THURSDAY, 29 JANUARY 2009
The National EMS Advisory Council (NEMSAC) convened at 1 p.m. EST 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
Dia Gainor, State EMS Director, NEMSAC Chair
Charles Abbott, State Highway Safety Director
Kyle Gorman, Local EMS Service Director/Administrator
Thomas Judge, Air Medical
Kenneth Knipper, Volunteer EMS
Baxter Larmon, PhD, EMS Researcher
Jeffrey Lindsey, PhD, Fire-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
Kevin Staley, Homeland Security
Matthew Tatum, Emergency Management
Gary Wingrove, Hospital Administration
Joseph Wright, MD, Pediatric Emergency Medical Services (one day only)
J. Thomas Willis, Firefighter/Paramedic

Council Members Not in Attendance
Joseph Heck, DO, State or Local Legislative Bodies
Kurt Krumperman, Private EMS
Patricia Kunz-Howard, PhD, Emergency Nurses
Daniel Meisels, Hospital-based EMS
Robert Oenning, Dispatcher/911
Linda Squirrel, Tribal EMS
Chris Tilden, PhD, Public Health

Ad Hoc Committee Members
John Becknell, EMS Best Practices
Carol Cunningham, MD, Ohio Department of Public Safety
Bruce Evans, EMS Chief, North Las Vegas Fire
Troy Hagen, Director, Ada County Paramedics
WELCOME AND OPENING REMARKS
Chair Dia Gainor called the meeting to order and welcomed members to the fourth meeting of the National EMS Advisory Council (NEMSAC). She introduced Drew Dawson, Designated Federal Official (DFO), to update members on the status of previously adopted NEMSAC recommendations.

Recommendation language: NEMSAC requests that NHTSA carry the recommendation to FICEMS to make of highest priority the implementation of the IOM [Institute of Medicine] recommendation calling for CMS to assemble an ad hoc working group with expertise in emergency care, trauma, and EMS Systems to evaluate the reimbursement of EMS and make a recommendation with regard to including readiness costs and permitting payment without transport.

The Centers for Medicare and Medicaid Services (CMS) presented a response (attachment A) to the recommendation at the Federal Interagency Committee on EMS (FICEMS) December 2008 meeting. CMS declined to convene a working group but agreed to provide technical experts to the NEMSAC Finance committee if the need arose.

Recommendation language: In the interest of providing the most appropriate quality healthcare to patients, the Analysis, Oversight and Research Committee recommends that NEMSAC adopt “Establishing a Culture of Safety: A National Strategy” with the development of a National Strategic Consensus Project.

Mr. Dawson suggested the Council move forward with an agenda-type document while the Office of EMS at NHTSA reviewed the project as part of its long-term budgeting process.

Recommendation language: NEMSAC asks NHTSA to identify opportunities to develop national guidelines around the topic of mode of transport.

FICEMS thought field triage guidelines developed by the Centers for Disease Control and Prevention (CDC) could be an opportunity for collaboration or used as a model for developing mode of transport guidelines.

INTRODUCTIONS
NEMSAC members provided brief self-introductions followed by public audience members.

APPROVAL OF OCTOBER 2-3 2008 MINUTES
All members were in favor, none opposed, and the minutes were approved without correction.

PRESENTATIONS (ATTACHED)
EMS Management and Leadership Development in America: An Agenda for the Future
Skip Kirkwood, National EMS Management Association (NEMSMA)

Mr. Kirkwood invited the Council to offer support, suggest funding opportunities, and advise on how best to proceed.
Council members questioned their ability to support a specific project. Susan McHenry, NHTSA Office of Emergency Medical Services (OEMS), stated it would be difficult for NEMSAC to endorse an external organization’s product, but the Education and Workforce Committee could discuss the topic of leadership development and present to the Council recommendations with parallel aims.

**Fire and Emergency Services Higher Education Program (FESHE)**
*Michael Ward, National EMS Management Curriculum Committee Chair*

The National EMS Management Curriculum committee developed model curricula for EMS management training that could lead to a bachelor’s degree or certificate.

