

**U.S. DOT National EMS Advisory Council Meeting**  
**U.S. DOT Headquarters**  
**Washington, DC**  
**April 24-25, 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 Inaugural meeting of the National Emergency Medical Services Advisory Council (NEMSAC) on April 24-25, 2008.

**Day One Summary – April 24, 2008**

The National EMS Advisory Council (NEMSAC) convened for its Inaugural meeting at 8:50 a.m. (EST) on April 24, 2008, at the U.S. Department of Transportation in Washington, DC.

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

**Council Members in Attendance:**

Dia Gainor, State EMS Director, NEMSAC Chair  
Jose Salazar, Educator  
Matthew Tatum, Emergency Management  
Kevin Staley, Homeland Security  
Linda Squirrel, Tribal EMS  
Kyle Gorman, Local EMS Service Director/Administrator  
Charles Abbott, State Highway Safety Director  
Gary Wingrove, Hospital Administration  
Tom Willis, At Large Membership  
Joe Wright, M.D., Pediatric Emergency Medical Services  
Aarron Reinert, Data Manager  
Jeffrey Salomone, M.D., Trauma Surgeon  
Robert Oenning, Dispatcher/9-1-1  
Jeff Lindsey, Fire-based EMS  
Baxter Larmon, EMS Researcher  
Patricia Kunz Howard, Emergency Nurses  
Kurt Krumperman, Private EMS  
Kenneth Knipper, Volunteer EMS  
Tom Judge, Air Medical  
Chris Tilden, Public Health  
Dan Meisels, Hospital-based EMS

**Council Members Not in Attendance:**

Joseph Heck, D.O., State or Local Legislative Bodies  
John Sacra, M.D., Emergency Physician  
Ritu Sahni, M.D., MPH, EMS Medical Director  
Richard Serino, At Large Membership

**NHTSA Staff in Attendance:**

Drew Dawson  
Jim Ports  
Susan McHenry  
Gamunu Wijetunge  
Cathy Gotschall  
Gerald Poplin  
Plina Doyle  
Keith Williams  
Anthony Oliver  
Laurie Flaherty  
David Bryson  
Dana Sade  
Brian McLaughlin

**Public Attendance:**

Chris Zervas – DC Fire & EMS  
Kevin Kardel - TK Holdings and Safety Restraint  
Jim Morehead - EMSC National Resource Center  
Beth Armstrong - National Association of State EMS Officials  
Chris Easley - Association of Air Medical Services  
Allison Moore-National Volunteer Fire Council  
Carol Spizzirri - Save-A-Life Foundation  
Susie Nicol - EMSresponder.com  
Jay Martin - Department of Homeland Security – Office of Health Affairs  
Christine Murphy - Emergency Nurses Association  
Jonathon Moore - International Association of Firefighters

**Meeting:**

Designated Federal Official (DFO) Drew Dawson called the meeting to order and provided opening remarks at 8:50 a.m. EDT.

**Federal Advisory Committee Act and Ethics Briefing**

Dana Sade, from NHTSA's Office of Chief Counsel, provided an overview of FACA and an ethics briefing. She stressed the importance of refraining from using NEMSAC membership for private gain. Specifically, Ms. Sade discussed potential conflicts of interest and examples of misuse of position. NEMSAC Chair Dia Gainor elaborated upon Ms. Sade's presentation and discussed further considerations for NEMSAC members, including guidelines for handling media inquiries. Mr. Dawson emphasized the important

distinction between speaking to the media on behalf of NEMSAC and speaking to the media on behalf of oneself, urging members to refrain from doing the former.

### **Opening Remarks & Swearing in of Members**

At the start of the main morning session, Mr. Dawson introduced NHTSA Deputy Administrator Jim Ports, who provided a warm welcome, congratulated the members and the Chair for being selected and administered the oath of office for all NEMSAC members in attendance. Following the swearing-in ceremony, the members introduced themselves and provided background information and some initial EMS concerns or issues.

