

Meeting Record



Present

Officers

President: Kyle Thornton (NM)
President-Elect: Andy Gienapp (WY)
Treasurer: Gary Brown (VA)
Immediate Past President: Keith Wages (GA)
Secretary: Steve McCoy (FL)

Regions

East: Jason Rhodes (RI)
Great Lakes: Tony Spector (MN)
West: Wayne Denny (ID)
Western Plains: Joe House (KS)

Councils

Data Managers: Tom McGinnis (CA)
Pediatric Emergency Care: Morgan Scaggs (KY)
Trauma Managers: Alyssa Johnson (MT),
Health & Medical Preparedness: Joe Schmider (TX)
Medical Directors Alt: Matthew Sholl (ME)
Pediatric Emergency Care Alt: Amanda Perry (LA)

Federal & Other Partners

NHTSA OEMS: Gam Wijetunge
HRSA EMSC: Jocelyn Hulbert

Other Members

Trauma Managers Alt: Eileen Worden (MI)
Education Cmte: Terrie Godde
George Lindebeck
Tim Wilson
Dale Adkerson
Peter Taillac

NASEMSO Staff

Dia Gainor
Kathy Robinson
Mary Hedges
Hannah Degn
Beth Armstrong
Rachael Alter
Kevin McGinnis
Jay Bradshaw

Absent

Member-at-Large & South Region:
Stephen Wilson (AL)
NHTSA OEMS: Eric Chaney
NEMSIS TAC: Clay Man

The meeting was called to order at 2:00 PM EDT.

Call to Order / Roll Call

President Kyle Thornton called the meeting to order at 2:00 p.m. Eastern time and Hannah Degn called roll. A quorum was present.

Agenda is approved.

Secretary's Report

Three meetings since August board meeting, two letters of support were submitted and approved. Steve McCoy reported on the EMS counts act (multi association letter) attempting to compel EMS to be correctly counted and that the EC decided on an EMT council affiliate initiative. Additionally reported that the EMT requested to use NASEMSO data. He also made the board aware of upcoming issues ahead including the National Registry's negative response to alternate funding, new project management personnel, and the possible need for a Ketamine Response/position letter.

ACTION: Secretary Steve McCoy presented the August Board meeting minutes for approval. Motion to approve by Keith Thornton, seconded by Andy Gienapp. Minutes were approved unanimously.

Treasurer's Report

Financial Performance

Treasurer Gary Brown reported that as of August 31, 2020 NASEMSO had an operational income of \$236,667 versus a 12-month budget of \$1,177,041. Operational expenses were \$107,386 versus a twelve-month budget of \$1,267,067.

ACTION: Beth and Gary to look at revisions and financial impact of new NASEMSO projects at the Boards request.

Program Committee

Gary reported that there is information posted on the website re the annual meeting online, invitation to view website and video that has been posted. Kathy gave an update on the "reimagined" effort – Will host online sessions the week of October 12, still confirming speakers and time slots. Waiting for response from US surgeon general's office. Business sessions will be on the schedule as will an EMS trivia night. Yesterday FirstNet confirmed silver sponsorship of \$7000. Looking forward to rolling out the conference.

ACTION: No action at this time.

Federal Partner Updates

NHTSA OEMS

Gam Wijetunge provided an updated that they are still heavily engaged in COVID updates. The taskforce approved a burn report update for EMS agencies to continue to use EMS reporting tools and encourage everyone to share them with their agencies. No questions at this time.

Executive Director's Report

Current Projects

Fatigue in EMS (NHTSA)

Kathy reported that the project is going along well. We have 17 agencies currently enrolled in the study, and recruitment is ongoing. There is a biospatial scheduler that they are working with, the builders are working on the tool which will be exciting to release.

EMS for Children Innovation & Improvement Center (HRSA/Yale)

Rachael reported that they are powering forward and are highlighting the statement that was released in January. Working to create a FAQ document and toolkit that will be live this fall. Additionally, the team is working on two separate quality collaborations. The first will focus on supporting children with health needs and is funded by state EMS programs and is expected to last for six months. The second is focused on increasing the child care support agencies in hospitals and EMS agencies across the nation. The goal is to get 1,000 new acts across the country. The effort will run a full calendar year but both will be rolled out in January.

