



## Meeting Record

### Present

#### Officers

Secretary: Alisa Williams (MS)  
Treasurer: Gary Brown (VA)  
Immediate Past President: Paul Patrick (UT)  
Member-at-Large on EC: Steve McCoy (FL)

#### Regions

South: Steve McCoy (FL)  
West: Wayne Denny (ID)  
Western Plains: Andy Gienapp (WY)

#### Councils

Data Managers: Kevin Putman (MI)  
Health & Medical Preparedness: Joe Schmider (TX)  
Pediatric Emergency Care: Morgan Scaggs (KY)  
Personnel Licensure: Helen Pullen (WI)  
Trauma Managers: Carole Mays (MD)

### Members

Systems of Care: Jeanne-Marie Bakehouse (CO)  
Education Committee: Terrie Godde (MI)

### Federal Partners

NHTSA OEMS: Gam Wijetunge  
HHS/ASPR: Sean Andrews  
HRSA/EMSC: Michael Ely  
HRSA/EMSC: Sam Vance  
HRSA/EMSC: Sarah O'Donnell

### NASEMSO Staff

Rachael Alter  
Dia Gainor  
Mary Hedges  
Kevin McGinnis  
Zoe Renfro  
Kathy Robinson

### Absent

President: Keith Wages (GA)  
President-Elect: Kyle Thornton (NM)  
East Region  
Great Lakes Region  
Medical Directors

The meeting was called to order at 2:06 PM EDT.

### Call to Order / Roll Call

Secretary Alisa Williams called the meeting to order at 2:06 p.m. Eastern time and Zoe Renfro called roll. A quorum was present.

### Secretary's Report

Secretary Alisa Williams presented the February 14<sup>th</sup> Board meeting minutes.

**ACTION:** Paul Patrick moved, and Gary Brown seconded, that the minutes should be approved as distributed. The motion passed unanimously.

Alisa presented on EC activity over the last month:

### **CDC Coalition Request**

The EC reviewed a Centers for Disease Control (CDC) Coalition letter urging Congress to provide at least \$7.8 billion in funding to the CDC. The EC agreed unanimously that NASEMSO should sign on to the CDC Coalition request.

### **Statement of Accounts**

The EC agreed that NASEMSO should distribute the detailed SOA to Board members only, and report on the finances without displaying the SOA during Board meetings.

### **Request from RFG**

The RedFlash Group (RFG) has reproduced content written years ago for NHTSA by Dia and others within the Transportation Safety Advancement Group (TSAG), repurposing it to be EMS-specific. Laurie Flaherty and RFG asked NASEMSO to distribute this new document to NASEMSO members to promote literacy around Next Generation 911 and FirstNet ramifications for EMS. The EC agreed NASEMSO will distribute the document to our members as requested by NHTSA/RFG.

### **AVL**

In response to a request for an AVL Vice Chair, the EC agreed to invite Tom Mitchell to serve.

### **HITS**

In response to a request for a HITS Committee Vice Chair (who must be a state EMS official or director), the EC agreed to invite Dr. Harden to serve.

### **CDC Sign on Letter: Infectious Disease and Opioids Request**

The EC reviewed a CDC sign-on invitation that was due before the March 14 Board meeting. The Infectious Disease Society of America and the HIV Medicine Association requested support for 40 million dollars to address the infectious disease impacts of the opioid epidemic. The EC agreed NASEMSO should sign on to the letter.

### **ET3 Timeline and Contact Info**

The EC reviewed the Emergency Triage, Treat, and Transport (ET3) timeline to pilot the concept of non-transport payment for transport agencies. Dia will reach out to the Regional Chairs with the link to the webinar recording and ask for their questions about, or issues with, communications with CMS.

### **NREMT International**

The EC agreed they will revisit this topic after the NREMT Board meets on Friday, March 22.

## **National Action Alliance for Suicide Prevention**

The National Action Alliance for Suicide Prevention invited NASEMSO to join their Public Safety task force that meets on monthly calls; attend a May 16th Public Safety Summit; and join a Public Safety Panel during the Alliance's March 21st Executive Committee meeting. The EC agreed to invite Sam Hurley to participate.

## **CoAEMSP Board Reports**

The EC reviewed CoAEMSP's summary of their February 1-2 quarterly Board Meeting. The EC agreed that Dia should distribute CoAEMSP Board meeting highlights to the NASEMSO Education Committee and Board.

