FICEMS

Federal Interagency Committee on EMS

July 19, 2013

The Honorable Barbara Mikulski
Chairwoman, Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Madam Chair:

Pursuant to Section 10202(a)(7) of the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy For Users (SAFETEA-LU, Pub. L. No. 109-59), the Federal Interagency Committee on Emergency Medical Services (FICEMS) is pleased to provide you with the calendar years 2011 and 2012 report on its activities, actions and recommendations.

Congress created FICEMS to ensure coordination among Federal agencies involved with emergency medical services (EMS) and 911 services; identify EMS and 911 needs; recommend new or expanded EMS and communication technologies; identify ways to streamline the process through which federal agencies support EMS; assist state, local, tribal or regional EMS in setting priorities; and, advise, consult, and make recommendations on matters related to implementation of coordinated State EMS programs. The ongoing coordination among federal agencies is key to supporting local, regional, state, tribal and territorial emergency medical services and 9-1-1 systems and to improving the delivery of EMS services throughout the nation.

The Administrator of the National Highway Traffic Safety Administration (NHTSA), in cooperation with the Administrator of the Health Resources and Services Administration of the Department of Health and Human Services (HHS) and the Assistant Secretary of Health Affairs of the Department of Homeland Security, provide administrative support to the Interagency Committee, including scheduling meetings, setting agendas, keeping minutes and records, and producing reports.

Dr. Alexander Garza, the Assistant Secretary of Health Affairs and Chief Medical Officer of the Department of Homeland Security was elected Chair for calendar year 2011. David L. Strickland, Administrator of NHTSA at the Department of Transportation served as Chair for 2012. I was elected to serve as Chair for 2013.

The Committee has made progress in all areas identified by Congress through public meetings held in July and December 2011 and June 2012. FICEMS' Technical Working Group, an interagency staff-level committee, also meets monthly to coordinate EMS activities. Notably, the Committee is nearing completion on a strategic planning process which will help to align the EMS priorities of all member agencies toward common goals and continue to ensure that efforts are not duplicated.

Department of Defense
Office of the Assistant Secretary of Defense for Health Affairs

Department of Homeland Security
Office of the Assistant Secretary for Health Affairs/Chief Medical Officer
U.S. Fire Administration

Department of Health & Human Services
Office of the Assistant Secretary for Preparedness and Response
Indian Health Service
Centers for Disease Control and Prevention
Health Resources and Services Administration
Centers for Medicare & Medicaid Services

Department of Transportation
National Highway Traffic Safety Administration

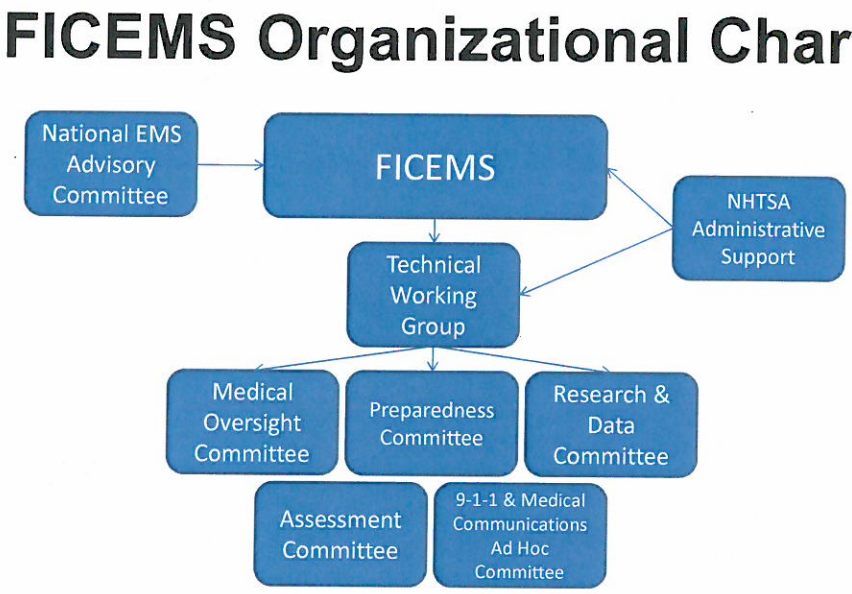
Federal Communications Commission
Public Safety and Homeland Security Bureau

FICEMS c/o
Office of Emergency Medical Services
1200 New Jersey Avenue, SE
NTI-140
Washington, DC 20590
(202) 366-5440
nhtsa.ems@dot.gov

This report highlights many of the significant achievements of the group in 2011 and 2012, which have been successful through growing interagency partnerships and a collaborative approach to program execution. We provide an overview of the committee and its major accomplishments below.

