U.S. DOT National EMS Advisory Council Meeting
Crystal City Marriott Hotel
Arlington, VA
July 17-18, 2008

EXECUTIVE SUMMARY

This Executive Summary, submitted pursuant to the Federal Advisory Committee Act (FACA), contains a summary of the activities that took place during the National Emergency Medical Services Advisory Council (NEMSAC) Meeting on July 17-18, 2008.

DAY ONE – THURSDAY, JULY 17, 2008

The National EMS Advisory Council (NEMSAC) convened at approximately 9:00 a.m. (EDT) on July 17, 2008 at the Crystal City Marriott Hotel in Arlington, VA.

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

ATTENDANCE

Council Members in Attendance:
Dia Gainor, State EMS Director, NEMSAC Chair
Charles Abbott, State Highway Safety Director
Kyle Gorman, Local EMS Service Director/Administrator
Joseph Heck, DO, State or Local Legislative Bodies
Thomas Judge, Air Medical
Kenneth Knipper, Volunteer EMS
Kurt Krumperman, Private EMS
Baxter Larmon, PhD, EMS Researcher
Jeffrey Lindsey, PhD, Fire-based EMS
Daniel Meisels, Hospital-based EMS
Aarron Reinert, Data Manager
John Sacra, MD, Emergency Physician
Ritu Sahni, MD, EMS Medical Director
José Salazar, Educator
Jeffrey Salomone, MD, Trauma Surgeon
Richard Serino, At Large Membership
Linda Squirrel, Tribal EMS
Kevin Staley, Homeland Security
Matthew Tatum, Emergency Management
Chris Tilden, PhD, Public Health
Gary Wingrove, Hospital Administration
Joseph Wright, MD, Pediatric Emergency Medical Services

Council Members Not in Attendance:
Patricia Kunz Howard, PhD, Emergency Nurses
Robert Oenning, Dispatcher/9-1-1
J. Thomas Willis, Firefighter/Paramedic

NHTSA Staff in Attendance:
Drew Dawson
Susan McHenry
Gamunu Wijetunge
Cathy Gotschall
Jeffrey Michael
Brian McLaughlin
Gerald Poplin
Anthony Oliver
David Bryson

Public Attendance:
Department of Homeland Security
EMSC National Resource Center
Department of Health and Human Services
United Parcel Services

MEETING

Welcome

DFO Drew Dawson called the meeting to order and provided opening remarks. He welcomed the returning members of NEMSAC and the four new members at the table; he acknowledged the presence of two special NHTSA attendees, Jeffrey Michael and Brian McLaughlin.

Opening Remarks and Swearing-in of Members

Mr. McLaughlin, a Senior Associate Administrator at NHTSA, contributed to Mr. Dawson's opening remarks. He expressed his personal and professional regard for NEMSAC and commended the group for the work they already accomplished. Mr. McLaughlin reminded members that they have the critical responsibility of providing the expertise and perspective that other sources are unable to provide, based upon the ability of NEMSAC to reach a consensus through diverse interests and viewpoints. He shared his admiration for the individuals in the room and his confidence in the council. He then offered an opportunity for the new members at the table to briefly introduce themselves. New members in attendance included:

- Ritu Sahni, MD, MPH, representative EMS Medical Director
- John Sacra, MD, representative Emergency Physician
- Richard Serino, At Large Membership

- Joseph Heck, DO, representing State or Local Legislative Bodies

Mr. McLaughlin administered the oath of office to the new NEMSAC members and concluded the swearing-in ceremony.

Introductions and Comments from the Chair, Dia Gainor

Dia Gainor, Chair of NEMSAC, asked the members to introduce themselves and identify the sector that they represent. She shared some of her personal background history with the group and noted the honor she associated with her role to shepherd the NEMSAC process. She projected her intentions to follow the schedule outlined on the Agenda and noted the safety and logistical features of the meeting venue.

Ms. Gainor briefly reviewed the activities of the council during the interim period since the previous NEMSAC meeting in April, 2008.

- NEMSAC members compiled a list of 84 EMS issues of national importance.
- Jeffrey Lindsey chaired a committee to arrange the issues by similar information into 'bucket' categories.
- NEMSAC members individually voted on the importance of each issue in an effort to prioritize the list.

Ms. Gainor acknowledged the 100% member participation and involvement with the initial vote on priority issues. She thanked Dr. Lindsey for organizing and classifying the extensive list and Susan McHenry for tallying and recording the vote results. Ms. Gainor directed the attention of the members to the "First Vote Tally on Priority Issues & Buckets" (see Attachment A) document in the folders and prepared them for the council deliberations on the topic later in the meeting.

Review and Approval of Minutes of April 24-25, 2008 NEMSAC Meeting

Ms. Gainor asked members to review and approve the Minutes from the preceding NEMSAC Meeting on April 24-25, 2008. Baxter Larmon motioned for approval and Aarron Reinert seconded the motion. All members were in favor, no one opposed, and the Minutes document was approved.

Committee Template and Potential End Products

Ms. Gainor reminded the council of the original purpose of NEMSAC to provide recommendations to NHTSA, FICEMS, and the EMS community at large. She emphasized that the council needs to refine how it gathers information and structures its work. Ms. Gainor offered a template outlining how committees within NEMSAC will approach, accomplish, and present work. She directed the members to the "Draft Committee Template" document in the folders and explained its content (see Attachment B).

