



Meeting Record

Present

Officers

President: Keith Wages (GA)
Immediate Past President: Paul Patrick (UT)
Member-at-Large on EC: Donna Tidwell (TN)
Secretary: Alisa Williams (MS)

Regions

East: Jason Rhodes (RI)
Great Lakes: Kathy Wahl (MI)
South: Donna Tidwell (TN)
South: Steve McCoy (FL)
Western Plains: Andy Gienapp (WY)

Councils

Data Managers: Kevin Putman (MI)
Medical Directors: Ken Williams (RI)
Pediatric Emergency Care: Morgan Scaggs (KY)
Personnel Licensure: Helen Pullen (WI)
Trauma Managers: Carole Mays (MD)

Other Members

Emerging Systems of Care Committee:
Terrie Godde (MI)
CP-MIH Committee Chair Jim DeTienne (MT)

Partners

Theresa Morrison-Quinata (HRSA)
Gamunu Wijetunge (NHTSA)
Sean Andrews (HHS-ASPR)
Rachel Abbey (HHS/ONC)

Staff

Rachael Alter
Joe Ferrell
Mary Hedges
Zoe Renfro
Kathy Robinson
Beth Armstrong
Dia Gainor
Kevin McGinnis

Absent

President-Elect: Kyle Thornton (NM)
Treasurer: Gary Brown (VA)
West Region: Wayne Denny (ID)
Health and Medical Preparedness Council:
Joe Schmider (TX)

Call to Order / Roll Call

President Keith Wages called the meeting to order at 2:00 p.m. Eastern and Zoe Renfro called roll. A quorum was present.

Secretary's Report

Alisa Williams presented the October 11, 2018 Board Minutes.

ACTION: Kathy Wahl (MI) moved, and Jason Rhodes (RI) seconded, to approve the minutes as distributed. The motion passed unanimously.

Executive Committee Report

Alisa Williams (MS) reported on Executive Committee (EC) progress over the last month.

The National EMS Memorial requested direct access to our membership rosters. The Executive

Committee (EC) decided to distribute message on their behalf, but not provide the list itself at this time.

The EC reviewed and approved letters to the Secretaries of US DoT and HHS requesting a NASEMSO seat on the new air medical advisory committee, which did not yet include EMS-specific representation.

Immediate Past President Paul Patrick (UT) accepted a position on the FirstNet Board and Finance Committee and resigned from the Public Safety Advisory Committee (PSAC) Board. The EC recommended Kevin McGinnis take Paul's place on the PSAC Board.

The EC reviewed the three draft NASEMSO Strategic Plan documents and nominated itself to continue detailed work on the Strategic Plan.

Treasurer's Report

Gary Brown (VA) being absent, no Treasurer's Report was given.

President's Report

President Keith Wages (GA) expressed special thanks to NASEMSO's federal partners who joined the call.

Federal Partner Updates

EMSC – Theresa Morrison-Quinata thanked NASEMSO for accepting her invitation to attend the November 13th Critical Crisis meeting. The meeting will address mental health issues in the Emergency Medical Services.

HHS/ONC – Rachel Abbey encouraged anyone in Washington, DC on November 29-30 to join her for their Annual Meeting at the Washington Hilton, where they will have one session on EMS and Health Information Exchange.

ASPR – Sean Andrews announced that ASPR has granted two awards for the Regional Disaster Health Response System (RDHRS) pilot project, which started Oct 1st and will run for the next year.

NHTSA OEMS – Gam Wijetunge reported that the National EMS Advisory Council (NEMSAC) met in the last few weeks after a long period of downtime. Vince Robbins was elected Chair, and Anne Montera was elected Vice-Chair. They have organized their subcommittees around components of the EMS Agenda 2050. Information about the December 6th FICEMS meeting will be distributed soon.

NHTSA OEMS has onboarded several new staff in the last few months. Kate Elkins, a paramedic from MD, will work on 911 with Laurie Flaherty. A new public health fellow, Katherine P., recently earned her MPH and has a veterinary background. Max Sevareid, who worked for NHTSA's regional office in Seattle, has joined the national office. Eric Cheney, formerly of DHS Office of Health Affairs and MIEMSS, joined NHTSA to focus on NEMSAC, FICEMS and the state EMS assessment.

NHTSA awarded a number of agreements at the end of their fiscal year, including the

modification to the NASEMSO CAP (NEPS).

