

National Emergency Medical Services Advisory Council Meeting

December 13-14, 2011

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 December 13 – 14, 2011.

DAY 1 – TUESDAY, December 13, 2011

The National Emergency Medical Services Advisory Council Meeting convened at 1:11 p.m. (EDT) on December 13, 2011, at the Key Bridge Marriot in Arlington, VA.

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

Members in Attendance

Aarron Reinert, Chair	Joseph Wright	Matthew Tatum
Arthur Cooper	Kenneth Knipper	Ritu Sahni
Daniel Patterson	Kenneth Miller	Robert Oenning
Dennis Eisnach	Terry Mullins	Scott Somers
Gary Ludwig	Kyle Gorman	Thomas Judge
Gary Wingrove	Leaugeay Barnes	Troy Hagen
Jim McParlton	Marc Goldstone	

Federal Representatives in Attendance

Drew Dawson, Designated
Federal Official

Call to Order and Opening Remarks

The first day of the National Emergency Medical Services Advisory Council Meeting took place from 1:11 p.m. to 5:31 p.m. EDT.

NEMSAC Chair Aarron Reinert opened the meeting by thanking council members for their hard work and diligence since the last meeting, and their deliberations during the committee meetings that morning. Mr. Reinert then introduced the council to its newest member, Terry Mullins. Mr. Mullins is the EMS Chief for the Office of EMS and Trauma in Arizona. Mr. Mullins gave the NEMSAC a brief introduction to his background and thanked the council for the opportunity.

The minutes from the September 2011 NEMSAC meeting were reviewed and unanimously approved with no changes.

Drew Dawson began his introduction by welcoming Mr. Mullins to the council, and expressed that his experience would be a tremendous asset to the council. Mr. Dawson then reminded the council that there is still an opening for State Highway Safety Director, which was left vacant with the departure of Mike Nugent. During the previous week, NHTSA Administrator David Strickland sent letters to State Highway Safety Directors requesting applicants. Mr. Dawson encouraged the council to inform any State Highway Safety Directors they know of to apply for the position.

Mr. Dawson went on to remind council members that the majority of council appointments would expire June 16, 2012, and that the process of appointing and re-appointing members of the NEMSAC would begin early next year. This process will include several notices in the Federal Register, and an opportunity for each of the council members to apply for re-appointment. Mr. Dawson also informed the council that the NEMSAC charter has been revised to allow current appointees to continue their duties in case new members are not appointed by June 16. More information will be available in upcoming weeks.

Before discussing the status of the NEMSAC's recommendations to the FICEMS, Mr. Dawson reminded the council to always consider the resources available to NHTSA, and to keep recommendations as realistic and actionable as possible. Mr. Dawson expressed having the utmost confidence that the NEMSAC will continue to provide thoughtful recommendations.

Update from the NHTSA Office of EMS

Mr. Dawson began the update with information on NHTSA's appropriation status. Currently, NHTSA is appropriated through September 30, 2012. However, NHTSA's authorization to exist lasts until March 31st, 2012. There are ongoing efforts to resolve this. Mr. Dawson reminded the council that even though NHTSA's appropriations are level-funded, there is still strict scrutiny over all travel, so travel for meetings will continue to be less than what it has been in the past.

Mr. Dawson then presented a slide with several of NHTSA's current ongoing projects, highlighting the latest, the Emerging Issues Project. The intent of the project is to support and compliment the work of the NEMSAC. The project is a contract with Millennium Services 2000+ to provide up to five summary documents on emerging issues in EMS and 9-1-1 services. The NEMSAC will identify and recommend potential topics for the papers, while NHTSA will decide what the final topics are. When a topic is decided, there will be a nine month period for the submission of a final report. Mr. Dawson stated that the white papers will provide significant background information and will be authored by nationally recognized subject matter experts. The project is co-funded with the HRSA EMSC (Emergency Medical Services for Children) program. Mr. Dawson encouraged the council to think of potential topics and possible authors. After proposing them, NHTSA's Office of EMS will provide the final list of topics to Millennium Services. At least one of the topics will focus on pediatric emergency care issues. Mr. Dawson expressed that ideal topics would complement ongoing or future work of

NEMSAC. He said that topics did not have to be chosen at the moment, but could be discussed during this, and the March meeting.

