

An Overview of the NHTSA Office of Emergency Medical Services and the Federal Interagency Committee on EMS

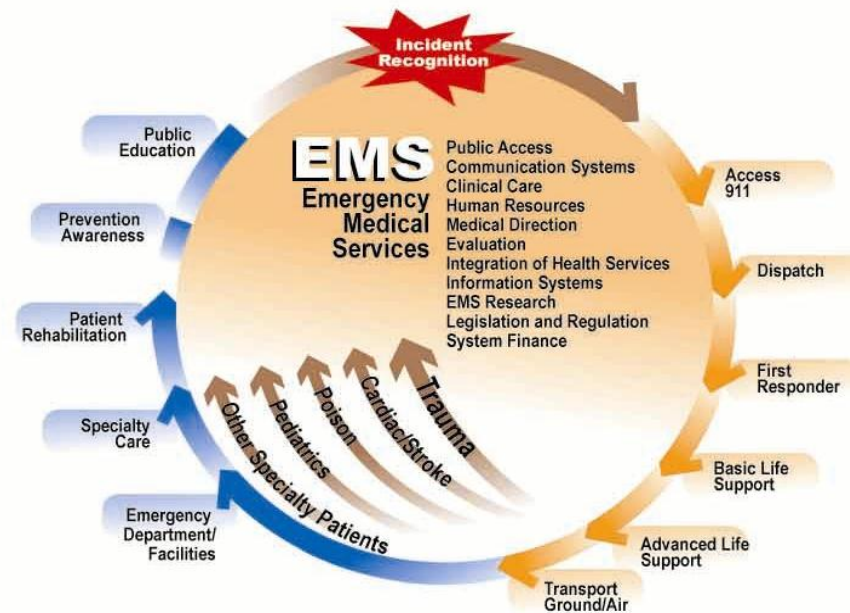
August 29, 2012



The NHTSA Office of Emergency Medical Services

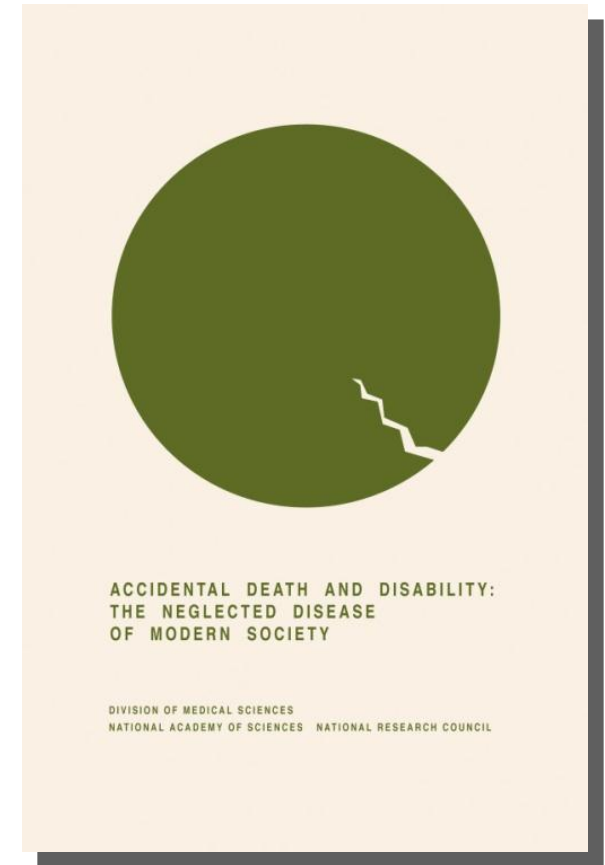
Mission Statement

To reduce death and disability by providing leadership and coordination to the EMS community in assessing, planning, developing, and promoting comprehensive, evidence-based emergency medical services and 9-1-1 systems.