As outlined by the steps in the "Draft Committee Template," committees would:

i. Frame a selected issue with a concise, powerful, business case description, avoiding reliance on industry language and communicating an issue in a way that is comprehensible to individuals outside of the EMS community as well as within it.
ii. Gather supporting data related to the issue subject.
iii. Cross walk the issue with other standards and publications that are germane to the subject, or demonstrate that there is no existing, supporting information available.
iv. Propose an action strategy for the council to consider.
v. Recommend next steps for NEMSAC council activity.

Mr. Dawson thanked Ms. Gainor for her explanation. He added that NHTSA and FICEMS are the two Federal agencies that NEMSAC will primarily associate with. In addition however, council members are encouraged to raise new EMS issues that have not been initiated by NHTSA or FICEMS. The first priority of the council is to make recommendations to the U.S. DOT, as its main sponsor, and partner Federal agencies; an additional priority is to raise awareness of issues that are important to the EMS community.

A council conversation ensued on the topic of the "Draft Committee Template". The following concerns, suggestions, and confirmations were relayed:

- The NEMSAC commitment is to NHTSA, DOT, and FICEMS; however, NEMSAC can refer to the published works of other agencies if the material is relevant to, in support of, or opposition to, a NEMSAC subject.
- Ms. McHenry explained that a lot of committee work will be conducted via conference call and email. Individual committee work is not subject to public scrutiny, a Federal Register Notice is not required. When committee recommendations are presented to the full council for deliberation however, the proceedings must be open to public observation and documented in the Minutes.
- Kyle Gorman suggested the addition of an analysis section to the "Draft Committee Template" to allow for discussion on what the facts mean, what is meaningful, and why there is, or is not, available data on the subject.
- Some documents, which could be used as reference materials, are protected by a production charge. The council and committees will have to deal with this on a case by base basis.
- The word "Other", item 3. under iv., should be omitted and clarified. "Other" actions include recognizing a commendable undertaking as a council, publishing a white paper on significant EMS issues, etc.
- Dr. Larmon suggested that the council develop a reference library to access software, track documents, and preserve council history.
- Thomas Judge suggested that the council schedule an allotted amount of time at each meeting to give council members an opportunity to share his/her current activities and raise awareness amongst NEMSAC members about the events outside of individual sectors.

Ms. Gainor concluded the discussion on the "Draft Committee Template" and directed the attention of the members to the next item on the Agenda regarding the vote on priority issues.

Review of Initial Round of Voting on Priority Issues and Next Steps

Ms. Gainor summarized the process for voting and prioritizing issues for the remainder of the day. She prepared members for three, broad stages of council activity:

1. Review the initial vote and explain how the issues were categorized and assembled into groups.

2. Vote with ballots to identify which items on the list are the most pressing issues. Narrow the list to 3 or 4 high priority topics and determine how NEMSAC should initially spend its time, efforts, and allotted NHTSA resources.

3. Identify committees and determine the purpose of the committees. Develop an understanding of the committee undertaking and consider potential participants who can contribute to each committee.

Members contemplated various ways to conduct the next rounds of voting on priority issues. Ms. Gainor explained that the council should not dismiss any issues at this point based upon weight. The intention of the vote was to prioritize the issues by level of importance and to determine which issues would launch the committee activity prior to the NEMSAC meeting in October, 2008. By October, each committee should be able to submit a preliminary work product on the issue assigned to them as a result of the ensuing vote.

The members of the council agreed to narrow the list from a bottom-up approach with the understanding that the items cut as a result of the approach were only temporarily removed from the list for consideration. The list, in its entirety, would remain intact as recorded in the Minutes. The list would be available to use as a reference in the future as NEMSAC committees progress. In addition, the individual committees can refer to the list and choose to incorporate any issue that they deem integral to their task.

Council members spent time completing their ballots for the second round of voting. After ballots were submitted, the morning session adjourned for lunch at 11:45 a.m.

Report on Second Round of Voting

The afternoon session reconvened at 1:30 p.m.

Based upon the tallied results of the second vote (see Attachment C) a list featuring 20 top priority issues was assembled:

A. Establish model systems for both rural EMS and urban EMS with guiding principles, core issues, and operational plans
B. There needs to be a lead Federal EMS agency
C. Standardized definitions and performance measures, but not standardized response times – will vary widely by type of service, location, etc.
D. EMS reimbursement in general – currently emphasis is on taking patient to hospital since that is the only way to be reimbursed. Should focus more on cost of readiness, prevention programs, treat/release, and perhaps even transport to other health care settings besides ER (health clinic, etc.)
E. Equitable access to federal grants for EMS agencies, including private/non-profit EMS providers that do emergency work
F. Adequate financial support for research
G. Safety of personnel – include vehicle design, lighting, conspicuity, lifting/transfer devices, protection from exposure, highway safety, driver training
H. Leadership development
I. Standardized certification, licensure, and credentialing of personnel, agencies and systems
J. Communications systems, interoperability
K. Lack of operational systems integration
L. Leveling public recognition and appreciation for EMS compared to other public safety services
M. Public education and information
N. Better standardization and collection of EMS related data points
O. Data; belief and ownership and compliance (NEMSIS)
P. A nationwide EMS crash database with common data points to collect/study the problem
Q. Patient safety and medical errors
R. Standardized definitions and performance measures, but not standardized response times – will vary widely by type of service, location, etc.
S. Place an emphasis on interventions which “make a difference” rather than concentrating on response time standards
T. Emergency Preparedness – national recommendations for training, planning, resources, stockpiling, as well as alt standards of care and a national EMS EP grant.

