with a large number of recommendations that are not actionable, and a small number that are. As advisories are evaluated, Mr. Dawson asked the council remember to keep recommendations realistic, actionable; to assure the continued credibility of NEMSAC, to keep advisories concise, crisp, and as well-articulated as they can be; and to continue to think strategically about what are the most important items to help EMS system development nationally. Mr. Dawson asked the council to consider the balance between thinking big, and developing concrete, actionable operations, recognizing that this could be a challenge.

Federal Partner Update – National 9-1-1 Office

Laurie Flaherty provided the council with an update on NHTSA's work in the National 9-1-1 Office. Ms. Flaherty specifically discussed the Emergency Communication System (ECS), the current 9-1-1- system, and next generation 9-1-1 (NG911).

Ms. Flaherty began with how the system works. When an emergency occurs someone calls 9-1-1-, an operator answers, and someone is sent to help. When discussing emergency communications, there are three major components to that system. The first is public access, the second is 9-1-1 which serves as the hub of the communication system both in receiving and sending information, and finally the first responders who ultimately use that system. Unless all three covered, emergency communications is not covered.

When discussing federal jurisdiction in this space, the FCC has jurisdiction on public access. They regulate the service providers in terms of how those calls are delivered to 9-1-1, what information is required and how that information is delivered to 9-1-1. In the 9-1-1 space, the National 9-1-1 Program exists within the Office of EMS, though it does not have a regulatory role. In terms of first responders, there is a variety of agencies at the federal level that are involved, whether it is the Office of Communications at DHS, or DOJ, or NIJ, etc. However, these agencies are challenged with trying to keep up with what is going on in the private space. In the past several years there has been a fast evolution in terms of personal communication devices, which has presented a challenge to 9-1-1.

Public service answering points (PSAPs) have not changed much since this system was created in the 1970's. With the advent of cell phones, new challenges have been presented to 9-1-1, such as finding the caller. The FCC placed regulations on how mobile calls could be delivered; they have to be delivered with the phone number in case the caller is cut off, they have to be delivered with location information not only to deliver the call to the correct call center, but also for first responders to locate the caller. Despite this, because of the PSAPs' old analog system, they still cannot receive text messages, photographs, video, or any digital information until their infrastructure is upgraded.

Several years ago DOT in the form of the Joint Program Office of the Intelligence Transportation System invested in the development of NG911. The project had two components; one is technical and the other is operational. DOT came up with the architecture for this new system and built a prototype. The prototype worked and showed that it was feasible for 9-1-1 call centers to not only receive digital data, but to transfer calls and data amongst each other. DOT also observed institutional and operational issues such as privacy, funding, and governance. They then created a plan to deal with the operational issues. One of the key elements in the creation of this initiative was that DOT did not ask that the contractor to create the solutions, but asked them to instead get input from stakeholders across the country. This is important because the components of the system are being developed now, and EMS must decide what it wants moving forward.

Gary Ludwig asked if it were possible to use existing video technology, such as Face Time, in NG911. Ms. Flaherty said that though such a thing was a good idea, that technology is not currently possible in most jurisdictions.

Update On Draft Culture Of Safety Strategy

Pat Elmes, the EMS Manager at the American College of Emergency Physicians, and lead personnel on the EMS Culture of Safety Strategy, joined the conference via telephone. Also on the line were Craig Manifold, Rick Murray (ACEP EMS Director), Jeff Lucia, and Tricia Duva. Mr. Elmes thanked the council and said that the Culture of Safety project team has acquired a good sampling of thoughts on the previous draft. Draft 3 was recently released and can be found on the Culture of Safety web site, where comments will continue to be collected. After comments are collected, the team will collate them and make them available to the steering committee for the meeting being held June 19. The final draft is going to NHTSA May 15, 2013 and the group hopes that the document will be completed by September 23, 2013.

Mr. Elmes provided a brief overview of changes made to the document since draft 2.1. The introduction section has been shortened and there is now a balanced emphasis on responder safety and patient safety. The team restructured elements to include cultural items and resources, revised the vision for NCSEMS, and added a section with steps to be taken now. They also replaced the previous infographic with new framework version.