The FICEMS Technical Working Group

The Committee's Technical Working Group (TWG) is comprised of interagency staff-level employees who meet monthly to provide support to the numerous ongoing FICEMS projects. The TWG has five committees which monitor the implementation of projects, develop reports, and oversee and comment on ongoing research and working documents. The FICEMS organizational chart is shown below.



Daily Interagency Coordination

The Federal Interagency Committee on EMS provides the opportunity for daily coordination among the several agencies and departments that support EMS systems or manage EMS programs. Staff from over ten agencies in four departments work together almost daily to help EMS systems improve throughout the country. Relationships built through FICEMS meetings and interagency projects help the government respond in a coordinated manner to routine inquiries and natural disaster alike.

A coordinated Web portal (www.EMS.gov) continues to be maintained by NHTSA as a single location for the public to access EMS program information from all Federal agencies.

Public Input is Key to the Success of Federal EMS Programming

Key elements of the work undertaken by FICEMS and its Technical Working Group results from non-federal input, such as from the Federal Advisory Committee Act-compliant National EMS Advisory Council (NEMSAC). This advisory council was originally created by the Secretary of Transportation in 2007, and has provided a number of recommendations to FICEMS and its member agencies during 2011 and 2012.

Recommendations from the now statutorily authorized NEMSAC to the Federal Interagency Committee on EMS include:

- NHTSA should convene a working group of EMS experts, charged with reviewing the evidence and typology and establishing a framework to consider the evidence basis of EMS system design.
- FICEMS in partnership with NHTSA and the HHS/Agency for Healthcare Research and Quaily should work to make the process of developing evidence-based guidelines (EBGs) more efficient by creating supporting mechanisms, such as a registry of current EBGs efforts with prehospital relevance occurring anywhere in the world as well as a warehouse of evidence syntheses and appraisals. To build capacity in EBGs development, the NHTSA should develop training workshops and resources to build expertise in the EBGs development process.
- NHTSA, in coordination with FICEMS, should sponsor a comprehensive EMS System Design project that will identify the essential components and functions of EMS systems, standardize terminology, and establish performance standards for minimum levels of service.
- NHTSA should conduct a study (or studies) that seek to determine the efficacy and/or effectiveness of emergency vehicle operator training programs.
- NHTSA, in coordination with FICEMS, should sponsor a comprehensive finance study that accounts for all costs and revenues in order to lead toward a pay-for-readiness EMS system.

To foster greater coordination with the national EMS community, FICEMS held a Town Hall at a national EMS conference in 2011 focusing on how the Federal government can better serve stakeholders.

Interagency Strategic Planning Effort

In order to fulfill the Committee's statutory obligation to ensure coordination and streamline the process through which agencies support EMS activities, FICEMS has engaged in a strategic planning process to align EMS programming across ten Federal agencies. Through a multi-agency funded process, FICEMS has compiled public input and is developing a Mission, Vision and five year strategic plan with measurable goals and strategic directions. FICEMS is an important component of a coordinated system of Federal support for the nation's EMS systems and the strategic plan will help to clarify roles and responsibilities among agencies and to determine appropriate action for the U.S. Government. The plan will be transmitted to Congress in the calendar year 2013 annual report.

Collecting Data and Using Evidence to Improve Emergency Medical Services

In response to recommendations from the 2001 National EMS Research Agenda and the 2006 Institute of Medicine report on the Future of Emergency Care in the United States, FICEMS, in collaboration with NEMSAC, sponsored the conference, "From Evidence to EMS Practice: Building the National Model" in 2009. Stakeholder feedback from this NHTSA-funded conference was used to develop the National Evidence-Based Guideline Model Process (the Model Process), which was subsequently approved by both FICEMS and NEMSAC. The use of EBGs in the prehospital setting is an important element in improving the quality of healthcare in the U.S., as optimal prehospital care has been shown to improve health outcomes and, for some conditions, is associated with shorter hospital stays and reduced healthcare expenditures. In 2011, an abstract describing the Model Process was presented at the Canadian Emergency Medicine annual meeting. In 2012 the journal Academic Emergency Medicine published a paper describing the FICEMS/NEMSAC-approved Model Process entitled, "*A National Model for Developing, Implementing, and Evaluating Evidence-based Guidelines for Prehospital Care*" (available online at http://ems.gov/research.htm).