Ms. Gainor suggested that the council members had two options at this point. The committee could opt to:

1. Discuss potential committee categories *after* voting and identifying the top priority issues, allowing the issues to drive committee classification.
2. Discuss potential committee categories *before* voting and identifying the top priority issues, allowing the committee topics to form regardless of the final vote results.

Mr. Dawson explained to the group that the committees would not be temporary committees, dismissed and reinvented with each issue. The intent was to develop standing committees that outlive each issue addressed for recommendations. Committees would carry the same name as they progressed from one issue to the next.

With the understanding that the committees would be standing committees, the council members agreed to establish committee categories before the third and final vote on priority issues.

After significant discussion and three separate motions, it was agreed that five committees would be established with the following titles:

1. Safety
2. Systems
3. Analysis, Oversight, and Research
4. Finance
5. Education

Third Round of Priority Voting

After securing tentative committee titles, the council redirected its attention to continue the vote on priority issues.

The council agreed to vote on the 20 remaining issues on the list without regard to bucket or committee categorization. Each member was allotted three votes to mark top priority choices.

Report on Third Round of Priority Voting

Dr. Larmon presented the results from the third round of voting, with those issues in **bold** representing the top six priorities :

A. **Establish model systems for both rural EMS and urban EMS with guiding principles, core issues, and operational plans – 9**
B. There needs to be a lead Federal EMS agency – 2
C. Standardized definitions and performance measures, but not standardized response times – will vary widely by type of service, location, etc. – 4

D. EMS reimbursement in general – currently emphasis is on taking patient to hospital since that is the only way to be reimbursed. Should focus more on cost of readiness, prevention programs, treat/release, and perhaps even transport to other health care settings besides ER (health clinic, etc.) – 10

E. Equitable access to federal grants for EMS agencies, including private/non-profit EMS providers that do emergency work – 2

F. Adequate financial support for research - 2

G. Safety of personnel – include vehicle design, lighting, conspicuity, lifting/transfer devices, protection from exposure, highway safety, driver training – 9

H. Leadership development – 5

I. Standardized certification, licensure, and credentialing of EMS personnel, agencies and systems – 6

J. Communications systems, interoperability - 0

K. Lack of operational systems integration - 0

L. Leveling public recognition and appreciation for EMS compared to other public safety services - 2

M. Public education and information - 1

N. Better standardization and collection of EMS related data points – 3

O. Data; belief and ownership and compliance (NEMSIS) – 2

P. A nationwide EMS crash database with common data points to collect/study the problem – 0

Q. Patient safety and medical errors - 6

~~R. Standardized definitions and performance measures, but not standardized response times – will vary widely by type of service, location, etc~~. (Item merged with Issue C. prior to the vote.)

S. Place an emphasis on interventions which "make a difference" rather than concentrating on response time standards - 2

T. Emergency Preparedness – national recommendations for training, planning, resources, stockpiling, as well as alt standards of care and a national EMS EP grant - 1

Ms. Gainor advised the council to consider which top priority issues, as determined by the final tally of votes, link to committee objectives.

Dr. Larmon made a motion to assign the following:

- Systems Committee – Priority Issue A.
- Safety Committee – Priority Issue G.
- Finance Committee – Priority Issue D.
- Analysis/Oversight/Research Committee – Priority Issue Q.

Dr. Larmon asked members to address items I. and H. to decipher how to incorporate each into the committee activity structure.

Motion was presented and agreed upon to divide issue I. between two committees. The first portion of I., "Standardization of certification, licensure, and credentialing of personnel…" was assigned to the Education Committee and the second portion, "…credentialing of agencies, and systems" was assigned to the Systems Committee.

Members addressed issue H. "Leadership development". The council was divided between those in favor of including item H., based on the appeal of leadership development from a community and constituent perspective, and those in opposition to it, grounded on the minimal amount of votes awarded to the issue.

Gainor noted that the word 'workforce' continued to resurface throughout the member debates. She proposed to modify the name of the Education Committee to include the word 'workforce'. Without expressed dissent from the members, the committee was relabeled as the Education and Workforce Committee and charged with priority issue H. "Leadership development".

The following table illustrates the standing committees of NEMSAC with assigned priority issues:

Committee	Priority Issue(s)
Safety	• Safety of personnel – include vehicle design, lighting, conspicuity, lifting/transfer devices, protection from exposure, highway safety, driver training
Systems	• Establish model systems for both rural EMS and urban EMS with guiding principles, core issues, and operational plans • Standardized credentialing of EMS agencies and systems (Part 2 of Item I.)
Analysis/ Oversight/ Research	• Patient safety and medical errors
Finance	• EMS reimbursement in general – currently emphasis is on taking

	patient to hospital since that is the only way to be reimbursed. Should focus more on cost of readiness, prevention programs, treat/release, and perhaps even transport to other health care settings besides ER (health clinic, etc.)
Education & Workforce	• Standardized certification, licensure, and credentialing of EMS personnel (Part 1 of Item I.) • Leadership development

Initial Indication of Member Interest in Committees and Discussion on Problem Statements

Ms. Gainor reminded the members that committees were to identify and develop problem statements and recommendations, not total solutions. She asked the members to briefly address each assigned priority issue in an attempt to coin a problem statement. She encouraged the original authors of each item to clarify the supporting rationale behind the issue's initial wording. Council members spoke briefly of each priority issue:

"A. Establish model systems for both rural EMS and urban EMS with guiding principles, core issues, and operational plans"

Foundation for problem statement: There needs to be a model system, with simplified guiding principles, to contrast with the flawed design of existing rural and urban systems.

