

Federal Interagency Committee on Emergency Medical Services (FICEMS)

**The Wilbur J. Cohen Building
Washington, D.C.
June 19, 2014**

Meeting Summary

Members in Attendance

Department of Defense

David J. Smith, M.D., Force Health Protection and Readiness Division, Office of the Assistant Secretary of Defense for Health Affairs

Department of Health and Human Services

Edward J. Gabriel, Office of the Assistant Secretary for Preparedness and Response (FICEMS Vice Chair)

Capt. Deborah Levy, Division of the Strategic National Stockpile, Centers for Disease Control and Prevention (CDC)

Capt. Cheryl Ann Borden, Emergency Preparedness and Response Operations, Centers for Medicare & Medicaid Services (CMS) (for Jean K. Sheil)

Susan Karol, M.D., FACS, Indian Health Service

Department of Homeland Security

Kathryn Brinsfield, M.D. M.P.H., Office of Health Affairs (FICEMS Chair)

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

Department of Transportation

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

Federal Communications Commission

Michael Connelly, J.D. (for David Furth)

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 Capt. Cheryl Ann Borden noting that she was substituting for Jean

K. Sheil and Michael Connelly noting that he was substituting for David Furth. Dr. Brinsfield noted that Joseph Schmitter recently was appointed to the committee as representative for State EMS Directors and Capt. Deborah Levy was appointed to the committee as representative from the CDC. The audience members introduced themselves. Dr. Brinsfield briefly described the afternoon's agenda.

Review and Approval of the December 6, 2013 Meeting Summary

Edward Gabriel made a motion to approve the December FICEMS meeting summary. The motion was seconded, and the FICEMS members voted unanimously to approve the December 6, 2013 meeting summary.

National EMS Advisory Council (NEMSAC) Report

Dr. Brinsfield introduced Kyle Gorman, Vice-Chair of the NEMSAC, and noted that the NEMSAC is the only nonfederal advisory committee that advises the government on matters relating to EMS. The NEMSAC has been authorized, under statute, to provide recommendations directly to FICEMS and the Department of Transportation (DOT). This is an opportunity for FICEMS to receive ongoing input to determine how agencies can collaborate with EMS systems nationwide. FICEMS recently sent a letter to NEMSAC, requesting input regarding implementation of the new strategic plan (how to prioritize the objectives; which objectives should be implemented concurrently; how often the plan should be updated; how stakeholder input can be ensured).

Mr. Gorman thanked the committee for being able to address it directly, and he presented updates. NEMSAC was created in 2007 and, since then, has been successful in guiding federal support and starting national conversations. NEMSAC has had a successful year. It published its first annual report, submitting it to FICEMS and the Secretaries of Transportation, Health and Human Services, and Homeland Security. It adopted recommendations to (1) implement a culture of safety in EMS and to (2) revise the EMS agenda for the future. It began to address the FICEMS request for recommendations for implementing the FICEMS strategic plan.

In 2008, the NEMSAC recommended adoption of a culture of safety in EMS. The new national culture of safety strategy document, published by the American College of Emergency Physicians in 2013, is an advancement of that idea. NHTSA has asked NEMSAC to consider ways to advise the implementation effort. NEMSAC recommends that NHTSA and FICEMS support a Web site to be used as a repository of data and featuring EMS and safety information and resources. It should include best practices and should allow leaders to interact and share lessons. NEMSAC recommends that NHTSA and FICEMS convene EMS stakeholders on perhaps an annual basis to address issues of safety.

NEMSAC is developing recommendations for a revised EMS agenda for the future (the original was published in 1996). New issues to address include mobile integrated health care, evidence-based practices, next-generation 911, and automatic crash notification. NEMSAC recommends a major revision of the original document. It suggests that an external entity guide the revision process, which should replicate the original process and feature broad stakeholder representation.

The current NEMSAC membership has less than one year of service left and much work to do. A chief concern is to address the FICEMS request for input on implementing the FICEMS strategic plan. Another focus will be how EMS integrates into broader health care system reforms. The council also will complete recommendations for revising the EMS Education Agenda for the Future. The support of NHTSA and especially Drew Dawson's team continues to be crucial to the success of the NEMSAC's work. NEMSAC is pleased to provide perspective and focus for FICEMS's work and is always ready to respond to FICEMS's requests for feedback.

