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 EMS Advisory Council (NEMSAC) Meeting September 29-30, 2009.

DAY 1 – TUESDAY, September 29, 2009

The National EMS Advisory Council convened at 8 a.m. (EDT) on September 29, 2009, at the Crystal Gateway 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
- Kenneth Knipper, Volunteer EMS
- Kurt Krumperman, Private EMS
- Jeffrey Lindsey, PhD, Fire-based EMS
- Daniel Meisels, Hospital-based EMS
- Robert Oenning, Dispatcher/9-1-1
- Aarron Reinert, Data Manager
- John Sacra, MD, Emergency Physician
- Jeffrey Salomone, MD, Trauma Surgeon
- Linda Squirrel, Tribal EMS
- Chris Tilden, PhD, Public Health
- Matthew Tatum, Emergency Management
- Gary Wingrove, Hospital Administration
- J. Thomas Willis, At-large Member
- Joseph Wright, MD, Pediatric Emergency Medicine

Council Members Not in Attendance
- Thomas Judge, Air Medical
- Patricia Kunz-Howard, RN, PhD, Emergency Nurses Association (ENA)
- Baxter Larmore, PhD, EMS Researcher
- Ritu Sahni, MD, EMS Medical Director
- José Salazar, EMS Educator
- Richard Serino, At-large Member
MEETING

WELCOME AND OPENING REMARKS
Chair of the National EMS Advisory Council, Ms. Dia Gainor, called the meeting to order and welcomed Council members to the seventh meeting of NEMSAC.

At Ms. Gainor’s request, NEMSAC members provided brief self-introductions. Following member introductions, public attendees announced their names and affiliations for the record.

Mr. Dawson welcomed everyone attending the meeting and made excellent remarks about the reports prepared by the committees. He was impressed by the amount of work and level of expertise that the reports required and congratulated the Council members for their work.

Ms. Gainor provided a brief description of NEMSAC’s Code of Conduct for Electronic Devices.

REVIEW AND APPROVAL OF JUNE 2-3 MEETING MINUTES
Ms. Gainor moved to approve the minutes. All members were in favor and the minutes were approved. Members requested a quicker turn-around time for minutes, if possible.

NEMSAC COMMITTEE REPORTS AND DISCUSSION
Ms. Gainor asked committee chairs to present their respective committee reports.
Finance Committee Report: Presented by Kurt Krumperman, Chair

Mr. Krumperman presented the Finance Committee’s Final Report to the Council. He explained that the committee revised the report based on the recommendations given by the Council members in the previous NEMSAC meeting.

Mr. Krumperman reviewed the recommendations listed under “Recommended Actions/Strategies.” He explained that the committee members wanted to create a proposal that would withstand time and adapt to change; therefore, they restructured the recommendations to make them more generic.

Ms. Gainor opened the floor for Council discussion.

Mr. Knipper suggested that the word “discrepancy” should be replaced with “disparity.”

Dr. Sacra informed the committee that he would like to see more information about best practices (e.g., subscription programs, emergency taxation).

Ms. Gainor proposed to adopt the Final Report with modifications as a Council Advisory. Mr. Wingrove made the motion, and it was seconded by Mr. Knipper. All Council members approved the motion; no one opposed.

EMS Makes a Difference

Ms. Gainor said that the white paper “EMS Makes a Difference” is an excellent document and that it would be a tremendous value to other people in the field.

Mr. Krumperman informed attendees of the committee’s desire to publish the white paper.

Mr. Dawson suggested that it could be posted on the NHTSA website and be published in a peer review journal. He noted, however, that the white paper may have to go through a concurrence process before it could be published by any peer review journal.

Ms. Gainor asked the Finance Committee to make any necessary corrections to the white paper (correct any grammatical errors, update table of contents, etc.). Then, NHTSA will help the committee with the process of publishing the document. On a motion by Gary Wingrove, NEMSAC approved the white paper, pending some minor edits.

Systems Committee Report: Presented by Kyle Gorman, Chair

Mr. Gorman presented the Systems Committee’s Final Report. He discussed the sections of the report, including the 16 guiding principles.

Ms. Gainor asked the Council members to provide comments.
Mr. Reinert asked Mr. Gorman if the 16 guiding principles in the document were a replacement of or enhancement to the 14 attributes found in the “EMS Agenda for the Future.”

Mr. Gorman responded that the committee did not consider the 16 guiding principles as a replacement of the “EMS Agenda for the Future.” He specified that the principles were identified for the purposes of the committee report.