Executive Director's Report

American College of Surgeons Committee on Trauma (ACS-CoT)

Dia Gainor presented an action item related to a cooperative agreement between NHTSA OEMS and ACS-CoT. The project was intended to develop a draft joint policy statement for NASEMSO and ACS-CoT on records linkage (specifically, prehospital and trauma). A team of 6 individuals represented NASEMSO in this effort, led by Greg Brown (AR) and including a variety of other NASEMSO talents such as Trauma Manager Alyssa Johnson, Data Managers, and others with relevant expertise. Clay Mann was also on the team. Dia displayed the draft policy statement as distributed in the handouts and noted it is grounded in recommendations from the National Academies of Sciences, Engineering and Medicine (NASEM) report. The project team met in person once at ACS headquarters in Chicago and have refined the draft regularly over the past six months.

Dia reported the displayed document called for a unique universal identifier to be used. These can be easily automatically-generated and would serve as a means of deterministic linkage, done primarily by a trauma registrar.

Dia asked the NASEMSO Board to review and approve the displayed document, including recent revisions, to meet an approaching deliverable deadline. Dia reported that Greg Brown reviewed the latest revisions and was in favor of NASEMSO signing on to the joint policy statement.

Kathy Wahl expressed support from Michigan.

Andy Gienapp (WY) noted that although the method proposed in the joint policy statement may be a method to accomplish data linkage, the NTDB's own collection of data is incomplete (particularly as it relates to small and rural hospitals) due to the ACS policy of charging hospitals to submit data into the NTDB. Wyoming does not submit data to the NTDB for exactly that reason. Therefore, Andy suggested, the statements related to accuracy, completion, timeliness, etc., ring hollow because the NTDB is incomplete as relates to small and rural hospitals. Andy expressed support for a simple method to deterministically link records but would like NASEMSO to bring this up as a point of discussion with ACS.

Dia reported the project team struggled with the issue brought up by Andy and offered strong language in favor of state-level data linkage being a cornerstone of success, not only to capture rural but also non-verified facilities that also might not be submitting to NTDB. However, the ACS-CoT conclusion was that the scope of work from NHTSA specifically cited the linkage occurrence at the national level between NEMSIS and NTDB, and that deviance in the policy statement to shift the focus to the state level was deemed undesirable by them.

Andy expressed appreciation for Dia's advocacy for the states, and suggested it is becoming more difficult to talk about NEMSIS and NTDB when states face costs related to collecting and submitting data.

Action: Kathy Wahl motioned, and Jason Rhodes seconded that NASEMSO should sign on to the statement. The motion passed unanimously.

Strategic Planning Session

Overview of current documents

President Keith Wages handed the floor to NASEMSO staff members Kevin McGinnis and Rachael Alter. Kevin introduced three relevant documents that were distributed to the Board in advance of the meeting:

1. The strategic planning report, which gives background and describes the process;
2. The external strategic plan, which is outward-facing; and
3. The internal strategic plan, which goes into more detail.

Overview of process

Kevin McGinnis explained that before the retreat in Reno, Board members held virtual pre-meetings to brainstorm objectives and discuss NASEMSO's stated mission, vision, and goals. NASEMSO's "goals" were renamed "values" to avoid confusion with the goals that would later result from the strategic planning process.

In Reno, the group reviewed draft vision, mission, and values statements and the virtual pre-meeting discussions. The group organized priorities from the pre-meetings into categories and used them to develop four strategic priorities, each with their own objectives. After finding two of the strategic priorities to be similar (both dealing with external communication), the group in Reno elected to merge the similar priorities, leaving a new total of three priorities.

Thus, the products at the time of the Board meeting included:

1. Vision, mission, and values statements
2. Three strategic priorities, with objectives and action steps for each.

Kevin noted the Executive Committee (EC) will continue refining the strategic plan in-person in December, to include affirming the action steps and allocating staff time to the steps. NASEMSO staff will then return the strategic priorities, objectives, and action steps to the Board to approve in detail.

Kevin explained that this call would constitute a review and validation of NASEMSO staff's interpretation of the Board's wishes as expressed in Reno. Kevin expressed hope that the Board had already reviewed and made notes on the documents, and that the meeting would provide a record of the Board's comments and an understanding that the Board has approved the documents.

Vision/Mission/Values

Vision

Kevin McGinnis read the Vision aloud as displayed in the External Strategic Plan draft.

State, territorial, and tribal EMS officials advancing and providing access to optimal healthcare for all through the improvement and expansion of emergency and other medical response systems and roles.

Kevin noted that the Reno group requested other roles for EMS, including advancement and the emergency aspect of EMS, be integrated into the Vision statement. The Reno group also

specifically requested the inclusion of tribal EMS, although the formal integration of those entities is yet to be determined. Kevin requested any comments, questions, or changes from the group.

