

FICEMS Meeting Minutes
3 June 2009

INTRODUCTION

The Federal Interagency Committee on Emergency Medical Services (FICEMS) met on Wednesday, June 3, 2009, from 2:30 p.m. to 5:00 p.m. at the Crystal Gateway Marriott in Arlington, VA.

MEMBERS IN ATTENDANCE

Department of Transportation (DOT)

Drew E. Dawson
Director, Office of Emergency Medical Services (OEMS)
National Highway Traffic Safety Administration (NHTSA)

Brian McLaughlin
Senior Associate Administrator
National Highway Traffic Safety Administration

Department of Homeland Security (DHS)

Rick Patrick
Office of Health Affairs (OHA)
on behalf of
Jon Krohmer, MD
Acting Assistant Secretary for Health Affairs
Chief Medical Officer
Office of Health Affairs

Chief Glenn Gaines
Deputy Assistant Administrator
U.S. Fire Administration (USFA)

Department of Health & Human Services (HHS)

Kevin Yeskey, MD, FACEP, Chair of FICEMS
Deputy Assistant Secretary
Office of Assistant Secretary for Preparedness and Response (ASPR)

Angela Brice-Smith
Deputy Director, Survey and Certification Group
Centers for Medicare & Medicaid Services (CMS)
on behalf of
Thomas Hamilton
Director, Survey and Certification Group
Centers for Medicare & Medicaid Services

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Rick Hunt, MD
Centers for Disease Control and Prevention (CDC)
on behalf of

Henry Falk, MD
Director, Coordinating Center for Environmental Health & Injury Prevention
Centers for Disease Control and Prevention

David Heppel, MD
Maternal and Child Health Bureau
Health Resources and Services Administration (HRSA)
On behalf of

Peter Van Dyck, M.D., MPH
Associate Administrator, Maternal and Child Health
Health Resources and Services Administration (HRSA)

Federal Communications Commission (FCC)

Lisa Fowlkes
Deputy Bureau Chief
Public Safety and Homeland Security Bureau (PSHSB)

State EMS Director

Robert Bass, MD
Executive Director, Maryland Institute of Emergency Medical Services Systems

BACKGROUND

The Federal Interagency Committee on Emergency Medical Services (FICEMS) was established by the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (42 U.S.C. § 300d-4). FICEMS is charged with coordinating Federal Emergency Medical Services (EMS) efforts for the purposes of identifying state and local EMS needs, recommending new or expanded programs for improving EMS at all levels, and streamlining the process through which Federal agencies support EMS.

BINDER CONTENTS

Meeting Agenda
Federal Register Notice
FICEMS Meeting Minutes 3 December 2008
National Health Security Strategy (NHSS) Letter
National Transportation Safety Board (NTSB) Recommendation
NTSB Highway Accident Report
Technical Working Group (TWG) Committee Reports
Gap Analysis of EMS Related Research
FICEMS TWG Meeting Minutes 9 April 2009

MEETING SUMMARY

OPENING REMARKS

The sixth FICEMS Meeting was called to order by Chair Kevin Yeskey, MD, Office of Assistant Secretary for Preparedness and Response (ASPR). He welcomed members of the Committee, members of the FICEMS Technical Working Group (TWG), and audience participants.

At the request of Dr. Yeskey, Committee members introduced themselves to the group, and audience participants announced their names and affiliations for the record.

APPROVAL OF MINUTES, KEVIN YESKEY, MD

Dr. Yeskey asked for and received approval of the minutes from the 3 December 2009 FICEMS Meeting. A Committee member moved to approve the minutes and Rick Patrick, Office of Health Affairs (OHA), seconded, and the minutes were approved unanimously.