## **Treasurer's Report**

### **Financial Performance**

Gary confirmed Alisa's earlier report that the Executive Committee agreed to stop displaying NASEMSO's SOA on-screen during Board calls. NASEMSO has established a secure online Board reference area to host the financial reports for Board members. Gary encouraged any Board members to please direct questions to him or other Executive Committee members.

Gary presented the modified Treasurer's report. NASEMSO is 8 months into the budget year. Our February operational income is \$866,411 versus a budget of \$1,394,370. Our operational expenses are \$849,348 versus a 12-month budget of \$1,514,355. At this point in the year, our income is down and our expenditures are up, but there are incomes to be realized soon (including the May Annual Meeting).

Gary reviewed the draft 2017-2018 990 report (to be filed with the IRS); 2017-2018 audit report (to be filed with the federal audit clearinghouse); and the auditor letter as posted in the Board reference area. Gary noted it is NASEMSO policy to make these documents publicly available through direct requests to NASEMSO headquarters in order to track queries. The NASEMSO Board may access them in the secure online Board reference area.

### **Program Committee**

Gary Brown reported the Program Committee had a great meeting on Tuesday, March 12 to wrap up before the Annual Meeting in Salt Lake City. The Program Committee is filling out the last of three general session spots. One general session will address state EMS office initiatives on opioids; another will address the CDC/ASTHO work on prehospital stroke care; and the third will include presentations by states on specific initiatives (Mary's suggestion). The Program Committee was pleased to receive 9 state proposals, although they may only accept 4-5 due to time constraints. The Committee agreed to select some for the general session and connect others to their respective Council or Committee.

The general session will include a presentation on health information exchange in California; community integrated healthcare service in Colorado; cardiac and stroke care in Kentucky; PECC and mobile SIM in Montana; and determining effects of EMSC time on trauma patients in Utah. Proposals referred to Councils and Committees included New Hampshire's EMS in a war zone, referred to HMPC; Louisiana's EMT portfolio and scenario-based psychomotor exam, referred to PLC and Education; and the Wisconsin proposal on cardiac arrest was recommended for the poster competition.

Gary reported the \$20 Optional Outing fee includes transport to the historic main street of old town Park City (dinner will be on your own). Gary directed members to check [nasemso.org](http://nasemso.org) for hotel information, the meeting program, and the Call for Abstracts. The NASEMSO website also includes details on Salt Lake City, airport transportation, and the light rail (\$2.50 between hotel-airport). Gary noted we have been working on the new meeting format for 1-2 years and we hope the members will enjoy the emphasis on Councils, Committees and Association business. The Program Committee will not meet again before Salt Lake City. They will resume meeting in June 2019, at which time they will review member feedback about the 2019 Annual Meeting.

## **Federal Partner Updates**

Kyle being absent, no President's Report was given.

### **ASPR**

Sean Andrews reported that ASPR-TRACIE is in the final stages of a mass casualty triage white paper. Sean noted it is not a revised triage schema or protocol, but rather a program to help local agencies decide how to set up a triage process. Sean noted many members on the call were involved in developing this white paper in the form of a roundtable a few months earlier, and invited any who might like to review or comment on the draft white paper to please reach out to him. Sean expects the final version will be available in the next two months.

### **NHTSA OEMS**

Gam Wijetunge had nothing to report on behalf of NHTSA.

### **HRSA/EMSC**

Sarah O'Donnell reported that two EMSC grant programs are now competing. The first is a Pediatric Emergency Care Applied Research Network (PECARN) with an application deadline of March 8<sup>th</sup> and awards anticipated in July. There are 7 cooperative agreements and the network includes 18 emergency departments and 9 EMS agencies as part of the research infrastructure. The targeted issue grants are due on April 11. Sarah reported this program will provide funding for investigator-initiated research to demonstrate the links between system readiness improvements within hospital and prehospital emergency medical systems on improved clinical care and better health outcomes among pediatric patients. HRSA

anticipates four grants, each at \$325,000 per year for four years. HRSA is soliciting grants for increasing pediatric emergency care coordination in prehospital settings and evaluating the impact on care and outcomes. HRSA is looking for reviewers for the targeted issue grant. Sarah noted the review dates conflict with the 2019 NASEMSO Annual Meeting, but interested parties should reach out to Diane Pilkey at [dpilkey@hrsa.gov](mailto:dpilkey@hrsa.gov).

Sarah reported a PECARN study has just started enrolling patients. The study is going to be implemented in 14 emergency department and EMS sites with the goal of developing and testing a pediatric CSI risk assessment tool that can be used by EMS and ED providers.