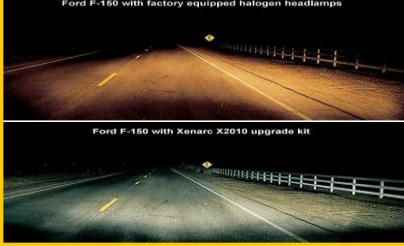


Accidental Death and Disability - 1966

- ▶ Encouraged ambulance legislation and standards
- ▶ EMS personnel standards
- ▶ Pilot programs in rural areas
- ▶ Communications system improvements
- ▶ Trauma registries
- ▶ Rehabilitation studies
- ▶ Mass casualty care



Haddon Matrix

	Human	Vehicle	Environment
Pre-Event			 Ford F-150 with factory equipped halogen headlamps Ford F-150 with Xenarc X2010 upgrade kit
Event			
Post-Event			

Comprehensive Approach to Highway Safety

The NHTSA Approach

- ▶ Deliver comprehensive EMS system data and promote research
- ▶ Evaluate national, state and local EMS system performance
- ▶ Collaborate with national organizations & Federal partners to provide EMS leaders with the information and tools they need to advance EMS systems
- ▶ Foster consensus around strategies to promote more effective and efficient EMS systems throughout the country
- ▶ Lead projects of national significance to accelerate improvements in the national EMS system
- ▶ No Response Role



NHTSA Has Supported EMS System Development and Improvement for Over 40 Years

1960's

- 1966 – National Academy of Sciences Report *Accidental Death and Disability: The Neglected Disease of Modern Society*
- 1966 – Passage of the Highway Safety Act
- 1966 - U.S DOT Authorized

1970's

- 1970 – NHTSA Authorized
- 1971 - National Standard Curricula for EMTs and First Responders
- 1977 –  The Star of Life Registered as a Trademark of NHTSA
- 1978 - Model State EMS System Legislation

1980's

- 1985 – Revised National Standard Curricula
- 1988 – Assessment of Statewide EMS System process
- 1986 – Air Ambulance Education Guidelines

1990's

- 1995 – Emergency Vehicle Operator Course (Ambulance)
- 1996 – The EMS Agenda for the Future
- 1996 – Emergency Medical Dispatcher Training Guide
- 1997 – Leadership Guide to Quality Improvement in EMS

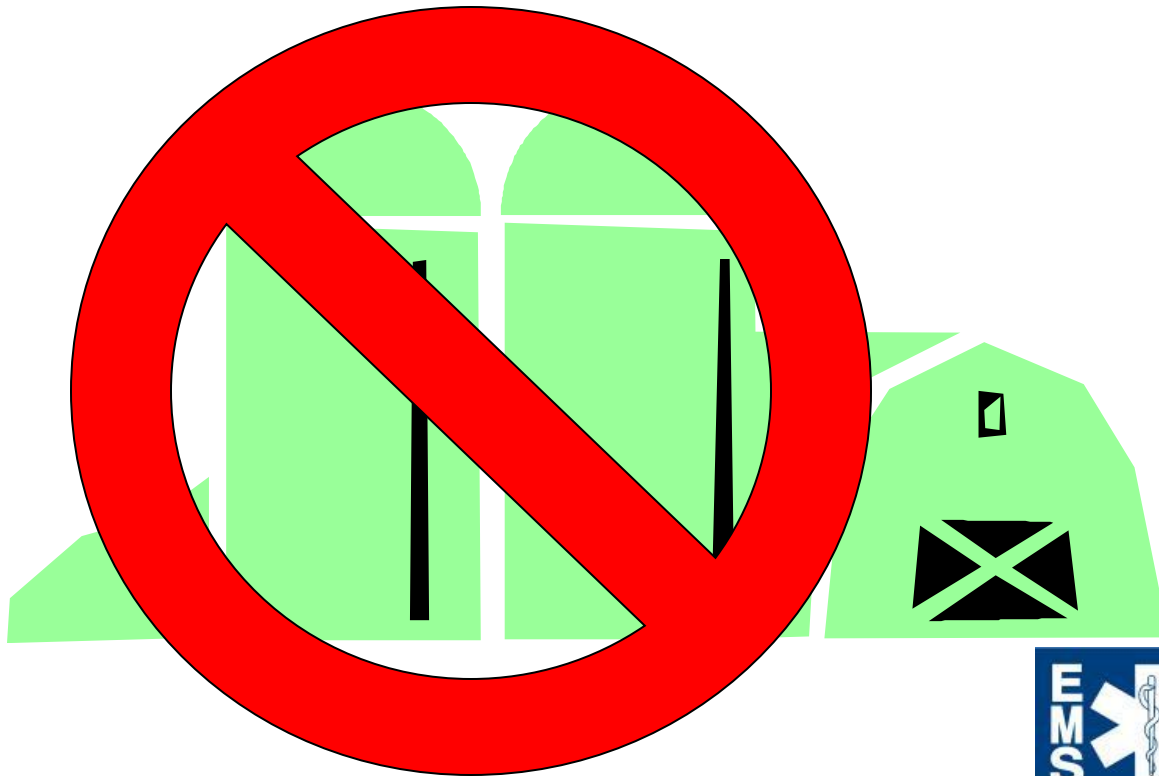
2000's

- 2000 – The EMS Education Agenda for the Future
- 2001 – National EMS Information System Created
- 2005 – SAFETEA-LU authorizes creation of FICEMS
- 2007 – National EMS Advisory Council Chartered