Kyle Gorman, Systems Committee chair, questioned the benefit of formal education for leadership development, stating experience is the dominating factor for developing the skills EMS leaders need. He acknowledged that education is imperative for providing baseline knowledge but is not necessarily the solution for developing practical competencies.

Ms. Gainor requested Kevin Staley, Education and Workforce Committee chair, consider the topic of leadership development and add it, if not already included, to the committee’s list of priority issues. She reminded the Council that it is the prerogative of committee chairs to prioritize issues and present them for Council deliberation.

**NEMSAC Committee Reports and Discussion**

**Safety Committee Report: Jeffrey Lindsey, PhD, Chair**

Jeffrey Lindsey, Chair, invited Thomas Judge to present on trends in Air Medicine (attached: *Contemporary Transport Medicine*). He addressed historical factors and emerging trends that contribute to the configuration of air medical systems in the United States:

- **Issues in System Design**
  - Proliferation of air medical services
  - Demand vs. need
  - Integration of transport services
  - Risks of rapid expansion
- **Issues in Growth**
  - Financing the system
  - Demographics
  - Rural and urban responses
  - Regulation
  - Medical and technical imperatives
  - Access
  - Airline Deregulation Act (ADA)
- **Patient Selection and Benefit**
  - Many criteria
  - Little Evidence
  - Wide variation in practice
Who benefits from air transport?
Is ground transport just as effective in some cases?
Safety of helicopter transport vs. safety of ground transport
Cost efficacy

• Impetus for Improving Safety Record
  From 1972—2008 55% of Helicopter EMS (HEMS) crashes have occurred between 1998—2008
  Recent increase in number of incidents
  National Transportation Safety Board (NTSB) investigation and recommendations

Questions pertinent to current air medical discussions:

• Is the mode of transport a medical therapy decision?
• Does helicopter availability translate to healthcare access?
• What separates medical and aviation regulation?
• Is there a way to base mode of transport decisions on evidence?

Dr. Lindsey reported on the Safety Committee’s activity

The Safety Committee would move forward with two initiatives: 1) organize safety-related sources into a library and (2) draft a white paper. The white paper will address

1. Defining a “Culture of Safety” for EMS
2. Standardizing database definitions for tracking safety-related incidents
3. Resource management

Members will reach out to the technical expertise of insurance groups, engineers, and federal participants. Dr. Lindsey projected the committee would be able to present its white paper at the June 2009 Council meeting.

Dr. Lindsey assured Council members that the Safety Committee had discussed tracking EMS response accidents. The committee believes that, although there is a mechanism for collecting necessary data, collection is not happening. The Safety Committee hopes to address the challenge of defining values for data collection in the white paper.

Systems Committee Report: Kyle Gorman, Chair

Mr. Gorman reported the guiding principles for EMS systems design identified by the committee

1. Evidence-based design
2. Single patient approach
3. Team approach (focus on care delivery)
4. Integrated CQI (standard among segments)
5. Medical dispatch prioritization (right resource, right scene, right level of response)
6. Appropriate resource allocation
7. Coordinated competency assurance
8. Integrated protocols (horizontal and vertical)
9. Cost effectiveness
10. Medical oversight (intentionally not medical direction)
11. Measuring and reporting on key performance indicators
12. Electronic records
13. Disaster preparation and surge response (clearly define “disaster”)
14. Planning (long-term planning to flex with evolving systems)
15. Safety
16. Community engagement

The committee will use these principles to develop an evidence based model EMS system focused on single-patient outcomes and:

- Establish bibliography for EMS system design
- Review references for appropriateness
- Create matrix of evidence for each guiding principle
- Develop core issues from evidence for rural and urban systems

**Analysis, Oversight and Research Committee: Ritu Sahni, MD, Chair**

Dr. Sahni asked Ms. Gainor to clarify what was expected of committee literature reviews and the level of effort associated with the task identified on the committee reporting template as subtitle “Supporting data related to the issue”. He questioned if a committee could independently tackle an extensive, evidence-based literature review while still performing other work for the Council.

Ms. Gainor suggested that the Oversight, Analysis and Research Committee assume the responsibility of defining the parameters for committee literature reviews. She asked Dr. Sahni to consult with his committee and establish a standard to present to the Council the following day, January 30, 2009, to clarify expectations for literature review outcomes.

