

**Federal Interagency Committee on Emergency  
Medical Services**

**December 6, 2013**

**Meeting Summary**

**Members in Attendance**

***Department of Defense***

Larry Sipos, M.B.A., Force Health Protection and Readiness

***Department of Health and Human Services***

Edward J. Gabriel (Chair), Office of the Assistant Secretary for Preparedness and Response

Terry Adirim, M.D., M.P.H., Health Resources and Services Administration

Scott Sasser, M.D., National Center for Injury Prevention and Control, Centers for Disease  
Control and Prevention (by telephone)

Jean K. Sheil, Emergency Preparedness and Response Operations, Centers for Medicare  
& Medicaid Services

Susan Karol, M.D., FACS, Indian Health Service

***Department of Homeland Security***

Kathryn Brinsfield, M.D. M.P.H., Office of Health Affairs

Ernest Mitchell, Jr., U.S. Fire Administration

***Department of Transportation***

David J. Friedman, National Highway Traffic Safety Administration

***Federal Communications Commission***

David Furth, Public Safety and Homeland Security Bureau

***State EMS Director***

Robert Bass, M.D., Maryland Institute for Emergency Medical Services Systems

**Welcome, Introductions, and Opening Remarks**

Ed Gabriel began the meeting at 1:00 p.m., EST, welcoming the committee members and audience. The committee members introduced themselves, with David Friedman noting that he was filling-in for David Strickland, and Dr. Scott Sasser noting that he was filling-in for Linda Degutis. Audience members introduced themselves.

## **Review and Approval of the Summary of July 8, 2013 Meeting**

A motion to approve the July meeting summary was made by Larry Sipos. Dr. Robert Bass seconded the motion, and the FICEMS members voted unanimously to approve the summary.

## **National EMS Advisory Council (NEMSAC) Report**

Aarron Reinert, Chair of the NEMSAC, reported that the council completed its latest face-to-face meeting that morning. He reminded the group that the NEMSAC became a statutory advisory body some months ago, leading to more formal relationships between the council and FICEMS. The NEMSAC now has liaisons with the Department of Transportation, the Department of Health and Human Services, and the Department of Homeland Security.

Mr. Reinert noted a number of recent activities of the council. NEMSAC provided input for FICEMS' Model Uniform Core Criteria Mass Casualty Incident Triage (MUCC) project. It is discussing ways to make recommendations regarding elements of the Affordable Care Act that affect EMS. It has been moving forward with ideas for revising the EMS Agenda for the Future document, recognizing that much of the original document remains relevant. It has been providing input for the development of the EMS Culture of Safety Strategy. That document has been completed, and NEMSAC will be making recommendations for implementation.

NEMSAC is also soliciting comments on updates to the EMS Education Agenda for the Future and will provide recommendations to the government on those updates in 2014.

Mr. Reinert stressed the importance of the relationship between NEMSAC and FICEMS. He offered the support of NEMSAC in efforts to implement the FICEMS new strategic planning document. Mr. Gabriel expressed appreciation for NEMSAC's growing relationships through the liaisons. He noted that FICEMS intends for its new strategic plan to be a living and breathing document and would appreciate ongoing NEMSAC input.

## **The NIH Office of Emergency Care Research—an Overview**

Jeremy Brown, M.D., Director of National Institute of Health's Office of Emergency Care Research, described his professional background and reported on activities of the office. Dr. Brown graduated from medical school in London, then moved to Israel, where he worked on a mobile intensive care unit. He received formal training in EMS in Boston subsequently. He was appointed director of NIH's Office of Emergency Care Research in July 2013.

Dr. Brown noted that NEMSAC had recommended expanding research in EMS areas, with a focus on medical outcomes. The Office of Emergency Care Research today serves a mission to (1) catalyze development and refinement of NIH research portfolios, (2) coordinate research involving multiple NIH institutes and centers, (3) create ways to fund new research focusing on patients with time-sensitive medical conditions, and (4) train the next generation of researchers in emergency care. Keeping emergency care costs down while remaining on the cutting edge of care will continue to be difficult.

Dr. Brown cited the RAMPART study on the application of treatment for status epilepticus in prehospital settings. The large study was randomized and double-blinded and demonstrated a benefit of the delivery of lorazepam using intravenous delivery, although intramuscular-injected midazolam provided slightly better results. Dr. Brown emphasized that the study demonstrated the strong potential for conducting large-scale research in prehospital care, with the aid of paramedics and EMS agencies.

The NIH is supporting a study on the role of EMS in the care for sepsis, which is significant for rural settings. Dr. Brown recognized a lack of funding for EMS research projects at NIH and stated his goal of improving that situation. He noted that the Affordable Care Act calls for more research in areas such as patient stabilization and transfer. He encouraged the EMS community to work with emergency care researchers to develop and submit research questions to the NIH.

In discussion, Dr. Terry Adirim applauded the success of emergency medical research. She recommended that NIH reorient review panels to consider emergency medicine research and the prehospital workforce. The pediatric research network is a good model. Dr. Kathryn Brinsfield expressed interest in discussing the return on investment of emergency research. David Furth agreed, citing cost-benefit analyses of time to response and relevant research. Dr. Susan Karol stated that the Indian Health Service looks forward to working with Dr. Brown's office. Mr. Gabriel encouraged Dr. Brown to include FICEMS in the processes of his office.

### **Technical Working Group Reports**

Mr. Gabriel noted that the technical working group has been working, through committees, on the strategic planning project and the MUCC triage guidelines project. Drew Dawson introduced two speakers who presented updates on activities in data and preparedness.

