

**InterContinental Washington DC- The Wharf  
801 Warf Street SW, Washington DC 20024  
June 26, 2019  
2:00 pm - 4:00pm**

**General Session  
Meeting Summary**

**FICEMS Members in Attendance**

***Department of Health and Human services (HHS)***

Theresa Morrison-Quinata, Health Resources and Services Administration

***Department of Homeland Security (DHS)***

Duane Caneva, MD, Chief Medical Officer

***Department of Transportation (DOT)***

Heidi King, Chair, Deputy Administrator and Acting Administrator, National Highway Traffic Safety Administration (NHTSA)

***Federal Communications Commission (FCC)***

Michael Connolly, Public Safety and Homeland Security Bureau

***US Fire Administration (USFA)***

Richard Patrick, United States Fire Administration

***Department of Defense (DOD)***

Elizabeth Fudge, BSN, MPH

**FICEMS Staff in Attendance**

***Department of Transportation (DOT)***

Kate Elkins (NHTSA)

Eric Chaney (NHTSA)

Jon Krohmer, MD (NHTSA)

Gamunu Wijetunge (NHTSA)

**Guest Speakers in Attendance**

***Centers for Medicare & Medicaid Innovation (CMMI)***

Carlye Burd

## **Welcome, Introductions, Opening Remarks**

*Heidi King, Chair, Deputy Administrator and Acting Administrator, NHTSA*

Ms. King called the meeting of the Federal Interagency Committee on Emergency Medical Services (FICEMS) to order at 1:04pm. Public members identified themselves and Ms. King welcomed all attendees and invited them to participate in the general session.

## **Review and Approval of Executive Summary of December 6, 2018 Meeting**

*Dr. Jon Krohmer, NHTSA*

A motion to approve the summary of the December 6, 2018 FICEMS meeting carried unanimously.

## **National EMS Advisory Council Update**

*Dr. Jon Krohmer, NHTSA*

Dr. Krohmer said that since the last meeting, NEMSAC restructured their committee work to align with the EMS Strategic Agenda 2050, and the six specific goals. Another meeting will be held at the Department of Transportation (DOT) headquarters in Washington, DC, on July 9-11, 2019 to discuss their work. The meeting will be split between a public meeting and actual committee work. Dr. Krohmer said that more information can be found on [www.EMS.gov](http://www.EMS.gov). Mr. Eric Chaney and Mr. Gam Wijetunge are the points of contact for information about this update.

## **National EMS Assessment 2020**

*Dia Gainer, MPA, Executive Director, NASEMSO*

Ms. Gainer explained that this assessment is part of a cooperative agreement between the National Associations of EMS State Officials (NASEMSO), NHTSA, and HRSA- EMS for Children (EMSC) Program. The purpose of the assessment is to update information published in 2011. This year's task is to repeat a subset of the questions distributed to EMS offices in late 2009.

Ms. Gainer reported that despite successful and repeated outreach tactics, the assessment has a 75% response rate, considered relatively low. She said that four state assessments were incomplete, and eight states were largely unresponsive. To improve the response rates, NASEMSO was now working with NHTSA Office of EMS to expand the period of performance at no increase in cost. Results will be presented at the next FICEMS meeting.

The instrument is composed of 20 sections.

The assessment questions include:

- Counts and types of EMS organizations
- Number and types of EMS personnel licensed by state

- Types of responses, patient care, and patient care reporting
- Public health surveillance through use of data systems
- Use of performance measures, and benchmarking
- Workforce health and safety
- EMS funding.

The remaining sections of the assessment are specific to health and medical preparedness, with a focus on pediatric preparedness, family reunification, other predictable disaster preparedness, and patient triage and tracking.

Ms. Gainer said that NASEMSO plans to develop supporting material for federal and national organizations. Data collection will continue so that responses are obtained from every state. A graphical representation of results will be created. A narrative descriptive analysis of the findings is expected, and will integrate perspectives of federal partners and FICEMS. A focus groups composed of NASEMSO leadership will be formed to review the final draft.