NATIONAL HEALTH SECURITY STRATEGY (NHSS) LETTER, KEVIN YESKEY, MD

Dr. Yeskey directed Committee members to their binders to review the National Health Security Strategy (NHSS) letter (see Attachment A). He explained the background and purpose of the document:

- Drafted by the Preparedness Subcommittee
- Addressed to the Secretary of Health and Human Services (HHS)
- Recommends that EMS be integrated into the NHSS
- Sent from FICEMS Chair

Robert Bass, Chair of the Preparedness Subcommittee, elaborated on the purpose of the letter:

- Ensure that EMS concerns are integrated in the Quadrennial NHSS
- Promote visibility of EMS issues and concerns in the NHSS
- Ensure that EMS is considered in healthcare reform

Dr. Yeskey expressed a concern about sending the letter to HHS in his name because he works for HHS. He proposed that FICEMS consider developing its own letterhead and stationary for future official correspondence to clearly identify the Committee as a whole, rather than the Chair, as the issuer of the letter.

Richard Hunt, Centers for Disease Control and Prevention (CDC), agreed with Dr. Yeskey's request and suggested that correspondence be signed, "on behalf of FICEMS," rather than, "Sincerely, Chair ..." to avoid the conflict Dr. Yeskey identified.

Dr. Bass moved to accept the NHSS letter and Dr. Hunt seconded. Committee members unanimously adopted the letter.

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FALL STAKEHOLDER MEETING, DREW DAWSON

Drew Dawson announced that NHTSA OEMS was considering conducting an EMS Stakeholder Meeting in fall 2009 as a method of both soliciting input from the national EMS community and updating national EMS and 9-1-1 organizations on Federal EMS projects. The meeting would serve to:

- Inform national organizations about the ongoing activities of Federal agencies, such as FICEMS, NHTSA, NEMSAC, the Emergency Care Enterprise, etc.
- Provide national EMS leaders with an opportunity to present their viewpoint.
- Identify new priorities based on stakeholders' feedback.
- Promote visibility of EMS issues and concerns in the NHSS.

Mr. Dawson noted that the logistics of the meeting were unclear at the time. If the Committee chooses to support the idea, the TWG will begin to plan the details for the meeting. Mr. Dawson predicted that funding would be available in the fall to support the meeting and surmised that the meeting would take place in or near Washington, DC.

FICEMS discussion on the topic included the following:

- Dr. Yeskey expressed his support for the idea and emphasized that Federal agencies need input from locals, practitioners, stakeholders, etc. who are impacted by Federal decisions.
- Chief Glenn Gaines, U.S. Fire Administration (USFA), suggested the meeting provided and opportunity for Federal agencies to inform stakeholders of national issues, e.g. NIH1 virus.
- Angela Brice-Smith, Centers for Medicare and Medicaid Services (CMS), expressed her support for the idea.
- Dr. Hunt expressed his hope that the EMS Stakeholder Meeting would jumpstart a chain of similar meetings on a recurring basis.
- Lisa Fowlkes, Federal Communications Commission (FCC), added her support for the meeting. The FCC Public Safety and Homeland Security Bureau held stakeholder summits in the past, and Ms. Fowlkes noted that they proved to be beneficial in terms of decision-making, sharing information, and identifying priorities.

Dr. Yeskey noted the general agreement to support the EMS Stakeholder Meeting. He asked the TWG to work out the details of the meeting (e.g., identify date options, get a cost estimate, consider possible venues, estimate the size of the audience) and report back to the Committee.

David Heppel, Health Resources and Services Administration (HRSA), asked the TWG to schedule the meeting for a date that allows Federal agencies to respond promptly and appropriately to actionable items. He noted that at certain times of the year, it takes eighteen months for a Federal agency to take action.