"D. EMS reimbursement in general – currently emphasis is on taking patient to hospital since that is the only way to be reimbursed. Should focus more on cost of readiness, prevention programs, treat/release, and perhaps even transport to other health care settings besides ER (health clinic, etc.)"

Foundation for problem statement: The entire system for EMS funding is unstable.

"G. Safety of personnel – include vehicle design, lighting, conspicuity, lifting/transfer devices, protection from exposure, highway safety, driver training"

Foundation for problem statement: There is a noticeable void in ambulance/vehicle safety. There are too many examples of injured EMS workers.

"H. Leadership development"

Foundation for problem statement: There is a lack of an organized structure for providing for the future generation of leaders throughout the EMS world.

"I. (Part 1) Standardized certification, licensure, and credentialing of personnel…"

Foundation for problem statement: There is not a standardized credentialing or licensing process in place for EMS personnel. Only minimal standards apply at all levels.

"I. (Part II.) Standardized …credentialing of agencies and systems"

Foundation for problem statement: On a day-to-day basis, there is a different set of rules regulating the transfer of patients from one state to another. The patient is not well served by a lack of cooperation amongst credentialing agencies.

"Q. Patient safety and medical errors"

Foundation for problem statement: There is not an existing, standard set of benchmarks for EMS systems to use for patient safety parameters.

Status Report on Evidence-based Practice Guidelines Process Conference Plans

Ms. Gainor introduced Cathy Gotschall to discuss the upcoming Evidence-based Practice Guidelines (EBG) Conference. Ms. Gotschall distributed copies of the "Draft Agenda" for the EBG Conference. She shared background information and conference updates with council members:

- Focus on the process of developing guidelines, not the identification of guidelines
- Funded by NHTSA and co-sponsored by FICEMS and NEMSAC
- Held in Washington, DC at the Kellogg Conference Hotel
- September 4-5, 2008
- 125 expected audience count
- Invitations distributed to a variety of participants, including those who are and are not versed in evidence-based guideline development

Ms. Gotschall explained that the conference was planned and organized by the EBG Steering Committee which, after the NEMSAC decision to co-sponsor the conference, now included Dr. Larmon and Dr. Wright as members. She encouraged other NEMSAC members to attend the EBG Conference in September, and asked any interested persons to write their name on a list for consideration. She noted that NHTSA would cover the travel expenses for as many NEMSAC members as the budget would support.

Ms. Gotschall briefly reviewed the outline for the conference activity by referring to the "Draft Agenda". She agreed upon request to email a list of Steering Committee member names to the NEMSAC group.

Ms. Gainor thanked all of the members for their patience and diligence throughout the day. She noted that there is a lot of work to do, and as a new group, NEMSAC must work to establish organization methods and procedures. The meeting was adjourned for the day at 4:38 p.m. (EDT).

DAY TWO – JULY 18, 2008

The National Emergency Medical Services Advisory Council (NEMSAC) reconvened for the second day of the meeting at 8:50 a.m. (EST) on July 18, 2008, at the Crystal City Marriott Hotel in Arlington, Va.

ATTENDANCE

Council Members in Attendance:
Dia Gainor, State EMS Director, NEMSAC Chair
Charles Abbott, State Highway Safety Director
Kyle Gorman, Local EMS Service Director/Administrator
Joseph Heck, DO, State or Local Legislative Bodies
Thomas Judge, Air Medical
Kenneth Knipper, Volunteer EMS
Baxter Larmon, PhD, EMS Researcher
Jeffrey Lindsey, PhD, Fire-based EMS
Daniel Meisels, Hospital-based EMS
Aarron Reinert, Data Manager
John Sacra, MD, Emergency Physician
Ritu Sahni, MD, EMS Medical Director
José Salazar, Educator
Jeffrey Salomone, MD, Trauma Surgeon
Richard Serino, At Large Membership
Linda Squirrel, Tribal EMS
Kevin Staley, Homeland Security
Matthew Tatum, Emergency Management
Chris Tilden, PhD, Public Health
Gary Wingrove, Hospital Administration

Council Members Not in Attendance:
Patricia Kunz Howard, PhD, Emergency Nurses
Robert Oenning, Dispatcher/9-1-1
J. Thomas Willis, Firefighter/Paramedic
Joseph Wright, MD, Pediatric Emergency Medical Services
Kurt Krumperman, Private EMS

NHTSA Staff in Attendance:
Drew Dawson
Susan McHenry
Gamunu Wijetunge
Cathy Gotschall
Gerald Poplin
Anthony Oliver
David Bryson

Public Attendance:
Department of Homeland Security
EMSC National Resource Center
Department of Health and Human Services

MEETING

Introduction of Committee Chairs

Chair Dia Gainor welcomed the members back to the meeting room and acknowledged the accomplishments of the group from the previous day. She informed the members that there would be time allotted in the morning for the individual committees, established and named the previous day, to meet and discuss committee activity. She introduced the individuals who were chosen for and accepted the Chair position for each standing committee:

- Dr. Jeffrey Lindsey for the Safety Committee
- Mr. Kyle Gorman for the Systems Committee
- Dr. Ritu Sahni for the Analysis/Oversight/Research Committee
- Mr. Kevin Staley for the Education & Workforce Committee

Ms. Gainor explained that the Chair for the Finance Committee had been named, but the chosen individual was absent from the room; therefore, the Finance Committee would not meet that day.