The discussion then shifted to the NEMSAC's recommendations from the September meeting. The first recommendation was a matrix of responses to the NEMSAC recommendation. NHTSA will develop a matrix of recommendations and responses for reference at future meetings. The second recommendation centered on the Evidence-based Guideline project. Within the council's meeting materials was a project overview which summarized the current status of the project. Mr. Dawson stated that the National EMS Assessment was close to being released. Final comments were being made within the next two weeks with hopes that the final draft will be online soon.

The final item was the Helicopter Emergency Medical Services (HEMS) Mode of Transport project. The completion of the final report from Children's National Medical Center will be delivered in February 2012. The final report will be presented to NHTSA and FICEMS in June 2012. CDC will host another HEMS expert panel meeting in early 2012 regarding the development of national guidelines for the use and availability of helicopter EMS.

Mr. Dawson assured the council that in future meetings there will be complete listings of NEMSAC recommendations to NHTSA. He then moved on to the EMS Education Agenda for the Future. Mr. Dawson noted that the agenda is eleven years old and has done an exceptional job in guiding NHTSA in ensuring the education of EMS providers consumer protection. The National Association of EMS Officials (NASEMSO) is leading the implementation effort, and providing a variety of transitional materials and data to NHTSA. Mr. Dawson said that so far good progress has been made in regards to implementation, with a majority of states having, or will soon be adopting, the model scope of practice. Many states use or will use National Registry for certification, and 73 percent of states either already do require, or soon will require, National EMS Education Program Accreditation at the paramedic level.

Mr. Dawson then stated that the attributes of the education agenda need to be national, but provide reasonable state and local flexibility; they need to be guided by patient care needs; be educationally sound and politically feasible. The responsibility and timeframe for updates must be specified and be guided by data. They must be stable to prevent things being changed at will.

The discussion shifted to previous NEMSAC recommendations. The first was that NHTSA should support the adoption and full implementation of the education agenda and keep stakeholders engaged in the process of solving problems regarding its implementation. One of the ways NHTSA has done this is through the cooperative agreement with NASEMSO, who provides annual reports to NHTSA and NEMSAC on how implementation is proceeding.

The second recommendation asked that NHTSA support research on the education agenda to include the effectiveness of various types of EMS education to their delivery and outcome. This has not yet been done.

The final recommendation is that NHTSA should support the convening of a multidisciplinary task force of subject matter experts to consider the issues impeding the uniform adoption of the

agenda throughout the U.S., and to enhance the agenda for the future so it will remain viable throughout the next decade. Mr. Dawson proposed a March meeting of NEMSAC to discuss the the EMS Education Agenda for the Future, and for NEMSAC to propose a strategy for revisions, if necessary.

Ritu Sahni moved that NEMSAC meet to discuss the education agenda and its future with interested stakeholders. Art Cooper seconded the motion and echoed his support for the education agenda. The motion passed unanimously.

Kyle Gorman then asked Mr. Dawson about the status of the document sent to the White House regarding the creation of a single lead Federal agency for EMS. Mr. Dawson said that to his knowledge, the White House has not taken action.

Federal Partner Update - HHS Office of the Assistant Secretary for Preparedness and Response

The Federal Partner Update was provided by Gregg Margolis, the Director of the Division of Health Systems and Health Care Policy (DHSHP) and Gregg Lord, the Director of the Emergency Care Coordination Center (ECCC), both from the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR).

Dr. Margolis began by displaying the five goals set out by Secretary Kathleen Sebelius. These goals are linked to EMS. Both Dr. Margolis and Mr. Lord were recruited by Dr. Nicole Lurie, the current Assistant Secretary for Preparedness and Response. She comes from a primary care background and approaches preparedness from the perspective of building the resilience, efficiency and effectiveness of everyday systems.

