

Annual Report of the National Emergency Medical Services Advisory
Council

2013 – 2014



To Secretary of Transportation Anthony Foxx

Adopted on April 24, 2014

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National Emergency Medical Services Advisory Council

April 24, 2014

Aarron Reinert

Chair

Kyle Gorman

Vice-Chair

The Honorable Anthony Foxx
Secretary of Transportation
1200 New Jersey Avenue SE
Washington, DC 20590

Dear Mr. Secretary:

On behalf of the 25 members of the National Emergency Medical Services Advisory Council (NEMSAC), it is my honor and privilege to present you with the NEMSAC annual report for April 2013 – April 2014. The NEMSAC serves as the non-federal forum for considering national EMS programming and we are proud to provide advice and recommendations to your Department and to the Federal Interagency Committee on EMS (FICEMS) in an effort to improve the practice of EMS throughout the nation.

This year was the first in a new chapter of the NEMSAC as we fully transitioned to a statutorily authorized advisory committee as outlined in the Moving Ahead with Progress in the 21st Century Act of 2012. We have much to be proud of this year, including:

- Recommending actions to your Department and FICEMS that will help foster a new generation of leaders in EMS;
- Receiving extensive public input on potential revisions to a landmark vision document on EMS education;
- Formalizing our relationship with the Departments of Health and Human Service and Homeland Security through the appointment of Federal Liaisons; and
- Finalizing a NEMSAC Process Guide to clarify our internal recommendation adoption process both for Council members and the public;

Our report provides an overview of our activities and recommendations from the last year, but cannot fully capture the amount of effort exerted by my fellow Council members who each provide countless hours of uncompensated time because of their selfless commitment to the profession of EMS. Thank you for your careful consideration of these recommendations and for your continued dedication to the highest quality EMS system.

Respectfully,

A handwritten signature in blue ink, appearing to read "Aarron Reinert".

Aarron Reinert

cc: The Honorable Kathleen Sebelius, Secretary of Health and Human Services
The Honorable Jeh Johnson, Secretary of Homeland Security
Kathryn Brinsfield, Chair, Federal Interagency Committee on EMS

The National EMS Advisory Council

c/o The Office of Emergency Medical Services 1200 New Jersey Ave, SE, NTI-140, Washington, DC 20590
(202) 366-5440 NHTSA.NEMSAC@dot.gov

Background

The National Emergency Medical Services Advisory Council (NEMSAC) was formed in April 2007 as a nationally recognized council of EMS representatives and consumers to provide advice and expert recommendations regarding emergency medical services to the U.S. Department of Transportation (DOT) and the Federal Interagency Committee on EMS (FICEMS).

NEMSAC provides a forum for the developing, considering, and communicating information from a knowledgeable, independent perspective. It provides an opportunity for federal agencies to prioritize needs from the local perspective, and it provides an avenue for the community to comment on critical and pressing EMS issues. Though NEMSAC does not exercise program management, regulatory responsibilities, or decision-making authority, the recommendations and advisories provided by NEMSAC directly affect the programs about which NEMSAC provides advice.

NEMSAC Makes the Transition to a Statutory Committee

In 2012, NEMSAC was chartered as a statutory advisory committee under the Moving Ahead for Progress in the 21st Century Act of 2012. The law established NEMSAC, provided it a home under the Department of Transportation, established membership standards, and created requirements for the reporting structure. The statute also provided that the purposes of NEMSAC are to “advise and consult with the Federal Interagency Committee on Emergency Medical Services on matters relating to emergency medical services and the Secretary of Transportation on matters relating to emergency medical services issues affecting the Department of Transportation.”

Because the statute requires the DOT to provide administrative support to the Council, the DOT has structured the EMS section of NHTSA to be the administrative arm responsible for NEMSAC. As a result, the Council provides its advice and consultation to FICEMS through the DOT via NHTSA.

Prior to 2012, NEMSAC was established under the authority of the Secretary of Transportation as an “Agency” advisory committee. The differences between the two types of committees are, generally, that the statutory committee has a perceived higher level of acceptance because it is an advisory agency that is required by law. Further, as a statutory committee, the NEMSAC has a

formalized authority to advise agencies outside the Department of Transportation, such as FICEMS. Finally, as an agency authority, the NEMSAC could have been discontinued during any budget cycle if the Secretary believed that the council was ineffective or if a change in appointments changed the priorities of the agency.

