

National Emergency Medical Services Advisory Council Meeting

January 29 - 30, 2013

Meeting Minutes

These minutes, submitted pursuant to the Federal Advisory Committee Act (FACA), contain a summary of the activities that took place during the National Emergency Medical Services Advisory Council (NEMSAC) Meeting on January 29 – 30, 2013.

DAY 1 – TUESDAY, January 29, 2013

The National Emergency Medical Services Advisory Council Meeting convened at 8:00 a.m. (EDT) on January 29, 2013, at the Marriott Wardman Park Hotel in Washington, D.C.

In accordance with the Federal Advisory Committee Act (PL 92-463), the meeting was open to the public.

Members in Attendance

Aarron Reinert, Chair
Katrina Altenhofen
Roger Band
Leaugeay Barnes
Manuel Chavez
Arthur Cooper
Carol Cunningham
Patricia Dukes

Thomas Esposito
Marc Goldstone
Kyle Gorman
Michael Hastings
Thomas Judge
Jon Kuo
David Lucas
Jim McPartlon

Ken Miller
Terry Mullins
Nick Nudell
Daniel Patterson
John Sinclair
Scott Somers
Gary Wingrove
Joseph Wright

Federal Representatives in Attendance

Drew Dawson, Designated Federal Official

Call to Order and Opening Remarks

The National Emergency Medical Services Advisory Council (NEMSAC) met January 29 - 30, 2013 at the Marriott Wardman Park Hotel in Washington, D.C. The meeting began at 8:00 a.m. EDT.

NEMSAC Chair Aarron Reinert welcomed the council and public. After introductions were conducted, Mr. Reinert asked that a motion be placed to accept the agenda. The motion was introduced and seconded. With no discussion, the motion was passed.

Drew Dawson, Director of NHTSA's Office of EMS, thanked the NEMSAC members for their ongoing efforts in EMS. He told council members that the NHTSA continues to respect and consider

NEMSAC's recommendations when looking at its budget and strategies, and asked that the NEMSAC try to keep recommendations as realistic and actionable as possible, as both NHTSA and its partners on the Federal Interagency Committee on EMS (FICEMS) have limited resources, which will possibly become more limited. He also urged members to submit their committee work in a timely manner as that is essential to the activities of FICEMS and keeping the public aware of NEMSAC activities.

Mr. Dawson informed the council that NHTSA's budget status was uncertain as of the current meeting and that NHTSA will be in continuing resolution until March 2013, which keeps the budget level. He advised council members to not expect many new resources.

NHTSA announced the release of a publication highlighting the work completed by NEMSAC from 2010 to 2012. A hard copy the summary report was distributed to the council, and an electronic copy is available online at www.EMS.gov/NEMSAC.htm. The language in the report is taken directly from adopted NEMSAC advisories, and an attempt was made to craft the document in a way that was readily accessible to the public. Mr. Dawson gave a special thanks to past committee chairs Troy Hagen, Baxter Larmon, Ritu Sahni, Kyle Gorman, and Daniel Patterson for their work in completing the document.

Mr. Reinert again thanked council members for participating and asked that the council consider how it could collectively move towards a shared vision. He also asked that councilmembers try to have their work completed at least a week before the meeting so it can be published and reviewed by the public.

Conflicts of Interest

Mr. Dawson announced that in an effort to increase transparency, at the beginning of each NEMSAC meeting, council members are encouraged to disclose any real or potential conflicts of interest. He informed the council that conflicts of interest do not preclude membership on NEMSAC, nor do they preclude participation in NEMSAC discussions, though there may be limited exceptions to that. If a member is under contract with NHTSA, or a FICEMS member agency, and NEMSAC decides to discuss that particular project, then that member will likely be asked not to participate in that discussion or any votes associated with it.

When assessing potential conflicts of interest, Mr. Dawson asked members to consider the following questions:

- Do you work for a company that directly or indirectly contracts with NHTSA, DOT, or any FICEMS member agency, and if so, under which contracts or projects?
- Do you financially benefit from NHTSA, DOT, or any FICEMS member agency?
- Are you on a board of directors, or in a position of influence, at any national organization that does business with NHTSA, DOT, or any FICEMS member agency?
- Are there any other real or potential conflicts of interest you would like to discuss?

The council then discussed their potential conflicts of interest.

Thomas Esposito said that he was a Co-PI on an EMSC targeted issues grant, though he did not believe this would be a conflict of interest.