Thomas Judge said that he found a couple of things concerning. Mr. Judge said that the group was trying to lay out national strategy to improve safety, but the actual implementation had to be done at an individual provider level. He asked how one marries a national strategy where the individual implementation is quite different. He felt that it would come back to specifics. One of the issues is that a Just Culture system is a tool for accountability. If you go into the high consequence industries that have been working for a long time in this, there is a cultural underpinning, and things have become intermixed. Mr. Judge felt that when one gets into safety one of the things that needs to be changed is the idea of safety culture, and that adverse events also include unjust risks.

Review and Discussion of Results from the NEMSAC Roundtable on the EMS Education Agenda for the Future Meeting

Mr. Dawson reminded the council that NTHSA asked them to give broad based input on the education agenda, including the broad parameters of what a revision would entail if that were recommended. For instance, NEMSAC might look at what are the major issues that should be addressed by a revision. What NEMSAC will not be doing is revising the education agenda. The specifics of a possible revision would be handled through a procurement process and a national collaborative effort, but it is OK for NEMSAC to provide input on what the process may look like.

For the day, Leageay Barnes was asked to act as chair of the Education and Workforce committee in Matt Tatum's absence. The committee reviewed all of the audio from the panelists, and put together a document several pages long, but was asked to condense it to one page. The majority of councilmembers believe that the education agenda should be revised. Every five years was a suggestion. The document also has questions that need to be answered by NEMSAC in the future.

Gary Wingrove said that one of the things he would like to see in next version of the document, is whether current practices are contemporary with what is being done in the rest of the world.

Arthur Cooper asked the council what it meant when suggesting that the agenda should be revised, specifically whether the group is discussing the general blue print or layout of the agenda, or the core content, scope of practice model, etc. Dr. Cooper felt that the basic structure of the agenda was correct. The structure that was laid out probably works. He thinks there is room for a look at the core content and the scope of practice model. He would not vote for a change in the structure of the agenda, and would be fairly slow to address the issues of core content, scope of practice and standards until the community has had more time with them. Ms. Barnes said that as a whole the committee is in agreement on the structure, and that it is the core content that might need revision.

Mr. Reinert asked the committee if it felt that the education agenda should be revised or updated, with “updated” being understood as a minor change, while “revision” is a major one. He felt that it could be a large one, and that this was one of the large questions that should be considered.

Ritu Sahni said that he did not believe the agenda needed to be revised and that it was moving well towards implementation. However, he felt that there are pieces that at various times will need to be updated.

Kyle Gorman felt that Mr. Reinert’s question was the culmination of other questions. For what reason would revisions be appropriate? Do those reasons exist? He felt that this would be asked every five years. Mr. Gorman said that it would be beneficial for the council to set some baseline standards as to what kind of changes in the environment would trigger an investigation into revisions in the agenda.

Mr. Reinert asked the council if the question of whether the agenda should be revised or updated should be answered. The answer was yes. It was then asked if there was a need to expand the document. The answer was yes, with the development of a process that triggers the need for a revision.

Dr. Cooper felt that the discussion suggested that a wholesale change wasn’t needed, but perhaps a progress report.

Dr. Sahni said that the ceiling issue was an interesting and important one, which derives from the fact that the agenda uses the term “scope of practice” incorrectly. On a state level, the scope of practice represents the ceiling. Any kind of revision would discuss that. In some states that terminology difference created barriers. Regarding differences in regulatory structure, it would seem that a large discussion on regulatory issues might be too big for the education agenda.

Mr. Judge proposed the question “Should the agenda review process include the comparison and analysis of EMS systems internationally, including education standards, regulatory medical oversight, and other items?”

Response to FICEMS Regarding MUCC for MCI Triage

Mr. Gorman introduced the topic. At the last in person meeting of the council, FICEMS brought a request to NEMSAC to answer several questions regarding Model Uniform Core Criteria (MUCC) for Mass Casualty Incident (MCI) triage, and the chair asked the Systems committee to prepare responses for NEMSAC deliberation.

Dr. Cooper said that the response was more or less prescribed by the questions themselves. Members had an opportunity to read the responses before coming to the day’s meeting, however the Systems Committee proposed several changes. Dr. Cooper presented those changes and took questions.

Mr. Wingrove asked if NEMSIS was ready to receive this data. Ms. McHenry said that version 3 included MUCC elements.

Dr. Sahni felt that the answer to question 2 should read as a qualified yes, as opposed to a definitive yes. He said that he was concerned that creating a supplement would create a barrier.