Between 2009 and 2012, NHTSA and the Health Resources and Services Administration's (HRSA) Emergency Medical Services for Children (EMSC) program funded the development of four evidence-based guidelines using the Model Process. Prehospital EBGs have been developed for the treatment of pediatric seizures, pediatric respiratory distress, pain management for traumatic injury (all ages) and the transport of injured patients by air ambulance. Pilot tests of the implementation phase of the Model Process were conducted for the pain management guidelines in 2011. Manuscripts have been written describing each of the EBGs and assessment of the implementation process; these manuscripts will be submitted to the journal, *Prehospital Emergency Care*. In the fall of 2012, a cooperative agreement was awarded to the National Association of State EMS Officials (NASEMSO) and co-funded by the EMSC and NHTSA, which will examine successful EBGs implementation strategies in five states. Lastly, the NEMSAC issued an advisory statement in 2012 titled, "*The Next Steps for Prehospital Care Evidence-Based Guidelines*," which will guide future strategies for EBGs efforts.

The National EMS Assessment

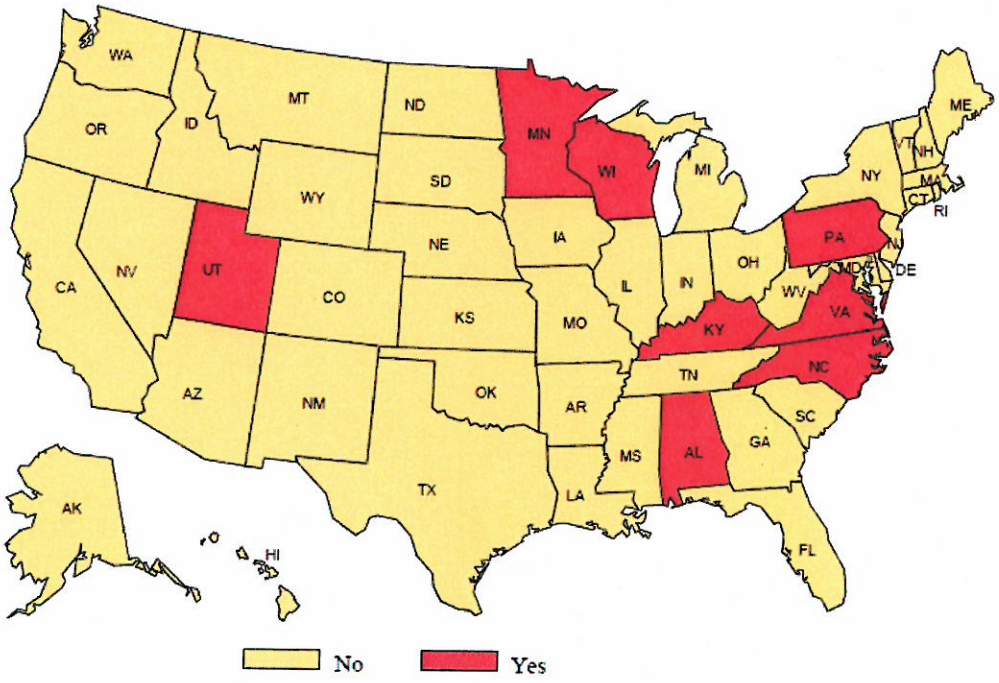
To fulfill the Committee's statutory obligation to identify needs of EMS and 911 systems at all levels, the committee sponsored a project to produce an initial National EMS Assessment and create a model for ongoing periodic national assessments. The 2011 National EMS Assessment (available online at http://www.ems.gov/research.htm) was funded by NHTSA and provides the first ever comprehensive description of emergency medical services, EMS emergency preparedness and 911 systems at state and national levels using existing data sources. Data for the report came from several existing sources including information from State EMS Offices and the National EMS Database. The EMS for Children program at HRSA provided state-specific pediatric performance data and a partnership between HRSA and the Indian Health Services provided data on pediatric EMS capacity in tribal lands. Some of the never-before-known information includes:

- There are an estimated 21,283 EMS agencies in the United States

- Over 93% of EMS agencies respond to 911 emergency calls for service while only 5% of agencies provide only non-emergent medical transport services
- There are an estimated 826,111 credentialed EMS professionals in the country, overseen by 8,459 local EMS medical directors
- EMS agencies responded to an estimated 36,698,670 calls for service in 2009
- Forty-four states have EMS data systems based on the National EMS Information System

The landmark document is a powerful resource and the first national assessment of Emergency Medical Services that will allow the officials responsible for improving EMS systems to benchmark current and future performance and identify areas of strength and weakness. The report includes information about what data are being collected at the state, regional, and national levels; the comprehensiveness, quality and availability of that data; and the limitations of the existing data. It also includes recommendations for a sustainable process to assess the nation's EMS system and the final report summarizes the current state of the nation's EMS system, including recommendations for future assessment efforts.