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NATIONAL TRANSPORTATION SAFETY BOARD (NTSB), ROBERT SUMWALT

Robert Sumwalt, member of the National Transportation Safety Board (NTSB), thanked members for the opportunity to present to the Committee. He covered two topics during his presentation:

1. NTSB investigations on Helicopter EMS (HEMS)
2. Motorcoach accident in Mexican Hat, Utah in January 2008

Helicopter Emergency Medical Services (HEMS) Investigation – Status Report

Mr. Sumwalt recapped the history of NTSB's response to helicopter crashes:

- 1988 - Conducted a study of commercial EMS helicopters, evaluating 59 EMS helicopter accidents, and issued 19 recommendations.
- January 2006 – Released a special investigation report, evaluating 55 accidents, and issued 4 recommendations suggesting the Federal Aviation Administration (FAA):
 1. Require all EMS flights to be conducted in accordance with stricter charter aircraft regulations, regardless as to whether or not a patient is on board.
 2. Develop and implement flight risk evaluation programs.
 3. Implement formalized dispatch and flight-following procedures.
 4. Require operators to install terrain awareness and warning systems (TAWS).
- October 2008 - Added HEMS recommendations to the Board's "most-wanted list."
- February 2009 – Conducted a four-day public hearing on the topic of HEMS, covering business models, flight operating procedures, safety-enhancing technologies, training, use of flight simulators, and corporate and government oversight.

Mr. Sumwalt reviewed recent events/activities:

- NTSB staff is reviewing all documents submitted during the hearings and hopes to have an initial set of recommendations for the Board by the end of summer 2009.
- House Transportation and Infrastructure Committee held a hearing in April 2009 on EMS Helicopters.
- FAA announced it is beginning the rulemaking process for a widespread set of rules.

Throughout his presentation, Mr. Sumwalt identified some of the issues impeding the implementation of the NTSB's HEMS recommendations:

- Rather than implement regulation to address the NTSB recommendations, FAA suggested voluntary compliance. Under voluntary compliance however, operators tend to only implement measures that are easy to enact and/or inexpensive.
- It needs to be determined if the rapid growth of the HEMS industry causes increased competitive pressures and, consequentially, more accidents.
- There is no incentive for a carrier to equip helicopters with the best equipment.

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Mexican Hat, Utah, Bus Crash – Recommendations to FICEMS

In January 2008, in Mexican Hat, Utah, a motorcoach carrying 53 occupants, struck a guard rail and fell down a hill. Additional details include:

- Fifty of the 53 occupants were ejected from the bus
- Nine fatalities
- Occurred at 8:02 p.m.
- Outgoing call to 9-1-1 was lost in the area
- First responder arrived 52 minutes after the accident
- Helicopters declined to respond to the scene due to inclement weather
- Closest trauma centers were 340-360 miles away

Mr. Sumwalt summarized the NTSB conclusions by identifying two problematic outcomes:

1. Emergency notification – reliable wireless communications capabilities were not in place.
2. Emergency response – first responder arrived on the scene almost an hour after the accident.

Mr. Sumwalt reviewed the two recommendations NTSB addressed to FICEMS (see Attachment B):

Develop a plan that can be used by the States and public safety answering points to pursue funding for enhancements of wireless communications coverage that can facilitate prompt accident notification and emergency response along high-risk rural roads, as identified under SAFETEA-LU criteria, and along rural roads having substantial large bus traffic (as defined by the criteria established in Safety Recommendation H-09-7). (H-09-4)

Evaluate the system of emergency care response to large-scale transportation-related rural accidents and, once that evaluation is completed, develop guidelines for emergency medical service response and provide those guidelines to the States. (H-09-5)

When there were no comments or questions from the Committee, Mr. Sumwalt concluded his report.

REPORT FROM THE TECHNICAL WORKING GROUP, DREW DAWSON, CHAIR

The TWG is essentially staff to FICEMS. The group consists of five subcommittees, each with its own Chair, and meets on a monthly basis by teleconference.

In April 2009, the TWG met at Department of Transportation (DOT) Headquarters to develop a list of priorities. The subcommittees have satisfied a majority of the goals and objectives outlined in the two-year work plan, and they are working to identify a new set of priorities and work plans to address new issues.