To conclude his report, Dr. Sahni proposed the committee’s next action steps:

- Complete the committee reporting template
- Continue to develop the Culture of Safety initiative
- Create a paper of publishable quality to use as the basis for an evidence-based literature review on patient safety in EMS

**Education and Workforce Committee Report: Kevin Staley, Chair**

To address its priority issue, the Education and Workforce Committee focused on four documents: *EMS Agenda for the Future*, *EMS Education Agenda for the Future*, the *National EMS Scope of Practice Model*, and Institute of Medicine’s (IOM) *Future of Emergency Care* report. The committee concluded that the *EMS Education Agenda for the Future* and the *National EMS Scope of Practice Model* contain detailed, appropriate, and satisfactory definitions for “certification,” “licensure,” and “credentialing.”

Mr. Staley prepared the Council for four forthcoming recommendations from the Education and Workforce Committee:
1. NHTSA continue to support States’ efforts to adopt and implement the *EMS Education Agenda for the Future*
2. NHTSA continue to assist with drafting model legislation to help states adopt the EMS Education Agenda for the Future
3. NHTSA provide recurring report cards to NEMSAC to track nationwide implementation of the *EMS Education Agenda for the Future*
4. NHTSA support research pertinent to the *EMS Education Agenda for the Future*

The committee’s recommendations were derived from ideas presented in the IOM report and state surveys. Following a formal presentation of the recommendations, Council deliberation and decision, the Education and Workforce Committee will proceed to address its second priority issue, EMS leadership development.

Ms. Gainor asked about the status of the committee’s interim report and requested Mr. Staley to prepare it for Council review the following day, January 30, 2009, so Council could refine the committee reporting process. Mr. Staley agreed to do so.

**Finance Committee Report:** Gary Wingrove

Gary Wingrove presented the Finance Committee report on behalf of Chair Kurt Krumperman who was unable to attend.

The committee intends to create a briefing paper using research demonstrating that EMS can facilitate improved patient outcomes and reduce overall patient care costs. The committee identified continuous positive airway pressure (CPAP) machines and patient cooling as two areas of promise and expressed a desire to uncover more research on these topics.

The committee believes that CMS did not respond directly to the recommendation made by NEMSAC to assemble an ad hoc working group to address readiness costs and payment without transport. He proposed that the Finance Committee would engage CMS for further elaboration in the future.

Committee members reviewed the American Automobile Association’s (AAA) EMS Starter Kit and the National EMS Information System (NEMSIS) transition to HL7 data standards.

The committee did not address a template for financing an EMS system because Mr. Krumperman was not present. Mr. Wingrove assured the Council they would proceed under Mr. Krumperman’s guidance.

**Closing Remarks and Adjournment for the Day**

Ms. Gainor outlined the topics of discussion for the following day:

- Use the Education and Workforce Committee’s interim report to review the committee reporting template and test the reporting process
- Define expectations and streamline committee literature reviews
- Review the Safety Committee’s interim report
• Review the Oversight, Analysis and Research Committee’s interim report

Ms. Gainor entertained a motion to adjourn the first day of the NEMSAC Meeting. All were in favor, none opposed, and the meeting adjourned at 4:42 p.m.

FRIDAY, 30 JANUARY, 2009
The National EMS Advisory Council (NEMSAC) reconvened for the second day of the meeting at 8:01 a.m. (EDT) on January 30, 2009, at the Marriott Crystal City Hotel in Arlington, VA.