Redesigning the NEMSAC reflects the importance of NEMSAC to the Federal government, because the recommendations made through the NHTSA reporting structure to either the Department of Transportation or to FICEMS have the potential to make important improvements to EMS throughout the country—and those improvements are important to agencies outside the DOT. Because FICEMS represents multiple Federal agencies, recommendations made by NEMSAC to FICEMS have influence with a broad variety of departments within the federal structure.

THE MISSION: What is NEMSAC?

The National Emergency Medical Services Advisory Council (NEMSAC) serves as a forum for developing, considering, and communicating information from a knowledgeable, independent perspective. The NEMSAC may provide recommendations, advice, and consultation to both the Department of Transportation and to the Federal Interagency Committee on EMS (FICEMS).

There are 25 NEMSAC members, each appointed by the Secretary of Transportation. These members consider information on EMS issues in order to define, deliberate, develop positions, and make recommendations on such issues for the Secretary of Transportation and/or FICEMS.

The NEMSAC is provides recommendations or advice relating to emergency medical services on such topics as:

- Improved coordination and support of EMS systems among Federal programs;
- Strategic planning;
- EMS standards, guidelines, benchmarks, guidelines and data collection;
- Guidelines for conducting needs assessments for improving community-based EMS systems at State and local levels; and
- Strengthening EMS systems through enhanced workforce development, education, training, exercises, sustainability, equipment, medical oversight, and other areas.

The NEMSAC may also serve as a forum for discussing other methods to improve EMS and to provide pertinent recommendations. Further, it may respond to requests for consultation and advice on emergency medical services issues from the Secretary of Transportation and/or from FICEMS.

How the Council Works

NEMSAC functions as a team, typically using standing or ad hoc committees to evaluate the specifics of an issue prior to soliciting public and NEMSAC member input. Standing subcommittees bring together individual NEMSAC members from multiple disciplines for the purpose of researching issues within specific topic areas and to make recommendations for action to the full Council.

Standing subcommittees may also provide guidance in response to requests from federal agencies or the Administration. Standing Subcommittees include: (1) Safety, (2) Workforce and Credentialing, (3) Oversight and Research, and (4) Systems and Funding. Ad hoc subcommittees are established to respond to specific issues or questions that fall outside the responsibility of a standing committee.

In 2013, NEMSAC formalized the process to deliberate and provide recommendations to the government, which includes extensive public comment. The NEMSAC procedures manual is available online at www.ems.gov/nemsac.htm.

NEMSAC Actions and Recommendations in 2013 - 2014

EMS Data is a Critical Component of the Healthcare Environment

Data. The foundation of improvements in virtually all major industries has been the ability to effectively translate data into useful information by which to make appropriate decisions. In the EMS world, high-quality, reliable data from EMS systems across the country serves to ensure that EMS care can be characterized nationwide and that improvements in the country's emergency medical systems can be evidence based. These important strategic concepts were articulated in the

January 2013 Advisory prepared by the Medical Oversight and Research subcommittee. With the guidance of the subcommittee, NEMSAC reaffirmed and reiterated its support for the National EMS Information System (NEMSIS), a project that is now reaching its next level of maturity with NEMSIS version 3 (v3).

NEMSIS serves to standardize the data collected by EMS providers and allows for that data to be aggregated at the national level. With ongoing improvements in the data set and with the collection of the data, the NEMSIS data set is on the brink of becoming the most influential emergency services data set in existence. Yet there continues to be concern that NEMSIS has not reached its full potential because challenges to fully employing NEMSIS for advancing healthcare continue to exist. These challenges include

1. The lack of universal understanding of the potential of NEMSIS and how to utilize that data for the broader health care system,
2. The absence of full integration and compatibility between some state EMS systems and independent healthcare and public safety data sources,
3. The lack of supporting mechanisms, including grant and other funding, to support and benchmark NEMSIS compliant data for system and provider performance assessment, and
4. Linking NEMSIS with state-level data to obtain outcomes data.

As early as 1966, the publication “Accidental Death and Disability: The Neglected Disease of Modern Society” highlighted the lack of EMS data. Further, a number of federal agencies and programs, including the Emergency Medical Services for Children and the Institute of Medicine (IOM) have stressed the need for accurate and reliable information that characterized the quality and timeliness of medical care offered in the prehospital setting.

