

# National Emergency Medical Services Advisory Council

April 23-24, 2014

## Executive Meeting Summary

**Members in Attendance:** Katrina Altenhofen, Roger Band, Manuel Chavez, Arthur Cooper, Carol Cunningham, Patricia Dukes, Thomas Esposito, Marc Goldstone, Kyle Gorman (Vice Chair), Michael Hastings, Thomas Judge, David Lucas, James McPartlon, Kenneth Miller, Terry Mullins, Nick Nudell, Aaron Reinert (Chair), Gary Wingrove, Joseph Wright.

**Federal Representatives in Attendance:** Drew Dawson, Designated Federal Official, Department of Transportation, Terry Adirim, Department of Health and Human Services, Rick Patrick, Department of Homeland Security.

### DAY 1

#### Approval of Previous Meeting Minutes, Disclosure of Conflicts, and Opening Remarks

Motions to approve the minutes of the previous two NEMSAC meetings (September 5-6, 2013, and December 5-6, 2013) were carried with unanimous votes. Drew Dawson asked the members to disclose any real or potential conflicts of interest. Patricia Dukes stated that she is now a board member of the International Association of EMS Chiefs. Kyle Gorman stated that his organization received a grant from the Department of Homeland Security (DHS). Carol Cunningham stated that she recently was appointed to the American Board of Emergency Medicine EMS Executive Committee. Marc Goldstone reported that he serves on the board of the American Health Lawyers Association. Aaron Reinert introduced a new federal liaison, Terry Adirim, M.D., from the Department of Health and Human Services (HHS), who was filling-in for Edward Gabriel of HHS.

#### Federal Liaisons Update

**Department of Health and Human Services (HHS).** Dr. Adirim reported that the Centers for Disease Control and Prevention (CDC) continues with various health preparedness activities. It supported a federal EMS stakeholders meeting in August 2013 to explore integration issues for EMS, and participated in a recent public preparedness summit, which included a discussion of EMS and medical stages. The Health Resources and Services Administration's Maternal Child Health Bureau recently began a grant program for 3-year projects in pediatric pre-hospital innovation. A National Pediatric Readiness Project has studied 4,100 emergency departments, finding gaps in capacities to handle disasters/emergencies involving children. The Office of the Assistant Secretary for Preparedness and Response (ASPR) supports a coordination center for EMS engagement, which supported a meeting in February about connectivity in the new health insurance exchanges and the pre-hospital environment. This led to the launch of ASPR's Collaboration Community by IdeaScale on the Web.

The office is supporting a study of legal issues surrounding the non-traditional use of paramedics, a study of emergency department use for acute conditions, and a study of shortages of normal saline.

***Department of Homeland Security (DHS).*** Rick Patrick stated that the DHS is studying EMS preparedness issues, workforce issues related to the first-responder community. It has been developing a model for interstate compact, which involves interoperability and portability of EMS licenses. One partner is the National Association of State EMS Officials (NASEMSO). The DHS's Science and Technology Directorate will support a meeting in June on first-responder issues, including EMS. Other issues being addressed by the department include human factors (research for redesigning the structure and contents of ambulances) and human trafficking (where EMS can help).

***Department of Transportation (DOT).*** Mr. Dawson described two new competitive funding opportunities at the National Highway Traffic Safety Administration (NHTSA). The first is a cooperative agreement to enhance the education of medical directors in advanced automatic collision notification (AACN), including evaluating a sustainable EMS education program that will improve outcomes in crashes. The second is a joint-agency cooperative agreement to promote innovation in EMS by developing model legal, regulatory, and financial frameworks to aid in testing state and local EMS delivery, financing, and preparedness models. NHTSA continues to develop and publish evidence-based guidelines. The first guidelines—on pre-hospital analgesia in trauma, on air medical transportation of pre-hospital trauma patients, on pediatric pre-hospital seizure management—were published in January in a special issue of *Prehospital Emergency Care*. States soon will be required to report serious injury data from crashes to the DOT as part of a program of measuring performance. Mr. Dawson referred to progress in the Traffic Incident Management Program's efforts to integrate EMS, and he cited a continuing need to include EMS in traffic management processes and training programs.