ATTENDANCE
Council Members
Dia Gainor, State EMS Director, NEMSAC Chair
Charles Abbott, State Highway Safety Director
Kyle Gorman, Local EMS Service Director/Administrator
Thomas Judge, Air Medical
Kenneth Knipper, Volunteer EMS
Baxter Larmon, PhD, EMS Researcher
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Chris Tilden, PhD, Public Health
Joseph Wright, MD, Pediatric Emergency Medical Services (one day only)

Ad Hoc Committee Members
John Becknell, EMS Best Practices
Carol Cunningham, MD, Ohio Department of Public Safety
Bruce Evans, EMS Chief, North Las Vegas Fire
Brooke Lerner, PhD, Emergency Medicine, Medical College of Wisconsin
Nadine Levick, MD, EMS Safety Foundation
Gloria Murawsky Akuna, Milwaukee Fire Department, IAFC
Welcome, Introductions, and Review of Day One

Chair Dia Gainor summarized the previous day

- Presentations by Skip Kirkwood, Michael Ward, and Thomas Judge
- Committee reports
- Discussions regarding NEMSAC processes

Ms. Gainor asked Mr. Dawson, lead staff for the Federal Interagency Committee on Emergency Medical Services (FICEMS), to provide the Council with an update on its recent activity.

FICEMS Update

Mr. Dawson reviewed the composition of FICEMS and announced that Dr. Kevin Yeskey, Deputy Assistant Secretary of the Office of the Assistant Secretary for Preparedness and Response (ASPR), was elected chair of FICEMS. Dr. Yeskey will hold the position of chair until December 2009, when the position will rotate to another participating agency (Department of
Transportation, Department of Homeland Security, and Department of Health and Human Services).

The FICEMS Technical Working Group (TWG) provides staff support for FICEMS and consists of five separate committees. Mr. Dawson reviewed the TWG’s current ongoing efforts

- Monitor the circulation of a letter with suggested wording for EMS grants that would require medical direction or allow part of the grant to be used for acquiring medical direction
- Conduct a nationwide EMS preparedness assessment using a target capabilities list (TCL)
- Begin the process to conduct a nationwide assessment of EMS systems
- Track agency efforts to implement IOM recommendations
- Compare research agendas and conduct a gap analysis of available data

Cathy Gotschall reported on the Evidence Based Practice Guidelines (EBPG) process since the September 2008 conference

- EBPG Steering Committee developed a model process
- EMS for Children (EMSC) will pilot the model by developing a guideline for prehospital treatment of pediatric seizures
- NHTSA’s Office of Emergency Medicine (OEMS) will fund an additional pilot study

Mr. Dawson assured FICEMS and NEMSAC members they will have opportunities to review and impact the model process as it develops.

**PRESENTATION (ATTACHED)**

**EMS Workforce Agenda for the Future**

*John Becknell, EMS Workforce Steering Committee*

The *EMS Workforce Agenda for the Future* was drafted to address issues of safety, retention, and advancement in the EMS workforce.

EMS Workforce Assessment

- Revealed lack of available, accurate workforce data
- Resulted in recommendations that led to development of the *EMS Workforce Agenda for the Future*

EMS Workforce Agenda for the Future

- Organized around four elements
  - Data and research
  - Education and certification
  - Planning and development
• Health, safety, and wellness
• Proposes a Technical Assistance Center to aggregate data, facilitate research and communications, and provide assistance on EMS workforce issues

Council members discussed

• Effect of economic pressure on retention and retirement numbers
• Lack of diversity in EMS
• Separation of initial education and training for EMS providers, continuing education, and leadership development.
• Unpredictable reasons for employee turnover
• Difficulty of evaluating the volunteer component of the workforce
• Loss of trained EMTs to jobs outside of EMS
• Bridge programs for veterans highly trained in triage

Richard Serino asked if the EMS Workforce Steering Committee considered the Obama administration’s economic stimulus package as a way to promote workforce development. Mr. Becknell explained that members of the Workforce Steering Committee felt requests for funding would be premature until accurate data were collected.

UNFINISHED BUSINESS FROM DAY ONE
Kevin Staley distributed the Education and Workforce Committee’s interim report (Attachment B) to members of the Council. Members used the interim report to assess the process of presenting recommendations for Council deliberation.

Education and Workforce Committee’s Interim Report
The interim report included four recommendations addressed to NEMSAC requesting support for the nationwide implementation of the EMS Education Agenda.

Some members proposed swift action, suggesting the Council adopt a simple statement to generate some excitement over the issue and raise awareness. Others suggested that the committee incorporate more detail prior to moving forward.

Ms. Gainor asked members to consider the best way to respond to committee interim reports.