In response to the call for a comprehensive EMS data system, the National Highway Traffic Safety Administration (NHTSA), in cooperation with the Health Resources and Services Administration, provided funding to the National Association of State EMS Officials (NASEMSO) to develop the National EMS Information System (NEMSIS) in 2001. The resulting taskforce moved forward to complete four tasks:

1. Develop a revision to NHTSA’s Uniform Pre-Hospital EMS Dataset Version 1.
2. Incorporate the dataset into a standard XML format,
3. Identify a subset of elements that could comprise a national EMS repository, and

4. Define a business plan for implementing the system nationally.

Support for NEMSIS continued to grow. In 2008 the FICEMS adopted a position statement that officially recognized the NEMSIS dataset, encouraged states to support the NEMSIS standard, and supported states' contribution of statewide data into the national database. Through the work of NHTSA, NEMSAC, FICEMS, state EMS officials, and many other supporters, a universal data set throughout the United States was finally becoming a reality.

While the advances of the last half decade are remarkable, the NEMSIS enterprise continues to seek additional improvements in the use of NEMSIS-based health records to 1) improve the quality, safety, and efficiency of patient care, 2) engage patients and families, 3) improve care coordination, 4) ensure adequate privacy and security of health information, and 5) improve population and public health.

Why is this Important?

Comprehensive EMS data comprise the basic framework upon which rational medical decisions are made. Because data-driven decisions are at the heart of healthcare reform, national EMS data which is NEMSIS compliant can contribute to the national quality strategy. It can also address the “Triple Aim” goals of better medical quality, better health, and lower cost. Yet to make the appropriate improvement, the vision of a robust, high-quality data set must be fully realized.

Recommendations to the National Highway Traffic Safety Administration

The NEMSIS should be supported as the ongoing, recognized, official national standard for EMS data. Efforts should be made to mitigate the challenges to utilizing NEMSIS for healthcare improvement, which is why NEMSAC makes the following recommendations:

Recommendation #1: NHTSA should identify and categorize existing EMS performance measures, particularly those that utilize NEMSIS compliant data, and make them available from a central repository. Such efforts should combine/compile existing performance measures, adding measures that are more easily captured with data compliant to NEMSIS V3 such as time sensitive conditions. Examples of how national and professional organizations could use and assess each performance measure should be provided.

Recommendations to the National Highway Traffic Safety Administration

Recommendation #2: NHTSA should develop mechanisms to assist State EMS Offices and local agencies in employing NEMSIS performance measures. These could include an EMS quality improvement and performance measure guidelines, a series of standardized reports, or report cards, with a focus on quality and outcomes and characterize clinical success, procedure success, areas for improvement, and patient status upon ED discharge (i.e., outcomes). There could also be provided technical benchmarking guidelines for software /database/report developers that facilitate the use of state and national information to be compared with local data.

Recommendation #3: NHTSA should identify barriers to the real-time surveillance of local and state EMS data (i.e. dashboards) to be used for quality improvement and compliance with NEMSIS.

Recommendation #4: NHTSA should build upon this document to further develop and publicize a vision for utilizing NEMSIS for health care system improvements and research, including best practices for implementation, collection, and further utilization of EMS data, highlighting successful programs/attributes of state systems that are integrating EMS data to serve local and state public health and public safety needs.

Recommendation #5: NHTSA should identify the necessary knowledge, skills, and abilities for EMS systems staff to adequately and properly collect NEMSIS compliant data, analyze these data, and develop meaningful and actionable outputs.

Recommendations to the Federal Interagency Committee on EMS

Recommendation #6: FICEMS should lead the effort in supporting and establishing technical and political solutions that encourage and enable state and national datasets (i.e., healthcare, traffic, public health) to be “linked” with NEMSIS - compliant data to enrich the descriptions and to understand the determinants of “healthcare events” experienced by individual patients or related to disaster situations.

Recommendation #7: FICEMS should support the development of administrative and political (e.g., sample state legislation) strategies that facilitate the use of NEMSIS data in public health / public safety surveillance.

Recommendations to the Federal Interagency Committee on EMS

Recommendation #8: FICEMS should work with member agencies to revisit opportunities for incorporating language into federal grant guidance that aligns with the FICEMS position statement set forth in 2008, calling for federal funding to support the establishment and development of NEMSIS compliant information systems in addition to the transition to NEMSIS V3.

Recommendation #9: FICEMS should work with its member agencies to consider how NEMSIS data and information systems could be utilized to respond to the Gap Analysis of EMS Related Research as well as to achieve program objectives when developing strategic direction or grant guidance related to emergency care topics, including preparedness and mass casualty incidents.