### **Charge to Council & NEMSAC Chair's Remarks**

Mr. Dawson summarized NEMSAC's primary roles, which are to make recommendations to NHTSA and the Department of Transportation, to help deal with the big picture, and to answer the question: "Where are we going, and are we going in the right direction?" He also indicated that NEMSAC may be able to make recommendations about other Federal programs through US DOT to the Federal Interagency Committee on EMS (FICEMS). Ms. Gainor synthesized the concerns and recommendations that were raised during the council members' introductions into an overall theme: Providing safe, reliable, capable, clinically effective, and accountable EMS systems. The morning session adjourned for lunch at 11:45 a.m.

The afternoon session commenced at 1:35 p.m. with introductions of the guests.

### **DOT Organizational Structure**

Senior Associate Administrator Brian McLaughlin described the organizational structure of the DOT and NHTSA and provided organizational charts for each. He also shared his own EMS story and how EMS and rapid access to appropriate medical care saved his life. Mr. McLaughlin emphasized the need to take the tremendous local, state and national experience and expertise of the NEMSAC members and apply that to recommending improvements in EMS nationwide.

### **Office of EMS Overview and Overview of Federal interagency Committee on EMS (FICEMS)**

Mr. Dawson provided an overview of the Office of EMS, including a brief history, review of mission and approach, Federal EMS program coordination, projects of national significance, funding and staffing (see attached presentation). Following a break, Mr. Dawson provided a brief overview of FICEMS, including statutory requirements, membership, priorities, and use of the Technical Working Group and its committees to further the work of FICEMS between meetings. He stressed the need for data to drive future policy in the EMS arena. He also suggested having a representative from NEMSAC present at every FICEMS meeting, and vice versa. EMS Program Manager for the Department of Homeland Security Jay Martin described the organization of the Office of Health Affairs (see attached summary).

**Brief OEMS Projects Overview**

Office of EMS staff members Susan McHenry, David Bryson, Gamunu Wijetunge, and Cathy Gotschall followed with a brief overview of OEMS projects, including the National EMS Information System (NEMSIS), the EMS Education Agenda, preparedness programs, and the national conference on pre-hospital evidence-based guidelines (see attached presentation). The overview was followed by a brief discussion among NEMSAC members regarding the upcoming conference on evidence-based practice guidelines process. Action on this matter was deferred until the next morning.

The meeting adjourned for the day at 5:02 p.m. EST.

## **Day Two Summary – April 25, 2008**

The National Emergency Services Advisory Council (NEMSAC) reconvened for the second day of its inaugural meeting at 8:37 a.m. (EST) on April 25, 2008, at the U.S. Department of Transportation in Washington, DC.

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

### **Council Members in Attendance:**

Dia Gainor, State EMS Director, NEMSAC Chair  
Jose Salazar, Educator  
Matthew Tatum, Emergency Management  
Kevin Staley, Homeland Security  
Linda Squirrel, Tribal EMS  
Kyle Gorman, Local EMS Service Director/Administrator  
Charles Abbott, State Highway Safety Director  
Gary Wingrove, Hospital Administration  
Tom Willis, Firefighter/Paramedic  
Joe Wright, M.D., Pediatric Emergency Medical Services  
Aarron Reinert, Data Manager  
Jeffrey Salomone, M.D., Trauma Surgeon  
Robert Oenning, Dispatcher/9-1-1  
Jeff Lindsey, Fire-based EMS  
Baxter Larmon, EMS Researcher  
Kurt Krumperman, Private EMS  
Kenneth Knipper, Volunteer EMS  
Tom Judge, Air Medical  
Chris Tilden, Public Health  
Dan Meisels, Hospital-based EMS

### **Council Members Not in Attendance:**

Joseph Heck, D.O., State or Local Legislative Bodies  
John Sacra, M.D., Emergency Physician  
Ritu Sahni, M.D., MPH, EMS Medical Director  
Richard Serino, At Large Membership  
Patricia Kunz Howard, Emergency Nurses

### **NHTSA Staff in Attendance:**

Drew Dawson  
Susan McHenry  
Gamunu Wijetunge  
Gerald Poplin  
Plina Doyle  
Keith Williams

Anthony Oliver  
Laurie Flaherty  
David Bryson  
Dana Sade

**Public Attendance:**

Approximately 10 members of the public were in attendance. The organizations represented included the International Association of Firefighters, TK Holdings, EMSCNRC, the Emergency Nurses Association, and the National Association of State EMS Officials.