To this end, ASPR developed a National Health Security Strategy. The underlining goals are to build community resilience and strengthen and sustain health and emergency response systems. Dr. Margolis stated that there were 10 strategic objectives to help achieve these goals, which were provided in hard copies to the council. The fourth objective was “integrated, scalable health care delivery systems,” which is a major focus for ASPR.

Dr. Margolis mentioned two of the divisions within ASPR. First, the Biomedical Research and Development Authority (BARDA), which is a development program meant to support the strategic stockpile, and assist with the development of medical countermeasures. There is also the Office of Preparedness and Emergency Operations, in which the ECCC is located. ASPR also received new authorities as part of the Affordable Care Act.

Division of Health Systems and Health Care Policy

The DHSHP’s overriding mission is to build strong, sustainable, resilient health care systems (EMS, EDs, hospitals, public health agencies, etc.) through strategic policy alignments. One of the goals of the division is to examine the relationships between the country’s numerous health care systems, particularly the relationship between emergency care systems and the primary care system. Many activities have been in identifying high impact policy initiatives, such as

payment/reimbursement for preparedness, health IT and interactions with electronic health records, tele-health and others. The DSHCP has worked with CMS and the Center for Medicare and Medicaid Innovation on developing reimbursement systems that align incentives.

Emergency Care Coordination Center

Mr. Lord explained the role of the ECCC. The ECCC is a direct result of two documents: first, the IOM reports from 2006, where the IOM stated that there must be a cohesive place within HHS where emergency care could be forwarded as a national issue, and mechanisms could be put in place to improve day to day capabilities and capacity. The second document is the Homeland Security Presidential Directive 21, which also specifically called for the creation of such an entity. The ECCC has one overarching purpose. It is intended to be a place where concerns of the emergency health care enterprise are forwarded. Within ASPR, the ECCC functions as an operational policy shop and also has a role in the operational division, ensuring that emergency care issues are being addressed.

The ECCC has a strategic plan that was approved in September and is available online. The plan articulates where the division wants to go within the next two to five years. Much of it is built around the needs of the emergency care enterprise, such as hospitals, and the problems that they are facing with wait times and moving patients through their systems, which creates problems for pre-hospital systems. The ECCC is also the convener of the Council on Emergency Medical Care. This is a group of federal experts in emergency care systems, from NIH to NHTSA. The council has currently met twice a year, though the goal for the upcoming year is to meet three times. The goal of the council is to discuss issues currently developing in emergency care from a federal perspective, in hope of better achieving greater coordination and communication between federal actors, and also to help care deliverers.

Current projects include the Emergency Care Information Center, which is a website under development that is intended to be a system feed for all information involving emergency medicine. One goal of the ECCC is to find mechanisms for providers to share data. Another project currently being worked on is the “State of the Emergency Care Enterprise”. Historically, there has been a lack of data in emergency medicine, about what is going in the enterprise. The ECCC is still deciding what the document will look like, and are currently engaging anyone who has data on the emergency care enterprise. The ECCC also operate a fellowship program, where one physician who is interested in working on emergency care policy issues can come into the ECCC and participate within ASPR and other parts of the federal government. Mr. Lord expressed the hope that the program could be expanded to include not just physicians, but EMS administrators and systems experts.

Dr. Margolis then posed the question, “Why have these two groups within ASPR?” He stated that he believes they are complementary, with a lot of overlap between both groups’ portfolios. The ECCC was chartered to coordinate the continuum of emergency care, whereas the Division of Health Systems and Health Care Policy is about full integration of emergency care into the health care system.

Mr. Lord and Dr. Margolis then responded to questions. Mr. Hagen asked how ASPR went about engaging stakeholders and what effort that process involved. Mr. Lord responded that recently HHS held a meeting with a variety of EMS stakeholders in order to have a discussion on what their concerns and needs were, from funding, to CMS innovation, disaster response, regionalization, and others. The goal is to continue this level of engagement, but due to budget issues, this is not certain.

Dr. Sahni asked about the ECCC's effort on the State of the Emergency Care Enterprise. He stated that the Medical Oversight and Research Committee were currently working on a set of recommendations involving NEMSIS. He then asked what level of coordination ECCC was currently having in regards to NEMSIS. Mr. Lord replied that the ECCC know where they want to go, which is to have access to data across the expanse of the emergency care spectrum, but that the issue has always been about getting data closer to real-time.

