

## **Introduction**

The fourth meeting of the Federal Interagency Committee on Emergency Medical Services (FICEMS) was held on Monday June 23, 2008 from 10:00 a.m. to 12:00 p.m. at the U.S. Department of Homeland Security in Washington, D.C.

Committee members in attendance:

### **Department of Transportation**

Drew Dawson  
National Highway Traffic Safety Administration  
(for Nicole R. Nason)

### **Department of Homeland Security**

Mike Forgy  
U.S. Fire Administration  
(for Chief Gregory Cade)

Jeffrey Runge, M.D.  
Chief Medical Officer  
Office of Health Affairs  
Chair of FICEMS

### **Department of Health & Human Services**

Henry Falk, M.D.  
Director, Coordinating Center for Environmental Health and Injury Prevention  
Centers for Disease Control and Prevention

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

Kevin Yeskey, M.D., FACEP  
Deputy Assistant Secretary, Office of Preparedness and Response

David Heppel, M.D.  
Maternal and Child Health Bureau  
Health Resources and Services Administration  
(for Peter C. Van Dyck, M.D.)

**Department of Defense**

Lieutenant Colonel William J. Kormos, Jr.  
Office of the Assistant Secretary of Defense for Health Affairs

Colonel Michael Skidmore  
Office of the Assistant Secretary of Defense for Health Affairs

**Federal Communications Commission**

Erika Olsen  
Deputy Chief, Public Safety and Homeland Security Bureau

**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.

**Meeting Summary**

**Opening Remarks**

The fourth FICEMS meeting was called to order by Jeffrey Runge, M.D., Assistant Secretary for the Office of Health Affairs and Chief Medical Officer, Department of Homeland Security. Dr. Runge welcomed the members of the committee, the members of the FICEMS Technical Working Group, and the guests.

Self introductions were made by the FICEMS members and observers. A list of observers is attached to the minutes.

## Approval of Minutes

The December 18, 2007, minutes were approved.

## Report from the Technical Working Group

Dr. Runge asked for a report from the Technical Working Group on the priority areas that have been established. He expressed the important function of the working groups' reports that serve as a vehicle for communicating the efforts of FICEMS at a working level to the public. He reiterated FICEMS intentions to draw interagency input and participation into legislation and indicated that the activities of the Technical Working Group, and all of its individual committees, enable widespread collaboration. Dr. Runge asked Drew Dawson to present an overview of the activities of the Technical Working Group.

Mr. Dawson noted that the Technical Working Group (TWG) had met via conference call on a monthly basis and recognized that the group has made significant progress in creating a dialogue among its members that promotes a structure and solidity for the future of the EMS community. Mr. Dawson summarized two of the Technical Working Group's accomplishments from the past six months:

1. Organized Federal presentations for various panels with one presenter representing on behalf of all agencies involved
2. Updated the Federal agencies' responses to the recommendations of the Institute of Medicine Future of Emergency Care Reports

Reports were given by each of the Standing Committee Chairs based on the FICEMS two year work plan.(included in the binders given to each FICEMS member).

### Assessment Committee: Michael Zanker, M.D., Chair

See the *2-Year Work Plans* handout for details of action steps.

Dr. Zanker reviewed the activities and accomplishments of the Assessment Committee.

|               |   |
|---------------|---|
| Goal 1        | Oversee a National Assessment of EMS systems            |
| Objective 1.1 | Conduct a short-term EMS assessment using existing data |

Committee activities:

- Collected key data elements from each committee within the Technical Working Group to prepare the phase one of the nation-wide EMS assessment
- Initiated a RFP through OEMS to assemble the assessment tool and compile the data points from each committee
- Continued to search for stakeholders at the Federal, state, and local levels
- Have begun to revisit and revise the committee's work plan timeline

- Initiated the review of best practices

Dr. Zanker outlined two broad phases for reviewing EMS best practices:

1. Question each committee about the best practices of past EMS system reviews and compile the collected responses to identify the most effective means of review
2. Develop a tool, based upon the assessment conducted during the first phase, to be disseminated as a national assessment that benchmarks EMS systems and enables systems across the country to evaluate individual performance in relation to others

Dr. Runge thanked Dr. Zanker for his report and posited three questions:

1. Is the committee still at the beginning point of amassing data, or has it already identified model plans, state plans, and private sector plans as temporary benchmarks?