Modus Operandi

Accomplishments through Partnerships and Cooperation



The NHTSA Office of EMS

- ▶ Two major, inter-related program areas
 - ▶ Emergency Medical Services
 - ▶ National 9-1-1 Program
- ▶ Funding – FY11
 - ▶ Congressional Appropriations
 - ▶ OEMS – \$2.144 million
 - ▶ 9-1-1 - \$1.25 million
 - ▶ NEMSIS - \$1.5 million
 - ▶ Emergency Medical Services for Children (HHS/HRSA)



OEMS - Staff

- ▶ Drew Dawson
 - ▶ Director
- ▶ Susan McHenry, MS
 - ▶ NEMSIS
 - ▶ EMS Research
 - ▶ State Assessments
- ▶ Dave Bryson, EMT
 - ▶ Education
 - ▶ Health and Safety
 - ▶ Office Administration
- ▶ Gam Wijetunge, MPM, NREMT-P
 - ▶ Workforce
 - ▶ Preparedness
 - ▶ Air Ambulance
- ▶ Laurie Flaherty, RN, MS
 - ▶ 9-1-1
 - ▶ Public Relations & Communications
- ▶ Cathy Gotschall, ScD
 - ▶ Evidence-Based Guidelines
 - ▶ National EMS Assessment
 - ▶ AACN
 - ▶ EMS Research
- ▶ Hector Williams
- ▶ Noah Smith, MPH, EMT
 - ▶ FICEMS
 - ▶ NEMSAC
 - ▶ EMS Performance Measurement
- ▶ Cynthia McNair
 - ▶ Administrative Support



Improving the Linkage with Public Health

ASPH Public Health Fellows

- ▶ Ellen Schenk, MPH
- ▶ Angela Fowlkes, MPH
- ▶ Mirinda Gormley, MPH



Promoting Comprehensive, Evidence-based EMS and 9-1-1 Systems

- ▶ National EMS Data Standardization and Research
- ▶ Promoting Safety and a Prepared Workforce
- ▶ Promoting a Systems Approach to EMS Education
- ▶ Supporting the Federal Role in EMS Disaster Preparedness
- ▶ Housing the National 9-1-1 Program
- ▶ Coordination with our Federal EMS and 9-1-1 Partners



National EMS Data Standardization and Research

- ▶ National EMS Information System (NEMSIS)
- ▶ Evidence-based Guideline Development and Implementation
- ▶ The National EMS Assessment



Promoting a Safe and Prepared Workforce

- ▶ The EMS Culture of Safety Strategy
- ▶ Ground Ambulance Safety Programs
- ▶ The EMS Workforce Agenda for the Future