### **The National Highway Traffic Safety Administration and Ground Ambulance Crashes**

Noah Smith, of NHTSA, reviewed the offices at the NHTSA, noting that EMS sits within a group of offices for behavioral aspects of safety, which are distinct from offices for vehicle safety. The Office of Emergency Medical Services compiles crash data relating to ground ambulance safety. NHTSA works with federal partners and national organizations to distribute the information to EMS leaders. It supports safety projects of national significance. Data on all fatal crashes are collected in the Fatality Analysis Reporting System. Data on all crashes, including those that are not fatal, are collected in the National Automotive Sampling System-General Estimates System, which produces national samplings. Mr. Smith introduced a new report on ground ambulance crash statistics. Mirinda Gormley, of NHTSA, stated that, between 1992 and 2011, less than 1 percent of the crashes involving an ambulance resulted in a fatality; a majority resulted in property damage only. There were an annual average 29 reported fatal ambulance crashes in the 1992-2011 period (resulting in an annual average of 33 fatalities). Ms. Gormley noted that a Special Crash Investigations Program at NHTSA investigates particular aspects of crashes, for example, injuries occurring inside ambulances. More information is available at [www.ems.gov/safety.htm](http://www.ems.gov/safety.htm).

## Subcommittee Presentations and Discussions

***EMS Agenda for the Future.*** Ms. Dukes reported that this subcommittee has a document ready for approval by the council. The brief document calls for a major revision to the EMS Agenda for the Future. It cites the national vision and a range of topics and recommends that the revising, or updating, be guided by an external entity that can ensure consensus. The document also recommends that the DOT seek financial support and assistance from FICEMS for the updating.

***Patient Protection and Affordable Care Act.*** Gary Wingrove reported that this subcommittee has been focused on three topics—alternative destinations, community paramedicine, and grants related to health care reform. Discussions are continuing. The subcommittee members will suggest that the subcommittee name be changed to the broader “Health Care Reform.”

***EMS Education Agenda for the Future.*** Arthur Cooper referred to this subcommittee’s document recommending minimal updates to the current EMS Education Agenda for the Future. In particular, the subcommittee had recommended moving a new statement about the states’ statutory authority for regulation and local scope of practice for state licensure from the vision section of the document to the introduction section of the document. Among other minor changes, the subcommittee recommended adding a list, or “parking lot” of larger issues that might be considered when the agenda is given a more substantial revision later on.

As an aside, Kathy Robinson, of NASEMSO, gave a brief update on the status of the national implementation of the current EMS Education Agenda for the Future. She referred to a fifth annual report, featuring results from a survey of the 50 states. For example, about 76 percent of the states indicated that they are using or intend to use the national scope of practice model as a foundation for state licensure at the emergency medical responder level.

**Safety.** Thomas Judge referred to a draft letter that this subcommittee created in response to a DOT letter regarding future efforts to advance a culture of safety, as described in NHTSA’s “National EMS Culture of Safety Strategy.” In the draft letter, the subcommittee offered first steps to move forward, including support for a resource Web site, support for dissemination of practices, protocols, and programs that address safety concerns in the EMS community, and support for a biannual safety conference.

## Public Comment

Dia Gainor, Executive Director of NASEMSO, commented on the NEMSAC report to the Secretary of Transportation, recommending minor changes. She suggested that, in the report’s section with recommendations, the phrase “NHTSA should...” be rewritten to recognize other administrative bodies within the DOT that have relevant expertise and resources. Ms. Gainor referred to a letter about the need to create an EMS data-collection and information-sharing agenda for the future. Many national organizations signed the letter, which was directed to NHTSA and FICEMS. Finally, Ms. Gainor commented on a change in the recommendations to update the EMS Education Agenda for the Future. She encouraged the NEMSAC to emphasize the states’ statutory authority multiple times

in the revised agenda document. Don Lundy, President of the National Association of Emergency Medical Technicians (NAEMT), stated that, from an EMT view, EMS is advancing very rapidly today. The future of EMS is being determined now by NEMSAC and others. He encouraged the NEMSAC members to keep up with significant changes, as in the area of mobile integrated health care, and to consider expanding driver training for ground-ambulance transport.