Culture of Safety Project

Mr. Reinert introduced Pat Elmes of the American College of Emergency Physicians (ACEP) and Jeff Lucia of the RedFlash Group to discuss the status of the Culture of Safety Project. Mr. Lucia explained that through February 24, 2012, RedFlash and ACEP would be collecting feedback on the Culture of Safety Project draft strategy document. Mr. Lucia also informed the council that a public website with the current draft of the document could be found online at www.emscultureofsafety.org, and comments would be collected through the site.

Mr. Lucia provided an overview of the project's upcoming schedule. It began with a brainstorming meeting back in April 2011. The first public draft will be available 13 months afterwards.

Mr. Reinert asked the council members to provide specific questions about the project and to provide feedback.

Dr. Sahni asked if individual comments were attributable to the individual or should NEMSAC make comments as an advisory body. Mr. Reinert responded that if there is something that a council member thought warranted a motion, they could feel free to suggest it.

Daniel Patterson began by expressing concerns about how the committee can make suggestions. Mr. Reinert said that the timeliness of feedback, and council's relationship with NHTSA through the contractor, would be vital.

Mr. Dawson noted that because the next council meeting was in March and the deadline for feedback is February, there posed a logistical challenge. Because of this there could be no formal recommendations to ACEP from NEMSAC or a committee. The general dialogue among the council members would be instructive to ACEP.

Dr. Patterson asked if comments should be placed in the committee presentations. Mr. Elmes reminded the council that although there was a public comment period, the council members were free to talk to the Culture of Safety Project team individually.

Dr. Cooper added that the project depended upon proper implementation of “Just Culture.” Distinction is not supposed to be made based on outcome, but typically is. It is very important that there is a strategy for different behaviors.

Public Comment

Margaret Fowke from the National Oceanic and Atmospheric Administration (NOAA) asked how larger weather enterprise could be involved. Gary Wingrove responded that there was a system in Wisconsin that incorporated this. Dedicated channels and the weather service give specific information to the ambulance staff. Mr. Judge added that there are large gaps in rural areas in terms of weather system coverage.

Kenneth W. Schor, DO, MPH, Acting Director of the National Center for Disaster Medicine and Public Health spoke on how the military’s EMS system uses operational risk management analysis applications and that civilian EMS can learn from the military’s go/no go decision schemes.

Don Lundy, President-elect of the National Association of EMTs, discussed the problem in the current online near-miss system stating that near-misses are rarely reported due to lack of anonymity. He expressed hope that the council would support a new delivery system where one could anonymously report a near-miss.

Randy Kuykendall, President of the National Association of State EMS Officials (NASEMSO) indicated that states were the backbone of EMS development, and that NASEMSO would like the culture of safety to take the highest priority. He said that NASEMSO applauds the appointment of Terry Mullins on NEMSAC to represent State EMS Directors. Mr. Kuykendall also said that EMS personnel who move across state lines and are not licensed in the state they are practicing in is unacceptable and poses a risk.

Further Culture of Safety Discussion

Mr. Reinert then asked for more feedback regarding the Culture of Safety Project. Mr. Judge noted that many of the ideas in the draft required separate innovations prior to implantation. For example, there are comments about people working in the back of ambulances unrestrained. But that will never change unless ambulances are completely changed, as care cannot be delivered while restrained.

Dr. Patterson commented that the report should reveal a statistic that could be considered worthwhile. Dr. Patterson noted that in the bibliography there are a large amount of peer-review, non-peer review, or poster presentations. He noted that many presentations happen in multiple venues, and feared that there is an exaggeration in the number of resources and that there should be more primary sources.

Marc Goldstone felt there was not enough discussion regarding the legal and regulatory structure that would need to be in place. He felt that those structures were important, and could be recommended to the federal government. He agreed that financial disincentives were a bad idea.

Mr. Reinert said that he was glad the draft discussed leadership, and asked that it go deeper on the issue.