Gary Wingrove told the council that he was president of the North Central EMS Institute, which has a contract with the Agency for Healthcare Research and Quality (AHRQ), which he does not financially benefit from. Mr. Wingrove and Nick Nudell are partners at Priori Health Partners, where they have a contract with NHTSA to observe the quality of NEMSIS data.

Scott Somers said that he had no conflicts of interest.

Joseph Wright said that he was employed with an academic institution that has a cooperative agreement with the Health Resources and Services Administration (HRSA) Federal EMSC program, as well as a cooperative agreement with the NHTSA Office of EMS to look at evidence-based guidelines implementation. Dr. Wright also sits on the American Academy of Pediatrics' Committee on Pediatric Emergency Medicine which is responsible for developing policy on EMS issues.

Patricia Dukes said she was a board member of the International Association of EMS Chiefs.

Manuel Chavez said that he had no conflicts of interest.

Leaugeay Barnes said that she sits on a policy committee for the National Registry of EMTs.

Terry Mullins told the council that his bureau indirectly receives funding through the NHTSA 408 funds for the Arizona Governor's Office of Highways Safety as well as some funds from the Bureau of Public Health Emergency Preparedness, which comes from the Centers for Disease Control and Prevention (CDC) and the Assistant Secretary for Preparedness and Response (ASPR). He later added that Arizona was one of the five states participating in the Statewide Implementation of Prehospital Care Guidelines project.

In addition to his work with Mr. Wingrove, Mr. Nudell said he was working with the CLIR Group.

Jim McPartlon said he was the co-chair for the Government Affairs Committee for the American Ambulance Association.

Ken Miller said that he does not believe he has any conflicts of interest.

Kyle Gorman said that he is employed with a large international contracting firm, though he was not sure if they had any contracts with DOT. He said he did not benefit financially from this.

Katrina Altenhofen is the program director for the state of Iowa and receives a HRSA EMSC federal grant, and was past chair for the Pediatric Emergency Care Council with the National Association of State EMS Officials (NASEMSO).

Mr. Reinert is the Executive Director for ambulance services in both Minnesota and Wisconsin. He serves on the board of his state ambulance association. He is on the board of the American Ambulance Association and currently serves as the treasurer for the organization. He is on the board of the Advocates for EMS, the National Registry, and participates as a volunteer board member in several organizations: North Central EMS Cooperative, North Central EMS Institute, and CLIR. Finally, he is the partner in a consulting firm called Safe Tech, which often partners with state offices of rural health through the FLEX grant to provide leadership training.

John Sinclair is the fire chief of the state of Washington. He is on the board of directors of the International Association of Fire Chiefs and on the advisory board for the Fire and Emergency Television Network.

John Kuo is the administrator of the Maryland Motor Vehicle Administration and also serves as the Governor's Highway Safety Representative, which gives him the responsibility of overseeing the Maryland Highway Safety Office. The office receives grants from NHTSA. Mr. Kuo also serves on the board for the American Association of Motor Vehicle Administrators and is a member-at-large for the American Association of State Highway and Transportation Officials on their Standing Committee on Highway Traffic Safety.

Thomas Judge is on the Board for Critical Care Transport. His organization has a 20 year contract with the Federal Aviation Administration (FAA) to maintain 14 weather systems in the state of Maine.

Roger Band said that he had no conflicts of interest.

Daniel Patterson works for the University of Pittsburgh Department of Emergency Medicine. Through the department, Dr. Patterson receives a KL2 training grant from the National Institutes of Health (NIH); he is a co-investigator on a Federal Emergency Management Agency (FEMA) grant for researching firefighter health and safety, and PI for an R21 from CDC/National Institute for Occupational Safety and Health. Dr. Patterson also receives grant funding from several foundations including the North Central EMS Institute, the CLIR Foundation, and the Emergency Patient Safety Foundation.

Carol Cunningham is the EMS medical director at a public community college. She is an emergency physician at Akron General Medical Center, where she serves as faculty, and is an assistant professor at a public medical university. She is the state medical director for the Ohio Department of Public Safety, Division of EMS. As such, she is partnering with the Ohio Hospital Association with an ASPR grant to implement the Crisis of Standards of Care in Ohio. She is the immediate past chair of the Medical Director's Council for NASEMSO. She is the Co-PI of Model EMS Guidelines Project which is funded through NHTSA and HRSA. Recently she was appointed by the IOM to work on a Crisis of Standards of Care toolkit.