Response from Dr. Zanker: the Assessment Committee has identified a few benchmarks; however, there is still review work that needs to be done.

2. What is the level of agency participation in response to the work group?

Response from Dr. Zanker: there is a desire for more participation, but the committee is working with representatives from each FICEMS agency through the Technical Working Group.

3. Would it be beneficial or complicated to submit a broad request for information (RFI) at this time to the EMS communities through a Federal registered notice?

Response from Dr. Zanker: it would be helpful to have input from a perspective beyond the Federal government to incorporate state and local EMS systems.

Mr. Forgy informed the committee that the U.S. Fire Administration is undergoing a pre-authorization process and there is a potential task developing for a census of the fire department, in particular the clarification of an EMS department definition. He suggested that this task, if assigned, would yield outcomes that could contribute to the work of the Assessment Committee.

Mr. Dawson recommended two resources for consideration to identify benchmarks:

1. The work of the National Association of State EMS officials to develop a model state EMS plan
2. The work of Ellen Mackenzie at Johns Hopkins School of Public Health to define a common typology for EMS at a national level

Dr. Falk inquired about the committee's efforts to revise the work plan timeline. A brief discussion followed on that topic:

- Dr. Zanker predicted that the timeline revision would be completed within the next six months.

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- Dr. Zanker noted that the delay was in part a result of the allotted time to execute the contract.
- The contract is for a 20 month deliverable, but Dr. Zanker is hopeful that work will be delivered before that time.
- Dr. Zanker predicted that the contract would be awarded by the end of the month, July, 2008.
- The contract is for one phase of the project and involves a comparison of the existent short term data sources with the committee's projections for the future.
- Dr. Zanker assumed that the contractor will have completed an initial report on compiled data sources prior to the next FICEMS meeting in December.

Dr. Runge thanked Dr. Zanker again for his report and suggested that the works of Ellen Mackenzie from Johns Hopkins be reviewed and considered by the committee in relation to their work plan. Mr. Dawson confirmed that Ellen Mackenzie's initial report was posted on EMS.gov website and accessible for review.

Dr. Runge introduced Richard Hunt, M.D. to present the report for the Medical Oversight Committee.

### **Medical Oversight Committee: Richard Hunt, M.D., Chair**

See the *2-Year Work Plans* handout for details of action steps.

Dr. Hunt reported on the status of the committee's two goals and highlighted the significant progress of the working group:

|               |   |
|---------------|---|
| Goal 2        | Incorporate Medical Oversight requirement into future Federal grants and cooperative agreements                                     |
| Objective 2.1 | Develop standardized language for Medical Oversight requirement to be used in EMS-related Federal grants and cooperative agreements |

Committee activity:

- Presented language in December
- Language was reviewed, modified, and approved by FICEMS

Dr. Hunt declared the objective complete from the perspective of the working group.

Dr. Runge inquired about the committee's next steps in an effort to promulgate the language. Dr. Hunt shared his understanding that the Chair, Dr. Runge, was to send an explanatory letter to Federal agencies to present the language. From that point, Dr. Hunt noted that the committee would have to consider quality improvement and conceive of a way to monitor progress.

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|               |   |
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| Goal 1        | Promote development and implementation of evidence-based practice guidelines for pre-hospital care  |
| Objective 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 |

Committee activity:

- Established a date for a national conference on the 4th and 5th of September, 2008
- Drafted an Agenda, confirmed a hotel location, and established a list of speakers for the conference
- Preparing to send invitations to a list of invited guests in the near future

Dr. Hunt commended the efforts of the working group, the committee, and the National Highway Traffic Safety Administration for the accomplishments.

Mr. Dawson added to Dr. Hunt's report the information that the National EMS Advisory Council (NEMSAC) has agreed to co-sponsor the efforts for developing a process for evidence-based practice guidelines.

Dr. Runge thanked Dr. Hunt for his statement and asked Mr. Dawson to present the report for the 9-1-1/Medical Communications Committee.

### **9-1-1 and Medical Communications Committee: Drew Dawson, Chair**

See the *2-Year Work Plans* handout for details of action steps.