FICEMS Update

Ms. Gainor asked Drew Dawson to update the council on the recent FICEMS activity.

Before providing the FICEMS update, Mr. Dawson explained to the members that NEMSAC has a duty to address the EMS Education Agenda for the Future and should consider a process for monitoring the progress and revision of the EMS Education Agenda over time.

Mr. Dawson next addressed the most recent FICEMS Meeting on June 23, 2008 and commended Ms. Gainor for her presence at the meeting and the representation she exhibited for NEMSAC. He acknowledged that the FICEMS group is currently led by Chair Jeff Runge and the members consist primarily of participants at the Assistant Secretary level, the policy makers for their respective organizations.

Mr. Dawson summarized the activities and reports outlined at the FICEMS Meeting:

- Decision to elect a Vice Chair in the near future to intervene in the interim period between Chairs and/or in the absence of a Chair

- Adoption of a strong perspective on medical direction and medical oversight, insisting that there should be medical direction associated with all grant funding for EMS
- Adoption of a position to recognize NEMSIS as the standard with respect to EMS in the Federal Government and to urge that NEMSIS compliance be included in grant guidance for all EMS related grants and, further, that funds from the grant programs could be used to enhance NEMSIS compliance
- Initiated work on an assessment for EMS at a national level, to research existing data and identify gaps separating the current status of EMS from future expectations and aspirations
- Decision to address the issue of credentialing for DHS EMS employees and other Federal EMS Responders

Mr. Dawson noted that the national EMS assessment project offered multiple opportunities for FICEMS/NEMSAC collaboration. He expressed the desire to facilitate regular update exchanges between FICEMS and NEMSAC and directed the council members to the FICEMS web page to view a list of the active FICEMS representatives.

Council members inquired about the NASEMSO model state EMS plan and the potential for NEMSAC collaboration with the project. Mr. Dawson, Ms. McHenry, and Ms. Gainor provided a status report of the project and explored possibilities for NEMSAC input:

- Project is underway to develop a model state plan and an assessment tool for documenting progress with benchmarks.
- The assessment tool was piloted in a few states, but is not yet finalized or published.

Gainor explained that the model plan is already at a position of near completion, but there is an opportunity for NEMSAC involvement with the next phase of the plan, to consider model state EMS legislation. To contribute to a model EMS state system law, NEMSAC can:

- Offer advice, guidance, and non-federal input to the process.
- Be involved with the creation and/or review of the proposed model legislative package.
- Choose to endorse the project.
- Collaborate with National Council of State Legislatures (NCSL) to solicit opinions and in-put.

Expectations for Committee Work and Recognition of Committee Membership

Ms. Gainor reiterated that it was important for NEMSAC, as a relatively new organization, to establish common practices and ground rules for committee work. She asked members to share opinions on best approaches based upon previous experiences with committee work structure. Members presented ideas and suggestions to optimize committee approach; the conversation addressed the following topics:

- Committee teleconferences should be conducted by monthly frequency and on a regular, fixed schedule.
- A standard needs to be established to communicate updates and announcements, and to circulate documents to committee members.
- In the future, a secure web page for committee communication is appropriate, but council deliberations must be open to the public.
- Unless otherwise delegated within the committee, version control of documents is the responsibility of the committee Chair; he/she will be keeper of the most current, last modified, draft.
- Ms. Gainor and Mr. Dawson will appoint ad hoc members to committees, but the consideration is based largely upon the initial recommendation of the committee members.
- Ad hoc members added to committee for temporary committee work represent themselves; they do not represent an organization.

Ms. Gainor thanked council members for the suggestions and moved to introduce the NEMSAC standing committees by member composition:

Safety Committee
Chair: Jeff Lindsey
Charles Abbott
Thomas Judge
Linda Squirrel

Systems Committee
Chair: Kyle Gorman
Jeffrey Salomone
Joseph Wright
Kurt Krumperman
Richard Serino
John Sacra

Analysis/Oversight/Research Committee
Chair: Ritu Sahni
Aarron Reinert
Baxter Larmon
Daniel Meisels
Gary Wingrove
Joseph Heck

Education & Workforce Committee
Chair: Kevin Staley
Chris Tilden
Jose Salazar
Jeffrey Salomone
Matthew Tatum

Dia Gainor asked each committee to assemble and meet. She suggested that they aim to accomplish the following items during their initial congregation as a committee:

- Compare member calendars to determine availability.
- Conduct a preliminary conversation on potential ad hoc membership.
- Discuss the priority issue assigned to the committee.
- Review the original list of priority issues and consider incorporating other issues into the assigned task.
- Examine the "Draft Committee Template" and think about applicable and available resources.
- Communicate related topics and issues that may be on the horizon in the near future for immediate committee activity.