### **HRSA/EMSC Special Presentation**

As per Tee's request at the previous Board meeting, HRSA was granted 10-15 minutes to present on NEDARC annual surveys and the PECC Learning Collaborative.

#### **NEDARC Annual Performance Measure Collection**

Michael Ely, director of NEDARC, reported the EMSC program has collected performance measures data over the past several years on EMS and hospital-based measures. NEDARC has been the survey center for that, collecting data about EMS agencies and their availability of pediatric equipment, medical direction, etc.

In the past few years, they have updated those measures, including Performance Measure 2 (the existence of a PECC at the agency or hospital level). NEDARC collected data on this performance measure in 2017 for the first time and found, out of a response rate of about 80% of EMS agencies across the country, 22.9% had a PECC position. This information was published in *Prehospital Emergency Care* in 2018 ("Ready for Children: Assessing Pediatric Care Coordination and Psychomotor Skills Evaluation in the Prehospital Setting"). There was a correlation between those who had a PECC and the frequency of skill checking on pediatric equipment.

To facilitate the measurement of progress, HRSA has asked NEDARC to collect information on the PECC measure annually, starting in 2020. NEDARC's goal is to minimize the burden on state EMSC programs.

NEDARC will send out survey reminders and information to EMS agencies, and they hope that will relieve some of the burden from EMSC managers. NEDARC plans to do this over a 3-month survey window and expects the next will be in the winter and spring of 2020. Programs can expect an invitation and four follow-up reminders, and an average survey length of 6.5 minutes.

In preparation for the survey, NEDARC will work with their EMSC managers to ensure they have updated contact information lists for each state. NEDARC plans to transition to a web-based contact list management system that will permit any EMS agency to update information directly.

There will be EMSC Managers on the NEDARC Advisory Board. NEDARC will request feedback from the NASEMSO PECC and state EMS directors at the Annual Meeting. Any questions or input related to increasing engagement and reducing the burden on EMSC programs should please be directed to Mike Ely at [michael.ely@hsc.utah.edu](mailto:michael.ely@hsc.utah.edu).

#### PECC Learning Collaborative

Sam Vance, Prehospital Domain Lead for EMSC IIC, presented an overview of the PECC Learning Collaborative.

Sam reported that because EMS providers have infrequent encounters with children, there may be gaps in pediatric patient care, patient safety and clinical outcomes. In 2017-18, the EMSC program surveyed EMS agencies about the existence of a Pediatric Emergency Care Coordinator (PECC) and a process to demonstrate the use of pediatric-specific equipment. They found the number of pediatric patients seen was fewer than 8 per month for 80% of EMS agencies. As indicated by the 2017 NEDARC survey, only 22.9% of EMS agencies nationwide have a PECC.

A PECC ensures a dedicated individual (or individuals) represents pediatric interests, oversees pediatric quality improvement, and more. Sam reviewed evidence and position statements in support of PECCs.

- In 2007, the Institute of Medicine recommended EMS systems appoint PECCs.
- In 2016, NAEMSP released a position statement in support of PECCs, noting their association with improved documentation, improved clinical management, and increased staff awareness of high-priority pediatric areas.
- In 2017, “Coordination of Pediatric Emergency Care in EMS Systems” was published in Prehospital Emergency Care (PEC).

In October 2018, the EIIC began the PECC Learning Collaborative to talk about best practices and lessons learned. The collaborative, which ends on March 31, 2019, includes nine states (CT, KY, MT, NM, NY, OH, PA, RI, WI) and represents 10% of EMS agencies in the USA.

The Collaborative was intended to determine the benefits of having a PECC. The resulting report will be shared with all states. Sam congratulated the 9 states in the Collaborative for increasing their PECCs since October 2018.

Please direct any questions on the PECC Learning Collaborative to Sam Vance at [Samuel.Vance@bcm.edu](mailto:Samuel.Vance@bcm.edu).

## Executive Director’s Report

Dia Gainor presented a truncated report to accommodate the full agenda.

## **NEPS**

Dia reported that NEPS is going swimmingly. Current NEPS work includes preparing to launch the next National EMS Assessment and working on the Emerging Systems of Care tasks.

## **SOP Model Revision**

Dia reported a final draft was submitted to NHTSA and NASEMSO awaits their approval of its publication.

## **Fatigue in EMS**

Dia reported this project is in a holding pattern due to a requirement for Office of Management and Budget (OMB) approval.

## **National Collaborative for Bio-Preparedness**

Dia reported that Joe Ferrell has begun working for BioSpatial.