David Lucas is employed by the city of Lexington, Kentucky. He served on the state 9-1-1 board when they receive funds from the National 9-1-1 Program. He works on several regional and state 9-1-1 committees. He said he is not aware of any conflicts.

Arthur Cooper said he presently had no direct conflicts. Dr. Cooper chairs the New York State EMSC Advisory Council, and that NY has a state partnership grant for EMSC. He is a past member of the Committee on Trauma for the American College of Surgeons, and has been involved in producing many of the documents that guide that committee's direction.

Marc Goldstone is vice-president and associate general counselor at Community Health Systems Professional Services Corporation, which is a direct subsidiary of Community Health Systems, Inc., a publicly traded entity. The corporation owns or operates more than 135 hospital affiliates in 29 states, and manages another 200. Mr. Goldstone said that it was impossible for him to identify all potential

conflicts. He said his organization's hospitals and affiliates compete for grants, but he has no hand or say in which grants are pursued, nor does he advise any of the organization's hospitals on that topic. He is also on the board of the American Health Lawyers Association. That organization also competes for grants, but he did not believe any present a conflict.

Mike Hastings said that he had no conflicts of interest.

Mr. Dawson thanked the members. Mr. Reinert reminded everyone that if they had any questions regarding conflicts of interest, to feel free to ask him or Mr. Dawson.

New NEMSAC Charter

Mr. Dawson explained that although the new NEMSAC charter had faced some delays, he still expects the process of transitioning the council to statutory status to be completed relatively quickly. He advised members to expect the next meeting to be of the statutory advisory council and that he anticipated that all current members would be reappointed under a two year term.

Mr. Gorman asked what the role is of the Process Committee in evaluating the new charter. Mr. Dawson said that the issues of process and how the council functions will still exist, so the committee would need to assess and provide recommendations on those questions.

NHTSA Update

NHTSA staff provided brief updates of ongoing projects in the NHTSA Office of EMS.

Susan McHenry provided an update on the National EMS Database, stating that there are now 38 states and territories submitting information into the database (35 at the previous meeting). There are over 30 million records in the three year rolling database on the national level. Ms. McHenry talked about a presentation that Dr. Jeff Beeson gave at the National Association of EMS Professionals (NAEMSP) Annual Meeting in January 2013 on the use of NEMSIS on the local level. She said the session was well received and that a presentation at EMS Today would be occurring on the use of NEMSIS on the local level.

Cathy Gotschall began with NHTSA's efforts to support the use of evidence-based guidelines for pre-hospital care. Some of the work has explored the pilot testing of evidence-based guidelines and the long-term feasibility of the model. The Children's National Medical Center has completed a project funded by NHTSA to develop evidence-based guidelines for pre-hospital pain management and for helicopter transport of injured patients. Manuscripts will be submitted to the *Journal of Prehospital Emergency Care* for peer review.

A new project that NHTSA is working on is its Statewide Implementation of Prehospital Care Guidelines, which was competitively awarded to NASEMSO. The purpose of the project is to discover what the barriers are to statewide evidence-based guidelines implementation, and what strategies help to overcome these barriers. Five states have been selected to participate in this project: Tennessee, Kansas, Idaho, Arizona and Wyoming. With differing EMS authorization and organizational models, the five states will work together and share their experiences while the project

support team provides implementation toolkits based on the needs the states have identified. The states have selected the pre-hospital pain management evidence-based guideline as their target.

Ms. McHenry continued with the Model EMS Clinical Guidelines project, an additional task under the ongoing cooperative agreement with NASEMSO. The project, a proposal of the Medical Directors Council of NASEMSO, was awarded in September 2012 and will run over a 24 month period. The first stakeholder meeting, held at the last NAEMSP meeting, was composed of clinical representatives from different specialties. Ms. McHenry said the group did great work there, and that although there is a work group handling the majority of the writing, there will be opportunities during the course of the project's development for broader stakeholder input.

