

NASEMSO Board of Directors Meeting
Thursday, May 14, 2015
Meeting Record



PRESENT

Gary Brown (VA), Treasurer
Joe Ferrell (IA), EPSC
Andy Gienapp (WY), West Region
Katherine Hert (AL), Pediatric Emerg Care
Carole Mays (MD), Trauma Managers Chair-elect
Paul Patrick (UT), President
Carolina Roberts Santana MD, PEC Chair-elect
Paul Sharpe (VA), Data Managers
Peter Taillac MD (UT) Medical Directors
Kyle Thornton (NM), Secretary
Keith Wages (GA), President-elect
Alisa Williams (MS), South Central Region

ABSENT

Chris Bell (VT), East Region
Jim DeTienne (MT), Immed Past President
Joe House (KS), North Central Region
Sherri Wren (NE), Trauma Managers

ALSO PRESENT

Greg Brown (AR), Air Medical
Susan McHenry, NHTSA
Lindsay Narloch (OK), Data Chair-elect
Tom Nehring (ND), Rural EMS
Fred Hornby (WI), EMSC Chair-elect
Ken Williams MD (RI), Medical Directors
Chair-elect

STAFF PRESENT

Rachael Alter, Program Manager
Beth Armstrong, EVP
Dia Gainor, Executive Director
Mary Hedges, Program Manager
Kathy Robinson, Program Manager
Leslee Stein-Spencer, Program Manager

CALL TO ORDER / AGENDA REVIEW / SELF-INTRODUCTIONS

President Paul Patrick (UT) called the meeting to order at 4:05 PM CT and self-introductions were made; a quorum was present. The agenda was reviewed and the ASTHO Affiliates Council Guiding Principles Document was added for discussion.

SECRETARY'S REPORT

Secretary Kyle Thornton (NM) presented the April 20, 2015 Meeting Record.

ACTION: Paul Sharpe moved, seconded by Gary Brown to approve the Record as corrected. The motion carried.

TREASURER'S REPORT

Financial Performance – Treasurer Gary Brown reported that as of April 30, 2015, the total income from operations is \$1,349,972 with expenses of \$1,435,087 resulting in a net deficit of (-\$85,116). Some of the deficit is attributed to the unrealized gain/(loss) of (\$21,509) which balances out in part the previous year's unrealized gain of \$39,323. The deficit should shrink in the next few months as fees are received for the 2015 exhibit in Louisville, and as the cash flow cycle becomes current with federal contract drawdowns. It was noted that this status is usual for this time of year, which is the valley of NASEMSO's annual cash flow cycle.

Program Committee Report – Gary Brown reported that the Program Committee met this week to review 2015 Spring Meeting evaluations, noting high ratings for speakers, program content, location, and other aspects of the event. He indicated that the committee is currently exploring ways to increase participation in the evaluation process, perhaps tying it to availability of certificates of completion.

The Committee also addressed the 2016 Spring Meeting, which could occur in conjunction with the EMS Compass Blue Ribbon Summit in the DC area or its suburbs next April or early May. He indicated that the Program Committee recommends this decision. Following this event, the Committee will be looking into a rotation-type schedule for future.

ACTION: Gary Brown moved, seconded by Joe Ferrell approve this recommendation. The vote was unanimous and the motion carried.

The Fall Meeting program plans are in place for Louisville. The poster/abstract competition submission deadline is August 31. The business session will occur on Thursday and Friday will be reserved for “late-breaking” issues and presentations. He described an optional outing at Churchill Downs.

ACTION: Gary Brown moved, seconded by Katherine Hert to increase registration fees by \$10 for 2015’s Fall Meeting. The vote was unanimous and the motion carried.

Brown stated that there are currently funds to support 10 peoples’ travel to the Fall Meeting at \$1,066 each, or more people if applicants don’t each need the full amount. Priority would be to support Board members for those who would not otherwise be able to attend the meeting, and then other members.