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ASSESSMENT SUBCOMMITTEE, RICK PATRICK, CHAIR

Goals	Objectives
Goal 1: Oversee a national assessment of EMS systems	1.1 Conduct a short-term EMS assessment using existing data
	1.2 Develop a national EMS assessment instrument with benchmarks, indicators, and a scoring system

Mr. Patrick read the Assessment Subcommittee Work Plan Status (see Attachment C), updating Committee members of the following:

- Revised the Statement of Work (SOW) for the National EMS Assessment procurement.
- Met with NHTSA staff to identify areas of overlap between EMS preparedness projects and prevent duplicated efforts.
- Submitted the revised SOW to NHTSA's Office of Acquisitions Management.
- NHTSA published a "Solicitation of Sources" in May 2009, inviting organizations to compete for the procurement.
- NHTSA notified EMS research partners and encouraged them to respond to the "Solicitation of Sources."
- Assessment Subcommittee has received 15 responses to date.
- NHTSA expects to publish the final Request for Proposal (RFP) in June 2009.

MEDICAL OVERSIGHT SUBCOMMITTEE, Richard Hunt, MD, Chair

Goals	Objectives
Goal 1: Promote development and implementation of evidence-based practice guidelines for pre-hospital care	1.1 Organize national conference that will result in consensus-based recommendations for a process to develop and implement evidence-based guidelines for pre-hospital care
Goal 2: Incorporate medical oversight requirements into future Federal grants and cooperative agreements	2.1 Develop standardized language for medical oversight requirement to be used in EMS-related Federal grants and cooperative agreements

Dr. Hunt reviewed the progress of the evidence-based guidelines (EBG) project (see Attachment D):

- NHTSA, NEMSAC, and FICEMS hosted an EBG Stakeholder Meeting in September 2008.
- EBG Steering Committee used feedback from the Stakeholder Meeting to draft a model for the Evidence-based Guidelines Development Process, which outlines:
 - Systems Input
 - EMS Evidence Accumulation, Evaluation, and Guideline Initiation

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- Establish Priorities for Guideline Development
 - Guideline Development
 - Model EMS Protocol Development
 - Dissemination of Guidelines/Protocols
 - Implementation
 - Evaluation of Effectiveness, Outcomes/Clinical Research QI Evaluations
- Emergency Medical Services for Children, National Resource Center (EMSC NRC) tested the draft model and developed an evidence-based protocol for pre-hospital treatment of pediatric seizures.

Dr. Hunt acknowledged the hard work and dedication of Joseph Wright and Tasmeen Weik from the EMSC NRC. He suggested that although the evidence-based guidelines project continues to advance, FICEMS and the TWG need to play a role in sustaining the initiative.

Referring to Goal 2, Dr. Hunt reminded Committee members that FICEMS sent a letter to Federal agencies suggesting that medical oversight be required for EMS grant, or, that a portion of the grant be used to develop and retain medical oversight.

9-1-1/MEDICAL COMMUNICATIONS SUBCOMMITTEE, LAURIE FLAHERTY, CO-CHAIR

(See Attachment E)

Mr. Dawson introduced Laurie Flaherty to present on behalf of the 9-1-1/Medical Communications Subcommittee, and announced that she was replacing him as co-Chair of the group.

After revisiting and reviewing the two-year work plan, the 9-1-1/Medical Communications Subcommittee determined that their goals and objectives, with the exception of the NTSB recommendation, overlap with ongoing Federal activities.

To address the NTSB recommendation, the 9-1-1/Medical Communications Subcommittee will draft a response and forward it to FICEMS for approval upon completion.

Ms. Flaherty recommended to the Committee that the 9-1-1/Medical Communications Subcommittee go dormant until the co-Chairs, TWG, and FICEMS identify appropriate activities for the group; at which time, the subcommittee will reactivate.

DATA AND RESEARCH SUBCOMMITTEE, SUSAN MCHENRY, CO-CHAIR

(See Attachment F)

Ms. McHenry presented on behalf of the Data and Research Subcommittee. She acknowledged that the subcommittee had benefited greatly from collaborating with a host of agencies:

- U.S. Food and Drug Administration (FDA)
- Office of Human Research Protections (OHRP)
- National Institutes of Health (NIH)
- National Heart, Lung, and Blood Institute (NHLBI)
- Centers for Disease Control and Prevention (CDC)

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Ms. McHenry directed members to their binders to review the final version of the “Gap Analysis of EMS Related Research” (see Attachment G). She reminded the Committee that a portion of the analysis was presented at the previous FICEMS Meeting in December 2008. She thanked members of the EMSC NRC for their hard work in conducting the literature review and developing the document.