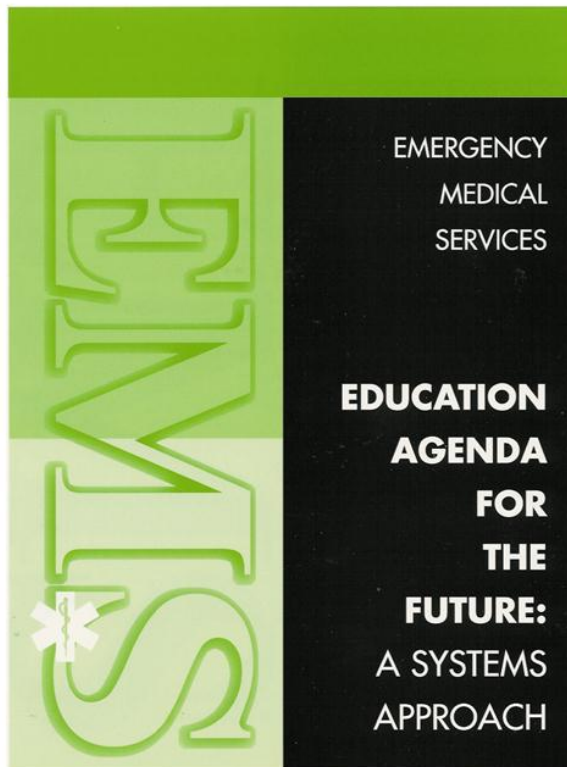


Supporting the Federal Role in EMS Disaster Preparedness

- ▶ Institute of Medicine Crisis Standards of Care
- ▶ Institute of Medicine Preparedness Forum
- ▶ Emergency Preparedness Grant Coordination
 - ▶ Memorandum of Understanding



Setting High Standards for EMS Education



- Implementing the Current Agenda
- Ongoing Input from the NEMSAC



Housing the National 9-1-1 Program

- ▶ The National 9-1-1 Program
 - ▶ Coordination Among Stakeholders
 - ▶ Administer Grant Program to Benefit PSAPs
 - ▶ Support 9-1-1 Service Across the Country
- ▶ Advanced Automatic Crash Notification (AACN)



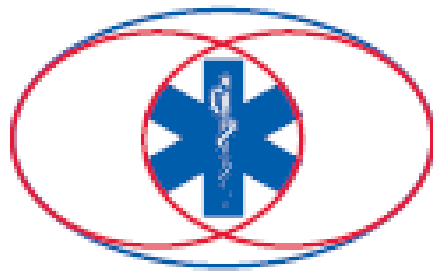
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911.gov

EMS.gov





FICEMS

Federal Interagency Committee on EMS



FICEMS Overview

- ▶ Created by Congress in 2005 to ensure coordination among Federal agencies supporting EMS and 9-1-1
- ▶ Representation from 10 different Federal agencies and an appointed State EMS Director
- ▶ Two or three in-person meetings annually
 - ▶ Teleconferences as needed
- ▶ Technical Working Group
 - ▶ Meet monthly via teleconference
 - ▶ Subcommittees meet regularly
- ▶ Administrative support by NHTSA