At 10 a.m. Ms. Gainor directed attendees to the Public Comment item on the agenda and assured members they would return to the committee reporting process and other business after the public comment period.

PUBLIC COMMENT
Dr. Nadine Levick and Dr. Carol Cunningham accepted the offer to address the Council.

Dr. Nadine Levick, EMS Safety Foundation
Dr. Levick commended those members of the Council who acknowledged the importance and relevance of non-clinical issues regarding EMS system performance and safety. She suggested that healthcare deliverers and providers are not experts in the fields of human factors and vehicle
design, yet those realms of study greatly impact the work and safety of EMS personnel. Dr. Levick asserted that EMS needs to seek resources outside of the community to improve safety design. She advised that independent literature regarding non-clinical issues should be included in NEMSAC committee research reviews.

Dr. Sahni and Ms. Gainor both affirmed the importance of non-clinical issues. Dr. Sahni explained to Dr. Levick that the Culture of Safety charge includes non-clinical elements.

**Dr. Carol Cunningham, Ohio Department of Public Safety**

Dr. Cunningham suggested that a majority of objections to implementation of the *EMS Education Agenda for the Future* and *National EMS Scope of Practice Model* are due to unfamiliarity with the documents. According to Dr. Cunningham, the *National EMS Scope of Practice Model* provides minimal guidelines for performance; therefore, it should be easy for states to adopt the standard because most states are already performing at a high level.

**UNFINISHED BUSINESS (contd.)**

Following the public comment period, Ms. Gainor asked members to resume the previous discussion. She advised members to deliberate on the reporting process (see Attachment C), not the content of the Education and Workforce committee’s report.

Members asked questions about the implications of certain terms, intentions of title headings, and the Council’s expectations for committee reports.

Members asked for clarification of subtitle B, “Supporting data related to the issue”, and expectations for committee literature reviews. Ms. Gainor asked Dr. Sahni to share his interpretation of a committee literature review.

- Serve as primary justification for recommendations
- Be a representative, rather than an exhaustive, list
- Not limited to peer reviewed literature or EMS publications
- Should use caution with the term “evidence-based”

Committees should not be responsible for an exhaustive, evidence-based literature review. If the committee felt a subject required a rigorous literature review it should present a case for additional resources.

Members identified a need to ensure section titles were not misleading or ambiguous. The template was revised to

- Replace the word “data” with a less definitive term. Members agree they should use data in their analyses; however the word may lead to an assumption that committees should conduct rigorous research.
- Replace Subtitle A, “Definition,” with “Problem Statement.”
Establish separate sections for “Analysis” and “Committee/Council Conclusion” to distinguish between the reflections of a committee on positions presented in research and what a committee presents to the Council.

Move Section D, “Crosswalk with other standards,” to Section C following “Supporting resources/references related to the issue,” to reinforce the distinct expectations of each section. “Related resources” is a broad section where committees can look for resources to support their analysis, while a crosswalk is a review of published standards that may or may not support the committee’s analysis.

Members decided to title committee reports according to their readiness for presentation:

1. **Draft** version for documenting the ongoing work of the committee
2. **Interim** version for presentation to the Council for deliberation
3. **Final** version upon adoption by the Council for external dissemination

Ms. Gainor asked members to consider a name for the final committee report ready for distribution. She explained that it is important to use a consistent, intuitive, and recognizable name for the document because it is the Council’s “vehicle of institutional memory.” Temporarily, members agreed to use the term “Council Advisory.”

**NEXT STEPS AND FUTURE MEETINGS SCHEDULE**

Susan McHenry prepared members for the next NEMSAC Meetings:

- April 2009 teleconference, open to the public
- June 2009 meeting in Washington, DC in conjunction with the June 2009 FICEMS meeting

Ms. McHenry asked committee chairs to send NHTSA staff interim reports three weeks prior to Council meetings if they intend to present the report at the meeting for Council deliberation.

Chair Gainor thanked all of the Council members, ad hoc members, and public participants for contributing to the success of the meeting. At 11:28 a.m. (EDT) on January 30, 2009, the NEMSAC adjourned.