On behalf of the Data and Research Subcommittee, Ms. McHenry presented the “Gap Analysis of EMS Related Research” to FICEMS for action. She projected that, if adopted, the document would be printed in final form and distributed to all Federal agencies.

Dr. Brice-Smith moved to adopt the analysis, and Dr. Bass seconded the motion. All were in favor, no one opposed, and the “Gap Analysis of EMS Related Research” was adopted by the Committee.

PREPAREDNESS SUBCOMMITTEE, ROBERT BASS, MD, CHAIR

Goals	Objectives
Goal 1: EMS resources are effectively and appropriately dispatched and provide pre-hospital triage, treatment, transport, tracking of patients and documentation of care appropriate for a disaster, while maintaining the capabilities of the EMS system for continued operations	1.1 Develop EMS system preparedness standard(s), as appropriate
	1.2 Complete a nationwide EMS system preparedness assessment
	1.3 Develop a preparedness education requirements for EMS personnel, as appropriate
	1.4 Clarify Federal responsibilities for EMS response to disasters

Dr. Bass directed Committee members to their binders to review the Preparedness Subcommittee Work Plan Status Report (see Attachment H). He elaborated on the recent activities of the subcommittee:

1. With regard to objective 1.1, the subcommittee continues to follow the Federal Emergency Management Association’s (FEMA) revision efforts with the Target Capabilities List (TLC).
2. With regard to objective 1.2, the subcommittee decided to roll the state-by-state capabilities assessment into the National EMS Assessment effort.
3. In January 2009, HHS published a report regarding assessment of the states’ operating plans to combat pandemic influenza. The report found that integration of EMS systems into pandemic influenza preparedness generally is inadequate. The subcommittee will examine the report in greater detail and provide feedback to FICEMS in December 2009.
4. With regard to objective 1.4, the subcommittee drafted a National Health Security Strategy letter that was adopted by the Committee earlier during the meeting.

The Preparedness Subcommittee worked with the CDC, FICEMS staff, and subject matter experts from national organizations to develop interim guidance for EMS systems in response to the H1N1 outbreak. Dr. Bass noted that the experience demonstrated FICEMS unique ability to unite a variety of groups and an assortment of experts to address urgent issues.

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Dr. Hunt echoed Dr. Bass's comments, stating that EMS response has improved dramatically since the severe acute respiratory syndrome (SARS) outbreak in 2003. He credited the Federal agencies, individuals, and non-Federal partners who are working to facilitate interaction among groups.

EMERGENCY CARE ENTERPRISE, Mike Handrigan, MD

Mike Handrigan, ASPR, introduced himself as Acting Director for the Emergency Care Coordination Center (ECCC). He provided a brief overview of the ECCC:

- Created in response to the Institute of Medicine (IOM) recommendations.
- Located within the Department of Health and Human Services
- Coordinates Federal efforts through the Council on Emergency Care (CEMC).
- Focuses on in-hospital emergency care.
- Works with FICEMS TWG to address emergency care from the pre-hospital to hospital environment.

At the TWG Meeting in April 2009, members of FICEMS TWG and representatives from CEMC discussed how the two groups could coordinate efforts. They decided it would be helpful to have a joint committee to address projects/topics that overlap pre-hospital (FICEMS) and in-hospital (CEMC) concerns. Dr. Handrigan used the examples of emergency department crowding and ambulance diversion and regionalized delivery of emergency care services to demonstrate the type of topics the joint committee could address. He asked the Committee to express its approval/disapproval of the idea.

Dr. Yeskey asked Dr. Handrigan if the CEMC had established a working group to serve a similar function to that of FICEMS TWG. Dr. Handrigan responded that the CEMC had identified preliminary working groups, however, due to the newness of the body, had not established a formal committee structure.