## **NHTSA Naloxone Evidence-Based Guideline**

Dia reported this project is in its last few weeks of work.

## **ToxCel Field Trauma Triage**

Dia reported the empirical analysis was submitted to NHTSA.

## **Safe Transport of Children Crash Testing**

Dia reported NASEMSO has been working on a mature draft proposal and will seek letters of support soon.

## **ACS-COT Records Linkage Joint Policy Statement**

Dia reported the policy statement has been finalized with NASEMSO input and will be presented to NHTSA OEMS the week of March 18.

## **Website**

Dia directed any comments, questions, or suggestions for improvement to Jay Bradshaw at [bradshaw@nasemsso.org](mailto:bradshaw@nasemsso.org).

## **Action Items**

### **NASEMSO Strategic Plan Review**

Kevin McGinnis displayed the most recent draft of the strategic plan as included in the Board meeting handouts. Kevin reported that, from the Board's strategic priorities in Reno, we narrowed down to three priorities and worked with the EC to develop objectives under each priority. Staff developed a set of action steps for each objective and budgeted time and resources that will be required to carry out each action step. Kevin reported the staff recommendation for the next step is that staff should work with the EC to prioritize the priorities, objectives, and action steps, and adjust the strategic plan budget as needed during the upcoming budget development meeting on April 12.

Dia suggested the Board might, at this stage, approve the action steps, individuals and time frames detailed in the draft internal tactical plan. The next step will be the evaluation of budget implications by Gary and Beth, which will be brought to the Board in SLC.

**ACTION:** Steve McCoy moved, and Andy Gienapp seconded, that the NASEMSO Board should accept the draft strategic plan as presented and move it forward for financial analysis. The motion passed unanimously.

### **Sign-on request for CDC funding to modernize public health data systems**

Dia presented a request that funding (1 billion over ten years) be granted to the CDC to modernize public health data systems. Alisa expressed support for the idea. Joe Schmider expressed hope that CDC will work with NEMSIS to link their data sets.

**ACTION:** Gary Brown moved, and Steve McCoy seconded, that NASEMSO should sign on to this initiative. The motion passed unanimously.

### **302(b) funding for Labor-HHS-Education subcommittee**

Dia presented a sign-on request letter inviting NASEMSO to join other public health organizations to support funding for education in public health, health research, job training, and social services. Paul Patrick confirmed the Government Information Committee was in support of signing on to this request.

**ACTION:** Paul Patrick moved, and Joe Schmider seconded, that NASEMSO should sign on to the request. The motion passed unanimously.

## **Discussion Items**

### **NASEMSO Website Privacy Policy Draft**

On behalf of Jay, Dia reported there is a need for NASEMSO to establish a privacy policy for the website and membership data management system. Dia displayed the nine-page draft addressing marketing, communications, and privacy, noting it was prepared with legal advice and conforms to customary expectations. Dia noted the Board will be asked to act upon the policy at the April Board meeting.

Alisa noted the language appeared standard.

### **Schedule discussion of regional meeting services**

Dia reported her intent to organize a meeting between regional chairs, host states for this Fall's regional meetings, and NASEMSO staff to understand regions' frequently asked questions and figure out how NASEMSO can convey available staff support. Regional chairs and host states should expect a date poll from NASEMSO in the near future.



### **EMS Compact**

Joe Schmider reported there is an Executive Committee call on March 15. They are developing rules to be posted by March 18 and voted on at the meeting in Salt Lake City. Joe thanked Wayne Denny, Andy Gienapp and Jeanne-Marie Bakehouse for their work on the rules. Joe reported their EC is making great progress on the draft rules. Joe encouraged any interested parties to sign up for news alerts at [EMSCompact.gov](http://EMSCompact.gov).

### **Resolutions for the Annual Meeting**

Andy posed an administrative question about the upcoming Annual Meeting, asking if he might expect to see an advance distribution of the resolutions to be voted on at the meeting, to include a resolution he submitted to endorse the EMS Agenda 2050.

Dia noted other resolutions will be submitted between now and May, and some will be developed at the Annual Meeting. Dia reported that Wednesday, May 15<sup>th</sup> at 4:30 PM (MT) is the deadline to submit resolutions, and confirmed Andy's resolution will be included on the docket. NASEMSO members will vote on resolutions at the Business Meeting.

### **Other Business**

There being no further business, the meeting adjourned at 3:03 PM EDT at the motion and second of Joe Schmider and Mel House.

*Meeting record respectfully submitted by Member Services Specialist Zoe Renfro.*