Dr. Gotschall also gave an update on the Emerging Issues in EMS and 9-1-1 project, where three white papers are currently underway: successful strategies for research in pre-hospital care, EMS as an essential service/public good, and emerging digital technologies for EMS and 9-1-1. Dr. Brooke Lerner is the lead author on the Successful Strategies for Research in Pre-hospital Care white paper. She is conducting open ended discussions with PIs, project managers, nurse researchers, and others to discover what issues they needed to overcome. A subcontract was just awarded to the National Academies of Public Administration to work on the topic of EMS as an essential service/public good. The project will officially kick off February 15, 2013. Two authors have been identified for the third white paper, emerging digital technologies for EMS and 9-1-1, though nothing has been finalized as of now. Depending on how the three white papers turn out, there could be room in the budget for one or two smaller papers.

Dr. Gotschall wrapped up her report by informing the council that the final version of the National EMS Assessment was available on ems.gov. A small number of arithmetic errors were discovered during the final editing and as a result, some of the national estimates—i.e., total number of EMS agencies—are higher. NHTSA's next step, she said, is to discover how this could be made sustainable. This is a joint effort between NHTSA and FICEMS member agencies.

Noah Smith provided an update on a project to improve the quality of EMS patient-level data. NHTSA developed a two year project to determine the quality of existing agency level data, to evaluate the usefulness and ability of NEMSIS-compliant data to measure system performance, and to determine the level of investment required at a local agency to use that data meaningfully to measure and report their system performance. The project is based partially on a 2009 NEMSAC recommendation. The project is a competitively awarded contract, awarded to Priori Health Partners in September 2012. The PIs are Nick Nudell and Gary Wingrove. The contractor will be partnering with eight local EMS agencies and two state EMS agencies. They will collect 24 months of NEMSIS-compliant data, and will measure that performance by taking those agencies' NEMSIS-compliant data and inserting it into the performance measures document. The performance measures document was chosen because it was tied to the 2009 NEMSAC recommendation as well as the NEMSIS data points. The project will be focusing on the measurement process and data quality, and not on the performance measures themselves. The contractor will travel to two agencies to look at human factors associated with poor data quality, and they will provide results and recommendations that are actionable. Finally, they want to give recommendations on how to improve data quality.

Gamunu Wijetunge discussed preparedness programming. The IOM's Crisis Standards of Care includes a full volume on EMS. In the past few weeks, the IOM has begun the Phase 3 work for Crisis Standards of Care, which focuses on EMS and the National Disaster Medical System. It is being sponsored by ASPR, NHTSA, and the Veterans Administration. Dr. Cunningham serves on that committee. They will specifically be looking for triggers and indicators for implementing Crisis Standards of Care.

In 2011 there was an MOU signed by CDC, FEMA, ASPR, NHTSA, and HRSA for emergency preparedness grant coordination. This focused on the coordination of medical preparedness grant programs within FEMA, CDC, and ASPR. NHTSA Administrator David Strickland sits on the project's committee, and several NHTSA staff provide support.

Mr. Dawson announced that Ed Gabriel from HHS/ASPR, is the new Chair of FICEMS, and the vice-chair is Dr. Alexander Garza from DHS/OHA. He told the council that NHTSA plans to publish a high-level five year strategic plan in which priorities will be based on previous NEMSAC recommendations and public input.

Federal Partner Update – Federal Communications Commission (FCC)

Roberto Mussenden from the FCC provided the Federal Partner Update, discussing narrowbanding, the process of requiring all VHF and UHF Public Safety and industrial/business land mobile radio systems to migrate to at least 12.5 kHz efficiency technology. Mr. Mussenden told the council that the main issue with narrowbanding was that the deadline to make the transition from wideband to narrowband has passed as of January. Currently, there are organizations that are in compliance, some are operating with a waiver, and a significant number of entities still are operating with wideband, which is a violation of the terms of their license. The FCC is going through the licensing modifications that were filed in the past year. They are currently operating under a 60-90 day backlog, not just for UHF and VHF, but for all wireless licensing. Mr. Mussenden asked the council to tell others that there is a backlog in the licensing process, and to tell them to take the time lag into consideration.

Discussion of the EMS Culture of Safety Strategy Document

Mr. Reinert introduced the Culture of Safety Strategy document opened the floor for comment on the current draft of the project, which is currently scheduled to conclude in fall 2013. After discussion of how a response should be structured, Mr. Reinert asked Dr. Patterson and his task group to facilitate the process and lead the council's response. Dr. Patterson's group presented a response for council consideration.

The response document highlights four areas of concern:

- Usefulness of the layout. The group felt that the strategy's goals were too deep into the document and would be better served if they presented clearly in the front.
- Audience and context. Dr. Patterson described the goal of the document as trying to have many people consider the strategy relevant to them. However, there were circumstances in the document where issues are framed as "the strategy will" or "the strategy does." The task

group felt that this caused the document to lose some authenticity. The group suggested that the document outlines what the person implementing the strategy will do.