Pain Management EBG (NHTSA)

George reported that the expert panel is established, and a few meetings have taken place. The challenge now is defining the scope of the project and the PICO questions.

ASHTO Opioids (CDC)

Mary reported that in the past few weeks a survey monkey link has been distributed to state directors to distribute to their agencies talking about the different resources used about the EMS.

NACCHO FALLS (CDC)

Kevin reported on NACCHO Falls project going to identify new innovative medication that address older adult falls and mitigate falls prevention. They have identified three dozen programs that exist with falls programs and will now begin conducting various focus groups. ; The delivery to identify programs was met and the current goal is to now identify what evidence based program they were latching on to prevent falls and identify what has led to their success and what difficulties each program has overcome. Ultimately we can then share the collected data to help other agencies if they so they can develop and utilize falls programs in their communities and agencies.

Workforce (NHTSA)

Kevin reported that it derived from a project from PLC looks back at work we've developed on EMS workforce. The project will look at states that have developed workforce projects to characterize how their workforce changes. It will also aim to look at what people have done and bring together a TEP and over three years develop a model to gather and measure data regarding EMS workforce. We will run five pilots across five states to test models before releasing findings nationally for EMS agencies to use.

Model Clinical Guidelines Revision (NHTSA)

Mary reported that the funding has been approved to undertake creating the third version of the model clinical guidelines and that Dr Cunningham and Rich Kamin are co-leading the

project. The kick off meeting is scheduled for the end of September and they are looking forward to get it up and running. Volunteers available to work on project.

Community Opioids (TASC)

Dia reported that the center for health and justice receives funding and are now expanding into other first responder disciplines. Engaged us on diversion of patients to help them and the Law enforcement community for what will be available to them using NEMSA's data. Both Florida and Maryland have successfully been able to access and utilize these resources/practices and they are looking to expand that. Steve mentioned that the OD maps participation outside of EMS is fairly sporadic so the research will be helpful.

Pending Projects

State Strategic Planning

Dia briefly reported that they are working to replicate the successful pilot program that has already taken place in Mississippi.

Safe Transport of Children Crash Test Project (TBD)

Dia reported that it has been slow moving due to Covid and that funding options are still being pursued.

USFA Pandemic study

Dia reported that NASEMSO is working with FEMA to pursue and study interventions that EMS offices have undertaken. It will serve as an update to their 2009 pandemic report.

Action Items

Presentation of Interfacility transport paper by Dr. George Lindbeck

Dr. Lindbeck drafted the initial paper, which has been circulated and modified several times by MDC members. He is now presenting to the Board for consideration as to whether it should be a position paper from NASEMSO, and if we should reach out to partners for consensus support.

The reasons for writing the paper are to highlight concerns about the transport of critically ill patients to different hospitals without knowledge of the skills of the EMS crew on the transfer. There is still work to do on the referring hospital end, to increase knowledge regarding the available modes of transportation. It was also mentioned there is a need to work for the consideration of a training and certification program and to advocate for state recognition of an additional level of certification within the state EMS hierarchy.

Discussion took place on the struggles with the healthcare system and the transports that are critical between the hospitals which can directly affect the outcomes of patients. There is a need to focus on system building for EMS agencies.

The question was raised if the issue is important enough for NASEMSO to continue working on and endorse? Are there suggestions for who the Board should reach out to regarding certification?

Kyle – very important aspect , want to discuss with BOD and EC further

Initial thought is probably should be a position paper

Concern raised re all ideals raised in a certain state – how do you we build from where we are now to a future with the certification. A project worth taking on.

Issues were raised that there is a role for ems compacts – some transfers go state to state compacts should be considered for where we go in the future

ACTION: No action at this time has board has opted not to endorse/support the paper.

Endorsement Requested “Changes to the “Prehospital Stroke Systems of Care: Consensus Recommendations for Modification of Regional Stroke Prehospital Care Destination Plans in Rural, Suburban, and Urban Communities” paper

DISCUSSION: Dr. Peter Taillac and the American heart association put together, a recommendation document to go in with their standards since there is not enough data yet to make it official. Destination guidelines where EMS initially identifies a stroke, secondarily they do a second scale stroke severity scale. If likely the do have a DVO they would be diverted to go to a compressive stroke center where the full care can be given. The earlier is better and the idea is to eliminate multiple transports which can ultimately delay treatment and cause lasting harm.