Mr. Dawson noted that there had been some inconsistencies within the working group due to the rate of turnover among Federal agency members. Though the impact of turnovers has been challenging for the committee, the members have been able to meet semi-regularly and make progress. He proceeded to review the ongoing activities of the committee. The committee is currently:

- Considering methods for cataloging Federal activities in the area of emergency medical communications
- Reviewing the recommendations scripted in the FCC's *Joint Advisory Committee on Communications Capabilities of Emergency Medical and Public Health Care Facilities*

Mr. Dawson identified two recommendations presented in the Joint Advisory Committee (JAC) report that the working group considered beyond the scope of the committee's capabilities (an excerpt from the Joint Advisory Committee report was distributed in binders for the members and in envelopes for the public audience):

1. Recommendation on page 62, specific initiative letter f., regarding funding for EMS providers from the Department of Homeland Security

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2. Recommendation on page 63, specific initiative letter g., regarding the ability of EMS to survive the financial impact of a disaster

Erika Olsen reminded the members that the Federal Communications Committee (FCC) was charged with a statutory obligation to create the Joint Advisory Committee report. She explained that the FCC solicited help from a wide variety of entities and addressed a wide range of items. Ms. Olsen thanked the committee for its interest in reviewing the report. She expressed gratitude for FICEMS support toward the continuing efforts of the FCC in regards to the JAC recommendations.

Dr. Runge discussed the specific issue involved with the second recommendation identified by Mr. Dawson. He explained the contents of the recommendation to the audience:

- The Stafford Act has been a contentious concern since the advent of Katrina, and there is uncertainty about who is eligible for reimbursement under its provisions.
- In relation to EMS, private sector providers are unaware that they are ineligible to receive the same reimbursement that the Stafford Act provides to public sector entities.

Dr. Runge thanked Mr. Dawson for his report and introduced Gamunu Wijetunge to represent the Preparedness Committee on behalf of Dr. Robert Bass. Dr. Bass was unable to attend the meeting due to a trip to the United Kingdom.

### **Preparedness Committee: Gamunu Wijetunge for Robert Bass, M.D.**

See the *2-Year Work Plans* handout for details of action steps.

Mr. Wijetunge presented each of the committee's four objectives and outlined the committee's activities in response to each objective:

|               |   |
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| Goal 1        | Emergency Medical Services (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 |
| Objective 1.1 | Develop EMS system preparedness standard(s), as appropriate   |

Committee activities:

- Reviewed the Target Capabilities List (TCL)
- Focused on the Emergency Triage and Pre-Hospital Treatment Capability

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|---------------|---|
| Goal 1        | Emergency Medical Services (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 |
| Objective 1.2 | Complete a nation-wide EMS system preparedness assessment   |

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### Committee activities:

- Reviewed the Emergency Triage and Pre-Hospital TCL portions of the national EMS preparedness assessment strategy, approved by the Technical Working Group in September, 2007
- Recommended priority preparedness measure for inclusion in DHS' Capabilities Assessment Tool (CAT)

Mr. Wijetunge explained that a nation-wide, state-by-state, capabilities assessment does not exist at this time; however, the staff of OHA are working to hire a contractor to complete the assessment by referencing data from DHS' state-wide preparedness reports among other resources. Mr. Wijetunge predicted that this assessment will be available for presentation at the following FICEMS meeting in December.

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| Goal 1        | Emergency Medical Services (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 |
| Objective 1.3 | Develop preparedness education requirements for EMS personnel, as appropriate   |

### Committee Actions:

- Reviewed the national EMS Education Standards
- Recommended minimum preparedness education standards for EMS

Mr. Wijetunge outlined the tasks that remained to be accomplished in association with this objective:

- A final draft of the Education Standards is to be submitted to NHTSA by the contractor, the National Association of EMS Educators, in August, 2008.
- The committee expects to examine the interface between the EMS Education Agenda for the future, a systems approach, and the *FEMA National Emergency Responder Credentialing: EMS Job Titles* (as outlined in the committee work plan) at a later point in 2008.
- The committee will re-examine the coordination of funding support for EMS preparedness education.

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| Goal 1        | Emergency Medical Services (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 |
| Objective 1.4 | Clarify Federal responsibilities for EMS response to disasters  |

Committee Actions:

- Reviewed the Emergency Support Function 8 (ESF 8) annex of the draft national response framework
- Conducted a comprehensive review of MITRE'S report on the national disaster medical system

Mr. Wijetunge noted that the Assistant Secretary for Personnel Administration (ASPER) continues to work with the Federal Emergency Management Agency (FEMA) on refining the Federal disaster ambulance contract. ASPR currently is developing a white paper on the EMS response to Hurricane Dean.