### **EMS for Children - Innovation and Improvement Center**

*Sam Vance, MHA, LP, National EMS for Children Innovation and Improvement Center (EIIC)*

Mr. Vance said that the joint Health Resources and Services Administration (HRSA), Maternal Child Health Bureau (MCHB) and the EMSC Innovation and Improvement Center (EIIC) Program was funded by the Department of HHS. EMS agencies see a limited number of children and critically ill children. For instance, an EMSC national survey showed that children accounted for only 13% of patients seen at EMS agencies, and 80% of EMS agencies see fewer than eight children per month. A report by the Institute of Medicine (IOM) identified gaps among EMS agencies related to pediatric readiness and providers' knowledge of pediatric needs. The presence of a Pediatric Emergency Care Coordinator (PECC) within EMS systems was associated with an improvement in documentation, clinical management, staff awareness of pediatric issues, and overall outcomes.

The IOM report recommended that all EMS agencies appoint a PECC with the following responsibilities:

- Ensure adequate skill and knowledge of EMS providers
- Oversee pediatric clinical quality improvement initiatives
- Ensure availability of pediatric medications, equipment, and supplies
- Adopt clinical protocols
- Integrate pediatric initiatives within protocols and procedures
- Participate in prevention and research programs
- Address gaps through PECC-specific performance measures.

The IOM also recommended that credentialing and certification organizations define pediatric emergency care competencies.

Data collected from the National EMSC survey showed that only 23% of EMS agencies have a PECC. This role can be filled by the medical director, the EMS chief, or a training officer. It is important to have national PECC coordinators who oversee EMS agencies within a county or region.

The objectives of the EMSC PECC learning collaborative were to form a cohort of EMSC State Partnership Grant recipients to participate in a learning collaborative that will demonstrate effective, replicable strategies to increase the number of local EMS agencies with a PECC.

There are nine participating states (CT, KY, MT, NM, NY, OH, PA, RI, WI) which represent 10% of the EMS agencies in the US. By March 31, 2019, more than 50% of the EMS agencies in these states will have a PECC. A long-term goal is to have 90% of EMS agencies integrate a PECC by 2026.

The EICC completed a 6-month preoperative PECC learning collaborative composed of six educational webinars, state partnership teams (comprised of state EMS managers, PECC, state or local representatives), in-person site visits, and continuous support.

A total of 340 new PECCs have been established in the nine states, which represents 92% of the goal. The EICC continue to support the 57 grantees with education and training of the new PECCs. Educational resources are available on the website. NSEMSO recently passed a resolution that all EMS agencies should have a PECC to support emergency care.

Dr. Caneva asked whether there were outcomes data associated with the learning collaborative. Mr. Vance said that the Targeted Issues Grant Program will research outcomes associated with PECC. He said that data from the State of Illinois have shown that emergency departments (EDs) with an established PECC demonstrated better outcomes than those without a PECC.

## **NEMSIS Update**

*Mr. Eric Chaney, NHTSA*

Mr. Chaney explained that the National EMS Information System (NEMSIS) is released in versions, and that it was a major challenge to ensure that agencies were up to date with the latest versions at all times. The current NEMSIS version is Version 3.4 and transition to V3.5 is planned.

As of June 2019, 42 states and territories used NEMSIS V3.4 to collect and transmit data from the state to the national EMS database, seven states used it at the state level only, and three states were expected to submit their data to the national database within 6 months. It is expected that by year-end, data from 49 states would be collected in the national database.

When there is a version update, it takes a long time for states to collect data from an older version to the next, and transmit their data. A total of 18 million Patient Care Records have

been collected into V3.4 so far, and 30 million records were expected at the national level by the end of this year.

With V3.4 complete, data collection will be reflected in real time. Data from a PCR transmitted from the state hit the national system within 13 minutes, and approximately 100,000 to 200,000 records are received every day. There are 400 validity checks at the local and state levels before a record gets transmitted, and records may come with “warnings”; this system of checks allows the data to be accepted at the national level. Data quality has increased dramatically since the last version and data from NEMSIS publications are being used throughout the industry. A search for NEMSIS publications returned 831 entries; in 2019, over 40 NEMSIS publications have already been initiated.