David Friedman echoed the appreciation for NHTSA's support. He cited an ongoing challenge of funding to support NEMSAC's work. The President's proposed budget for fiscal year 2015 includes an additional \$500,000 for NEMSAC. Mr. Friedman praised NEMSAC for its work on a new EMS Education Agenda.

Mr. Gabriel encouraged the NEMSAC to consider the changing role of EMS providers at trauma scenes—in particular, placing EMS providers more up-front in the responses. Mr. Gorman responded that NEMSAC has been discussing that issue and might, in time, help to ensure that systems for trauma care are in place.

The Agenda for the Future Documents

Joseph Schmider began a discussion about revising the Agenda for the Future by noting that the original agenda has been a great asset to the national EMS system, giving the field focus and direction. He stressed that the original agenda is a good foundation and should be used in building a newer agenda. A revised agenda should feature an emphasis on safety, including efforts to improve the personal health of providers and improve safety processes (e.g., using seatbelts). Disaster response needs to be included in the revised agenda.

Mr. Friedman noted that the number of responders who use seatbelts is likely very low. He stated that we must encourage a culture of safety that includes those providers acting in both outward and inward directions. Struck-by incidents are another serious safety problem, as when drivers do not pull over and when EMS providers do not position themselves properly around crash sites. All states now have move-over laws. We need to publicize that fact and investigate the use of new technologies that can warn of potential incidents. As NEMSAC recommended, NHTSA, along with an outside organization, will be taking the lead in updating/revising the agenda. Mr. Friedman stressed a need to obtain financial resources to assist in the process.

Ernest Mitchell echoed the call for an improved culture of safety, noting initiatives within the fire response area. One action taken was the promotion of a "seat-belt pledge." Such efforts appear to be making a difference. Dr. Brinsfield noted that data collection and information sharing are being advanced in the service of improving a safety culture and might also be included in the revised agenda. Mr. Schmider added the potential of using data to provide real-time information to aid treatment. Databases must be linked, or integrated.

FICEMS reviewed a request from several stakeholder organizations to develop a *data agenda for the future*, which would be separate from the EMS Agenda for the Future.

The FICEMS members made a motion to proceed with a revision of the EMS Agenda for the Future, with a focus on data-driven approaches to future improvements. The motion was seconded and approved by a unanimous vote. The committee members also agreed on the need to obtain necessary resources/funding. Dr. Brinsfield suggested the FICEMS members meet after fiscal year 2015 plans are readied to consider ways to fund the revision project.

FICEMS Strategic Planning

Dr. Brinsfield reviewed the history of developing the FICEMS Strategic Plan, which will ensure a coordinated approach for the committee's activities. The developmental process was collaborative, and a plan was adopted in December 2013.

Noah Smith, of NHTSA, provided background on the FICEMS Strategic Plan, which was adopted in December 2013. All previous NEMSAC recommendations were reviewed, previous stakeholder engagements were leveraged, and a statement of mission and vision was crafted. The final 5-year plan features goal statements and objectives for meeting the goals.

The FICEMS mission statement is "To ensure coordination among federal agencies, supporting local, regional, state, tribal, and territorial EMS and 911 systems to improve delivery of EMS throughout the nation." An overarching goal is for FICEMS to coordinate interagency policies, programming, and messaging and to solicit and integrate stakeholder input across the EMS community. Additional goals include the following:

- A coordinated, regionalized, accountable EMS and 911 system that provides safe, high-quality care,
- Data-driven and evidence-based EMS systems that promote improved patient care,
- EMS systems fully integrated in state, territorial, local, tribal, regional, and federal preparedness planning, response and recovery,
- EMS systems that are sustainable, forward-looking, and integrated with the evolving health care system,
- An EMS culture in which safety considerations for patients, providers, and the community permeate the full spectrum of activities, and
- A well-educated and uniformly credentialed EMS workforce.