- The document's effort to make the case for a strategy. The group felt that the document did not describe the magnitude of safety's impact in the field.
- Education as a key component. The group believed the document lacked information that highlights existing evidence-based methods for changing or improving behaviors that threaten safety.

Mr. Reinert offered the council an opportunity to provide their comments today, but votes would take place the next day. After a brief discussion over the purpose of the strategy document, the council tabled the issue for the day.

NEMSAC Working Group Presentations

The council then moved on to the work group presentations. Three of the presentations that day were for advisories in the interim status: NEMSIS, Leadership, and Fatigue. Mr. Reinert informed the council that they would also be discussing the directive from NHTSA on the *Education Agenda for the Future*, and a report from Mr. Gorman's Process Work Group.

The NEMSIS Work Group's interim advisory, *NEMSIS: Achieving its Full Potential for Advancing Healthcare*, had minor changes in its first recommendation, and discussion of the document was deferred to the next day.

The Leadership Work Group interim advisory, *Leadership and Developmental Planning in EMS*, was presented by Leaugeay Barnes and Marc Goldstone, in which several recommendations were made to NHTSA. The first recommendation stated that NHTSA should commission a study designed to obtain information and answer several questions listed. Second, that NHTSA should consult with a broad spectrum of the EMS community, including NEMSAC, to develop a list of "best practices" that an EMS leadership training program would contain. Third, once best practices have been established, NHTSA should support the development of a continuously updated Internet-based clearing house, listing programs that comply with the best practices. Fourth, once the clearing house certification standards have been established, NHTSA should work with established agency accrediting bodies to facilitate the implementation of the certified best practices leadership programs. Finally, FICEMS, working with HHS and state and local stakeholder agencies, should implement incentives such as response funding and grant considerations for participation in certified best practice leadership programs. A minor change was proposed and accepted by the workgroup. A vote was deferred to the next day.

Dr. Arthur Cooper presented *Education Agenda for the Future* task group's proposed answers for the questions drafted by NHTSA on the *Education Agenda for the Future: A System's Approach*. Those questions and answers are available online at www.EMS.gov/NEMSAC.htm.

A minor edit to the document was proposed and the council deferred a vote to the next day. Dr. Patterson presented the Fatigue Task Group's interim advisory, *Fatigue in Emergency Medical Services*. The advisory had three recommendations. The first was for NHTSA to cross-validate findings from studies and reports of fatigue in other professions with that of fatigue in EMS. The

second was for NHTSA to 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, patient errors, and provider injuries. Third, was for NHTSA to disseminate evidence-based information to the EMS community to aid development of fatigue management programs/interventions to fit local needs. A vote was deferred until the next day.

Kyle Gorman discussed the goals of the Process Task Group, which included better measuring the outcomes of the work groups, examining the process of how work is done in the council, and creating an operations manual for the council. The group would have a presentation the next day of a potential table of contents for such a manual.

Public Comment

Margaret Falk, from the National Weather Service, and an EMT in Silver Spring, Maryland, told the council that meteorologists had developed interesting weather apps for cars. These apps were obtaining impressive photos, and she asked the council to consider how EMS could become involved.

Don Lundy, president of the National Association of EMTs, asked everyone to participate in **EMS on the Hill Day**, which provides an opportunity for the EMS community to better inform, and interact with, Congress about EMS. He also informed the council that physical fitness guidelines were released, and would be published in *EMS Today*.

Tom Gianni, from the Maryland Highway Safety Office, stressed the importance of work on the NEMSIS data project.

Dia Gainor, from the National Association of EMS Officials, asked that the NEMSAC make documents available at an earlier time for the public to review.

Bill Goddard, fire chief of Howard County, Maryland, thanked the council for its contributions to fire and ambulance services.

Initial Discussion of NEMSAC Priorities, Strategies and Values

The day ended with Mr. Reinert asking the committees to consider NEMSAC's priorities, strategies, and goals. He asked the council to consider what they do and do not want to do, and what does a "win" look like? The council would develop a list of value statements the next day.

The meeting was adjourned at 3:00 p.m. Work group breakout sessions were held from 3:00 p.m. – 5:00 p.m.