A number of localities may still be using an earlier version of V3 such as V3.3.4, or even the older Version 3.2. During this transition, NHTSA will maintain three active versions: V3.3.4, V3.4, and V3.5, to allow agencies additional time for data collection. Mr. Chaney announced that the transition from 3.3.4 will be in March 2021, giving EMS agencies 2 years to collect data from earlier versions. EMS agencies still using V3.3.4 can directly transition to V3.5 and skip the software update of Version 3.4. A complete transition into V3.5 is expected in 2021. To participate in the ET3 model and collect the required data for that program, EMS agencies will have to be using the latest version.

The NEMSIS contract with the University of Utah expires in 2020, and an RFP for a new contract is being discussed. The Annual Meeting sponsored by the University of Utah for vendors and data managers will be held in Park City, Utah, in August 2019.

## **Trauma RFI Update**

*Mr. Gam Wijetunge, NHTSA*

Mr. Wijetunge said that last April, NHTSA on behalf of FICEMS posted an RFI in the Federal Register on improving prehospital trauma care. A total of 26 responses were received from 12 national organizations, one regional organization, and 13 individuals.

A detailed summary of the comments received was provided at the last FICEMS meeting. Those comments related to clinical care, data and measures, notifications and communications, research, governance and system design, education and training, military integration, and public involvement.

The topic of Advanced Airway Control by pre-hospital clinicians was highlighted in the RFI. Consensus was reached to invite subject matter experts from the clinical community to develop questions that will drive the literature review, a process known as “topic refinement.” Mr. Wijetunge reported that NHTSA executed an interagency agreement with the Agency for Healthcare Research and Quality (AHRQ) at HHS for a Topic Refinement on Prehospital Airway Management. AHRQ had just released an RFP to all its evidence-based practice centers for this topic refinement. Proposals are expected by mid-July and a

contract for Advanced Airway Control Topic Refinement will be released. The project is expected to be completed prior to the next FICEMS meeting.

NHTSA and the Office of EMS have collaborated with AHRQ on an Evidence-based Report: “Pharmacological management of acute pain in the pre-hospital setting.” AHRQ recently closed the public comment period and publication was expected in summer 2019. This effort will update the last evidence-based guideline for prehospital analgesia in trauma. The updated report will be incorporated in state and local EMS peer-reviewed literature.

NHTSA is planning a revision of the CDC’s Field Trauma triage guidelines and will provide an update to FICEMS before the end of 2019. The last revision for these guidelines occurred in 2009 and an update is now due. This revision process will take up to 2 years.

A NEMSAC Subcommittee will be reviewing the comments received on the Trauma RFI. Further guidance from the subcommittee is awaited after they meet in Washington, DC.

## **Technical Working Group (TWG) Committee Reports**

*Ms. Heidi King, Chair of NHTSA*

Ms. King explained that the work of FICEMS is carried out by interagency employees serving on TWG committees that include agency staff, FICEMS members, and experts from other federal agencies.

The committees include:

- Evidence-based Practice and Quality
- EMS Data Standards and Exchange
- EMS Systems Integration
- Safety, Education and Workforce

## **Evidence-based Practice and Quality**

*Ms. Diane Pilkey, RN, MPH, HRSA*

Ms. Pilkey provided an update on the Evidence-based Practice and Quality TWG. Efforts of the TWG focus on development, implementation and evaluation of EBGs according to National Prehospital Evidence-Based Guidelines Model Process.

Ms. Pilkey said that an EMSC program recently sponsored a webinar on “Pre-Hospital Care of Children: Review of evidence-based guidelines” which focused on prehospital pediatric evidence-based guidelines for the management of asthma, seizure, pain, and cardiac arrest. This webinar is available on the EICC website.