FICEMS members expressed their approval of a joint committee and suggested the following uses for such a body:

- Dr. Bass identified the need for a structure to formally link the CEMC with FICEMS to reduce fragmentation between pre- and in-hospital EMS. He suggested the Committee institutionalize the joint committee to provide that connection.
- Dr. Yeskey presumed that the joint committee would serve as a functional group that addresses overlap issues, rather than a liaison officer, who reports updates back-and-forth.
- Dr. Hunt stated that pre-hospital care and in-hospital care are co-dependent and noted that there are many topics that call for the hospital community to collaborate with EMS Federal agencies.

Dr. Yeskey asked the TWG to work with members of ECCC and CEMC to establish a joint working group. Mr. Dawson said the TWG would create a charter to specify how the joint committee would operate. He noted that it was important to institutionalize the group in writing prior to targeting the topics with which the group would be charged.

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NATIONAL EMS ADVISORY COUNCIL (NEMSAC), DIA GAINOR, CHAIR

Dr. Yeskey acknowledged the NEMSAC members in the audience and thanked them for participating in the meeting. He invited Dia Gainor, NEMSAC Chair, to provide a synopsis of NEMSAC activity.

The Council has five committees, each charged with a priority issue:

- Systems Committee – Establish model systems for both rural EMS and urban EMS with guiding principles, core issues, and operational plans.
- Oversight, Analysis, and Research Committee – Patient safety and medical errors.
- Finance Committee – EMS reimbursement issues and readiness costs.
- Safety Committee – Safety of personnel, including vehicle design, lighting, conspicuity, lifting/transfer devices, protection from exposure, highway safety, driver training, etc.
- Education and Workforce Committee – Standardized certification, licensure, and credentialing of EMS personnel.

Council members met the previous day, June 2, and the morning of June 3, to conduct a face-to-face meeting. During the meeting, the Council adopted the following:

- Safety Committee Final Report
- Education and Workforce Final Report
- Position statement on the topic of healthcare reform

Ms. Gainor announced that the adopted reports would be published as the first National EMS Advisory Council recommendations. She informed members of FICEMS they would most likely receive recommendations from the NEMSAC in the near future.

The position statement calls for EMS involvement in ongoing debates on healthcare reform. It highlights ten guiding principles that NEMSAC members identified as topics that need to be addressed in healthcare reform discussions. The Council hopes the position statement will initiate conversation and raise awareness of the EMS community in health reform circles.

Ms. Gainor distributed the position statement to Committee members for review and read each of the ten guiding principles aloud (see Attachment I). Following her presentation, Ms. Gainor thanked the Committee for the opportunity to speak on behalf of NEMSAC and concluded her report.

PUBLIC COMMENT PERIOD

Gary Wingrove, member of NEMSAC, thanked the Committee for receiving the position statement. He asked members for guidance on how to move the statement forward to seek administration attention.

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In response to Mr. Wingrove's inquiry, Committee members offered the following comments and suggestions:

- Dr. Yeskey noted that HHS is well-represented on the Committee. He suggested that the position statement and the NHSS letter from FICEMS could influence and promote one another. He reminded Mr. Wingrove that Council members could also contact their local officials to pursue another route.
- Dr. Bass commended NEMSAC for their work and questioned how FICEMS could integrate NEMSAC work into FICEMS's reports to Congress. He assured Mr. Wingrove that he would discuss the position statement with his TWG colleagues in an effort to determine what they can and cannot do to promote the document.
- Mr. Gaines noted that the U.S. Fire Administration, EMS, was tasked with providing education to the next generation of leaders. He offered to share the guiding principles with Dr. Denis Onieal, Superintendent of the National Fire Academy.

Dr. Wright presented on behalf of the EMSC NRC on the topic of evidence-based guidelines development. He informed the group that a great amount of work was devoted to the development of a single protocol. He asked the Medical Oversight Subcommittee to identify a labor force to partner with the EMSC NRC to continue testing the draft model, moving to the implementation and evaluation stages.

