

Federal Interagency Committee on Emergency Medical Services (FICEMS)

**The Performance Institute Conference Center
Washington, D.C.
December 4, 2014**

Meeting Summary

Members in Attendance

Department of Defense

Mark Gentilman, M.D., Office of the Assistant Secretary of Defense (Health Affairs)
(For David J. Smith, M.D.)

Department of Health and Human Services

Beth Edgerton, M.D., M.P.H., Division of Child, Adolescent, and Family Health, HRSA
Edward J. Gabriel, Office of the Assistant Secretary for Preparedness and Response (FICEMS
Vice Chair)

Capt. Deborah Levy, Ph.D., M.P.H., Office of Public Health Preparedness and Emergency
Response, CDC

Jean K. Sheil, Emergency Preparedness and Response Operations, CMS

Juliana Sadovich, M.D., R.N., Indian Health Service (for Susan Karol, M.D.)

Department of Homeland Security

Kathryn Brinsfield, M.D. M.P.H., Acting Assistant Secretary of Health Affairs and Chief
Medical Officer (FICEMS Chair)

Ernest Mitchell, Jr., U.S. Fire Administration

Department of Transportation

David J. Friedman, National Highway Traffic Safety Administration (NHTSA)

Federal Communications Commission

David Furth, Public Safety and Homeland Security Bureau

State EMS Directors

Joseph Schmider, Texas State EMS Director

Welcome, Introductions, and Opening Remarks

Kathryn Brinsfield began the meeting at 1:00 p.m., welcoming the committee members and audience, including staff members from various federal agencies. The committee members introduced themselves, with Mark Gentilman noting that he was substituting for David Smith

and Juliana Sadovich noting that she was substituting for Susan Karol. The audience members introduced themselves. Dr. Brinsfield reported that this has been an important year for EMS. Events have demonstrated that the ability to transport people is a limiting factor in our attempts to plan for health crises such as Ebola. Dr. Brinsfield introduced Beth Edgerton, M.D., M.P.H., as the newly appointed representative from the Health Resources and Services Administration (HRSA). Dr. Brinsfield briefly described the afternoon's agenda, emphasizing that the FICEMS strategic planning process now has moved to stages of action.

Review and Approval of the June 19, 2014 Meeting Summary

Edward Gabriel made a motion to approve the June FICEMS meeting summary. Mr. Friedman seconded the motion, and the FICEMS members voted unanimously to approve the June 19, 2014 meeting summary.

National EMS Advisory Council (NEMSAC) Report

Dr. Brinsfield introduced Aarron Reinert, Chair of the NEMSAC, noting that applications for new NEMSAC membership were received recently (for 25 seats). FICEMS had forwarded a letter to NEMSAC asking for suggestions for implementing the new FICEMS strategic plan.

Mr. Reinert reviewed history of the NEMSAC, which has produced 56 recommendations to the DOT and FICEMS. The council has a goal of developing recommendations that are meaningful, measurable, and actionable. It has addressed the idea of a culture of safety in a major project. It has addressed issues such as fatigue and the National EMS Information System (NEMSIS), which is the national EMS data repository. It has provided grant guidance and provided FICEMS with comments on its new strategic plan.

In recent months, the NEMSAC has emphasized three projects, resulting in the creation of three council advisory documents. The projects are (1) a response to FICEMS' request for suggestions to advance its new strategic plan, (2) a new EMS Education Agenda for the Future, and (3) a consideration of health care reform, with an emphasis on community paramedicine and mobile integrated health care. The council just voted to approve the final documents for all three items. Of particular note, the third project calls for a national stakeholder meeting.

Kyle Gorman, Vice-Chair of the NEMSAC, further described the first activity, stating that the council drafted a response letter to FICEMS featuring a "9-box" which suggested where the strategic plan objectives should reside in terms of priority (urgency) and term (long or short). The NEMSAC subcommittee scored all the FICEMS objectives and placed them in that 9-box (3 by 3).

Mr. Reinert noted that many of the FICEMS objectives were in line with past recommendations made by the NEMSAC. He reported that, between now and the April 2015 meeting, the NEMSAC members will be discussing ideas for orienting new members, seeking new and better ways to perform NEMSAC functions, and developing the annual report.

In discussion, Mr. Gorman explained that the boxes within the 9-box referred to roughly 2-month periods. Jean Sheil wondered whether the NEMSAC recommended that FICEMS slow or pause any current activities to concentrate on certain high priorities. Mr. Gorman responded that the current FICEMS activities are of high priority themselves. Mr. Friedman noted that the FICEMS upcoming “Move Over” campaign (as when one sees flashing lights) will be happy to receive advice from the NEMSAC.

Technical Working Group Committee Reports

Mr. Dawson explained that the Technical Working Group (TWG) serves as an interagency staff for FICEMS. Its subcommittees focus on strategies for the high-priority elements in the FICEMS strategic plan. Mr. Dawson and Gregg Margolis, of HHS, are co-chairs of the TWG. Mr. Dawson asked four subcommittees to present updates.