Dr. Runge thanked Mr. Wijetunge for his report and proceeded to inquire further, asking Mr. Wijetunge two questions:

1. Did the committee discuss how to link the TCL priority preparedness measure with grant funding?

Response: Mr. Wijetunge explained that the committee had not discussed funding at this point; yet, he maintained that the committee would do so after they had completed the review of the TLC and determined, by contrast, the gaps in the assessment tool that required funding.

2. Is the assessment tool for local providers or is the data collected and amassed at the central level?

Response: Mr. Wijetunge confirmed that the committee intended to approach the assessment centrally, not at a local level.

Mr. Runge thanked Mr. Wijetunge and all of the Standing Committee speakers for their reports. He directed the attention of the group to the next item on the Agenda: National EMS Information System and Data/Research Committee Report. Dr. Runge introduced the topic by emphasizing the value of the NEMSIS work and the significance of the widespread access NEMSIS is developing for the EMS community.

### **National EMS Information System (NEMSIS) and Data and Research Committee Report**

Dr. Runge welcomed Dr. Clay Mann and Dr. Greg Mears.

**Overview: Clay Mann, Ph.D.**

Dr. Mann began the overview of NEMSIS Technical Assistance Center.

Dr. Mann said there are two locations hosting the technical assistance center: the Utah School of Medicine and the University of North Carolina. He prepared a PowerPoint presentation to showcase two topics of discussion for the NEMSIS report:

1. State participation in the national EMS data base

Dr. Mann shared the following figures:

- There are 32 states and 2 territories that requested funding through the Highway Safety Section 408 program to revamp their systems and make them compliant with NEMSIS.
- There are currently 11 states that report data to the national EMS data base.
- Currently, the data base has 3.2 million records.
- It is the intention of NEMSIS to have 20 – 26 states participating in the NEMSIS data set by the end of the 2008 year.

### 2. NEMSIS reporting system

The week prior to the FICEMS meeting, the NEMSIS reporting system went live. The reporting system is located at [www.nemsis.org](http://www.nemsis.org).

Dr. Mann explained the components of the reporting system:

- Ten domains are developed, with reports within each domain.
- System provides live, real time collection of reports.
- Reports include information on response time to a scene, the scene time, the transport time by a level of service, and distinction of the level of service between EMT basic, intermediate, or paramedic.

Dr. Mann outlined the next phase for the continuing development of the NEMSIS reporting system:

- Develop additional real time, searchable data query systems, currently available for cardiac arrest and trauma
- Develop three dimensional cubes that enable users to build tailored reports based on the data
- Develop the same reports, in the same reporting domains, for state level reporting

Dr. Mann presented three performance examples that exhibit how the reporting system promotes a benchmarking process:

1. State reports will include the national benchmark as well as a peer benchmark group that displays the reports of 3-5 comparative states. Each state is currently identifying a peer comparison group for benchmarking purposes.
2. Vendors can build agency level reports into their reporting systems, enabling vendors to compare their reports with those at a national level.
3. Ten agency profiles will be created that describe ten distinct types of EMS systems of agencies. Agencies can access the profile reports of the other agencies within their same agency profile to compare.

Dr. Mann concluded his PowerPoint presentation and introduced Dr. Mears to continue the report on NEMSIS.

### **Overview: Greg Mears, M.D.**

Dr. Mears continued the PowerPoint presentation discussed the NEMSIS efforts to move the data set through a standard development organization (SDO). His report explained that:

- Part of the standard approach is the ability to know and recognize all of the acronyms involved.
- The emergency medical awareness and response (EMAR) group, chaired by Dr. Mears, is working to push forward a standard that is not approved by the Federal government at this point.
- The standard has not moved through a standards developing organization process, but has moved through a consensus process.

Dr. Mears identified two initiatives of the emergency medical awareness and response group that are related to the standard and relevant to EMS:

1. Harmonization of EMS standards with other health care standards. Demonstrate how EMS standards can merge with other health care standards and create an interface between EMS and in-house care.
2. Collaborate the messaging standards of NEMSIS with the standards used by hospitals by incorporating NEMSIS into HL7.

Dr. Runge thanked Dr. Mann and Dr. Mears for their presentation and moved to the next topic on the Agenda: Data & Research Committee report.

### **Data & Research Committee Report: Dan Kavanaugh, Chair and Susan McHenry, Co-Chair**

See the *2-Year Work Plans* handout for details of action steps.