Kathy Wahl expressed support for the Vision statement. No other comments were given for the Vision statement.

Mission

Kevin read the Mission aloud as displayed in the External Strategic Plan draft.

NASEMSO is the permanent national leadership organization that supports, equips, and advocates for state, territorial, and tribal EMS officials in their work to improve systems of care and the professionals operating in them.

Kevin explained the challenge of combining many concepts into this single sentence. The group in Reno felt strongly about including the “permanent national leadership organization” statement. The vision addresses EMS systems and healthcare, and the mission supports the members and their jobs. Kevin requested any comments, questions, or changes from the group.

Kathy Wahl expressed support for the Mission statement, noting that it aligns with the future of systems of care and captures the spirit of NASEMSO’s work. No other comments were given for the Mission statement.

Values

Kevin displayed the Values in the External Strategic Plan draft.

Values:

- *The orderly development of physician-directed, data-driven, community-based, patient-centered, and well-coordinated EMS systems across the nation.*
- *Enabling access to uniformly high-quality care for acutely-ill and injured patients, as well as programs which will prevent emergency illnesses and injuries.*
- *Providing a forum for the exchange of information and the discussion of common concerns among state, territorial and tribal EMS officials.*
- *Cross-border cooperation in such areas as patient transfer, communications, and reciprocity of EMS personnel.*
- *The dissemination of timely and pertinent information to our membership and others.*
- *Maintaining effective and ongoing liaison with state, tribal and national governments, professional organizations, and other appropriate public and private entities.*
- *Striving to help improve the quality and efficiency of our members’ EMS program leadership and administration.*
- *Pursuing means of enhancing the professional knowledge, skill and abilities of state, territorial and tribal EMS officials and staff.*
- *The pursuit of research and evaluation in all areas of EMS, and evidence-based system planning and decision-making.*

Kevin explained NASEMSO’s goals were renamed “values” and restructured as sentences. The values are similar to the values of the Association of State and Territorial Health Officials

(ASTHO).

Ken Williams (RI) asked whether we should define “EMS” in these documents. Kevin replied there is no definition of EMS in this work, and the assumption is that anyone reading the documents would already understand what EMS is.

The orderly development of ... EMS systems across the nation

Andy Gienapp expressed disapproval of the inclusion of “physician-directed” in the first bullet point of the Values statements, citing its implication that only physicians can lead EMS. Andy referred to a relevant discussion during the EMS Agenda 2050 meeting and recommended removing the “physician-driven” phrase from the first bullet.

Ken Williams noted the Medical Directors Council (MDC) would disagree with Andy’s point. Ken, who attended the Reno retreat, explained the intent of the phrase was to focus on oversight and not necessarily imply physicians are leaders of the system. If there is alternative language that suggests physicians need to be involved in EMS on that level, the MDC would be happy.

Kathy Wahl suggested inserting a separate bullet about the involvement of qualified physician leadership for system(s) oversight, since other systems may involve physicians with other areas of expertise.

Andy suggested that if we include the “physician” specialty in our values statement, we should also include other EMS specialists, each of whom are important to system development.

Kathy noted growing recognition of the necessity of physician leadership in EMS. In Michigan, EMS physician leadership has historically been there at the local level but was only recently recognized at the higher levels. Without physician input on protocols, Kathy noted, Michigan wouldn’t have the expertise for their quality improvement. Kathy expressed no qualms against including “physician-driven” in the first Value statement.

Keith Wages noted he may be responsible for the incorporation of the “physician-directed” phrase during the Reno meeting, and explained that an audience may not necessarily presume the engagement of physicians in a clinical oversight role when paramedics are discussed.

Ken Williams suggested a revision to the first bullet and incorporation of a new bullet, which Rachael documented on-screen:

- *The orderly development of data-driven, community-based, patient-centered, and well-coordinated EMS systems across the nation.*
- *The involvement of qualified physician leadership in EMS system oversight.*

Andy expressed support for the text as suggested by Ken and captured by Rachael.

Kevin agreed to leave that bullet point as written by Rachael and requested any other comments, questions, or changes from the group related to the Values.

Cross-border cooperation

Ken Williams requested clarification of the “cross-border cooperation” phrase, wondering if we should specify that this does not refer to international borders.

Kathy Wahl noted that Michigan collaborates on emergency exercises with Canada, with whom

they share borders in the upper peninsula and on the eastern side of the state. Therefore, for Michigan, the value applies as written. Ken retracted his concern.

Kevin recalled the discussion of this phrase in Reno, during which it was quickly decided that both state borders and international borders were acceptable interpretations of the phrase. Kevin asked if any Board members would like to replace “cross-border” with “interstate.” Hearing no responses, Kevin left the statement as it was.