The report includes over 100 maps of the United States illustrating comparison data on a wide range of topics. As an example, below is a map showing which states require their EMS Medical Directors to undergo continuing medical education:



State Requirements for Local EMS Medical Directors to Receive Continuing Medical Education

Because the report is both detailed and comprehensive, it allows states, territories and regions the ability to identify areas where systems may not be as comprehensive as desired, and provides system leaders the information needed to leverage more resources. The TWG Assessment Committee will develop a process to update the assessment to provide decision makers with the most up-to-date information on the nation's EMS systems.

National Transportation Safety Board Recommendations on Rural Roadway EMS Response

On January 6, 2008 a motor coach carrying 52 passengers and a driver overturned on a rural road in Mexican Hat, Utah resulting in 44 injuries and 9 fatalities. According to a National Transportation Safety Board (NTSB) investigation, emergency medical notification and response to motor coach crashes in rural areas were major issues in the damage resulting from this crash.

The NTSB issued two safety recommendations to FICEMS in 2009:

- *Develop a plan that can be used by States and public safety answering points to pursue funding for enhancements of wireless communications coverage that can facilitate prompt accident notification and emergency response along high risk rural roads, as identified under SAFETEA-LU criteria, and along rural roads having substantial large bus traffic (as defined by the criteria established in NTSB Safety Recommendation H-09-07). (H-09-04)*

The FICEMS 911 & Medical Communications Ad Hoc Committee oversaw the development of a response to recommendation H-09-04, which was approved by FICEMS in December 2010. A report in response to the recommendation (available online at http://ems.gov/pdf/2010/DecMtg/Response_NTSB_Recommendation_1.pdf) that includes a needs assessment for local and state Public Safety Answering Point administrators, as well as funding options, was transmitted to the NTSB in 2011.

- *Evaluate the system of emergency care response to large-scale transportation-related rural accidents, and, once that evaluation is completed, develop guidelines for emergency medical service response and provide those guidelines to the States. (H-09-05).*

The FICEMS Preparedness Committee oversaw three projects with the National Association of State EMS Officials and the Institute of Medicine in response to recommendation H-09-05. A final report (available online at http://ems.gov/pdf/2011/December/06-FICEMS_Final_Report-H-09-05.pdf) outlining the projects and including guidelines for states to evaluate their emergency care response capabilities was sent to the NTSB in late 2011 and the recommendation was **closed** with "Acceptable Action" response in June 2012.

National Transportation Safety Board Recommendations on the Use of Helicopter EMS

In response to a series of Helicopter Emergency Medical Services (HEMS) crashes in 2008 and as a result of an overall increase in fatal accidents involving HEMS operations, the NTSB issued two additional safety recommendations to FICEMS in 2009:

- *Develop national guidelines for the use and availability of helicopter emergency medical transport by regional, State, and local authorities during emergency medical response system planning. (A-09-102).*

The FICEMS Medical Oversight Committee is overseeing the response to these recommendations. Recommendation A-09-102 is being addressed through an interagency agreement between the Centers for Disease Control and Prevention (CDC) and the National Highway Traffic Safety Administration (NHTSA). The agreement, funded by NHTSA in 2010, calls for the CDC, with input from NHTSA, to convene a panel of experts in Helicopter EMS and emergency medicine to develop guidelines for the use and availability of air ambulances. Draft guidelines are under development with input from HEMS stakeholders.

- *Develop national guidelines for the selection of appropriate emergency transportation modes for urgent care. (A-09-103)*

Recommendation A-09-103 is being addressed by developing evidence-based guidelines to describe the clinical conditions in which air ambulance transport would be recommended for patients with traumatic injury. An expert panel was convened to develop the clinical review questions and to research and synthesize the existing clinical evidence. The panel has developed draft guidelines that will be included in a manuscript to be submitted for publication in a scientific peer-reviewed journal.

FICEMS and its TWG continue to ensure Federal EMS interagency collaboration and coordination and identify opportunities for improving emergency medical services throughout the nation. It is a model for Federal interagency collaboration and assists each agency in fulfilling their EMS mission. On behalf of the Committee and its members, we are grateful for the support received from Congress and are pleased to provide you this report.

A similar letter has been sent to the members of the enclosed list of Congressional Committees.

Sincerely yours,

Edward J. Gabriel

Edward J. Gabriel, MPA, EMT-P, CEM, CBCP
Chair, Federal Interagency Committee on EMS
Principal Deputy Assistant Secretary for
Preparedness and Response
U.S. Department of Health and Human Services

Enclosures