DAY 2 – WEDNESDAY, January 30, 2013

Members in Attendance

Aarron Reinert, Chair	Thomas Esposito	Terry Mullins
Katrina Altenhofen	Marc Goldstone	Nick Nudell
Roger Band	Kyle Gorman	Daniel Patterson
Leaugeay Barnes	Michael Hastings	John Sinclair
Manuel Chavez	Thomas Judge	Scott Somers
Arthur Cooper	Jon Kuo	Gary Wingrove
Carol Cunningham	David Lucas	Joseph Wright
Patricia Dukes	Jim McPartlon	
Dennis Eisnach	Ken Miller	

NEMSAC Work Group Presentations and Discussion

The second day of the NEMSAC meeting began at 8:00 a.m. EDT.

Mr. Reinert called for a motion to have the minutes from the September 2012 NEMSAC meeting approved. The motion was made and seconded and the minutes were approved with no changes.

Dr. Patterson presented revisions made to the Culture of Safety strategy response document. On the layout, the group included options for potential structures to the document. In regards to audience and context, Dr. Patterson reiterated that the biggest concern was over making the case for safety. After a brief discussion of the revisions, the council motioned that the response document be accepted as a letter to the NHTSA Administrator, David Strickland, which would then be given to the contractor working on the strategy. The motion was approved.

Next, Dr. Miller presented the NEMSIS interim advisory. Work was done overnight primarily on the document's ninth recommendation, which was split into two recommendations. A motion was made to approve the advisory and move it to final status, with revisions. The motion was approved.

The Leadership Task Group's interim advisory was discussed. There was much debate over the role of education in fostering leadership. Mr. Reinert encouraged council members to participate in the leadership task group's conference calls. Mr. Judge asked the group to consider what NHTSA or FICEMS could do on the subject. No motion was made on the document.

Dr. Cooper reintroduced the education agenda questions and answers document. The council motioned for the draft document to be accepted in its current form, but agreed that changes would be made in the future. The motion was approved.

The Fatigue Task Group's interim advisory *Fatigue in Emergency Medical Services* was presented by Dr. Patterson. A motion was made to move the advisory from interim to final status. The motion was approved.

Mr. Gorman then presented the table of contents for a future *NEMSAC Process Guide*. The table of contents gave insight into what the Guide would include: the Big Picture, the Agenda, the Work of

the Committee, Templates, Public Participation, and Planning Cycles. The Big Picture would discuss the need to create recommendations that were feasible and actionable given NHTSA's limited resources. The Work of the Committee would deal with how committees are handled. In the past, members were assigned to committees that were given titles, and assignments that often times were loosely connected to the supposed subject matter of the committee. Mr. Gorman proposed that work groups on specific tasks would possibly be a better alternative, and the process task group would attempt to find the best ways of handling such a transition. The group would also outline the best methods for exchanging information to allow for public feedback. Planning Cycles would handle efficient planning of the members' two year terms.

NEMSAC Priorities, Strategies and Values

Mr. Reinert reintroduced the topic of NEMSAC's priorities, strategies and values, which he asked be developed by the council to help guide future topic consideration and recommendations. Council members then introduced value statements they felt should be adhered to by the NEMSAC. The list included the following:

- Putting the public first
- Being proactive
- Integrates EMS into overall healthcare system
- Safety of patient, providers, community
- Outside perspective – holistic
- Data driven and advances need for further research
- Both the implementation and impact of the recommendation should be measurable
- Evidence-based approach
- Accountability
- Grounded in today's realities while looking forward
- Combine strategic, reasonable, and measurable into one
- Equitably - ensure access to quality health services
- Progressive and responsive – evolve
- Adaptable to the changing landscape
- Assume there will be impact from recommendations

Patricia Dukes was asked to lead a work group on narrowing down the list of value statements, and procuring further feedback.

Public Comment

Ms. Gainor asked that copies of new documents be provided to the public, as opposed to only having them viewed on screen during the meeting. She also asked if the Culture of Safety strategy response letter included a request for a definition of EMS to be included. It did.

After some final housekeeping items the meeting was adjourned at 12:00 p.m. EDT.

I hereby certify that, to the best of my knowledge, the foregoing minutes are accurate and complete.

Drew E Dawson.

Drew Dawson
Designated Federal Official

10 May 13.
Date

These minutes will be formally considered by the Council at their next meeting, and any corrections or notions will be incorporated in the minutes of that meeting.

DRAFT