**Meeting:**

**NEMSAC Operations & Procedures**

Dia Gainor, NEMSAC Chair, called the meeting to order at 8:37 a.m. (EST) and, together with Mr. Dawson, led a brief discussion of the drafts of NEMSAC's Code of Conduct and Bylaws. Mr. Gorman moved to adopt the Bylaws pending changes to section IV-F: Conduct of meetings electronically, which remained to be written. The motion was seconded by Mr. Reinert and no council members were opposed. (see attached)

Mr. Wingrove proposed an edit to the Conflicts of Interest section of NEMSAC's Code of Conduct draft. In the first bullet, "strive to prove advice" shall be revised to read "strive to provide advice." Mr. Judge moved to adopt the Code of Conduct draft pending Mr. Wingrove's proposed revision. The motion was seconded by Jose Salazar and no council members were opposed. (See attached)

Ms. McHenry suggested establishing a document to be available on [www.ems.gov](http://www.ems.gov) Web site to include a brief bio and photograph of each council member, similar to the FEMA advisory council's Web site.

Ms. Gainor explained that specific guidelines for NEMSAC co-sponsorship of events will be discussed at a future meeting; however there is an important current project that would benefit from NEMSAC participation. This project is the development of a process for the evidence-based practice guidelines for EMS.

FICEMS is sponsoring "From Evidence to Practice: Building the National Model" conference scheduled for September, 2008. Mr. Dawson suggested that NEMSAC consider co-sponsoring the event, which he said will involve, in part, reviewing the agenda and invitees. Mr. Dawson also spoke of the advantage of NEMSAC being able to then consider the proposed process as part of its deliberations. Mr. Larmon moved to co-sponsor the event and the motion was seconded by Dr. Salomone. The Council agreed, by a show of hands, to co-sponsor the Evidence-based Guidelines Process Meeting.

There was a brief break in this discussion, as Ms. Sade had returned to address a few legal considerations for NEMSAC, including guidelines for establishing subcommittees and holding telephone meetings, as well as documentation procedures. Telephone

meetings of the full Council are subject to all of the requirements of face-to-face meetings and the decision-making process must always be public. Mr. Larmon raised the issue of having to balance NEMSAC's demand for openness with that of publishers who bar data from being shared. Mr. Wright echoed the concern that an early compromise of data is detrimental to the process. Ms. Sade said she will research this issue further.

Returning to the discussion of the FICEMS national evidence-based practice guidelines conference, Ms. Gainor asked for a show of hands from council members who were interested in representing NEMSAC in planning for and attending the event. Mr. Gorman suggested that council members send proposals for additional attendees to Ms. Gainor and Mr. Dawson.

### **“Landscape of EMS Issues” Discussion**

Ms. Gainor then opened the floor for a broad discussion of issues related to the general “landscape” of EMS. The issues raised by the council members included:

- Medicare reimbursement
- Organization and integration of Air Medical Services
- Interstate credentialing and licensing
- Establishing a universal method for EMS systems inventory workload nationwide
- EMS participation in HIE
- Application of advanced QI
- Ensuring equitable access to accredited education programs
- Standardized credentialing
- Absence of governmental responsibility and accountability to assure provision of EMS
- Standardized response time expectation/performance measures
- Staffing resource capabilities both for day-to-day and surge
- Equitable access to federal grants for EMS agencies
- Recruitment and retention of increasingly professional staff
- System fragmentation
- Medical oversight
- Public education intervention
- Communications
- Enhanced coordination between state Highway Safety and EMS offices
- Leadership development
- Institutional Review Boards
- Pay and benefits
- Integration of regionalized, accountable, and coordinated systems of Pediatric Emergency Care
- Assessing differences in EMS systems by configuration; clinical capability
- Data; belief and ownership
- NTSB-style oversight of EMS agency crashes
- Access to trauma systems
- Promoting recognition among the public of the importance of EMS