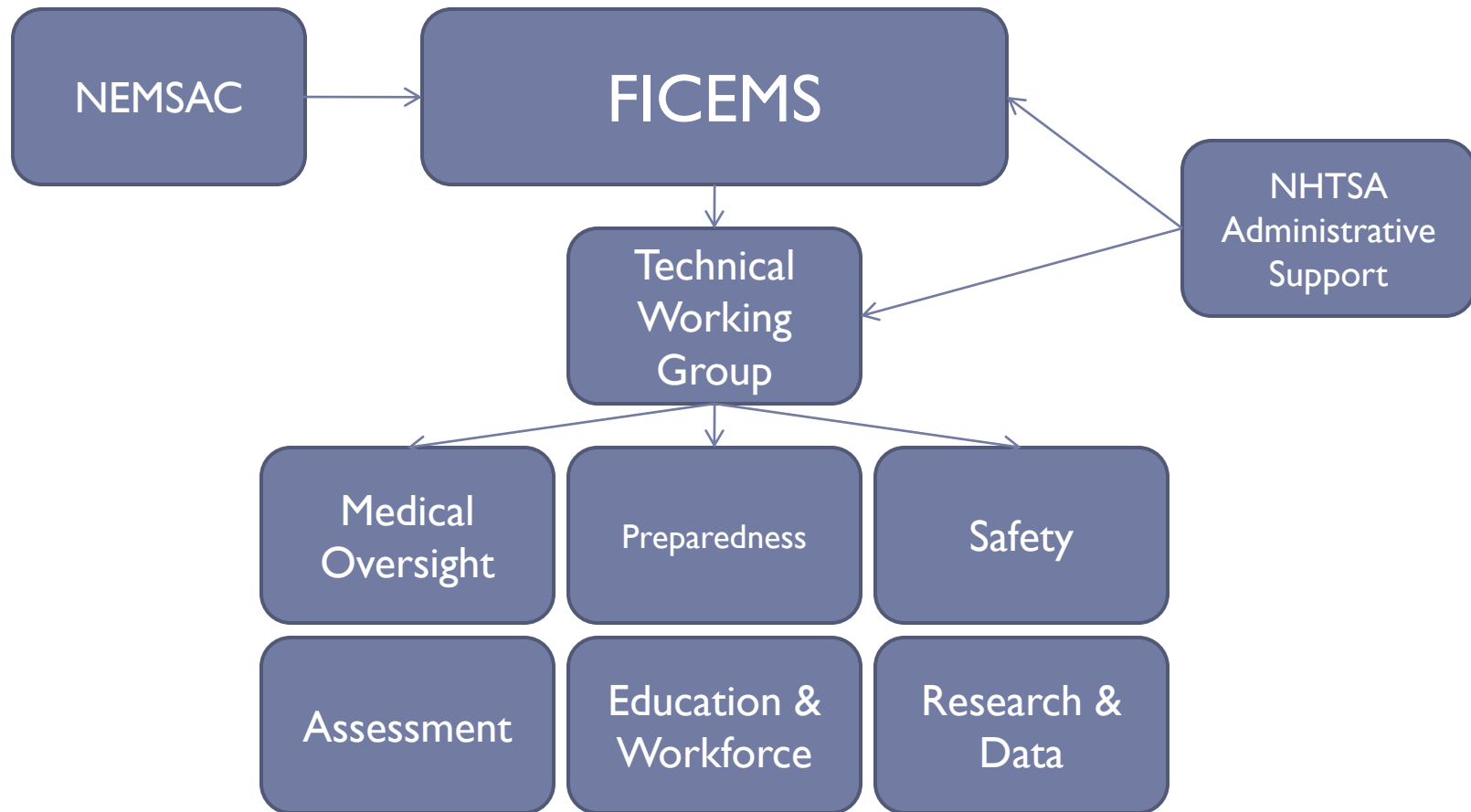
FICEMS Membership

- Department of Transportation
 - Administrator, NHTSA
- Department of Homeland Security
 - Assistant Secretary of Health Affairs
 - US Fire Administrator
- Department of Health and Human Services
 - Assistant Secretary for Preparedness and Response
 - Administrator, Health Resources and Services Administration
 - Director, Centers for Disease Control and Prevention
 - Administrator, Centers for Medicare and Medicaid Services
 - Director, Indian Health Service
- Department of Defense
 - Office of the Assistant Secretary of Defense for Health Affairs
- Federal Communications Commission
 - Chief, Wireless Communication Bureau (FCC)
- State EMS Director (Appointed by the Secretary of DOT)

2009 Chair – Kevin Yeskey, HHS/ASPR
2010 Chair – David Strickland, NHTSA
2011 Chair – Alexander Garza, DHS/OHA
2012 Chair – David Strickland, NHTSA



FICEMS Organizational Chart



Examples of Interagency Coordination

- ▶ **National EMS Assessment**
 - ▶ Publish, analyze and utilize results
- ▶ **Evidence-based Guideline Development Model Process**
- ▶ **EMS Research Gap Analysis**
- ▶ **Disaster Preparedness**
 - ▶ Model Uniform Core Criteria for MCI Triage Implementation
 - ▶ Received Input from NEMSAC



National EMS Assessment

- ▶ Developed to fulfill statutory requirement of FICEMS to “Assess Needs” of EMS community
- ▶ Concept was approved by FICEMS
 - ▶ Assessment Committee led overall review of topics and questions for research
 - ▶ Preparedness Committee led review of preparedness questions
 - ▶ Over ten agencies reviewed and commented on possible questions and data sources for the Assessment
- ▶ Assessment Committee is leading the review of the completed report
 - ▶ Will be used to inform EMS programming throughout USG



Model Uniform Core Criteria for MCI Triage Implementation

- ▶ Problem: Need for interoperability during MCIs
- ▶ In 2006 the CDC awarded a grant to NAEMSP to develop a single national standard for MCI triage
 - ▶ The NAEMSP workgroup developed the core criteria, MUCC, for all MCI triage systems to use
- ▶ FICEMS asked NEMSAC for guidance on nationwide MUCC implementation
- ▶ FICEMS will review a draft MUCC implementation plan in December 2012



NEMSAC Input to the FICEMS Committee on MUCC National Implementation

- ▶ FICEMS should support national adoption of MUCC through a guideline process
- ▶ Publish an addendum to the Instructional Guidelines of the National EMS Education Standards referencing MUCC principles
- ▶ FICEMS should facilitate necessary and appropriate changes to NIMS policies and protocols to effect adoption of MUCC
- ▶ FICEMS should provide appropriate supporting materials to local EMS agencies nationwide