Dr. Hunt thanked Dr. Wright for his comments and feedback on the EBG process. He suggested that Dr. Wright provide him with more information following the meeting, and he offered to communicate with the TWG to determine how the Committee could support the effort.

ESTABLISHMENT OF FICEMS PRIORITIES AND GUIDANCE TO TWG, KEVIN YESKEY, MD

Dr. Yeskey directed Committee members to the last item on the agenda, "Establishment of FICEMS Priorities and Guidance to TWG." He acknowledged the "laundry list" of projects before the Committee and asked members to identify the most important and urgent issues. He referred members to their binders to review the TWG Meeting Minutes from April 2009 where the TWG Priorities and Committee Assignments were listed (see Attachment J).

Committee discussion on the topic included the following:

- Mr. Dawson suggested the Committee add the NTSB Safety Recommendation and NEMSAC position statement to the list.
- Dr. Brice-Smith suggested the Committee engage other accrediting organizations, in addition to Joint Commission on Accreditation of Healthcare Organizations (JCAHO), to the Hospital Overcrowding Diverting Patients priority item.
- Dr. Brice-Smith targeted the ED boarding topic as a high priority issue.
- Dr. Bass referred to the Mode of Transport Guidelines for Scene Trauma Patient priority item and noted the importance and timeliness of the topic.

In response to an inquiry from Mr. Gaines, Dr. Bass explained the Regionalized, Accountable EMS Systems priority item. The topic of regionalization refers to the nationwide coordination and integration of all pre-hospital providers, with each other and with hospital components. Dr.

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Bass noted that the topic of regionalization has been discussed for decades, however, there is still no model or best practice in place for implementing the concept.

With no further discussion, Dr. Yeskey asked Committee members to consider a motion for approval. Dr. Bass moved to approve the list of TWG Priorities and Committee Assignments, Dr. Brice-Smith seconded, and the motion carried.

ADJOURNMENT

Chairman Yeskey entertained a successful motion to adjourn the meeting at 5:00 p.m.

Observers

National Highway Traffic Safety Administration (NHTSA)

Drew Dawson
Dave Bryson
Laurie Flaherty
Cathy Gotschall
Jason A. Grafft
Susan McHenry
Anthony Oliver
Max Sevareid
Gamunu Wijetunge
Hector Williams

National EMS Advisory Council (NEMSAC)

Chuck Abbott
Dia Gainor
Kyle Gorman
Thomas Judge
Ken Knipper
Kurt Krumperman
Baxter Larmon
Jeffrey Lindsey
Bob Oenning
Ritu Sahni
Jeff Salomone
Rich Serino
Kevin Staley
Chris Tilden
J. Thomas Willis
Gary Wingrove
Joseph Wright

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Audience Participants:

Lucian Deaton, International Association of Fire Chiefs (IAFC), EMS Section
Chris Eastlee, Air Medical Operators Association (AMOA)
Tasmeen Weik, EMS for Children (EMSC), National Resource Center (NRC)
Michael Zanker, Office of Health Affairs (OHA)
Michael Stern, U.S. Fire Administration (USFA)
Robert Dodd, National Transportation Safety Board (NTSB)
Robert Sumwalt, National Transportation Safety Board
Stephanie Matonek, National Transportation Safety Board
Robert Merritt, Centers for Disease Control and Prevention (CDC)
Amy Valderrama, Centers for Disease Control and Prevention
Ken Holland, National Fire Protection Association (NFPA)
Bern Diederich, Department of Transportation (DOT)
Dawn Mancuso, Association of Air Medical Services (AAMS)
Keith Griffiths, Red Flash Group
Terry Nally, Emergency Nurses Association (ENA)
Michael Handrigan, Office of the Assistant Secretary for Preparedness and Response (ASPR)
Jerry Johnson, National Association of Emergency Medical Technicians (NAEMT)
Andrew Roszak, Emergency Care Coordination Center (ECCC)