Dr. Salomone commented that he worries about the consistency of the system components. Ms. Gainor noted that it never occurred to her to cross-reference the “EMS Agenda for the Future” list with the system components. The system components focus on EMS system design, but that is not what the Agenda is all about.

Mr. Krumperman commented that the Council should keep the “EMS Agenda for the Future” and the system components apart. The Agenda lists the issues that the Council needs to address, and the system components are the 16 guiding principles.

Dr. Sacra commented that the Systems Committee did cross-reference both of the documents and found that they are comparable on different levels.

Dr. Salomone suggested that the committee add a note on page 5 specifying that the guiding principles are not in order of priority.

Ms. Gainor made the following observations and suggestions:

- Guiding Principle #10 Medical Oversight —- The bullet point, “System providers function as extenders under the license of the medical authority,” is not true for all states; therefore, it should be deleted or modified.
- Guiding principles #12 Electronic Data Capture, #11 Measuring and Reporting on Key Performance Indicators, and #4 Structure and Integrated Continuous Quality Improvement (CQI) should be grouped together and in that order.
- The wording of Guiding Principle #12 Electronic Data Capture, “Data points and fields should be developed and standardized by agencies (e.g. National EMS Information System [NEMSIS]) that are considered representative of EMS needs and standards,” should be deleted or modified because it is optional.

It was agreed that the Systems Committee would make suggested changes during afternoon meeting and re-present the report when NEMSAC reconvened on the 30th.

**Oversight, Analysis, and Research Committee Report: Presented by Aaron Reinert**

Mr. Reinert presented the committee’s Final Report on behalf of Chair Ritu Sahni, who was unable to attend the meeting. He explained each section of the document.

He explained that the third paragraph in the “Problem Statement” section set the tone of the Oversight, Analysis, and Research Committee.
The OAR fundamentally believes that the concepts around patient safety are not yet ingrained in the EMS community. The principles that create a safer environment, particularly leadership that creates and fosters an environment without fear, are not absent from the community, but have not been broadly adopted.

After Mr. Reinert finished discussing the document, Ms. Gainor opened the floor for recommendations.

Ms. Gainor suggested that the committee should consider the addition of Federal partners and others (e.g. UPS), given that they have developed proven practices. For example, the United Parcel Service (UPS) teaches its employees how to hold the key of a truck as a matter of safety concern.

She also suggested adding a sentence about leadership and attitudes to the third paragraph in the Problem Statement section.

Mr. Dawson suggested that a description/purpose of the Quality Improvement Organizations’ State level work should be included in the report on page 10.

Dr. Tilden suggested that the Nation Quality Forum, in terms of an indicator, could be explored as a recommendation or that a statement regarding this should be added to the report. He also mentioned the AHRQ Patient Safety Tool.

There was also a recommendation to add the concept of State level oversight of patient safety.

Mr. Knipper moved to adopt the report with modifications, and Dr. Tilden seconded. All members were in favor; no one opposed.

**Education and Workforce Committee:** Presented by Matthew Tatum

Mr. Tatum presented the committee’s report on behalf of Chair Kevin Staley, who was unable to attend the meeting. Mr. Tatum discussed the idea of conducting a survey about the impact of the recent economic downturn on EMS agencies. He mentioned that there is no funding for the survey.

Mr. Dawson believed that a survey could take up to a year to review, due to OMB clearance process.

Ms. Gainor mentioned that this was an idea originated by a participant and asked if the Education and Workforce Committee had topics to discuss other than the survey.

Mr. Krumpelman informed attendees that there are different organizations conducting surveys and that those organizations are committed to getting and disseminating information on the topic.

Ms. McHenry suggested that the Education and Workforce Committee revisit the original bucket list and work on the priority issues that were first identified by Council members.

Dr. Lindsey replied that when the committee compiled the list back in April 2007, the economy was just starting to tumble; therefore, it wasn’t identified as an issue at that time.
Dr. Sacra indicated that the Workforce and Education Committee should go back to the list and look at the responsibilities of the committee. He believed that a survey should not be conducted.

Ms. Gainor asked if there were any disagreements. None of the members disagreed.

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

Dr. Lindsey acknowledged that the Safety Committee’s Final Report was adopted as a Council Advisory during the previous NEMSAC meeting.

He announced that a document that came out of the National Transportation Safety Board public meeting concerning the Helicopter Emergency Medical Services is being finalized. Once it is finalized, it will be made public.

He talked about the article “Comparison of Public Safety Provider Injury Rates in Prehospital Emergency Care,” published online on January 1, 2009.