After discussion, the council agreed to review the document the next day after suggested changes had been made.

Public Comment

Dia Gainor spoke on behalf of NASEMSO and discussed a recently convened workgroup with the goal of developing guidelines for EMS. Ms. Gainor also asked that NEMSAC materials be made available to the public before the meeting, as it is difficult to digest the material while at the meeting. Mr. Reinert thanked NASEMSO for giving him and Terry Mullins the opportunity to speak at a recent NASEMSO meeting. Ms. Gainor then asked if she could lend her assistance to the interim advisory on interstate credentialing. The council agreed, and Mr. Reinert reminded the public that there are numerous avenues to provide feedback to the council.

Committee Presentations

Systems

Mr. Gorman, chair of the Systems Committee, said that since EMS as an essential service is effectively off the table due to the Emerging Issues project, the committee would be presenting its interim advisory on evidence-based system design, which they hoped would be moved to final status. The advisory made three recommendations. First, it recommended that NHTSA continue its existing “EMS typology” project and report back to NEMSAC on the results of the nationwide survey of EMS systems. Second, the advisory recommended that NHTSA convene an expert group of EMS professionals to participate in an EMS summit to establish the framework for the future of an *EMS Systems of the Future* document. Third, the advisory recommended that NHTSA embark on a project to establish an EMS Systems of the Future document that provides guidance to EMS systems throughout the country about measuring EMS systems’ medical and financial performance.

Mr. Reinert asked if the second recommendation was alluding to a steering committee. Mr. Gorman said it was.

Mr. Dawson asked if the second recommendation was intended to be a broad revision or new Agenda for the Future, and what the difference between a framework and the agenda were. Dr. Cooper explained that the second recommendation was intended to convene a reasonably sized group to come up with ideas on what would be issues in the EMS Agenda for the Future.

Mr. Judge asked what kind of conversations occurred when the committee was developing the advisory. Mr. Gorman said that the conversation began with the premise that in the future it will not be possible to pay for the health care that is provided today. Part of the reasons are financial, but there is still a burden to provide the same or better quality even though there is less money to do so. The committee asked how to get there, and if one should simply have EMS systems find their own solutions to national challenges. Mr. Gorman said that someone has to say that what is being done now cannot be done tomorrow, and that the current system is unsustainable. Dr. Cooper added that from there the question became, what evidence is there to support the development of EMS systems as they currently exist. There was an absence of puritanical evidence supporting the current system. Mr. Gorman suggested that there might be room to consolidate work with other committees, particularly the Finance Committee, and that there

should be a way for individuals to serve on multiple committees at a time, or meet collectively. Mr. Judge said the information was helpful, and should be added to the problem statement.

Mr. Reinert asked if there is a difference between an EMS Systems Agenda for the Future or a need to revise the EMS Agenda for the Future. Dr. Cooper the EMS Agenda for the Future could be considered the core content, while the systems piece might be one of the parts of it.

The council motion to table the advisory for the next day so the council could see edits. The motion was approved.

Education & Workforce

The Education & Workforce Committee had no advisories to present.

Finance

Troy Hagen, chair of the Finance Committee, then introduced the committee's interim advisory, "EMS System Performance-based Funding and Reimbursement Model". The advisory proposed three recommendations. The first, that NHTSA adopt the advisory's proposed Pathway to develop a roadmap for more sustainable readiness-based funding and reimbursement model. Second, that NHTSA, in coordination with FICEMS, should sponsor a comprehensive EMS system design project that will identify the essential components and functions of EMS systems, standardize terminology, and establish performance standards for minimum levels of service. Third, that NHTSA, in coordination with FICEMS, sponsor a comprehensive EMS system finance study that accounts for all costs and revenues.

Mr. Dawson asked for clarification on the proposed pathway. He felt that the word "adopt" in the first recommendation could be problematic, as adoption is usually a formal process, whereas the recommendation would be a series of steps that are being suggested to NHTSA by NEMSAC.

Mr. Smith asked how the first recommendation was different from the second and third. Mr. Judge said that the first recommendation informed on the need for a more sustainable workshop. Dr. Sahni suggested that the words "use" or "utilize" were used in place of "adopt".