Kevin requested any comments, questions, or changes from the group. No further comments were given on the Values statements.

Kevin clarified that once the details of the action steps and objectives are worked out, these strategic priorities will become NASEMSO’s strategic priorities, but they will not represent the entirety of NASEMSO’s work. The scope of Committee and Council work will not be limited by these strategic priorities, but the Board has indicated that they will seek the assistance of those entities to carry out the action steps.

Strategic Priority 1: External Communications and Branding

Kevin McGinnis explained this strategic priority was the result of the merging of two similar strategic priorities, as discussed previously. Kevin read the priority and three-year outcome aloud while Rachael Alter displayed the document on-screen. Kevin noted that much of the work outlined in Objective 1.1 has already been accomplished, although any workgroups yet to be established would be able to review said work. Kevin asked the Board to provide any comments, questions, or suggestions.

Objective 1.3

By August 2020, create a roadmap to identify and engage with partner organizations, funders, NHTSA, HRSA, legislators, and other stakeholders.

Andy Gienapp asked whether we have defined “identify and engage with,” or planned to define it down the way.

Kevin responded that the proposed action steps include firming up the plan. Kevin explained that, in a broad sense, we will take all stakeholders and define our relationships; how we communicate; what we want from them; and what we want to give to them. That would constitute a roadmap for engaging with stakeholders. Kevin requested that any on the call with specific recommendations for what should be included in work for the objectives should send a note to Kevin.

Kevin requested any other comments on strategic priority one. No further comments were given.

Strategic Priority Two: Internal Communications

Continue and improve methodologies used in information and resource sharing with and among NASEMSO membership and staff.

Kevin McGinnis read the priority and three-year outcome aloud while Rachael Alter displayed the document on-screen. The priority included a variety of activities which reflect the brainstorming that was done in Reno. Kevin permitted a few minutes of review and requested questions and comments from the Board. Kathy Wahl expressed support for the language as displayed.

Kevin described that, as the action steps show, these objectives involve a lot of work. Kevin requested any questions, comments, or suggestions from the Board. No further comments were given.

Strategic Priority Three:

Develop and enable policy deliberation, documentation and external communications about member consensus on emerging specialties.

Kevin McGinnis read the priority and three-year outcome aloud while Rachael Alter displayed the document on-screen. Kevin explained that this priority is more focused than the other two. Kevin summarized the objectives: picking out an emerging specialty; piloting a process for explaining it to the membership; establishing a position on that emerging specialty that would become NASEMSO's stance on that emerging specialty; and communicating the stance to both the NASEMSO membership and the external world. Kevin requested any questions, comments, or suggestions from the Board. No comments were given on the strategic priority.

Conclusion

Kevin McGinnis summarized that, based on the call, the Board had agreed upon the framework as reviewed. The action steps will be developed and confirmed at the in-person Executive Committee meeting in December. Kevin handed the floor back to NASEMSO President Keith Wages. Keith requested any final comments or questions from Board members or visitors.

Jim DeTienne (MT) pointed out that a lot of the work NASEMSO does is regulatory, yet he didn't see any specific mention of this within the values statements or priorities.

Kevin replied it would fit under Objective 1.1, when we talk about developing comprehensive lists of state EMS office responsibilities, and NASEMSO Roles and Responsibilities. Rachael Alter highlighted Objective 1.1 on the screen:

- *Develop comprehensive lists of:*
 - *Common state EMS office responsibilities and*
 - *NASEMSO roles and responsibilities*

Kevin continued that Objective 1.1 might be most relevant to our ability to explain those roles in external communications. Kevin noted that, in service of this objective, staff will revisit the two-years-prior survey on state EMS office structure and responsibilities. Jim expressed approval of the section Rachael had highlighted on the screen.

Keith Wages requested any other questions, comments, or concerns from the Board. No further comments were given. Beth Armstrong wished a happy birthday to Keith Wages and Jim DeTienne.

Kevin explained that the Board members did not have action items resulting from this meeting. Next, the smaller group of the EC would review the materials, affirm the resources they'd like to commit to the action steps, and return the materials back to the Board.

Keith Wages thanked NASEMSO staff for their work on the strategic plan and expressed his intent to keep the Board updated on the strategic planning process at each monthly meeting. Keith noted the next Board meeting would take place on December 13th. The EC will provide feedback to the Board prior to that meeting.

Adjournment

There being no further business, the meeting adjourned at 3:16 p.m. ET.

Meeting Record respectfully submitted by NASEMSO Member Services Specialist Zoe Renfro.