Dr. Lindsey proposed that 9-1-1 dispatchers, first responders, transport providers, and health care facilities can collect useful data. He suggested that there is an opportunity to work with data and use it. He again proposed that the Council create a subcommittee to work with the data issue or to create a new committee on the topic.

Dr. Lindsey invited the Council members to attend the National Academies Transportation Research Board Ambulance Transport Safety Summit, to be held on October 29, 2009, in Washington, DC.

**PUBLIC COMMENTS**

Lucian Deaton, IAFC, expressed appreciation for being able to attend the NEMSAC meeting and to stay aware of all the issues under consideration.

Rick Patrick, DHS/OHA, remarked that the safety issues being discussed, both provider safety and patient safety could also be looked at under the umbrella of “risk management” and should also be thought of in terms of catastrophic events.

Nadine Levick, M.D., EMS Safety Foundation, indicated that these safety efforts should embrace work of diverse disciplines, as we could learn much from their experiences. The focus should be on the patient, as well as the system and the public.

**NEW AND EMERGING ISSUES**

Ms. Gainor asked the members what they view as NEMSAC’s role.

Mr. Krumperman commented on the EMS role and the EMS voice. Also, he commented on how NEMSAC can insert the work it has been doing into the process.
Mr. Reinert commented: The NEMSIS has hit a regional or local plateau. Local provider participation is still slow. Most of the states are reporting to the National EMS Information System (NEMSIS). This Council could play a role to use the data. There should be replacement template for committee work that includes relevant NEMSIS or other data.

Ms. Gainor suggested changing the template to include data. The heading could be called “Raw Data Sources.”

Dr. Wright presented the following motion:

Move that NHTSA representation specifically share with the Council on Emergency Medical Care (CEMS), the Emergency Care Coordinating Committee (ECCC), and the Federal Interagency Council on EMS (FICEMS) those pertinent NEMSAC committee recommendations that will inform the guidance development process for the regionalization demonstration projects.

The motion was adopted by all members; no one opposed.

Kurt Krumperman suggested that NEMSAC develop a position statement regarding EMS providers and H1N1. It was agreed to hold that til next day.

Tom Willis discussed the decrease in workforce, both career and volunteer, in many local areas. An increased burden has resulted from cut-backs, lay-offs, retirements, injuries and increased response times, at the same time it is expected that H1N1 would also decrease the available workforce.

Kyle Gorman mentioned that the nature of the relationship with the community is changing – what is the role of EMS, what is the public expectation? In some communities, is EMS becoming more of a public health provider?

The first portion of the NEMSAC meeting adjourned for the day at 11:45am.

**DAY 2 – WEDNESDAY, September 30, 2009**

The National EMS Advisory Council reconvened for the second day of the meeting at 8:09 a.m. (EDT) on September 30, 2009, at the Crystal Gateway 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
- Kenneth Knipper, Volunteer EMS
- Kurt Krumperman, Private EMS
- Jeffrey Lindsey, PhD, Fire-based EMS
- Daniel Meisels, Hospital-based EMS
Robert Oenning, Dispatcher/9-1-1  
Aarron Reinert, Data Manager  
John Sacra, MD, Emergency Physician  
Jeffrey Salomone, MD, Trauma Surgeon  
Linda Squirrel, Tribal EMS  
Chris Tilden, PhD, Public Health  
Matthew Tatum, Emergency Management  
Gary Wingrove, Hospital Administration  
J. Thomas Willis, At-large Member

Council Members Not in Attendance  
Thomas Judge, Air Medical  
Patricia Kunz-Howard, RN, PhD, Emergency Nurses Association  
Baxter Larmon, PhD, EMS Researcher  
Ritu Sahni, MD, EMS Medical Director  
José Salazar, EMS Educator  
Richard Serino, At-large Member  
Kevin Staley, Homeland Security  
Joseph Wright, MD, Pediatric Emergency Medicine

National Highway Traffic Safety Administration (NHTSA) Staff  
Drew Dawson, Designated Federal Official (DFO)  
Susan McHenry  
David Bryson  
Roy Buckmaster  
Cathy Gotschall  
Anthony Oliver  
Gamunu Wijetunge