- There needs to be some method to evaluate new devices
- Public expectations exceed EMS/911 capacity
- Lack of operational systems integration
- Safety of EMS personnel
- Funding for personnel, equipment
- Adequate financial support for research
- Patient safety and medical errors
- Integrating with other community systems
- Emergency department overcrowding
- Money for EMS infrastructure
- There needs to be a lead Federal EMS agency
- Recruiting young people, keeping training and performance requirements within reach of the volunteers; Medicaid funding
- Leveling public recognition and appreciation for EMS compared to other public safety services
- Mechanisms for immediate interstate legal recognition
- Funding source to rebuild EMS infrastructure
- Defined and adequate assurance (third-party payments)
- No pervasive performance improvement systems transparent and accessible to all

Note: Subsequent to this meeting, additional issues were solicited from the members who were not in attendance. A comprehensive listing is attached.

### **Public Comment Period**

Ms. Gainor opened the floor for public comment. Jonathan Moore of the International Association of Firefighters discussed his familiarity with the list of issues the council previously identified – issues he said have been talked about for years with little resolution – and expressed hope that NEMSAC can make progress in finally addressing some of them. Jim Morehead of EMSCNRC echoed Mr. Moore’s sentiments, emphasizing the importance of data and evidence. Written comments from the Save a Life Foundation were distributed (see attached).

**Next Steps and Future Meetings** Finally, Ms. Gainor led a discussion of what needed to be accomplished before the next NEMSAC meeting. It was decided that:

- A NEMSAC workgroup whose task is to combine and refine the issues identified above into “buckets” will be formed. Ms. Gainor explained that this workgroup will be responsible for organizing information for further consideration by the council, *not* prioritizing information.
- The workgroup will finish its work by the end of May and report back to the council in early June via teleconference.
- The council’s second in-person meeting will be scheduled for early July (most likely from July 10-11 or 17-18) to establish high-level committee charters (timelines, NHTSA/NEMSAC expectations, deliverables).



- The next steps will be to finalize and refine the charters (this is done by the DFO) and to form additional committees to discuss each “bucket list” by August 1.
- Once formed, committees will be granted two months, with work done via phone and e-mail, to devise a work plan for the deliberation of its “bucket list” by the entire council. Committees should complete their draft work plans, including crosswalk material, by the end of September.
- The third in-person meeting of the entire council, to deliberate on the issues, will be held in early October.

The meeting was adjourned at 11:58 a.m. EST.

## Attachment A

### NEMSAC Discussion of “Landscape of Issues” - April 25, 2008

- Organization and integration of Air Medical Services
- Clarification/standardization of when it is appropriate to call for helicopter transport
- Interstate credentialing and licensing, including how to handle volunteers at major incidents
- There’s no universal method for EMS systems inventory & workload nationwide
- Better standardization and collection of EMS related data points
- Medicare reimbursement – pay for performance & what it means for EMS
- 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.)
- EMS participation in Health Information Enterprise
- Application of advanced QI
- 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
- Ensure equitable access to accredited education programs – geographic, financial, etc.
- Standardized certification, licensure and credentialing of personnel, agencies and systems
- Adopt the “5-part model” (EMS Education Agenda for the Future) and it’s influence /effect on initial education, national certification, and improving reciprocity
- Absence of governmental responsibility and accountability to assure provision of EMS
- Standardized response time expectation/performance measures
- Standardized definitions and performance measures, but not standardized response times – will vary widely by type of service, location, etc.
- Staffing resource capabilities both for day-to-day and surge
- Equitable access to federal grants for EMS agencies, including private/non-profit EMS providers that do emergency work
- Recruitment and retention of increasingly professional staff
- System fragmentation
- Medical oversight
- Physicians should have more oversight of standards – for example, a physician should be able to determine what type of response and response time goals are medically appropriate for a system.
- Funding for medical oversight
- Subspecialization for EMS MDs
- Public education and information
- Communications systems, interoperability
- Enhanced coordination between state Highway Safety and EMS Offices