The paper gives rural, etc. recommendations to provide consistent care across the country. The version presented has been through several iterations and Dr. Taillac recommends approval and endorsement of the paper. Matt Sholl commented that the recommendations are spot on and that the care is critical in the 911 and interfacility phases which is addressed in the paper.

Concerns were raised about implementing rural recommendation and questioned if the paper is too aspirational. The achievability of some of the guidelines in rural areas was questioned and the issue that EMS struggles to receive funding and is not regulated was also mentioned. However, it was also brought up that having a paper like this could establish a bench mark for states to fall back on when issuing grants in the future. State to hospitals and EMS that we don’t have all of these resources but here is a starting point of what we are aiming for. This gives states ammunition when dealing with other policy makers when they are trying to get things approved.

A lot of the recommendations are not incredibly difficult when LD is coming in since this minimizes door in/ door out care. The paper recommends small hospitals to improve screening capabilities which is expensive would help in the long run being able to travel less distance for better care.

It is address specifically and the make recommendations to comprehensive centers – They should not do it if they are adjacent thrombectomy centers. They should not be directly competing.

ACTION: Andy moves that the Board approves and endorses the paper (pending no further revisions or edits) Kyle seconded and it was approved unanimously.

Discussion Items

CoAEMSP Board Response to NASEMSO's Alternate Financial Agreement Proposal

DISCUSSION: Kathy reported that in February 2020 several members of the EC sat down face to face to look at relationship. The CoAEMSP board took a request we sent to them as a reason to waive their dues. The line item was the dues we are paying come close to \$10,000 and the proposal was to offset some of those dues with CoAEMSP paying NASEMSO's dues. COA – board responded that their bylaws don't allow them to accept our proposal. Kathy read the benefits on the call that we currently give them in addition to our members that serve on said boards provide about 100 volunteer hours. It's a partnership agreement which is in line with the one we have in place with the national registry that still has NASEMSO paying the dues but is more of a true partnership which is what was presented in February.

Question is that if we re-explain this that we are not asking for waiver but support, if they still reject that how would the board like to move forward? Without paying dues we can't send members to their meetings to advise on state accreditation. Joe house raised the question that they proposed back to us a waiver of the fee while we asked for increased support. Looking for clarification on the financial differences since the proposal was originally written as a partnership agreement where we still pay the dues and provide amenable services. Currently the dues NASEMSO pays is close to a \$10,00 line item currently and the submitted proposal was \$5000-\$10,000 to offset current spending with the association. Message was received as us asking for a waiver of dues, true request is support for things they have been receiving for free for a number of years. Does the board want to continue to pay dues or not keep paying and what benefits if any would be offered to CoAEMSP.

Discussion for a course of future action took place to determine what to communicate back to CoAEMSP. The steps moving forward is still unknown but there is support to revisit with CoAEMSP and clarify if the original intention was understood and then have the board move forward with a decision following that.

ACTION: No action at this time, beyond an invitation to email Kyle, Kathy, or Dia with any questions or concerns.

Recognition of EMS Personnel Licensure Interstate CompAct

DISCUSSION: Andy shared that there is a full commission meeting happening on the 18th and Joe House confirmed that the meeting will go over the main items and that all commissioners were invited. A few agreements are still unresolved as everything get sets up.

Biospatial Use

DISCUSSION: Steve McCoy gave a brief update on submitting of records process. It is a big move for IL – it's a big win, analysis capability all in one, a lot of states provide an in user project, biospatial will never go down that process. Tim brought up that Nebraska is running into issues with HIPA safe harbor and certificated state agency and is now looking for anyone to reach out with conversation or suggestions. Tony also mentioned that Dia had sent out a survey previously requesting that states share any rules or definitions they have in place to share the information with Tony and his team as they rewrite their statutory changes. He requested that the survey request be resent.

ACTION: Dia to resend survey

Meeting adjourned at 3:27

Meeting record respectfully submitted by Project Coordinator Hannah Degn.