The Paul Coverdell National Acute Stroke Program, administered by the Centers of Disease Control (CDC), has developed performance measures for EMS quality improvement for potential stroke patients. Currently, nine state grantees are implementing data collection from state-based NEMSIS files for these measures and linking them to in-hospital data.

The Evidence-based Practice and Quality TWG also works to promote the development of EMS performance measures and benchmarks, and apply lessons learned from military and civilian incidents to the EMS community. NHTSA and the HRSA EMSC Program have engaged the American College of Emergency Physicians (ACEP) to enable a meaningful assessment of EMS performance, referred to as the National EMS Quality Alliance (NEMSQA). NEMSQA will develop evidence-based EMS quality measures to improve patient outcomes. More information can be found on [nemsqa.org](http://nemsqa.org)

### **EMS Data Standards and Exchange**

*Ms. Rachel Abbey, MPH, Office of the National Coordinator (ONC), HHS*

Ms. Abbey provided an update on the group's work in relation to data standards and exchanges. The group's first objective was to improve linkages between NEMSIS data and other databases, registries, and other data sources to measure system effectiveness and improve clinical outcomes. In March 2019, the Domestic Resilience Group (DRG) of the National Security Council approved a Sub-Policy Coordination Committee to drive the Integration of Standardized EMS Data into hospital Electronic Health Records (EHRs).

To this end, NHTSA Office of EMS and the ONC for Health Information Technology have been meeting to support and coordinate a cohesive national policy initiative to develop technology and processes to integrate EMS data into hospital EHRs. This ensures that the information is routinely collected through the US health system, and the desired outcome of the effort is to improve trauma system performance and enhance survival from trauma injury.

The second objective aims to foster EMS participation in regional and state Health Information Exchanges (HIEs). Ms. Abbey said that the ONC continues to track state and local HIE efforts within EMS, and that there are currently 16 EMS agencies actively tracking and linking EMS data with HIEs.

### **EMS Systems Integration**

*Mr. Gam Wijetunge, NHTSA*

Mr. Wijetunge introduced and welcomed Ms. Theresa Morrison-Quinata as the newly appointed co-chair of EMS systems integration committee.

Under RACI matrixes for FICEMS, the goal was to have EMS systems fully integrated into state, territorial, local, tribal, regional, and federal preparedness planning, response, and recovery. Formally known as the preparedness committee, this TWG has now been tasked, in addition, with full EMS Systems integration. Mr. Wijetunge thanked the National Park Service (NPS) for their contribution to this effort. There are no recommended actions for FICEMS at this time.

Mr. Wijetunge said that one of the tasks of this TWG through Agenda 2050 was to explore the interface between Innovative EMS models and preparedness. In May 2019, NASEMSO endorsed the principles of Agenda 2050 and their subcommittees, including a pediatric

emergency care committee, are actively deliberating the agenda. NEMSAC has also realigned their subcommittee structure around the goals of Agenda 2050. Results of deliberations are awaited.

In May 2019, NASEMSO endorsed the principles of Agenda 2050, and their subcommittees, including a pediatric emergency care committee, are actively deliberating the agenda. NEMSAC has also realigned their subcommittee structure around the goals of Agenda 2050. Results of their deliberations are awaited.

In 2017, FICEMS approved a statement to include travel history as a routine part of patient assessment, which is especially important in the present context of Ebola. The subcommittee will revise the National EMS Education Standards to address travel history, and further explore the integration of NEMSIS with existing epidemiological surveillance.

There are no requests from NHTSA for FICEMS actions at this time.

## **Safety, Education and Workforce**

*Ms. Jennifer Marshall, National Institute on Standards and Technology (NIST)*

Ms. Marshall said that the goal of this TWG is to foster an EMS culture in which safety considerations for patients, providers, and the community permeate the spectrum of activities.