- Leadership development
- Institutional Review Boards & EMS research
- Pay and benefits for EMS personnel
- Integration of regionalized, accountable, and coordinated systems of Pediatric Emergency Care
- Assessing differences in EMS systems by configuration; clinical capability
- Data; belief and ownership and compliance (NEMSIS)
- NTSB-style oversight of EMS agency crashes
- A nationwide EMS crash database with common data points to collect/study the problem
- Access to trauma systems
- Promoting recognition among the public of the importance of EMS
- There needs to be some method to evaluate the efficacy and performance of new devices
- Public expectations exceed actual EMS/911 capacity
- Lack of operational systems integration
- Safety of EMS personnel
- Safety of personnel – include vehicle design, lighting, conspicuity, lifting/transfer devices, protection from exposure, highway safety, driver training
- Adequate funding for personnel, infrastructure, equipment from non-reimbursement sources
- Adequate financial support for research
- Patient safety and medical errors
- Integrating with other community systems
- Emergency department overcrowding, patient diversion
- Money for EMS infrastructure
- System redesign in rural/frontier austere settings
- There needs to be a lead Federal EMS agency
- Recruiting young people, getting parental support
- Keeping training and performance requirements within reach of the volunteers;
- Medicaid funding
- Leveling public recognition and appreciation for EMS compared to other public safety services
- Mechanisms for immediate interstate legal recognition
- Funding source to rebuild EMS infrastructure
- Defined and adequate benefit assurance (third-party payments)
- No pervasive performance improvement systems transparent and accessible to all
- Interface: integration with other health, public health partners.
- Mapping/GIS/Data Analysis
- CAD to CAD interfaces for quickly sharing information
- Emergency medical Dispatch/Wireless 9-1-1/Voice over Internet Protocol (VOIP)
- Vehicle crash telematics – ACN
- EMT/Paramedic injuries/wellness and mental health readiness (pre and post)

- Emergency Preparedness – national recommendations for training, planning, resources, stockpiling, as well as alt standards of care, might be helpful, not to mention a national EMS EP grant.
- Joint planning with public health and health care agencies, prophylaxis for first responders including families, integration of GIS, patient tracking.
- Recruitment, but I would recommend focusing not only on young people, but also people who would make the job a career and stay for the long haul.
- Information sharing across EMS agencies across different cities/states/countries, the possibility of sending people to other services for a week or two, this might be nice as a nationally sponsored program.
- Some sort of online application that would house lessons learned, protocols, templates, after action reports, etc, kind of like LLIS, with some sort of security built in.
- Minimum Standard EVOC programs
- EMS role in regional systems of care -trauma, STEMI, stroke, peds, ob
- Place an emphasis on interventions which “make a difference” rather than concentrating on response time standards
- Create EMS protocols which are evidence-based and seamless between First response and Transport
- Support electronic patient care records to allow for 100% case review
- Consider different types of providers for rural EMS such as expanded scope of practice for existing health professionals, such as community health aid.
- Regionalize protocols, equipment and medical oversight, etc. for disaster response
- Recognize and support readiness costs
- Provide reimbursement for non-transports
- Establish model systems for both rural EMS and urban EMS with guiding principles, core issues and operational plans
- Base reimbursement on performance standards not transport and readiness for defined geographical areas
- Study the blurring of ALS and BLS care based on evidence-based medicine.

**Attachment B**

Office of EMS Overview – Drew Dawson Presentation

**Attachment C**

Overview of Federal Interagency Committee on EMS (FICEMS)

**Attachment D**

DHS Office of Health Affairs Overview – Jay Martin Presentation

**Attachment E**

OEMS Projects Overview – OEMS Staff Presentations

**Attachment F**

Draft NEMSAC Bylaws

**Attachment G**

Draft NEMSAC Code of Conduct

**Attachment H**

Written Public Comments from Save A Life Foundation