Committee Presentations

Safety Committee

Dr. Patterson, chair of the Safety Committee, presented his committee's first interim advisory, titled, "The Role of Leadership in EMS Workplace Safety Culture." The goal of the advisory is to address the problem of inadequate leadership contributing to poor or non-positive workplace safety culture. The advisory asked that the NHTSA Office of EMS address the role that leadership plays in creating and maintaining a positive workplace safety culture by augmenting existing efforts such as the EMS Safety Culture Project, by including a guidebook for EMS agency managers. This guidebook would complement the Safety Culture Strategy.

Dr. Sahni expressed that the title of the advisory still evoked the idea that it centered on the physical safety of workers, and did not address the improvement of patient outcomes. Dr. Cooper suggested changing the title and problem statement. Dr. Patterson agreed to make the changes, and have the council vote on the advisory the next morning.

Dr. Patterson then moved on to the Safety Committee's second interim advisory, titled "Emergency Vehicle Operator Education, Training, and Safety." This advisory focused on the lack of data regarding the effectiveness of Emergency Vehicle Operator Courses (EVOC) in reducing operator error. The advisory requested that NHTSA assess the status of EVOCs throughout the U.S., conduct a study to determine the effectiveness of these training programs, and produce an action plan for improving emergency vehicle operator education and training. After some deliberation, Mr. Hagen motioned to move the advisory to final status, with proposed grammatical changes. Scott Somers seconded. The motion passed unanimously.

At 5:31 p.m. the council adjourned for the day.

DAY 2 – WEDNESDAY, December 14, 2011

The National Emergency Medical Services Advisory Council Meeting convened at 8:07 a.m. (EDT) on December 14, 2011, at the Key Bridge Marriot in Arlington, VA.

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

Members in Attendance

Aaron Reinert, Chair	Joseph Wright	Matthew Tatum
Arthur Cooper	Kenneth Knipper	Ritu Sahni
Daniel Patterson	Kenneth Miller	Robert Oenning
Dennis Eisnach	Terry Mullins	Scott Somers
Gary Ludwig	Kyle Gorman	Thomas Judge
Gary Wingrove	Leaugeay Barnes	Troy Hagen
Jim McParlton	Marc Goldstone	

Federal Representatives in Attendance

Drew Dawson, Designated
Federal Official

The second day of the NEMSAC meeting took place from 8:07 a.m. to 11:47 a.m.

Committee Presentations

Safety Committee

The day began with the Safety Committee continuing its presentations. Dr. Patterson reintroduced the advisory on leadership in EMS, with the recommended revisions. Dr. Sahni applauded the changes, and motioned for the advisory to be moved to final status. Mr. Gorman seconded. The motion passed unanimously.

After the approval of the motion, Mr. Patterson discussed the Safety Committee's desire to address its other responsibilities. He proposed that a team to study the effects of fatigue be created. Joseph Wright expressed that the issue of managing hazard hours is one that would have a broad impact on quality care.

Finance Committee

Troy Hagen, chair of the Finance Committee, introduced his committee's draft advisory, "EMS System Performance-based Funding and Reimbursement Model." The draft advisory addressed the problem of inadequate reimbursement for EMS agencies. Mr. Hagen made it clear that the draft was not yet ready to be considered for interim status, but wanted the council to review the document and provide feedback. The draft concluded that EMS continues to have a funding crisis, and proposes a pathway to move EMS response to a readiness-based funding and reimbursement model, as well as develop economic, and sustainable funding models. Included with the document was a draft finance matrix that outlined EMS functions and costs. Mr. Hagen

stated that the document would be reintroduced at the next NEMSAC meeting to be considered for interim status.

Dr. Cooper expressed strong admiration for the draft. He said that the VA was faced with a large crisis almost 20 years ago because the costs they were facing led to a severe funding crisis. Dr. Cooper said that the VA created items similar to what the Finance Committee is now proposing and felt that the VA's method would be a good model to consider.

Mr. Ludwig proposed that EMS agencies make a greater effort to receive the amount of money that is allocated for anti-drug measures, as law enforcement receives the largest share, though EMS also feels the brunt of the issue.