EXECUTIVE DIRECTOR’S REPORT

- **NHTSA Chief Counsel Interpretation Request** - Dia Gainor reminded that in 2011, NASEMSO sent a letter requesting interpretation of Federal Motor Vehicle Safety Standards relevant to EMS. A response was not received, and Dia recently re-sent it.
- **CAP 1**– we await paperwork to undertake Year 5 activity. A week ago we submitted a revised document detailing tasks and deadlines, along with the budget.
- **CAP 5** – site visits have begun to collect evaluation data on the pediatric toolkit.
- **CAP 6** – a big stakeholders meeting occurred in conjunction with the Spring Meeting in San Antonio. The MOU for state sign-on has been drafted. A data definitions work group draft has been submitted to NHTSA earlier this month.
- **CAP 7** – the call for suggested measures has received high interest, with 45 already submitted as of this morning. A webinar earlier this week included 200 participants including 5 international registrants.
- **CAP X** – Rachael shared that the draft documents to implement evidence based guidelines has been circulated. WY, AZ and TN have rolled out training.
- **Pending Project Considerations** – Dia shared that staff has been working on various funding applications.

- An EMS health IT project that may be awarded by ONCHIT to define the electronic equivalent of the “short form” that EMS personnel might leave on paper at an ED and conversely the data that a hospital (presumably ED) would provide back to the EMS agency.
- A small grant that may be available from NIST to summarize the various ambulance design and ambulance testing resources that have been released in recent past and package the information in an electronic interactive format.
- A cooperative agreement application opportunity that may be announced in the near future related to EMS personnel fatigue.
- A subcontract from ASTHO to work on ASPR-driven interests related to EMS rules and transport agency designation for patients with confirmed or suspected of serious infectious diseases.
- A 2nd generation strategy building on the EMS Preparedness Improvement Strategy goals.
- A cooperative agreement specific to state EMS office and tribal EMS relationships and promising practices.
- **CDC Injury Prevention Center** – This week, Dia participated in a one on one interview performed by a Public Health Policy Analyst in the Office of Policy and Partnerships of the CDC National Center for Injury Prevention and Control (NCIPC) on “Strategic Partner Engagement”. Dia provided input centering on EMS’ role as the public health prevention safety net and list past and future opportunities for involvement, noting that engagement by the CDC NCIPC has been negligible in the last four years. When asked what an appropriate next step might be, a meeting of all EMS centric national associations and federal partners with NCIPC was recommended as a means to brainstorm problem statements, research ideas, and priority initiatives related to post incident care.

PRESIDENTS REPORT

- **ASMI-NAEMSO 2016-2021 Management Agreement** – Paul Patrick and Gary Brown visited headquarters recently and negotiated the agreement renewal, going through it in great detail with Beth Armstrong. It has been executed.
- **Clarification of Board Membership** – President Patrick reminded the Board that the officers, the key representatives of the regions and the chairs of the councils are the voting members on the Board.
- **Election of Member-at-Large to Executive Committee** – Keith Wages indicated that he has received nominations from two people interested in serving, Alysa Williams and Andy Gienapp. Voting Board members will cast their ballots electronically.

NAEMSO LIAISON REPORTS

- **NHTSA** – Susan McHenry expressed appreciation on NASEMSO work on the NEMSIS revision cycle. The Highway Trust Fund authorization expires the end of this month; they expect another short-term extension, and a major reauthorization and six-year extension is in discussion. They are moving a number of procurements including CAP1; one of the main issues is that the last two years have been late in

getting awarded. She doesn't know whether the contracts office will therefore be able to get it awarded this month. She expressed appreciation for NASEMSO planning its 2016 Spring Meeting in the DC area.

ACTION ITEMS

- **AAP Request for Comments on “Transitions of Care for Children in the ED”** – Mary Hedges presented suggested NASEMSO comments gathered from the Pediatric Emergency Care Council and Medical Directors Council.

ACTION: Peter Taillac moved, seconded by Gary Brown to approve the comments as presented. The motion carried by unanimous vote and Mary will submit them to AAP.