FICEMS Medical Oversight Committee

Focus on Evidence Based Guidelines (EBG) for prehospital emergency care

▶ **Highlighted Activities** (*joint FICEMS/NEMSAC*)

- ▶ National Stakeholders Meeting 2008
- ▶ Development of EBG Model Process
 - ▶ GRADE System
- ▶ Beta-Test of process with support from EMSC
 - ▶ Pain management, triage for helicopter transport
- ▶ Publication of findings



An Evidence-Based Guideline For the Transportation of Prehospital Trauma Patients

Background

- ▶ Decisions about helicopter transport (HEMS) of trauma patients have been driven by political, regulatory and financial pressures and are often not well-informed by research assessing risks, benefits and costs.

Objective

- ▶ The objective of this evidence-based guideline (EBG) is to **recommend a strategy for the selection of prehospital trauma patients who would benefit most from aeromedical transportation.**

Methods

- ▶ A multidisciplinary panel was recruited consisting of experts in trauma, EBG development, and EMS outcomes research. Representatives of the National Highway Traffic Safety Administration (sponsoring agency) and the Children's National Medical Center (investigative team) also contributed to the process. The panel used the **Grading of Recommendations Assessment, Development and Evaluation (GRADE) methodology** to guide question formulation, evidence retrieval, appraisal/synthesis and formulate recommendations. The process followed the EMS EBG development model established by the Federal Interagency Council for EMS. Panel members received GRADE training and conducted comprehensive literature reviews supported by health information specialists. Evidence profiles were developed around specific clinical questions and graded recommendations were drafted. All graded recommendations (strong or weak), with descriptors of evidence quality (high, moderate, low, very low), were incorporated into an algorithm. A meeting was convened to review/endorse all materials and achieve consensus on recommendations. Literature searches were revised and appropriate changes made prior to manuscript preparation.