Public Attendance  
Jessica Weber, Emergency Medical Services for Children (EMSC) National Resource Center (NRC)  
Richard Patrick, Department of Homeland Security, Office of Health Affairs (OHA)  
Lucian Deaton, International Association of Fire Chiefs (IAFC)  
Tony O’Brien, Boston EMS, Boston Police Patrolmen’s Association (BPPA)  
James Orsino, Emergency Medical Services Labor Alliance (EMSLA)  
Ken Holland, National Fire Protection Association (NFPA)  
Greg Lynskey, Association of Air Medical Services (AAMS)  
Elizabeth Armstrong, National Association of State EMS Officials (NASEMSO)  
Jonathan Moore, International Association of Fire Fighters (IAFF)

MEETING

INTRODUCTIONS AND REVIEW OF SEPTEMBER 29 DISCUSSION
Ms. Gainor welcomed everyone back to the NEMSAC meeting and informed the Council members that there was going to be a change in the order of the Agenda. The Council was going to address Item 3 (Update from the NHTSA Office of EMS) first and then Item 2 (Future Meetings).

**UPDATE FROM THE NHTSA OFFICE OF EMS**
Ms. Gainor asked Mr. Dawson to provide an update on the activities of the NHTSA Office of EMS.

Mr. Dawson gave a presentation on NHTSA and FICEMS updates. (Attachment A)

For NHTSA, he discussed the following items:
- Appointment and Reappointment — The NEMSAC term ends on January 9, 2010. Members who are interested in reappointment will be informed about the exact procedure that they would need to follow to be considered for reappointment. It is important to have representation from all sectors.
- NEMSAC Recommendations — Status
- The EMS Education Agenda for the Future: A Systems Approach
- Education Agenda Implementation

For FICEMS, he discussed the following items:

- National Transportation Safety Board (NTSB)
  - Mexican Hat Bus Crash
  - Helicopter EMS
- Who We Are
- National EMS Information System (NEMSIS)
- Workforce
- Pandemic Influenza
- Ground Ambulance Safety
- EMS Research
- Preparedness
- National EMS Assessment
- Evidence-Based Guidelines Process
- Collaboration with Centers for Disease Control and Prevention (CDC)
- National 9-1-1 Office
- Regionalize, Accountable EMS Systems

**FUTURE MEETINGS**
Ms. Gainor proposed that the Council meet again in December before the term ends January 9, 2010.

Mr. Dawson could not give an exact date for the next Council meeting because FICEMS also meets in December and has not yet confirmed a date for its meeting.

Mr. Knipper asked if it would be beneficial to have a transition meeting with new members appointed to the Council.
Mr. Dawson responded that it was a great idea but that the problem was the funding.

Mr. Gainor added to Mr. Dawson’s response, saying that, once there are new appointments, it’s hard to justify funding the people who are not members anymore.

Mr. Lindsey asked if the members of the ad hoc committees would be transitioning, too.

Mr. Dawson indicated that NHTSA doesn’t know yet, but as soon as he has more details on the appointment/reappointment process, he will inform the Council members. Mr. Dawson hopes to have it by the next meeting.

Ms. McHenry indicated that new appointments should be done before January 9, 2010, so there is not a gap in between terms.

**H1N1 PANEL DISCUSSION**

Rick Patrick of the Office of Health Affairs (OHA) gave a presentation on the H1N1 flu. His presentation covered the following points:

- Deaths are still occurring. There have been 127 deaths in the United States.
- Currently, the pandemic influenza is a high priority, and Homeland Security is the department responsible for the Federal response.
- The pandemic influenza is Phase 6 on the basis of its geographic spread.
- Some of the recommendations to the first responders are to identify callers with suspected influenza type symptoms and direct them to the flu.gov website.

Note: At the time of the presentation, some of the slides in this presentation contained information that had not yet been released. For this reason, the presentation is not attached to these meeting minutes.

Mr. Wijetunge gave a presentation on the State EMS System Pandemic Influenza Preparedness (Attachment B). It included the following topics:

- EMS and 9-1-1 Guidelines
  - EMS Pandemic Influenza Guidelines for Statewide Adoption
  - Preparing for Pandemic Influenza: Recommendations for Protocol Development for 9-1-1 Personnel and Public Safety Answering Points (PSAPs)
  - Assessment of States’ Operating Plans to Combat Pandemic Influenza: Report to Homeland Security Council (HSC)
- Background
- Preparedness Committee
- EMS Assessment Findings
- 9-1-1 Assessment Findings
- Issues Being Examined

Dr. Sacra spoke about the often used phrase “altered standard of care procedure” as it relates to H1N1 patients. We must recognize we may need to go to this type of response. He emphasized that this
would include altering treatment protocols and procedures, not the standard of care. Also, this should all be done in concert with medical direction.