NEMSAC Recommends a Renewed Focus on Developing Leaders in EMS.

Leadership in EMS is so significant that the NEMSAC provided recommendations to both NHTSA and FICEMS regarding the assessment and measurement of quality EMS leadership, and the ability of the industry to develop competent leaders as the current generation of baby-boomers nears and even enters retirement. Of significant concern, the EMS community has not agreed on a universal set of competencies for the next generation of leaders in the industry.

Leadership competencies are important, they are hard to develop and they are getting harder to find. In EMS communities across the country, organizations promote personnel into supervisory positions based on longevity or based on performance at a lower level. Often those promotions are not buttressed by commensurate training and support in the appropriate leadership competencies, but instead are developed in a scattered and on-the-job approach. The limited success of these methods even further limits the future pool of available leaders.

Leadership competencies impact the organization. NEMSAC's evaluation of the available data suggested that leadership competencies were linked to greater success in creating a culture of safety, greater ability to recruit and retain the best talent, and improved financial outcomes. Further, leadership competencies at the top of an organization are better able to model leadership skills for other workers—especially ethics and integrity.

Leadership and management training programs exist. Yet there appears to be a lack of awareness of, interest in, and access to leadership development programs. With few exceptions, leadership development programs do not seem to be honored in the EMS community which may create challenges as the industry evolves with the changes to healthcare. Preliminary research shows that there are a number of challenges associated with leadership development in the EMS industry.

- Lack of a clear, industry-wide career ladder,
- The lack of funding to develop leaders,
- Difficulty in retaining leaders due to a lack of appropriate compensation,
- A lack of local leadership development, and
- No common terminology.

Why does this matter?

NEMSAC believes that the quality of leadership in EMS agencies has a measurable impact on EMS systems, and ultimately an impact on public health and safety.

Recommendations to the National Highway Traffic Safety Administration

Recommendation #1: NHTSA should commission a study designed to obtain information and answer the following questions-

- How to identify the various components of EMS leadership across a broad spectrum of providers, within a commonly accepted nomenclature structure (for example, (operations, clinical, administrative, financial, etc.)
- How to measure and assess the quality of EMS leadership provided against quantitative benchmarks within each category of the standardized nomenclature structure
- How the measured quality of EMS leadership provided within each category affects key indicators such as patient clinical outcomes, provider satisfaction, employee retention, financial performance/stability, etc.

Recommendations to the DOT & FICEMS

Recommendation #2: The U.S. Department of Transportation and FICEMS should sponsor a leadership summit convening a representative selection of EMS stakeholders and innovative leadership experts to produce a compendium of best practices in EMS leadership development and practice, which can be cataloged and made accessible to the EMS community.

NEMSAC Recommends a Process to Make Minor Changes to the *EMS Education Agenda for the Future: A Systems Approach*

The NHTSA document, *EMS Education for the Future: A Systems Approach* was developed and adopted during the late 1990s. That document was a critical piece of EMS educational systems development during the last decade and a half. Some in the EMS community were concerned, however, that updates might be needed to the EMS Education Agenda for the Future. In 2011, the National Highway Traffic Safety Administration asked the NEMSAC to begin to think strategically about the future of the EMS Education Agenda and to consider how changes to the Education Agenda might be implemented during the next several years.

In late 2012 and early 2013 the NEMSAC convened a series of workgroup and public sessions to determine the current state of the EMS Education Agenda for the Future. Both the workgroup and the Council deliberated carefully on the issues related to the Education Agenda, specifically to determine if either major or minor revisions were appropriate to a future version of the document.

Major topics of discussion included:

- The impact of the patient protection and affordable care act,
- The evolving roles of transport—especially specialty care transport,
- Provider specialty certifications,
- Community paramedicine and public health,
- Physician extenders,
- Disaster paramedicine, and
- Patient and provider safety.

The NEMSAC and the workgroup were also sensitive to differences in understanding the original intent of the Education Agenda for the Future, as well as the current state of implementation of the Education Agenda. In addition, the workgroup carefully considered the relationship between the EMS Education Agenda and the EMS Agenda for the Future. The workgroup believes that changes to one of these foundational documents will necessarily affect the other.

The workgroup considered that two issues—disaster preparedness and patient/provider safety—were important enough to warrant changes to the document irrespective of the timing of any future updates to the *EMS Agenda for the Future*.