***Medical Oversight and Data & Research.*** Dr. Elizabeth Edgerton of the Health Resources and Services Administration described the effort to develop a snapshot of what agencies are pursuing regarding emergency medical research and evidence-based guidelines. The idea is to align efforts. An upcoming journal supplement will discuss evidence-based protocols and care in prehospital settings. It will address evidence, opportunity costs, best practices, and particular protocols.

***Preparedness.*** Dr. Robert Bass noted efforts to include preparedness in the FICEMS draft strategic plan and to support implementation of the MUCC project. The committee has provided assistance to the CDC regarding the issue of medical surge and has monitored implementation of action steps for the pandemic flu. It provided language in the new strategic plan for improving EMS system preparedness.

Mr. Gamunu Wijetunge, of the Department of Transportation's Office of Emergency Medical Services, reported that the core criteria for mass casualty triage was approved. The committee will work to support MUCC-compliant triage systems. Kandra Strauss-Riggs, of the National Center for Disaster Medicine and Public Health, described her office's interest in training for disaster preparedness, including competency development, pediatrics, and curricula. She expressed enthusiasm for working with the federal partners.

## **FICEMS Strategy Planning**

Mr. Gabriel introduced the strategic planning project, noting its history and goal of aligning the EMS programming of federal agencies. Input has come from the public and NEMSAC over several years. The document features goals and objectives for the interagency. Now that the document is complete, the hard work of coordinating activities and resources among the agencies begins. Mr. Dawson stated that FICEMS will serve as the coordinating body.

Jean Sheil made a motion to approve the strategy document. David Friedman seconded the motion, and the FICEMS members voted unanimously to approve the document.

Mr. Gabriel requested that the committee members choose priorities from the list of 30 strategic objectives in the document. He then proposed the following four top objectives from the list:

- 2.1 Support the development, implementation, and evaluation of evidence-based guidelines according to the national Prehospital EBG Model Process
- 2.2 Promote standardization and quality improvement of prehospital EMS data by supporting the adoption and implementation of NEMSIS-compliant systems
- 3.3 Improve EMS system preparedness for all hazards, including pandemic influenza, through support of coordinated multidisciplinary planning for disasters
- 6.3 Work with state EMS offices to support the transition of military EMS providers to civilian practice.

The committee members supported especially the second objective, noting the difficulties in efforts to obtain consistent data. They voted to designate several others as priorities (1.1, 1.3, 2.3, 2.4, 2.5, 4.1, 4.2, 4.4, 6.2, 6.3, 6.4, and the four noted above). Mr. Gabriel stated that he will forward this recommendation to the Technical Working Group and ask it to report back regularly.

Mr. Sipos suggested drawing up timelines for the efforts, to ensure that some objectives are not overlooked. Mr. Gabriel suggested asking the TWG to indicate timelines. The committee will ask the NEMSAC to comment as well. The committee members agreed that updates from the TWG should be placed on a dashboard quarterly and reported at full FICEMS meetings.

## **National Transportation Safety Board Recommendations**

Mr. Gabriel praised the partnership with the National Safety Transportation Board and cited the FICEMS response to four NSTB recommendations made in response to the Mexican Hat bus crash and issues surrounding helicopter EMS. Guidelines in response to the helicopter issues are being developed—a draft is in review.

## **Emerging Issues in EMS from Federal Agencies and Agency Updates**

Dr. Karol reported that the Indian Health Service is working to improve the mapping of programs, indicating where facilities and EMS programs lie. It is determining distances, for example, to trauma centers and hospitals.

David Furth reported that the FCC has a new chairman, Thomas Wheeler. He cited a large initiative to address with the country's migration of the communication system from copper wire to Internet Protocol (IP) infrastructure. The initiative features development of a policy framework, and a process is underway, including data collection and public comment. The commission considers EMS to be part of that process. The FCC also is working on next generation 911 and will consider the issue of texting to 911.

## **Public Comment**

Mr. Louis Lombardo, of Care for Crash Victims, referred to a petition he made to the NHTSA Administrator, noting the continuing large number of crash deaths and injuries and asking the Administrator to suggest that the President (1) adopt a national goal for the treatment of serious crash injuries (1-hour Medevac), (2) adopt a national goal to publish state crash injury data, and (3) adopt a national goal to restore rollover and extrication to triage guidelines and support use of URGENCY software algorithm.

## **Election of Chair and Vice Chair for Calendar Year 2014**

Mr. Gabriel asked the committee members to consider nominations for chair and vice chair of the FICEMS to serve in 2014. Mr. Friedman nominated Dr. Brinsfield for the position of chair, and Dr. Bass seconded the nomination. The committee members voted unanimously for Dr. Brinsfield to serve as chair. Dr. Brinsfield nominated Mr. Gabriel for the position of vice chair, and Mr. Friedman seconded. The committee members voted unanimously for Mr. Gabriel to serve as vice chair.

## **Recognition of Dr. Robert Bass's Retirement**

Mr. Gabriel recognized Dr. Bass, who was retiring from state government and the committee and who has been its longest serving member (since 2006). Dr. Bass has led the preparedness committee since its inception, and he is the only non-federal member of FICEMS. Mr. Dawson characterized Dr. Bass as a well-respected leader in EMS for many years. Mr. Bass is multi-talented and has exhibited a strong character of persistence and commitment in EMS matters. Dr. Brinsfield applauded Dr. Bass's capacity to speak the truth and suggested that he might be called on for advice in the future. Dr. Bass called his term on the committee a labor of love, and he thanked the members. Mr. Gabriel presented him with a plaque commemorating his service.

Mr. Gabriel adjourned the meeting at 3:40 p.m., EST.