Council members dispersed and amassed into separate committee groups around the room.

Public Comment Period and Committee Reports

At 10:51 a.m. (EDT), Ms. Gainor asked committees to reunite at the table as a collective council. She presented the opportunity to the audience for public comment. When there was no response from the public participants, Ms. Gainor directed the attention of the council back to committee activity. She asked the Chair of each committee to report on the group discussion.

Dr. Lindsey spoke for the Safety Committee. During their discussion, the Safety Committee:

- Established a regular conference call schedule on the second Friday of every month.
- Discussed potential ad hoc membership.
- Considered a reference library to compile all safety-related documents submitted by committee members.
- Decided to address a small issue within the umbrella Safety issue.
- Recognized the need for an organized database to house information on EMS safety problems.
- Agreed to initially address personnel safety.

Mr. Gorman spoke for the Systems Committee. During their discussion, the Systems Committee:

- Acknowledged that system design is of equal importance in urban, rural, and frontier areas, yet most areas fail to take a patient centered approach.
- Planned to address the incongruent design structure between the local, state, and federal EMS systems.
- Decided to pursue related medical literature and industry literature.
- Planned to arrange 2-3 conference calls before the NEMSAC meeting in October.

Dr. Sahni spoke for the Analysis/Oversight/Research Committee. During their discussion, the Analysis/Oversight/Research Committee:

- Determined a date for an upcoming committee conference call.
- Decided to focus on patient safety and medical error.
- Developed a list of potential ad hoc members.
- Assigned tasks to uncover literature; some members will read through existing documents while others search for legislation on medical error.

Dr. Sahni asked the members of the council to notify him if they knew of an individual, outside of the EMS community workforce, who is an expert on medical error. The Analysis/Oversight/Research Committee is eager to include such a person as an addition to, or a reference for, the committee. Thomas Judge suggested that Dr. Sahni consider previous members of the Federal Aviation Administration (FAA), human factor experts, and offered to email him a list of names.

Mr. Staley spoke for the Education & Workforce Committee. During their discussion, the Education & Workforce Committee:

- Noted that there is a need for a common definition on certification, licensure, and credentialing.
- Discussed potential ad hoc membership and associations.
- Decided that collaboration with states would be essential to the work of the committee.
- Decided to contact a representative from the ongoing DHS credentialing effort.
- Offered to submit the EMS Education Agenda to the rest of the council members.

Ms. Gainor thanked all of the Chairs for the committee reports and steered the council to the final item on the Agenda regarding the next steps and future meetings of NEMSAC.

Next Steps and Future Meeting Schedule

Ms. Gainor initiated the conversation on future NEMSAC meetings. Details of the discussion included:

- The next scheduled NEMSAC Meeting is October 2-3, 2008.
- The subsequent meeting should be conducted in January or February of 2009.
- The two-day, Thursday-Friday meeting schedule is the preferred format.
- Committees would like to allot a time on Thursday mornings, prior to the council congregation, to meet amongst themselves.
- NEMSAC should try to establish meeting dates for a year at a time in an effort to reserve member availability.

Ms. Gainor invited members of the council to propose next steps for council/committee activity. Members identified some points of present interest that would warrant a more immediate action. Next council steps include:

- Suggest, or nominate ad hoc committee members.
- Consider topics for a high profile report to capture the attention of the community and the new incoming administration.
- Identify informed speakers to present cutting edge topic reports at upcoming NEMSAC meetings.
- Look for ongoing projects relevant to the NEMSAC purpose that the council could support or endorse for public attention.

Mr. Dawson said he was uncertain of the best approach for NEMSAC to pursue a high profile, politically charged topic. He offered to speak with NHTSA colleagues and his administration on the topic. Dr. Larmon cautioned the council to be cognizant of the established committee priority issues and to not lose focus due to the appeal of quick, attractive, attention-grabbing projects. He asserted that the council needs to establish a balance by working in the best interest of the EMS community while simultaneously striving to make a name for itself as a new organization.

Ms. Gainor thanked all of the members for their thoughts and suggestions. She acknowledged the great accomplishments of the meeting and commended the efforts of the council.

The meeting was adjourned at 11:35 a.m.

Attachment A

First Vote Tally on Priority Issues and Buckets (Individuals)