UNFINISHED BUSINESS FROM SEPTEMBER 29, 2009

Systems Committee Report

Mr. Gorman presented the Final Systems Committee Report (Attachment C) to the Council members. He showed the attendees the modifications that were made to the report based on the recommendations that were given to the Systems Committee on September 29. Changes included the following:

- Page 5, final paragraph – The paragraph was modified to show how the Guiding Principles and Core Issues were integrated and how they relate to local and regional issues.
- Page 7, Guiding Principle 2 – Was made clearer, to show that transport is a requirement, but that, based on the protocol, certain resources might not be used.
- Guiding Principle 10 (now 9) – Was made clearer, to show that not every state uses the delegated practice. It is a practice of medicine, but it’s done according to state laws.
- Guiding Principle 12 – Added operational information.
- Guiding Principle 11 – Added that the data should be standardized across all platforms.

Ms. Gainor made a motion to adopt the Final Systems Committee Report, and it was seconded by Dr. Tilden. All Council members approved the motion; no one opposed.

Data Subcommittee

Dr. Lindsey asked for recommendations for establishing a Data subcommittee.

Mr. Dawson commented that the subcommittee would need to have a member of an existing committee and new appointees.

Ms. Gainor asked what would happen if the people selected for this committee were not reappointed to the Council.

Mr. Dawson replied that he did not know the answer at the moment. He also added that every committee should have a member in the subcommittee.

Dr. Lindsey said that the purpose of a subcommittee is to work with other committees.

Ms. Gainor suggested that the Safety Committee could create another ad hoc committee for data.

The Council members decided to close the conversation about the subcommittees and wait until the next meeting in December, when they will have more information about appointments and reappointments.

Provider Safety Position Statement
The Safety Committee presented a position statement (Attachment D) that focuses on provider safety. The statement includes changes made by the Council members during their review. Some significant changes included the following:

- The final sentence in the first paragraph, “The NEMSAC asserts that the following key guiding principles to promote the safety of EMS providers in response to a pandemic flu” was changed to “NEMSAC asserts the following key guiding principles promote the safety of EMS personnel in response to a pandemic flu outbreak.”
- A new bullet was placed after the first bullet to address the issue of the vaccine, “Promote vaccination of EMS providers for both seasonal and H1N1 influenza.”
- The final bullet was changed from “Encourage a coordinated Federal, State, and Local strategy to ensure a dissemination of the pertinent information to providers and administrators through EMS agencies, organizations, associations, and media.” to “Ensure that dissemination of credible information to providers and the public through EMS agencies, organizations, associations, and EMS media is consistent with information from CDC, state and local public health.”

A motion was made to adopt the position statement. All were in favor, no one opposed, and the position statement was adopted as a Council Advisory.

**NEXT STEPS AND ADJOURN**

Finance Committee – Mr. Krumperman handed out a document (Attachment E) that listed the Committee’s work proposal. It included three projects that will be addressed in that order.

1. Define the cost of day-to-day EMS system readiness and surge as specified by community standards or the Targeted Capability List (TCL) on Emergency Triage Pre-Hospital Treatment and Transport.
2. Determine the needs of EMS for disaster preparedness and response based on EMS-related TCLs.
3. Develop fully conceptual model for integrated systems of emergency care (aka regionalized) in which EMS is integrated with primary care, public health, and social services to provide the right care, at the right time, in the right place, with the right care giver.

Workforce and Education Committee – Mr. Tatum talked about two topics that the Committee identified during its meeting:

1. Create a list of informational topics – Mr. Tatum noted that Mr. Heightman (of JEMS Magazine) was willing to help in the discussion of the impact of the economic downturn on the workforce. There has been a 10% loss of the workforce due to the economic downturn.
2. Dealing with leadership and management – There is a lack of organizational structure for the EMS providers and a lack of emphasis on the need for education.

Systems Committee – Dr. Sacra said that the committee has a very detailed plan. Committee members want to find out how many providers are really necessary based on the population. They are going to come up with the ideal number of EMS personnel needed to balance with readiness and preparedness.

Ms. McHenry thanked the PerformTech team for all the support that it has provided during these past 2 years.
Ms. Gainor informed the members about some new ground rules. She told the members that, since most of them have a Blackberry, they should respond to e-mails the same way they would to phone calls.

Mr. Dawson encouraged everyone to read the FICEMS letter (Attachment F) that was distributed to the members.

Ms. Gainor thanked all of the Council members and public attendees for their participation.

At 11:25 a.m. (EDT) on September 30, 2009, the NEMSAC Meeting adjourned.