- **NASEMSO Application for National Quality Forum Membership** – Dia summarized that NASEMSO must join NQF in order for the EMS Performance Measures Compass project to succeed.
- **ASTHO and Affiliated Organizations Guiding Principles** – Paul presented the drafted updates. Dia noted that the biggest change involved cooperating on funding proposals.

ACTION: Peter Taillac moved, seconded by Jim DeTienne for NASEMSO to reaffirm the ASTHO Guiding Principles. The motion carried by unanimous vote.

DISCUSSION ITEMS

Regional Reports

- **East** – (no report)
- **West** – Andy Gienapp said that the Rural EMS Conference went well last week.
- **North Central** – (no report)
- **South Central** – Alisa Williams (MS) reminded the group that the region will meet in Memphis next month thanks to efforts of Donna Tidwell to organize it.

Council Highlights

- **Data Managers** – Paul Sharpe noted the council has not met since San Antonio; they await official word on the ruling on major versus minor revisions and adjustments to timelines and deadlines. The council recommends that medical device and CAD products be dropped from the compliance requirements. NEMSIS steering committee had a couple of positive events; recommendation that vendor list on NEMSIS website be updated as to who is making progress. This was well received when completed. Also, some requirements that were a barrier for some states to seek V3 compliance were relaxed.
- **Education & Professional Standards** – Joe Ferrell shared that their council will meet next month; they are drafting a white paper on competency assessment. System implementation survey will assess states' clinical and field concerns.

- **Medical Directors** –Dr. Taillac shared they met last week, reviewed current projects including the draft statement relative to air medical FAA control. They also discussed new trauma performance measures and Dr. Lehrfeld stated that NASEMSO and ACS are not working together on them; Kathy Robinson clarified that only the JTC has dissolved but the groups continue to coordinate. Their council Secretary Dr. Chuck Cady (WI) has left his academic practice so will not be the state medical director for Wisconsin. Ken Williams said that they are putting together an orientation package for medical directors.
- **Pediatric Emergency Care** – Katherine Hert shared that the council has recently secured new volunteer leadership including three new regional reps.
- **Trauma Managers** – Carole Mays (MD) noted that they are planning calls to discuss a paper that was recently received on the importance of trauma center designation based on population and need. They are also producing a monograph on designations and trauma centers, to compare 2010 with current data.

Standing Committee Highlights

- **Air Medical** – Greg Brown reported that they are still working on model guidelines and now must ensure they don't conflict with any content from the recently released FAA documents. Preliminary discussion regarding CAAMTS developing a “medical only” cert indicated that CAAMTS is opposed to doing that.
- **Communications and Technology**- (no report)
- **Domestic Preparedness**- Leslee Stein-Spencer shared that they have submitted comments on EMAP, they are working on comments on Concepts of Operations for Ebola. They are prioritizing preparedness improvement strategies. Their next call occurs May 26, 2:00 pm ET and will include a report on the Philadelphia Amtrak train derailment.
- **Government Information**- Kyle Thornton shared that a tentative agenda has .
- **HITS** – Mary Hedges share that they meet again in June.
- **Rural EMS**- Tom Nehring reported that the Rural EMS Leadership Conference was a success and preliminary indications are that this should occur annually. He said that a representative from NAEMSP asked if they could join the JCREC in addition to NASEMSO, NOSORH, NRHA and National Rural Health Resource Center (TASC).

ACTION: There was consensus that NASEMSO should renew its MOU with JCREC.

ACTION: The decision on whether NAEMSP should be added to JCREC is tabled until next month.

Ad Hoc Committee Reports

- **Agency & Vehicle Licensure** – Dia said that the committee has finished drafting its survey instrument.
- **Mobile Integrated Health/Community Paramedicine Committee** – (no report).

ADJOURNMENT

There being no further business, the meeting concluded at 3:28 pm ET.

Meeting Record respectfully submitted by NASEMSO Executive Vice President Beth Armstrong.

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