Administration - Structure/System

- Establish model systems for both rural EMS and urban EMS with guiding principles, core issues, and operational plans - **15**
- System fragmentation - **14**
- Interface: integration with other health, public health partners - **14**
- Absence of governmental responsibility and accountability to assure provision of EMS - **13**
- EMS role in regional systems of care - trauma, STEMI, stroke, pediatrics, ob - **12**
- Joint planning with public health and health care agencies, prophylaxis for first responders including families, integration of GIS, patient tracking - **12**
- There needs to be a lead Federal EMS agency – **11**
- Consider different types of providers for rural EMS such as expanded scope of practice for existing health professionals, such as community health aid - **10**
- Integrating with other community systems - **10**
- Standardized definitions and performance measures, but not standardized response times – will vary widely by type of service, location, etc. - **10**
- System redesign in rural/frontier austere settings - **9**
- Mechanisms for immediate interstate legal recognition – **7**
- Information sharing across EMS agencies across different cities/states/countries, the possibility of sending people to other services for a week or two, perhaps as a nationally sponsored program – **7**
- Organization and integration of air medical services - **7**
- Emergency department overcrowding, patient diversion – **7**
- There is no universal method for EMS systems inventory and workload nationwide - **6**
- NTSB-style oversight of EMS agency crashes - **7**
- No pervasive performance improvement systems transparent and accessible to all - **6**
- Access to trauma systems - **5**
- Standardized response time expectation/performance measures - **4**
- Integration of regionalized, accountable, and coordinated systems of Pediatric Emergency Care - **4**
- Assessing differences in EMS systems by configuration; clinical capability – **4**
- Some sort of online application that would house lessons learned, protocols, templates, after action reports, etc., similar to LLIS, with some sort of built-in security - **4**
- Enhanced coordination between state Highway Safety and EMS Offices - **1**

Finance - Funding/Billing

- EMS reimbursement in general – currently emphasis is on taking patient to hospital since that is the only way to be reimbursed. Should focus more on cost of readiness, prevention programs, treat/release, and perhaps even transport to other health care settings besides ER (health clinic, etc.) - **22**
- Equitable access to federal grants for EMS agencies, including private/non-profit EMS providers that do emergency work - **15**
- Adequate funding for personnel, infrastructure, equipment from non-reimbursement sources – **14**
- Adequate financial support for research - **10**
- Recognize and support readiness costs - **8**
- Funding source to rebuild EMS infrastructure - **6**
- Medicare reimbursement – pay for performance and what it means for EMS - **5**
- Base reimbursement on performance standards, not transport and readiness, for defined geographical areas - **5**
- Funding for medical oversight - **5**
- Provide reimbursement for non-transports - **4**
- Defined and adequate benefit assurance (third-party payments) - **2**
- Medicaid funding – **2**
- Money for EMS infrastructure - **2**

Human Resources- Education/Certification/Workforce (Safety)

- Leadership development - **18**
- Standardized certification, licensure, and credentialing of personnel, agencies, and systems – **17**
- Safety of personnel – include vehicle design, lighting, conspicuity, lifting/transfer devices, protection from exposure, highway safety, driver training – **16**
- Ensure equitable access to accredited education programs – geographical, financial, etc. - **13**
- Interstate credentialing and licensing, including how to handle volunteers at major incidents - **11**
- Recruitment and retention of increasingly professional staff – **11**
- Adopt the "5-part model" (EMS Education Agenda for the Future) and its influence/effect on initial education, national certification, and improving reciprocity – **11**
- Safety of EMS personnel – **8 – (merge with #3 above)**
- Keeping training and performance requirements within reach of the volunteers - **8**
- Recruitment, focusing not only on young people, but also people who would make the job a career and stay for the long haul - **8**
- Pay and benefits for EMS personnel - **7**
- EMT/Paramedic injuries/wellness and mental health readiness (pre and post) - **6**
- Minimum Standard EVOC programs - **6**
- Staffing resource capabilities both for day-to-day and surge - **4**
- Mechanisms for immediate interstate legal recognition - **4**
- Some sort of online application that would house lessons learned, protocols, templates, after action reports, etc., similar to LLIS, with some sort of built-in security - **2**
- Recruiting young people, getting parental support - **0**

Operations & Equipment

- Communications systems, interoperability - **12**
- Lack of operational systems integration - **8**
- There needs to be some method to evaluate the efficacy and performance of new devices - **5**

Public Education & Information

- Leveling public recognition and appreciation for EMS compared to other public safety services - **12**
- Public education and information - **7**
- Promoting recognition among the public of the importance of EMS - **4**
- Public expectations exceed actual EMS/911 capacity - **2**

Research/Technology/Data

- Better standardization and collection of EMS related data points - **19**
- Data; belief and ownership and compliance (NEMSIS) - **15**
- EMS participation in Health Information Enterprise - **10**
- Mapping/GIS/Data Analysis – **9**
- Support electronic patient care records to allow for 100% case review - **9**
- A nationwide EMS crash database with common data points to collect/study the problem - **9**
- Institutional Review Boards & EMS research - **8**
- Emergency Medical Dispatch/Wireless 9-1-1/Voice over Internet Protocol (VOIP) - **7**
- Some sort of online application that would house lessons learned, protocols, templates, after action reports, etc., similar to LLIS, with some sort of built-in security - **7**
- CAD to CAD interfaces for quickly sharing information - **4**
- Vehicle crash telematics – AACN - **3**

Medical Oversight/Quality

- Standardized definitions and performance measures, but not standardized response times – will vary widely by type of service, location, etc. – **15**
- Place an emphasis on interventions which "make a difference" rather than concentrating on response time standards - **14**
- Patient safety and medical errors – **13**
- Create EMS protocols which are evidence-based and seamless between First Response and Transport - **12**
- EMS QI programs should have some sort of peer review protections that hospitals have – this will encourage more "no fault" reporting of incidents and near misses to identify/fix system issues - **12**
- Application of advanced QI - **8**
- Medical oversight - **6**
- Clarification/standardization of when it is appropriate to call for helicopter transport - **5**
- Physicians should have more oversight of standards – e.g., a physician should be able to determine what type of response and response time goals are medically appropriate for a system - **5**
- Standardized response time expectation/performance measures - **4**
- Subspecialization for EMS MDs - **3**
- No pervasive performance improvement systems transparent and accessible to all - **3**