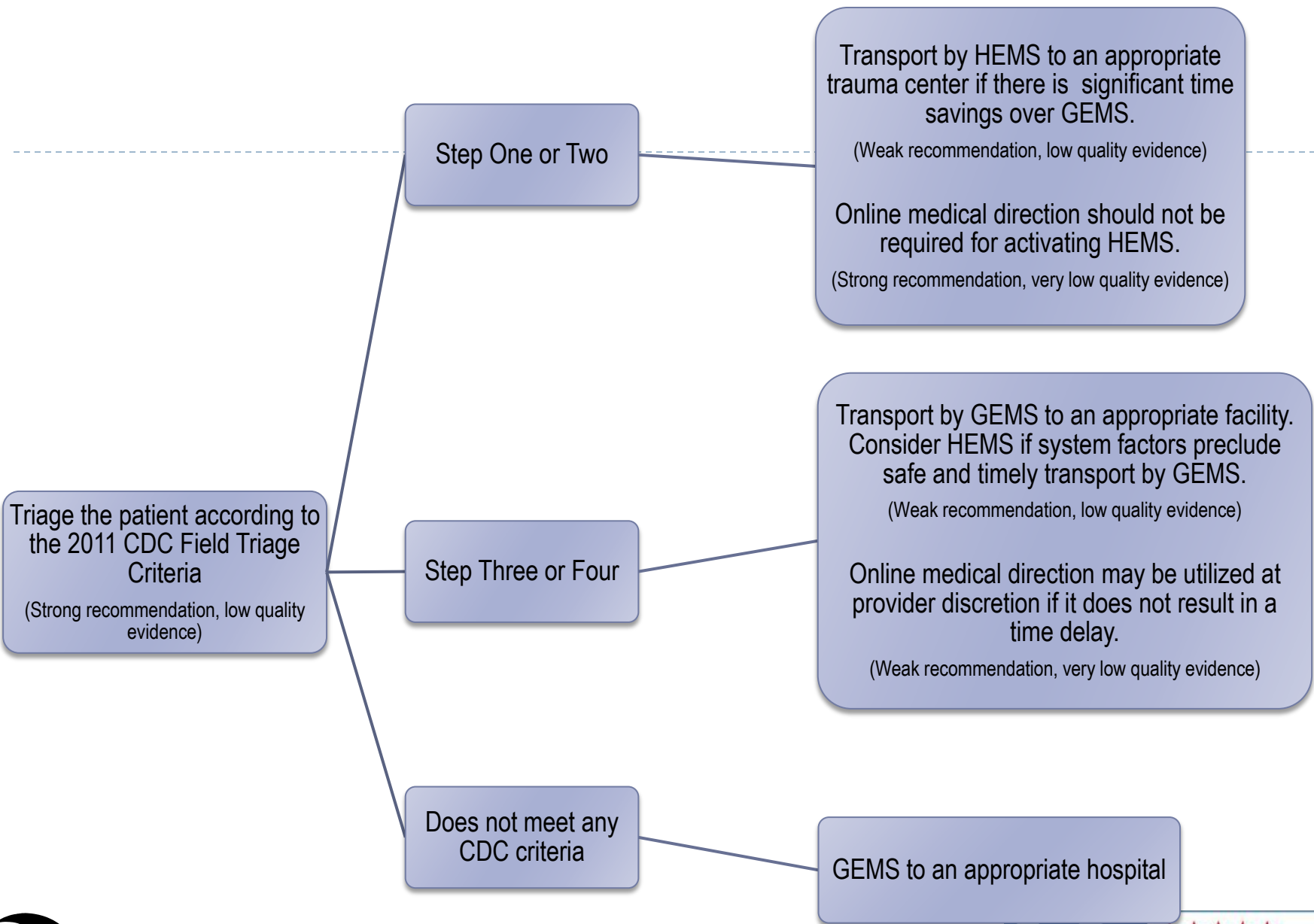
Results

- ▶ Two strong and three weak recommendations emerged from the process, all supported only by low or very low quality evidence. Guidance was developed for mode of transport as a function of time savings between helicopter (HEMS) and ground (GEMS), use of online medical control, and considerations for local adaptation. The CDC National Triage Guideline was incorporated into the protocol.

Conclusions

- ▶ We successfully created a guideline and protocol for assigning mode of transport for trauma victims, developed through a validated EBG development process. Future research should define optimal approaches for implementation of the guideline as well as the impact of the protocol on safety, outcomes and cost.





FICEMS Medical Oversight Committee: Proposed 2 Year Priorities 2011-2012

Working Group Focus Area	Objective	Near-Term Focused Goals	Longer Term Focused Goals	Potential Output
Helicopter EMS	To provide input and guidance to the development of “national guidelines for the use and availability of helicopter emergency medical transport by regional, state, and local authorities during emergency medical response system planning”.	Provide timely reports to FICEMS regarding progress toward the NTSB’s HEMS recommendations Provide guidance, as requested, to ongoing HEMS guidelines development efforts.	Make recommendations to FICEMS for developing HEMS transport guidelines for other time sensitive non-traumatic conditions,	Periodic reports to FICEMS on progress toward NTSB’s HEMS recommendations. Clinical and systems guidelines for HEMS transport of patients with time sensitive conditions.
Evidence-based Guidelines	To promote the development, implementation, use, and evaluation of evidence-based guidelines for prehospital care	Review evidence-based guidelines under development, and provide recommendations to FICEMS TWG, as appropriate. Explore opportunities to work with national organizations on guideline development and potential endorsement.	Identify methods to sustain evidence-based guideline development, dissemination, and implementation.	Further development, dissemination, and implementation of evidence based guidelines currently in progress.

NIH creates Office of Emergency Care Research (OECR)

- ▶ ***Will coordinate and foster research and training in the emergency setting***
 - ▶ The office is a focal point for basic, clinical and translational emergency care research and training across NIH.
- ▶ ***Although OECR will not fund grants, it will foster innovation and improvement in emergency care and in the training of future researchers in this field by:***
 - ▶ Coordinating funding opportunities that involve multiple NIH institutes and centers.
 - ▶ Working closely with the NIH Emergency Care Research Working Group, which includes representatives from most NIH institutes and centers.
 - ▶ Organizing scientific meetings to identify new research and training opportunities in the emergency setting.
 - ▶ Catalyzing the development of new funding opportunities.
 - ▶ Informing investigators about funding opportunities in their areas of interest.
 - ▶ Fostering career development for trainees in emergency care research.
 - ▶ Representing NIH in government-wide efforts to improve the nation's emergency care system.
 - ▶ The creation of OECR is the culmination of more than five years of discussions between NIH and the emergency medicine community. OECR also responds to reports about the nation's emergency medical system issued in 2006 by the Institute of Medicine.



Questions