Preparedness

Ray Mollers, of the Department of Homeland Security, reported that the Preparedness Committee has been focusing on implementation of objective 3.3 of the strategic plan, regarding improving preparedness systems for all hazards. He noted current efforts in tasks from the activity matrix. For the task on grant alignment, the committee is establishing internal processes. For the task on FICEMS’ Model Uniform Core Criteria (MUCC) implementation plan, a draft MUCC addendum to the national EMS education standards was developed and will be reviewed by NHTSA and the Preparedness Committee. For the task on CDC’s framework for expanding EMS systems capacity during medical surge, a first draft was provided to federal and private stakeholders for comment. For the task on an EMS preparedness gaps-and-solutions document, a completed draft document is under review. For the task on IED/Active Shooter guidance, a guidance document is going through clearance. For the task on innovative EMS models and preparedness, NHTSA has provided a grant to support development of delivery models and a national framework document for overcoming barriers to care delivery.

Gam Wijetunge, co-chair of the committee, provided further updates. He described a memo on EMS Ebola preparedness which was distributed to FICEMS members. Among many activities surrounding the Ebola crisis, the TWG and Preparedness Committee have been providing the CDC with subject matter guidance and an EMS checklist. On November 24, the TWG held a listening session featuring leaders of national organizations. Ideas from that session were in the memo that was distributed. The committee convened a working group to perform a gap analysis. Mr. Wijetunge cited the committee’s recommendations in guidance/educational materials, process, PPE availability, and longer-term considerations.

In discussion, Mr. Gabriel stressed the need, in the education component, for a curriculum requirement about using personal protective equipment (PPE). Dr. Sadovich cited a need to address infection control guidance in general (not only Ebola). Mr. Friedman added the need to obtain input from people working on the ground.

The FICEMS members made a motion to accept the Preparedness Committee’s recommendations, seconded the motion, and accepted the report.

Data Standardization

Susan McHenry, of NHTSA, noted the Data Standardization Committee's focus on objective 2.2, promoting standardization and quality improvement of prehospital EMS data by supporting the adoption and implementation of NEMSIS-compliant systems. Three main activities were identified. The first is to provide updates to the FICEMS on the status of NEMSIS. The second is to develop language for grant guidance that FICEMS might offer to federal agencies regarding EMS. The third is to support the transition to NEMSIS Version 3, including the preparation of regular reports.

Forty seven states and territories are submitting data to NEMSIS now. In 26 states, more than 95 percent of agencies are reporting. California was the first state to submit Version 3 data, which has helped with the validation process. The NEMSIS database now features more than 56 million records. Challenges for NEMSIS include the quality of the data submitted from the many different types of providers. Opportunities include use of the data for surveillance and performance measurement. The data can be linked to other data sets, such as state trauma registries.

In discussion, Mr. Friedman stressed the issue of cybersecurity. Hackers will attempt to retrieve data. Ms. McHenry noted challenges, for example, sites that lack electronic patient care reporting, that lack good documentation, and that are not able to hire analysts. Each state has its own rules and regulations governing, for example, the timeliness of data submission.

Evidence-Based Guidelines

Dr. Edgerton presented for the Evidence-Based Guidelines Committee, which was formed to address goal 2 and especially goal 2.1—to support the development, implementation, and evaluation of evidence-based guidelines. She referred to the activity matrix, featuring, as examples, the briefing of FICEMS on guideline development and implementation, submitting new guidelines to a guideline clearinghouse, and supporting Webinars on the use of evidence-based guidelines in EMS. She noted Webinars about highlighting the FICEMS strategic plan, about bringing guidelines to EMS care, and about the use of tourniquets and hemostatic dressing to control hemorrhage. The National Office of Emergency Care Research has shared some of its experiences, including challenges to evidence-based research. Four guidelines were published recently in *Prehospital Care*. The committee has been working with the Department of Homeland Security to consider quick assessment of outcomes (for decision-making), especially for cases of active shootings.

Military Veterans Credentialing and Licensing

Mr. Wijetunge stated that this committee has been busy addressing action items under 6.3 of the strategic plan—to work with state EMS offices to support the transition of military EMS providers to civilian practice. In September, a group from NHTSA's office visited the Medical Education and Training Campus at Fort Sam Houston, in Texas, to discuss the work plan. Trey Rodriguez, of the National Registry of EMTs, described a registry initiative being piloted in

Texas. The initiative will extend the certifications of combat medics for 2 years following honorable discharge. In June, FICEMS produced a position statement on EMS military-to-civilian transitioning. It encourages states and the federal government to support the transition. In September, NHTSA awarded a cooperative agreement to NASEMSO to assist state offices in credentialing military medics and corpsmen. Goals include identifying minimum licensure requirements, cataloging requirements of educational bridging programs, and promoting standardization of requirements. The committee will be supporting NASEMSO's efforts.

Strategic Planning Implementation

Dr. Brinsfield recalled the initial purpose of the strategic planning program—to build projects toward a common goal across the federal government. She suggested that leveraging can be possible. The agencies and departments compose what is likely the most collaborative group ever for addressing EMS issues. Possible ways to move forward include enhancing existing agency projects that incorporate FICEMS goals, identifying new interagency activities to address FICEMS goals, and developing FICEMS-sponsored projects such as white papers, position papers, and status documents.