## DAY 2

### Subcommittee Reports and Actions and Other Issues

***Annual Report.*** Mr. Gorman reported that page numbers were added to the document. Use of the phrase “recommendation to NHTSA” will remain, as it is a direct quote. Mr. Judge suggested that next year’s report include new items, such as the evidence-based guidelines published in early 2014.

***EMS Agenda for the Future.*** Ms. Dukes reported that the subcommittee members agreed not to include an emphasis on driver training. They agreed to include a statement regarding promotion of an EMS safety culture. For the section on disaster preparedness (page 3), they agreed to add the phrasing, “traditional and nontraditional responses”. They agreed to include a reference to children by using the statement “specialized care of the geriatric and pediatric populations”. They added language referring to data “for performance monitoring and performance improvement.”

***Patient Protection and Affordable Care Act.*** Nick Nudell reported that the subcommittee members discussed community paramedicine and revealed many opinions and unresolved issues. The members agreed to discuss further an idea of convening a stakeholder meeting to address the issues. The subcommittee will continue to refer to a template containing three main issues—funding, alternative destinations, and community paramedicine.

***EMS Education Agenda for the Future.*** Dr. Cooper reported that the subcommittee members proposed small changes to the document of recommendations to better arrange and clarify ideas. One new item will strengthen the recommendation for collecting data. The fully revised Education Agenda for the Future will be presented to the NEMSAC at the September meeting for comment. The technical writer will be incorporating changes during the summer.

***Safety.*** Mr. Judge reported that the subcommittee members considered the draft letter responding to the DOT and suggested some small changes in format. They agreed to make one substantial change, adding the issue of safety reporting to produce the phrasing, “...improving standardization and systems for safety reporting.”

***Response to the FICEMS Letter about Its Strategic Plan.*** Mr. Reinert asked the council members to consider the letter from FICEMS about agency and EMS goals, priorities, and strategies and a proposed response from NEMSAC. Mr. Gorman encouraged the NEMSAC to obtain public input over the coming months, and Dr. Cooper called for a discussion at the September meeting. Mr. Nudell suggested aligning the FICEMS strategic plan and NEMSAC’s EMS vision for the future.

## **Votes**

The NEMSAC members recorded the following affirmative and unanimous votes:

- To adopt the Safety Subcommittee letter to the DOT
- To continue the process of recommending minor revisions on the EMS Education Agenda for the Future
- To approve the Annual Report, including its references to recently published evidence-based guidelines
- To approve recommendations on revising the EMS Agenda for the Future.
- To address the NHTSA's inquiry about a proposed data and information systems agenda by using the new subcommittee focused on the FICEMS strategic plan.

## **Emerging Issues**

The NEMSAC members cited emerging issues that they might consider in the future, including the following:

- Coordination of outcomes data from NEMSIS and other databases to support evidence-based practice
- Recruitment and retention of EMS personnel
- Data quality
- Funding for EMS research
- Effects of the use of lights and sirens
- Effects of insurance requirements on organizations that use volunteers
- Issues of leadership, including competency, within medical practices and EMS
- Waste in payment structures and systems of health care delivery
- Disparities between initiatives and their translation in communities
- Community paramedicine
- The Integration of health records
- Development of more evidence-based practices; advancing their understanding and use
- Data on patients rather than data on incidents; in general, a focus on patients
- Tactics needed to protect EMS workers from violence
- Controlled-substance abuse in the EMS community
- Safety during transport
- Transitions caused by changes in health care financing
- The closing of rural hospitals
- Transmitting increasing data to responders
- Interoperability