Why this is Important

Considerations of the workgroup and ultimately of NEMSAC are important because of the interrelationships of multiple components of EMS Systems. The *EMS Education Agenda for the Future, A Systems Approach* includes five critical components: the National EMS Core Content, the National EMS Scope of Practice Model, the National EMS Educational Standards, National EMS Testing, and National EMS Education Program Accreditation Standards. Together, these five components are intended to work together to maximize efficiency, to improve the consistency of instruction quality and to improve student competence. All of these work together to support the broad concepts articulated in the *EMS Agenda for the Future*.

NEMSAC efforts are intended to preserve the original intent of the Education Agenda, while making minor changes to allow the Education Agenda to adapt to recent issues critical to the EMS environment. Only minor changes are being considered because many states and localities have only recently begun to experience the full impact of the evolutions toward a nationally integrated system of education for EMS personnel. A major revision or change in direction of the Education Agenda could interfere with its ongoing implementation. On November 1, 2013, the NEMSAC solicited public input for its proposed minor changes to the *Education Agenda*. Those comments will be reviewed and incorporated into recommended revisions in 2014.

Recommendations for the National EMS Advisory Council

The NEMSAC recommends a three-pronged approach to revising the Education Agenda document:

Recommendation 1: The NEMSAC recommends that a process be initiated that to review and revise the EMS Agenda for the Future.

Recommendation 2: The NEMSAC recommends that only minor changes be made to the EMS Education Agenda for the Future.

Recommendation #3: The NEMSAC recommends that the EMS community be re-educated about the history and intent of the EMS Education for the Future.

NEMSAC Seeks a Better Understanding of the Role of Fatigue in EMS Workers

Poor sleep and fatigue among EMS workers represent potential threats to patient care, provider wellbeing, and the public's health and trust in EMS.

A potentially high proportion of Emergency Medical Services (EMS) workers suffer from fatigue and poor sleep, which is a precursor to short term or chronic fatigue, affects between 29% and 35% of U.S. adults. Fatigue, which affects one in every four U.S. workers, can reduce attention, impair normal functions of the central nervous system, and have a negative impact on cognition, reaction time, and health. NEMSAC has concerns about the association between poor sleep, fatigue, and poor safety outcomes.

There is limited research that examines fatigue and poor sleep among EMS providers. However, there is widespread concern that EMS providers and patients are at an increased risk of poor safety outcomes related to fatigue. A number of factors affect fatigue in EMS workers:

1. The atypical work schedule (shift work), providers holding multiple jobs,
2. The unpredictable nature of EMS call volume which affects ability to rest,
3. An increased need and demand for EMS responses tied to increased productivity requirements limiting opportunities for rest,
4. A high prevalence of poor sleep and fatigue among EMS workers,
5. A high prevalence of occupational stress and burnout,
6. A poor health status among EMS workers,
7. The high risk of occupational injury and mortality, and
8. A wide variation in workplace safety culture.

Why is this Important

There is an abundance of research and information that highlights the prevalence and dangers of poor sleep and fatigue. Poor sleep and fatigue are potentially common problems amongst EMS workers that threaten the health and safety of the workers and their patients. Unfortunately, research involving EMS workers and patients is limited and our understanding of these issues in the context of EMS care delivery is unclear. Lack of data may foster attitudes among EMS workers and leaders that poor sleep and fatigue are non-EMS problems.

There is considerable evidence that links shift characteristics to fatigue and poor safety outcomes. EMS clinicians work atypical shift schedules that vary in length, structure, and over time. Further, many EMS clinicians work multiple jobs and the structure of shifts across occupations may not be comparable. NEMSAC believes that efforts to address fatigue and vehicle operations safety in EMS is affected by a lack of data describing the relationship between fatigue and emergency vehicle operations. While research involving EMS workers is limited, there is growing concern that extended shifts (e.g., >12 hours) may contribute to EMS worker fatigue and ultimately negative patient or provider safety outcomes. Research is needed that clarifies the role of shift characteristics in fatigue and safety in the delivery of EMS care.

Recommendations to the National Highway Traffic Safety Administration

Recommendation #1: NHTSA should cross-validate findings from studies and reports of fatigue in other professions with that of fatigue in EMS. This effort should involve a convening of subject matter experts, individual providers of EMS services, and representatives from local, state, and federal organizations, national organizations (e.g., NAEMT, NAEMSP) that play a role in EMS oversight or care delivery. The effort should clarify the evidence linking EMS provider fatigue and safety outcomes of patients, providers, and the public.