To achieve the goals, the plan includes 30 actionable objectives. A Technical Working Group (TWG) comprised of staff-level representatives from over a dozen Federal agencies is addressing the objectives by drafting, through committees, work plans featuring steps and responsibilities (see below). In December 2013, FICEMS also chose four priority objectives to begin implementing immediately.

Dr. Brinsfield noted that efforts by agencies to implement the strategic plan have begun, especially by identifying potential future projects that will address the goals and objectives. Again, NEMSAC will be offering its suggestions about ways to implement the plan.

Technical Working Group Committee Reports

Dr. Brinsfield introduced representatives from the four committees created by the TWG to address four priority objectives. Each committee has employed a program management tool/matrix to coordinate its activities. Drew Dawson noted that the guidelines for the TWG itself were revised recently. Its membership has been clarified, and representation on the committees by federal agencies has been established. The TWG has two co-chairs, a NHTSA representative and an elected member (currently Gregg Margolis of ASPR).

Preparedness

Ray Mollers, of the Department of Homeland Security, reported that the Preparedness Committee has been focusing on implementation of objective 3.3, regarding improving preparedness systems for all hazards. Referring to the activity matrix, Mr. Mollers noted the committee's current effort, in support of the interagency grant alignment process, is to plan a meeting of grant staffs. The committee is helping to implement the FICEMS Model Uniform Core Criteria implementation plan, is supporting work, following a stakeholder meeting, to address the medical surge framework, and is helping to coordinate efforts around a document being developed by The National Association of State EMS Officials that addresses preparedness gaps. FICEMS members have supported efforts, such as meetings, to address the issue of responding to events featuring improvised explosive devices and mass shootings. The Preparedness Committee will be acting to disseminate the resulting information. The committee is beginning to explore the interface between EMS innovations in models of preparedness, including regulatory challenges. It is beginning to explore the preparedness components of EMS data and health care information exchange.

The FICEMS members made a motion to accept the Preparedness Committee's report and project matrix. The motion was seconded, and the report was accepted by a unanimous vote.

Data Standardization

Susan McHenry, of NHTSA, cited the Data Standardization Committee's focus on objective 2.2, featuring standardization and quality improvement of prehospital EMS data, using systems compliant with the National EMS Information System (NEMSIS). The committee has recommended that agencies that have grants relating to EMS and a focus on actions to transition states and localities from the original version of NEMSIS to version 3. In future meetings, the committee will report on agency efforts in health information exchange and the integration of data.

The FICEMS members cited the need for funding to move toward implementation of version 3. Dr. Brinsfield asked for a vote on the report and project matrix. The FICEMS members motioned for a vote and voted unanimously to accept the report.

Evidence-Based Guidelines

Mr. Smith presented for the Evidence-Based Guidelines Committee, which was formed to address goal 2 and especially objective 2.1—to support the development, implementation, and evaluation of evidence-based guidelines. He stated that efforts in evidence-based guidelines are thriving in 2014. NHTSA and the EMS for Children Program has supported the development of several guidelines and the publication of several in the journal *Prehospital Emergency Care*. Three guidelines were published in a supplement of that journal in January. The topics were pain management for trauma, the control of pediatric seizures, and air-medical transport of injured patients. In April, the journal published a guideline on the use of tourniquets and hemostatic dressing to control hemorrhage. The guideline has already been adopted across the United States and is helping to put tourniquets in the hands of first responders, thereby saving lives.

The committee has two projects to explore successful strategies for guideline implementation. NHTSA is supporting the development of a national evidence-based guideline implementation strategy. The committee plans to present at the December FICEMS meeting on efforts in guideline development and evaluation and federally supported research networks. Recently published guidelines will be added to the national clearinghouse.

Mr. Smith noted an error in the matrix for the committee. In the area of exploring opportunities to evaluate current evidence-based guidelines, the assignment of accountability should rest with the committee rather than the Department of Defense. The committee will explore and identify additional mechanisms to promote the dissemination of published guidelines. It will explore options for including guideline performance measures in grant guidance. It will present a Webinar on evidence-based guidelines to EMS stakeholders in August.