Systems Committee

Kyle Gorman, chair of the Systems Committee, introduced committee members Robert Oenning and Scott Somers to discuss the draft advisory "Interstate Credentialing and Licensure," and "EMS as an Essential Government Service", respectively.

The draft advisory addressed the issues of credentialing and licensure for EMS providers, and the problems that arise when individuals practice EMS in states where they have not been licensed, exposing them to potential legal or regulatory actions. The draft advisory recommended that NHTSA determine the number of federal EMS resources in collaboration with FICEMS, as well as have the federal government work with states to develop methods whereby federal employees could provide emergency medical care between states. Mr. Oenning stated that the draft advisory was not yet ready for formal action, and that he was simply looking for feedback from the council.

Mr. Wingrove suggested that the council consider the methods being used in Canada in regards to interprovincial licensure and credentialing, and that the solutions to the problem need not be considered from "scratch."

Dr. Somers discussed the need to have EMS be recognized as an essential government service, stating that being considered an essential government service was economically advantageous for EMS. Dr. Somers then recommended that the subject be considered as a potential topic for the Emerging Issues Project, with authors who were experts in health care economics, being hired. Mr. Gorman noted that because many patients do not have a choice in their provider during an emergency, that EMS should be considered an essential government function.

Education and Workforce Committee

Matthew Tatum, chair of the Education and Workforce Committee, stated that his committee was still working on the topic of leadership and lack of leadership in EMS. Mr. Tatum said that he hoped to have a draft recommendation for the council next meeting, and proposed that "Leadership in EMS Makes a Difference" be a topic for the Emerging Issues Project.

Medical Oversight and Research Committee

Medical Oversight and Research Committee Chair Ritu Sahni informed the council that his committee is currently working on two documents which needed further work before being presented to the council.

The first document focused on the continual development of evidence-based guidelines (EBG). Dr. Sahni said that the EBG process is at a crossroads, and that the document would describe EBG, and what has been happening in the development and distribution of EBG guidelines. The feeling is that a decision needs to be made on this topic. Dr. Sahni brought forth the strengths and weaknesses of an EBG. The main strength attacks what the IOM discusses as “fragmentation of care.” From a patient care and patient outcome perspective, the creation of EBG will create more consistent care, and better patient outcomes. The core recommendation of the document would see that there is continual development of EBG for EMS.

Dr. Sahni discussed recommending a scientific committee that meets bi-annually and an evidence based practice center would work to set up guidelines, which would also educate the community about evidence-based decision making. The document’s final recommendation is that a portion of the practice center’s role would be to educate the EMS community on the implementation of evidence and applying evidence to the creation of protocols. The committee expects to have a draft of this document prepared for the next NEMSAC meeting. The second document will focus on identifying barriers for implementation of NEMSIS.

Emerging Issues Project

The council discussed potential topics for the Emerging Issues Project. The council arrived at several topics that could be considered, including:

- Community Paramedicine
- EMS as a Public Good
- Military Medics Transition into Civilian Service
- EMS Leadership Makes a Difference
- EMS Components into Existing Pediatric Research Networks
- Workforce of EMS Researchers
- Mobile Technology and Tele-medicine in EMS
- Public Education on the Value of EMS
- Red Lights and Sirens’ Impact

Mr. Dawson informed the council that the final five topics did not need to be arrived at during the current meeting. Mr. Reinert recommended that the council further consider potential topics for the project, and discuss the issue further at the next meeting.

2012 Meeting Dates

Mr. Reinert suggested that the council meet two more times before the end of the council members’ terms, and proposed that the meeting in March have an extra day.


The council concluded the meeting by further discussing the Culture of Safety draft. Mr. Reinert proposed developing a method for comments to come regularly through the Safety Committee to RedFlash and ACEP.

Mr. Reinert motioned for the meeting to be adjourned and it was so moved at 11:47 a.m. The next NEMSAC meeting will be held in March 2012.



Drew Dawson
Designated Federal Officer

Date: 03-23-2012



Aarron Reinert
NEMSAC Chair

Date: 03-23-2012

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

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