Objectives under this goal are to

- Promote the reporting, measurement, prevention and mitigation of occupational injuries, deaths, and exposures to serious infectious illnesses in the EMS workforce
- Evaluate factors within EMS practices that contribute to medical errors or threaten patient safety
- Promote implementation of the “EMS Education Agenda for the Future” to encourage more uniform EMS education, national certification, and state licensing
- Support state, territorial, and tribal efforts to enhance interstate legal recognition and reciprocity of EMS personnel
- Work with state EMS officers to support the transition of military EMS providers to civilian practice.

There was an update by the Commission on Accreditation of Ambulance Standards (CAAS) on safety elements for design, test, and certification standards for remounted ambulances and newly manufactured ambulances. In coordination with federal partners and NASEMSO, standards were being developed for the Safe Transport of Pediatric Patients in ground ambulances.

To promote the use of equipment for detection and training, and to enhance safety of EMS, new standards are being developed for tourniquets, and for the onsite detection of drugs, especially fentanyl. There are plans to have EMS agencies and fire-based services use body armor in response to active shooter events. An update about this project is expected in January 2020.

Ms. Marshall said that the National Institute of Occupational Safety and Health (NIOSH) National Occupational Research Agenda (NORA) has released their updated agenda. NORA is working on an opioid awareness campaign for the public safety sector, a project that is still in its early stages. This TWG is closely following the project's updates and will hire a NIOSH NORA staff member to make sure there is alignment on the goals.

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A motion to accept the TWG committee reports carried unanimously.

## **Revision of the National EMS Education Standards**

*Ms. Kate Elkins, NHTSA*

Ms. Elkins said that NHTSA and HRSA-EMSC contracted with RedFlash and subcontracted with the National Association of EMS Educators (NAEMSE) to revise Education Standards and Instructional Guidelines for Emergency Medical Responders (EMR), Emergency Medical Technicians (EMT), Advanced EMT (AEMT), and paramedic professionals.

The first draft did not include Instructional Guidelines. The group was working to add the changes prescribed by the new EMS National Scope of Practice Model. Training of the providers had to be adapted to the new scope of practice. The first draft of the National EMS Scope of Practice Model is due to NHTSA in early July, and will then go to national organizations for feedback and input. Once the first draft is received, it will go to the EMS community for review and comments in mid-August. The next face-to-face project team meeting will be held in Washington, DC, on October 8-9, 2019. The goal of that meeting is to create a second draft of Educational Standards and start the first draft of Instructional Guidelines.

Additional drafts will be created and circulated for broad EMS community review starting in late 2019 through Fall 2020. The final Educational Standards and Instructional Guidelines are expected to be released in late 2020.

The project page can be found at <https://www.ems.gov/projects/ems-education-standards.html> for more information. The main contacts for the project are Dave Bryson, Brian Ericson, Tricia Duva, and Ms. Elkins.

## **EMS Nomenclature**

*Ms. Kate Elkins, NHTSA*

The EMS nomenclature project is happening in collaboration with NHTSA and HRSA EMSC. These entities have contracted with RedFlash group (RFG) to write a white paper in response to 2017 NEMSAC recommendations.

The three NEMSAC-issued recommendations are that FICEMS and DOT should:

- 1) Officially recognize and use “paramedicine” to describe distinct discipline and profession
- 2) Recognize and promulgate an all-inclusive standard generic term to describe health care providers performing paramedicine
- 3) Establish a workgroup to address provider-level nomenclature

A first stakeholder meeting was held in Silver Spring, MD, in April 2019. The meeting brought stakeholders together to discuss these recommendations, knowing that there were different perspectives and state-specific conditions related to the proposed changes in nomenclature.

RedFlash has started a strawman which was shared among stakeholders in June 14, 2019. A second stakeholder meeting was conducted over the phone on June 24, 2019 to provide guidance about how to draft the white paper. The draft white paper will be circulated for broad EMS community review in July. A third in-person stakeholder meeting is planned for September 10-11, 2019, in Washington DC.

Additional drafts will be created and circulated to the broad community for review and input, from late 2019 through spring 2020. A final white paper is expected to be released in late 2019 and spring 2020.