Recommendation #2: NHTSA should work through its federal and non-federal partners to address the lack of a standardized method for investigating the role of fatigue in ground and air-medical crashes. This effort may include developing a valid and reliable measurement tool and check list for investigators.

Recommendation #3: NHTSA should disseminate (evidence-based) information to the EMS community to aid development of fatigue management programs / interventions to fit local needs.

NEMSAC-Supported Culture of Safety Document Released by the American College of Emergency Physicians.

The American College of Emergency Physicians (ACEP) released its final draft of its culture of safety document in October 2013. The final document, *Strategy for a National EMS Culture of Safety*,

describes opportunities for EMS agencies throughout the country to reduce the risks of harm to providers, patients, and community members.

While the document is not produced by NEMSAC, it stems from an early recommendation from NEMSAC to create a strategy to develop a national culture of safety in EMS. NHTSA, together with the Health Resources and Services Administration's EMS for Children (EMSC) program, responded to NEMSAC's request by engaging ACEP to be the lead author of the project. ACEP in turn sought the input and advice of scores of EMS organizations and individuals who provided input during the June 2011 National Culture of Safety Conference. That input guided ACEP to design the critical issues necessary to provide a national culture of safety.

Why is this Important?

The Strategy for a National EMS Culture of Safety describes for the first time the critical components of safety to providers, patients, and citizens. Importantly, not all of the risks to providers, patients, and community members are known because the data necessary to determine those risks is not captured or it is not divulged for a variety of reasons. Yet the document articulates the risk of injury and fatality to providers—both of which are significantly higher for EMS personnel than for the average worker. Most importantly, it makes recommendations to improve leadership in EMS agencies and system designers to support changes that will reduce injuries and death as a result of EMS activities.

Federal Support for NEMSAC

NEMSAC's production of recommendations, advisories, position papers and other documents, cannot be accomplished without the dedication and competence of the staff that makes up the National Highway Traffic Safety Administration's Office of EMS. NHTSA's Office of EMS is the primary point of contact for NEMSAC and is staffed by a team of EMS experts and program managers who work together to coordinate the activities of NEMSAC. More information on the Office of EMS is available at <http://www.ems.gov/mission.htm>.

How the Community Can get Involved

NEMSAC serves as a critical link between the EMS community and the Federal Government. You can make your voice heard at NEMSAC meetings, which are open to the public and always provide opportunity for public comment. Minutes of NEMSAC meetings, meeting agendas, and public drafts of advisories and other documents are available for review and feedback at www.ems.gov/nemsac.htm. The public is also welcome to view past advisories, EMS news, announcements, and other materials online.

National EMS Advisory Council Membership

Appointment Dates: April 22, 2013 – April 22, 2015

Katrina Altenhofen, Washington, Iowa
Volunteer EMS

Roger Band, Philadelphia, Pennsylvania
EMS Researchers

Leaugeay Barnes, Kiefer, Oklahoma
EMS Educators

Manuel Chavez, Houston, Texas
EMS Practitioners

Arthur Cooper, New York City, New York
At-Large Member

Carol Cunningham, Kirtland, Ohio
EMS Medical Directors

Patricia Dukes, Wahiawa, Hawaii
At-Large Member

Dennis Eisnach, Pierre, South Dakota
Consumers

Thomas Esposito, Maywood, Illinois
Trauma Surgeons

Marc Goldstone, Brentwood, Tennessee
Hospital Administrators

Kyle Gorman, Portland, Oregon
Local EMS Service Directors/Administrators

Michael Hastings, Bonner Springs, Kansas
Emergency Nurses

Thomas Judge, Port Clyde, Maine
Air Medicine

John Kuo, Potomac, Maryland
State Highway Safety Directors

David Lucas, Lexington, Kentucky
Dispatchers/9-1-1

James McPartlon, Guilderland, New York
Private EMS

Kenneth Miller, Irvine, California
Emergency Physicians

Terry Mullins, New River, Arizona
State EMS Directors

Nick Nudell, San Marcos, California
Data Managers

Daniel Patterson, Pittsburgh, Pennsylvania
Public Health

Aarron Reinert, Isanti, Minnesota
At-Large Member

John Sinclair, Ellensburg, Washington
Fire-based EMS

Scott Somers, Mesa, Arizona
State & Local Legislative Bodies

Gary Wingrove, Buffalo, Minnesota
Hospital-based EMS

Joseph Wright, Upper Marlboro, Maryland
Pediatric Emergency Medicine