Mr. Kavanaugh asked the members to refer to the NEMSIS language recommendation provided in the binders under tab 7. He read aloud the language regarding support for NEMSIS within Federal grants. He detailed information about the purpose and format of the proposed language:

- The language does not direct agencies on how to spend their funds; it suggests that if an agency is planning on using funds for data systems, it use funds for NEMSIS compliant systems.
- The proposed language is based upon the language of the EMSC state partnership grants used since 2006. States involved with EMSC state partnership grants have used approximately ten percent of the funds toward NEMSIS.
- The language is not specific to only EMSC grants, but applicable for any EMS grant.

Mr. Kavanaugh presented the language to the committee for approval and Dr. Runge decided that the decision on the language would be decided under New Business at a later point in the meeting.

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Mr. Kavanaugh continued his report and presented the four action steps tasked to the committee for Goal 1:

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| Goal 1        | Improve outcomes for illness and injury from the time point of emergence telephone access until arrival and transfer of care to the hospital. |
| Objective 1.1 | Ensure methods of coordination among Federal agencies in the filed of EMS data and research   |

Action Step 1: Develop a collaborative research agenda

- The committee is not developing a new research agenda, but assembling existent agendas into one cohesive agenda.
- The agenda will allow agencies to access information about what has already been said in the field and deemed important.
- The agenda will assist agencies when they are pursuing funds for research.

Mr. Kavanaugh asserted that the agenda will be completed in October, 2008.

Action Step 2: Expand the role of emergency and trauma care researchers in the grant review process

- The committee requested participation from all agencies and is awaiting a response.
- There is a common concern that there is a lack of emergency care expertise on the grant review panel.
- The committee aims to provide each agency with a roster for reference.

Action Step 4: Departments represented across FICEMS publish a joint program announcement that addresses EMS clinical interventions and system design issues

- There is a published joint program announcement in place for HHS, specifically for an EMSC program announcement that has existed since 2001.
- The next step is to develop a program announcement for NIH that will be general for all EMS grants.

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| Goal 3        | Enhance the environment for EMS research  |
| Objective 3.1 | Ensure methods of coordination among Federal agencies in the filed of EMS data and research |

Action Step 1: Provide technical assistance to departments represented within FICEMS as it relates to recommended improvements to the emergency exception to informed consent procedures

- A meeting was conducted in February, 2007 to address this topic.
- The committee is waiting for the documents from the February 2007 meeting to be published.

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Action Step 3: Departments represented across FICEMS agree to a memorandum of agreement and request form for Federal-to-Federal requests for funding for pre-hospital research and data needs to include determining specific opportunities and resources to support NEMSIS

- The committee is considering ways for agencies to co-fund projects as they relate to NEMSIS or emergency care research.
- Several successful examples of this type of collaboration include EMSC with HRSA, EMSC with NHTSA and HRQ.
- The committee is considering a method or template to assist agencies that are pursuing co-funded projects.

Mr. Kavanaugh concluded his presentation and introduced his co-chair Susan McHenry to report.

Susan McHenry invited members to participate in:

### 1. The revision of NEMSIS to version 3.0

NEMSIS is in the midst of moving towards version 3.0 and Susan McHenry asked members and audience observers to visit the NEMSIS website, review the data set, and offer suggestions and comments from their perspective as stakeholders.

### 2. National Highway Traffic Safety Administration Briefing on NEMSIS

Susan McHenry invited all in attendance to the NHTSA meeting on June 23, 2008 from 2:00 p.m. to 3:00 p.m. for a briefing on NEMSIS.

The Data & Research Committee concluded the report and the members addressed additional comments and questions including:

- Mr. Dawson emphasized the need for long term funding for NEMSIS. He explained that local agencies fund their participation in NEMSIS and in addition, NEMSIS is funded centrally through a NHTSA contract through the Office of Emergency Medical Services.
- Mr. Dawson cautioned that the funding for NEMSIS at a central level was “fragile” and there is a need for stable, long-term funding to support NEMSIS efforts.
- Dr. Runge asked the working group to consider funding options for the next FICEMS meeting.
- Dr. Mears raised the issue of revising version 2 of the NEMSIS portions of NFIRS, the National Fire Information System, to version 3. He expressed concern about providing fire based EMS systems with outdated data and the risk of dual entry.
- Dr. Runge suggested that USFA add a representative to the Data & Research working group.
- Mr. Forgy confirmed that the USFA wants live data and current reports.
- Dr. Mears asked Mr. Forgy to ensure that he was involved if the USFA decided to convert to the NEMSIS engine.
- Dr. Runge recommended all efforts to fuse organizations and promote data access and communication.