Dr. Cooper asked if the topic could be considered for the Emerging Issues project. Mr. Judge felt that though some issues could be informed by the creation of a white paper, that the advisory still should move forward. Dr. Cooper felt that a white paper could possibly flesh out whatever information there may be on best models to set the project in motion. Mr. Dawson said that it would be helpful for members to consider what the most doable actions in the advisory are, considering NHTSA's limited budget.

The council agreed to reconsider the advisory the next morning.

Medical Oversight & Research Committee

Dr. Sahni, chair of the Medical Oversight & Research Committee, presented his committee's interim advisory on pre-hospital evidence-based guidelines. Baxter Larmon was the lead on the project. Dr. Sahni also gave recognition to Ellen Shenk for her assistance. The advisory's first recommendation was that NHTSA seek out relationships with journals to hasten the process of publishing EBGs. Second, as national EMS education standards are revised and reviewed, that

NHTSA take into account existing standards on EBGs and make efforts to implement such standards into EMS education. Third, FICEMS should work with other agencies to create centers of excellence for EMS EBG development (original recommendation said “promote”). Fourth, FICEMS should make existing EBGs more efficient. Fifth, AHRQ and FICEMS should incorporate items to sustain the National EBG Model Process into federal grant language. Finally, FICEMS should sponsor an EBG Scientific Assembly every other year.

The council motioned that the advisory be moved to final status. The motion was so approved.

DAY 2 –THURSDAY, May 31, 2012

These minutes, submitted pursuant to the Federal Advisory Committee Act (FACA), contain a summary of the activities that took place during the National Emergency Medical Services Advisory Council (NEMSAC) Meeting on May 30 – 31, 2012.

Members in Attendance

Aarron Reinert, Chair
Arthur Cooper
Dennis Eisnach
Gary Wingrove
James McPartlon
Jeff Salamone

Joseph Wright
Kenneth Miller
Kyle Gorman
Leageay Barnes
Linda Squirrel
Marc Goldstone

Matt Tatum
Ritu Sahni
Robert Oenning
Scott Somers
Terry Mullins
Troy Hagen

Federal Representatives in Attendance

Drew Dawson, Designated Federal Official

NEMSAC Response to FICEMS on MCI for Triage

The day’s proceedings began with continued discussion of the planned response to FICEMS on MUCC. Dr. Cooper showed that the committee had added language suggested by Jeff Salamone on the origins of SALT and a reminder that the United States did not have a nationally recognized triage standard prior to September 11, 2001. Dr. Cooper also included language on question 2, alleviating Dr. Sahni’s concerns on potentially creating barriers for states. Troy Hagen motioned for the document to be adopted as drafted, with a second from Dr. Sahni. The motion passed unanimously.

Committee Presentations

Systems

Mr. Gorman reintroduced the interim advisory on EMS systems design. Dr. Cooper requested that additional language be added emphasizing the need to consider efficiency. The council reviewed several other minor language edits and a motion was made to pass to move the interim advisory to final status.

The motion was approved.

Finance

Mr. Hagen informed the council that he and Mr. Wingrove went through the advisory and incorporated suggested edits made. All references to the Finance Committee were removed, and references to EMS were changed to ambulance services where appropriate. The council recommended minor edits in language.

A motion was made to move the interim advisory to final status and the motion was approved.

Medical Oversight & Research

Dr. Sahni then presented the Medical Oversight & Research Committee's draft advisory on the National EMS Information System (NEMSIS). The advisory made several recommendations, including that NHTSA identify and disseminate EMS performance measures that utilize NEMSIS compliant data and to develop mechanisms to assist local agencies in employing NEMSIS performance measures. Among eight recommendations, the advisory also recommended that FICEMS work with its member agencies to consider how NEMSIS compliant data and information systems could be utilized to respond to the Gap Analysis of EMS Related Research as well as to achieve program objectives when developing strategic direction or grant guidance related to emergency care topics, including preparedness and mass casualty incidents.

The council motioned for the draft advisory to move to interim status with edits. The motion was approved.

After this, Mr. Reinert thanked the council for its hard work and diligence. Mr. Reinert motioned for the meeting to be adjourned and it was so moved.

I hereby certify that, to the best of my knowledge, the foregoing minutes are accurate and complete.

Drew Dawson
Designated Federal Official

Date



Aaron Reinert
Chair

8/24/12
Date

These minutes will be formally considered by the Council at their next meeting, and any corrections or notions will be incorporated in the minutes of that meeting.