Mr. Dawson noted that evidence-based guidelines represent an opportunity for any of the agencies to support an activity, especially in prehospital care. The FICEMS members made a motion to accept the committee's report and project matrix (with the correction by Mr. Smith). The motion was seconded, and the report was accepted by a unanimous vote.

Military Veterans Credentialing

Mr. Dawson reported that the Military Veterans Credentialing Committee's work overlaps with the work of a White House effort on military credentialing and licensing for professionals, which has a workgroup devoted to EMS licensing and credentialing. In that case, a work plan has been developed and adopted. The FICEMS committee will have opportunities to move that work forward. Mr. Dawson noted that the matrix presented at this meeting was based on the work plan already adopted by the White House's group. One ongoing effort involves the use of a joint services transcript that keeps track of medical experience in the military. Mr. Dawson presented, for FICEMS consideration, a position statement on addressing the military-civilian transition. Approval by the FICEMS would indicate its agreement with the ongoing effort.

Susan Karol noted that the Indian Health Service has worked with the Veterans Administration to support training of intermediary care technicians. She offered the Indian Health Service as an additional contributor to the ongoing effort within the White House.

Mr. Gabriel stressed the importance of this effort and issue and made a motion to adopt the position statement and Mr. Dawson's report. Mr. Schmider called for a hotline through which military professionals might engage with programs and opportunities. David Smith noted that there is a system by which military professionals can feed information about transitioning back to the military. Mr. Dawson added that dialogue about these issues among federal agencies and state EMS offices is ongoing. The FICEMS members voted unanimously to adopt the committee report and the position statement.

Strategic Planning Implementation

Dr. Brinsfield asked each of the FICEMS members to comment on the status of the new Strategic Plan. Mr. Gabriel expressed enthusiasm for the plan, noting that federal agencies are engaged in unique activities and can support the plan. He suggested that any further changes be modest. Deborah Levy stated that the CDC has yet to examine the plan as it relates to CDC issues. Mr. Mitchell expressed enthusiasm for the plan, with appreciation for its inclusion of the practitioner's perspective. Captain Borden offered the support of CMS. Mr. Connelly stated that the FCC is happy with the plan and is ready to help implement the actions under goal #1. Dr. Smith stated that the DOD is happy with the plan. He suggested that it will be wise to target activities in a piece-by-piece fashion. Mr. Friedman agreed with that stepwise approach. He looked forward to receiving the recommendations from NEMSAC and to the establishment of priorities and milestones.

Emerging Issues in EMS from Federal Agencies, Agency Updates

Mr. Friedman discussed the GROW AMERICA Act, which is a bill in Congress that addresses the nation's infrastructure and relates to safety. He cited the tragic statistics of injuries and fatalities on our roads and the huge economic cost of crashes. The DOT continues to seek resources in the battle for safety. The Act includes attention to EMS, for example, indicating how safety grants from NHTSA to the states can be used to assist EMS.

Dr. Karol noted that the Indian Health Service oversees health care for 2 million people in federally registered tribes, yet an additional 2 million Indians are not federally registered. The tribes receive an appropriation of about \$100,000 for prehospital ambulance care. Dr. Karol stated that this is an insufficient amount. She called for discussion about the need for prehospital care for the tribes and asked the FICEMS to consider inviting a representative from the Bureau of Indian Affairs to join the committee.

Captain Levy reported that at the CDC, EMS-related projects in the Injury Center have moved to the Office of Public Health Preparedness and Emergency Response.

Public Comment

Billy Rutherford, President of American Integrated Training Systems, Inc., recalled his past work in developing curricula for computer-based EMT training for military professionals. A problem then as now is the fact that military requirements tend to surpass the EMT training requirements

of state programs and curricula, for example, in community colleges. Data for the military requirements are available, and the experiences of the military personnel need to be considered such as they are.

Dr. Brinsfield noted that some additional written public comments were received and were included in the meeting binder.

Adjournment

Dr. Brinsfield received a motion to adjourn. The FICEMS members voted to adjourn the meeting at 2:45 p.m.