Dr. Runge welcomed and introduced Dia Gainor, the Chair of the National EMS Advisory Council, to present her report.

### **National Emergency Medical Services Advisory Council – An Overview**

Ms. Gainor expressed her enthusiasm for the FICEMS and NEMSAC collaboration and reviewed the recent activities of NEMSAC:

- Voted to co-sponsor the evidence-based practice guidelines process conference and development
- Worked to create a landscape of EMS issues nationally and compiled a non-redundant list of 84 issues
- Initiated a process to review and refine those issues for presentation at the next NEMSAC meeting on July 17-18, 2008

Ms. Gainor shared her intentions for NEMSAC to be accessed by FICEMS for advice and recommendations. She assured the group that NEMSAC is committed and ready to serve FICEMS in any capacity.

Dr. Runge thanked Ms. Gainor for her report and noted that a number of the issues that had been discussed previously in the meeting were relevant to, and could be guided by, the advice of the NEMSAC committee. He encouraged members to solicit the assistance of NEMSAC and reminded them that NEMSAC is valuable for both advice and advocacy.

### **New Business**

Dr. Runge asked the committee to return to the proposed language on funding for NEMSIS located in the members' binders under tab 7. He asked the committee to review the language and motion for approval. Prior to the motion for approval, the following confirmations were agreed upon by the committee members:

- The language would be drafted into a letter and sent to secretaries of the departments that fund EMS. This will allow FICEMS to solicit secretary level advocacy for the funding posited in the language.
- The references to NEMSIS funding within the language is necessary and should not be 'softened' or eliminated prior to the submission of the language.
- A contact point in each department will be included in the submitted letters to prepare for any potential push-back in response to the requests of the language.

Dr. Runge asked for and received a motion to approve the draft NEMSIS language for submission.

### **Other Business**

Dr. Runge led the committee in review of the topics listed under Other Business on the Agenda. Members discussed the following items in sequential order:

**Credentialing of Federal EMS Responders: Jeffrey Runge, M.D.**

Dr. Runge offered some background information about the issue of credentialing Federal EMS Responders:

- Secretary Chertoff asked Dr. Runge to set up an Office of Health Affairs and locate issues within DHS.
- The Office of Health Affairs discovered that there were a number of EMS providers who were operating within Immigrations and Customs Enforcement and other DHS components who were operating across state lines, performing medical procedures without a standard direction or protocol.

Dr. Runge concluded that there are credentialing issues, licensing issues, and problems with state-to-state protocols. He requested the permission of the committee to incorporate the issue of credentialing into the efforts of the Technical Working Group to suggest recommendations.

Dr. Jon Krohmer added that DHS is concerned primarily with the specific DHS agencies however, considering there are inherent implications for other agencies, he suggested a collaborative effort. He confirmed that the immediate problem of the DHS relates to full-time Federal employees.

Dr. Runge concluded the discussion on credentialing by asking the working group to present recommendations at the next FICEMS meeting. He suggested that the working group consider soliciting the assistance of NEMSAC.

**Trauma Field Triage: Richard Hunt, M.D.**

Dr. Hunt thanked the committee for allowing him the time to present a report on trauma field triage. He emphasized the consequences of triage misadventures and stressed the importance of the issue. He provided the group with background context to introduce the topic:

- The research of Dr. Ellen Mackenzie at Johns Hopkins revealed that a severely injured patient has a 25 percent increased chance of survival if cared for at a level one trauma center compared with care at a non-level one trauma center.
- The Centers for Disease Control and Prevention (CDC) collaborated with NHTSA's office of EMS to support a multi-disciplinary effort to use the best evidence possible and revise the national triage decision scheme published previously by the American College of Surgeons Committee of Trauma.
- The multi-disciplinary process engaged public health, emergency medical services, emergency medicine, trauma surgery, and Federal partners.