Disaster Preparedness

- Emergency Preparedness – national recommendations for training, planning, resources, stockpiling, as well as alt standards of care and a national EMS EP grant - **17**
- Regionalize protocols, equipment and medical oversight, etc. for disaster response - **8**

Buckets in Priority Order

Administration – Structure/System - **14**

Human Resources – Education/Certification/Workforce - **12**

Finance – Funding/Billing - **8**

Public Education & Information – **8**

Research/Technology/Data - **6**

Medical Oversight/Quality - **5**

Disaster Preparedness - **3**

Operations & Equipment - **1**

Attachment B

National Emergency Medical Services Advisory Council
Draft Committee Template
July, 2008

Issue (short descriptor)

a. Synopsis of the issue

i. Short, self-explanatory statement
ii. Supporting data (if available)
iii. Cross walk with other documents
    1. EMS Agenda for the Future
    2. EMS Education Agenda for the Future
    3. NFPA, ASTM and other Standard Development Organizations
    4. EMS Research Agenda for the Future
    5. Documents from other Federal organizations
    6. Other
iv. Recommended actions/strategies for others
    1. NHTSA
        a. Existing projects
        b. Future projects
    2. FICEMS
    3. OTHER
v. Recommended NEMSAC activities

    Define what activities may be appropriate for NEMSAC itself to complete. For instance, at our request, it is likely NEMSAC will do substantial work on revising the EMS Education Agenda – at least the big picture. For other activities, this may involve suggesting actions or strategies to NHTSA or to FICEMS. In other cases, the committee might develop a short white paper on a topic for deliberation and endorsement by NEMSAC.

vi. Other information

Attachment C

Second Vote Tally on Priority Issues and Buckets

A. Administration - Structure/System

1. Establish model systems for both rural EMS and urban EMS with guiding principles, core issues, and operational plans - 16
2. There needs to be a lead Federal EMS agency - 8
3. Standardized definitions and performance measures, but not standardized response times – will vary widely by type of service, location, etc. – 8
4. Consider different types of providers for rural EMS such as expanded scope of practice for existing health professionals, such as community health aid - 7
5. Absence of governmental responsibility and accountability to assure provision of EMS - 7
6. Interface: integration with other health, public health partners - 6
7. EMS role in regional systems of care - trauma, STEMI, stroke, peds, ob - 6
8. System fragmentation - 5
9. Joint planning with public health and health care agencies, prophylaxis for first responders including families, integration of GIS, patient tracking - 2
10. Integrating with other community systems - 1

B. Finance - Funding/Billing

1. EMS reimbursement in general – currently emphasis is on taking patient to hospital since that is the only way to be reimbursed. Should focus more on cost of readiness, prevention programs, treat/release, and perhaps even transport to other health care settings besides ER (health clinic, etc.) - 18
2. Equitable access to federal grants for EMS agencies, including private/non-profit EMS providers that do emergency work – 10
3. Adequate financial support for research - 8
4. Adequate funding for personnel, infrastructure, equipment from non-reimbursement sources - 7
5. Recognize and support readiness costs - 1

C. Human Resources- Education/Certification/Workforce (Safety)

1. Safety of personnel – include vehicle design, lighting, conspicuity, lifting/transfer devices, protection from exposure, highway safety, driver training - 15
2. Leadership development - 9
3. Standardized certification, licensure, and credentialing of personnel, agencies, and systems - 9
4. Interstate credentialing and licensing, including how to handle volunteers at major incidents - 7
5. Recruitment and retention of increasingly professional staff - 2
6. Ensure equitable access to accredited education programs – geographical, financial, etc. - 0
7. Adopt the "5-part model" (EMS Education Agenda for the Future) and its influence/effect on initial education, national certification, and improving reciprocity - 0

D. Operations & Equipment

1. Communications systems, interoperability
2. Lack of operational systems integration

E. Public Education & Information

1. Leveling public recognition and appreciation for EMS compared to other public safety services
2. Public education and information

F. Research/Technology/Data

1. Better standardization and collection of EMS related data points - 17
2. Data; belief and ownership and compliance (NEMSIS) – 7
3. A nationwide EMS crash database with common data points to collect/study the problem - 6
4. Institutional Review Boards & EMS research – 5
5. Support electronic patient care records to allow for 100% case review - 3
6. EMS participation in Health Information Enterprise - 2
7. Mapping/GIS/Data Analysis - 2

G. Medical Oversight/Quality

1. Patient safety and medical errors - 14
2. Standardized definitions and performance measures, but not standardized response times – will vary widely by type of service, location, etc. - 12
3. Place an emphasis on interventions which "make a difference" rather than concentrating on response time standards - 7
4. EMS QI programs should have some sort of peer review protections that hospitals have – this will encourage more "no fault" reporting of incidents and near misses to identify/fix system issues – 6
5. Create EMS protocols which are evidence-based and seamless between First Response and Transport - 5

H. Disaster Preparedness

1. Emergency Preparedness – national recommendations for training, planning, resources, stockpiling, as well as alt standards of care and a national EMS EP grant