The project page can be found at <https://www.ems.gov/projects/nomenclature.html>. Updates for the project timelines are listed online; Tricia Duva and Dave Bryson are the points of contact for this project.

## **First Responder Safety Associated with Automated Vehicle Technologies**

*Jon Krohmer, MD, NHTSA*

Dr. Krohmer said that NHTSA continues to discuss advanced automotive technologies, such as devices that can assist safe driving. Public safety agencies need to be aware how these technologies control or affect ambulances and other cars on the road, and public safety officers need to be aware such as law enforcement, fire, EMS, towing industry so they can ensure providers’ safety at all times.

At the upcoming Automated Vehicles Symposium in Orlando on July 18, 2019, NHTSA is planning a panel discussion composed of manufacturing representatives and representatives from law enforcement, and fire EMS. This discussion aims to bring together

stakeholders to start a dialogue about the topic and solicit feedback about common issues, concerns and safety. Ms. King thanked Dr. Krohmer for organizing the panel discussion.

NHTSA will share information with public safety agencies and FICEMS about these technologies. As an example, new technologies will allow EMS vehicles to communicate with infrastructure and hold the lights green for cars responding to or transporting from a scene. Ms. King invited questions from the community and other members in attendance in anticipation of this conversation.

Mr. Connolly shared that as of a couple of months ago, a rulemaking was proposed to have a z-axis of plus or minus three meters; this means first responders will now have higher accuracy of the location of a scene. Public comments closed on June 18, 2019, and updates will be shared soon.

## **Federal Agencies and Agency Update**

Ms. Theresa Morrison-Quinata shared with the audience that the EMSC program had begun an annual collection of data to ascertain about the number of PECCs in EMS agencies. The program is aimed at increasing the number of pediatric providers and establishing pediatric champions within EMS agencies. This will launch in January 2020 and run for 3 months, and similarly every year after that.

This will be a 6-mn assessment that asks EMS agencies two questions: 1) whether they have a PECC; and 2) whether there is a process or regular training that ensures EMS providers conduct periodic checks on pediatric equipment. The Pediatric Readiness ED will run its second National Pediatric Readiness Assessment beginning in summer 2020. This assessment is conducted on the basis of the 2018 joint guidelines on Pediatric Readiness in EDs. This national assessment asks one question: Is a hospital ED prepared to care for children?

A prehospital Pediatric Readiness Steering Committee has been formed, on behalf of the American Academy of Pediatrics (AAP). Ms. Morrison-Quinata expressed enthusiasm about this project because it reflects work in real-world practice. The first meeting of the committee will be in September in Rockville, MD.

Seven schools of medicine were recently awarded \$700,000 per year to conduct research in prehospital and hospital systems for pediatric emergency care in the applied research network. The focus of the Targeted Issues EMSC Grant Program is the impact of pediatric readiness, pediatric medical recognition systems, and PECC in EMS agencies on patient outcomes. HRSA anticipates the release of four awards at \$325,000 per year for 4 years to research PECC outcomes.

Mr. Patrick said that there has been a recent release of over 50 to 80 pictographs about fire life safety, for social media use to facilitate communication in low-literacy settings in the United States. Most of them are medical and focus on prevention of fire and injury. The

Deputy Administrator has publicly commented that this initiative is next in importance to fire and life safety after sprinklers, smoke detectors, and fire alarms. USFA publishes a number of academic reports about data collected by the National Fire Incident Reporting System. These reports are related to fire and to EMS life safety as well. The reports are public and being used by stakeholders from academia, legal, and the media.

EMS Best Practices was a focus of research and there were more than a dozen best practice publications about EMS Integration, first responder violence, prevention measures, and situational awareness. The National Fire Academy within the USFA has approximately 12 EMS-specific academic programs available onsite and accessible to the general public offsite at [www.USFA.FEMA.gov](http://www.USFA.FEMA.gov)

### **Public Comments**

No public comments were provided in person or on the phone.

### **Adjourn**

Ms. King adjourned the meeting at 3:40 pm.