Noah Smith described the FICEMS Strategic Plan Implementation Dashboard system for reporting achievements. He referred to a table in the meeting binder showing 30 objectives, as cited in the dashboard. The table features activities to-date for each objective, the FICEMS committees involved, and the agencies involved. It will be updated and published continually. Ms. Sheil suggested that the document incorporate references to the NEMSAC prioritization of the FICEMS strategic goals (from the 9-box).

New Initiative to Develop State and Local EMS Performance Measures

Mr. Dawson introduced a session on the new cooperative agreement between DOT and NASEMSO for the latter to develop prehospital EMS performance measures. They will include system, process, clinical, and outcome measures and will be based largely on standardized data points collected on EMS patients through NEMSIS Version 3. The project fulfills FICEMS' strategic plan objective 1.1. It is a 2-year project.

Dia Gainor, Executive Director of NASEMSO, presented an overview of the project. It will result in a family of measures of outcomes for use at various levels (local, system, regional, statewide, national). There will be process measures and balancing measures, which can capture unintended consequences. The project will target various types of information—financial issues, human resource issues, clinical issues, and more. NASEMSO will create a dictionary to document the measures. It will define coding methodologies that software vendors will be able to use, ensuring consistency. Measures will be tested as they are being developed.

Ms. Gainor presented an organizational chart for the project, which will feature many types of communications and will be multidisciplinary and highly inclusive. She presented a schedule of steps and activities. The project manager is Nick Nudell, who is a member of NEMSAC.

In discussion, Ms. Gainor stated that the measures project will include attention to rural settings, including tribal and frontier. She will be attending future FICEMS meetings, to provide updates on the project. Quarterly reports will be available. Mr. Friedman wondered how FICEMS might help with the project. He also suggested forming a new TWG committee with a focus on the safety of EMS providers. Mr. Gabriel responded by stating that safety issues cut across all topics. Dr. Brinsfield proposed that the FICEMS members examine where safety issues fit within the strategic priorities. Mr. Dawson proposed examining the TWG committees to determine whether they are addressing NEMSAC recommendations, many of which focus on safety.

Motion: Assess the committees of the TWG to determine the extents to which they are addressing the NEMSAC recommendations.

Public Comment

James Orsino, who advocates for EMTs and paramedics in the Boston area and more broadly, raised the issue of preparedness. A local polling found that EMTs and paramedics felt that they were about 50-percent prepared to handle Ebola. They expressed a sense of not knowing who is responsible. Mr. Orsino called for a matrix approach to clarify statutory authorities, revealing contacts and persons responsible regarding preparedness.

HRSA/EMSC Pediatric Disaster Checklist

Dr. Edgerton provided a brief update on the pediatric disaster checklist. Its full title is “Checklist for Essential Pediatric Domains and Considerations for Every Hospital’s Disaster Preparedness Policies.” Children have unique needs in disaster situations. A goal of the project is to ensure that all EMS operations across the nation are poised to address children in such situations. Dr. Edgerton described the formation of a group of federal partners and private subject matter experts to develop the document, which features lists of specific elements (to be checked) in 10 domains. The document is now available. (It was in the meeting binder.) Activities for implementation have begun.

Emerging Issues in EMS from Federal Agencies, Agency Updates

David Furth reported that the FCC is working on next generation 911, in particular, taking steps to improve location accuracy. It seeks to improve the quality of information that a call center receives from, for instance, indoor mobile phones (what building, what floor, what room). The First Responder Network Authority (FirstNet) was established and is being administered by NHTSA. A \$40 billion auction program has been underway, which, in part, should support a FirstNet grant program.

Capt. Levy reported that the CDC will be performing legal analysis of a medical surge framework for EMS. Regarding Ebola, the CDC soon will apply a drill-down approach from 911 to EMS to hospitals, to obtain situational awareness. What is working? Where are the gaps?

Mr. Gabriel reported that the Office of the Assistant Secretary for Preparedness and Response is developing, with CDC, an EMS checklist for Ebola. States recently were asked about their plans for approaching Ebola patients—EMS crews in transport, connections with other responders, nurses in emergency departments, etc. The Office will be comparing those survey results with information obtained from actual providers.

A project with the Centers for Medicare & Medicaid Services is focusing on traps during disasters, for example, locating homebound people. One analysis found that more than 90 percent of CMS location information matched where people actually resided (for both rural and urban locales). Such data will be important for efforts to pre-plan for disaster response. CMS data could be provided to the states in a matter of hours.

Election of Chair and Vice-Chair

Dr. Brinsfield asked the FICEMS members to choose a new chair and vice chair for 2015.

Mr. Friedman nominated Mr. Gabriel to serve as FICEMS Chair. The members voted unanimously to elect Mr. Gabriel.

Mr. Gabriel nominated Mr. Friedman to serve as FICEMS Vice Chair. The members voted unanimously to elect Mr. Friedman.

Adjournment

Dr. Brinsfield received a motion to adjourn. The FICEMS members voted to adjourn the meeting at 3:47 p.m.