Dr. Hunt explained that the CDC, in collaboration with NHTSA, was working to create two items:

1. Decision scheme resource document

- To explain the consensus-based process adopted by the multi-disciplinary effort

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- Endorsed by 16 organizations with concurrence from the National Highway Traffic Safety Administration
- Endorsed by some entities that are not traditionally engaged with EMS including the American Medical Association, the American Public Health Association, and the Joint Commission

### 2. Tool kit

- For local medical directors to utilize in implementing guidelines
- Materials include a guide for medical directors and leaders of systems, PowerPoint presentation, poster, pocket card for providers, and promotional t-shirt

CDC and NHTSA have worked to incorporate triage criteria into NEMSIS. To demonstrate the effectiveness of the multi-disciplinary deliberations on improving triage of the injured patient, Dr. Hunt shared the example of the expert panel's recommendations for advanced automatic collision notification. The expert panel included engineering and automobile manufacturers working with the usual disciplines to develop a medical triage protocol to integrate advanced automatic crash notification. The resultant document will be published in the near future and will present the following recommendations among others:

- Advanced automatic crash notification show promise in improving health outcomes in severely injured crash patients by potentially decreasing the time to trauma center arrival.
- Seatbelt use by an occupant influences injury severity.
- The probability of injury severity based on the proposed data, should be transmitted by the automatic crash notification provider to the public safety answering point or 9-1-1 center.

Dr. Runge asked Dr. Hunt to comment on the next steps in the multi-disciplinary process, after the recommendations of the expert panel deliberations were published. Dr. Hunt guaranteed that CDC would share the recommendations with FICEMS, and probably NEMSAC as well, for deliberation and to debate endorsement. Dr. Runge thanked Dr. Hunt and asked him to submit the working draft to the committee and allow members time to review the document and consider responses prior to the next FICEMS meeting.

Dr. Runge next addressed the Agenda topic on the proposed amendments to the *Method of Operations*. He reminded the committee that FICEMS is a relatively new committee with only two years of practice. He proposed two issues to the group and suggested that the members consider the issues prior to the December, 2008 meeting:

1. Enhance the ability of FICEMS to do business in between meetings
2. Replace the current process of informally exchanging the Chair position by rotation with a more formal succession plan for administration transition

Dr. Runge asked Mr. Dawson to proceed with the report on the *Method of Operations* amendments.

***Method of Operations Amendments: Drew Dawson***

Mr. Dawson asked the committee to review three proposed amendments in the FICEMS *Method of Operations* (provided under tab 8 in the members' binders):

1. Amendment 1 – enables FICEMS the ability to conduct business in between meetings via email or teleconference
2. Amendment 2 – a Vice Chairman should be appointed in the event that the Chair is unable to attend
3. Amendment 3 – FICEMS can address policy in between meetings and would provide a means of interim action by adding topics to the NEMSAC meeting agenda

Dr. Yeskey made the motion to accept all three amendments. The committee agreed and approved.

**Annual Report to Congress and Closing Remarks**

Exercising the new capability to conduct business virtually in between meetings, Dr. Runge suggested that the committee distribute the last topic on the Agenda, the Annual Report to Congress, via email to committee members for consent and approval.

With the time remaining, the committee briefly discussed the topic of Vice Chairman. Dr. Runge asked if anyone at the table would like to run for the position at the time. There were no immediate reactions. Mr. Dawson suggested that the position be filled by a member of DHHS. With that credential offered, Dr. Runge concluded the discussion and agreed to pursue the topic discourse over email. [NOTE: Subsequent to the meeting, Dr. Kevin Yeskey was elected as vice-chair of FICEMS]

Dr. Runge opened the floor for comment to the public observers. When it was evident that there were no issues to be presented by the public observers at that time, Dr. Runge thanked the participants in the room for their attendance and the meeting was adjourned.

**Observers**

From the National Highway Traffic Safety Administration:

Dave Bryson  
Cathy Gotschall  
Susan McHenry  
Anthony Oliver  
Jerry Poplin  
Gamunu Wijetunge

Clay Mann, NEMSIS  
Captain Daniel Kavanaugh, HRSA/MCHB/EMSC  
Dia Gainor, NEMSAC  
Greg Mears, NEMSIS  
Michael Zanker, DHS/OHA  
Jon Krohmer, DHS/OHA  
Rick Hunt, DHHS, CDC  
Aaron Reinert, NEMSAC  
David Marcozzi, DHHS/ASPR,  
Gary Wingrove, NEMSAC  
Jennifer Roberson, DHS/USFA  
Matthew Haskins, DHHS/ASPR  
Noah Smith, DHHS/ASPR  
Sandy Bogucki, DHHS/ASPR  
Tasmeen Singh, EMSC/NRC  
Terry Nally, ENA