

**NASEMSO Board of Directors Retreat
Monday-Wednesday, December 9-11, 2013
Hotel Monaco, Alexandria, VA**

Meeting Record

PRESENT

Dennis Blair (AL), Secretary
Jim DeTienne (MT), President
Dave Edwards (VA), Pediatric Emerg. Care
Brett Hart (TX), Educ & Professional Stds.
Joe Nelson MD (FL), Medical Directors
Paul Patrick (UT), President-elect
Paul Sharpe (VA), Data Managers
Rob Seesholtz (TN), Trauma Managers
Kyle Thornton (NM), West Region
Keith Wages (GA), South Central

ABSENT

Chris Bell (VT), East Region
Gary Brown (VA), Treasurer
Randy Kuykendall (CO), Past President
Steve Sutton (KS), North Central Rep

ALSO PRESENT

Rachael Alter, Program Manager
Beth Armstrong, Executive Vice Pres
Greg Brown (AR), Air Medical Committee
Dave Bryson, NHTSA
Drew Dawson, NHTSA
Dia Gainor, Executive Director
Mary Hedges, Program Manager
Kevin McGinnis, Program Manager
Susan McHenry, NHTSA
Tom Nehring (ND), Rural EMS
Kathy Robinson, Program Manager
Joe Schmider (TX), Domestic Prep.
Leslee Stein-Spencer, Program Manager

PARTIAL ATTENDANCE

Jay Bradshaw (ME), NFPA 1917 rep (by phone)
Cradly deGollan, CSG National Center for
Interstate Compacts
Christian Dubay, NFPA
Ken Holland, NFPA
Dan Manz, NASEMSO Staff
Richard L. Masters, CSG Interstate Compact
for Adult Offenders
Ray Mollers, DHS OHA
Rick Patrick, DHS OHA
Bill Seiferth, DHS OHA
Peter Taillac MD (UT), EBG (by phone)
Ken Willette, NFPA

CALL TO ORDER / SELF-INTRODUCTIONS / AGENDA REVIEW

President DeTienne called the meeting to order at 1:05 pm and self-introductions were made. He reviewed the meeting purpose and intended outcomes, and welcomed those who are here for the first time. The agenda was reviewed.

SECRETARY'S REPORT

On behalf of Dennis Blair, Jim DeTienne presented the November 14, 2013 Board Minutes.

ACTION: Paul Patrick moved, seconded by Brett Hart to approve the minutes. The vote was unanimous and the minutes were approved.

MEETING PLANS

- **South Central Region** – meets the third Thursday each month at 2:00 pm Eastern.
- **West Region** – third Monday, quarterly, 4:00 pm Mountain time.
- **Pediatric Emergency Care Council** – will meet in-person at the Mid-Year and Annual Meetings. Their Steering Committee meets second Tuesday of each month at 2:00 pm eastern. The EMSC Grantee meeting will occur in-person late July or early August in Arlington, VA.
- **Data Managers Council** – the council meets the third Tuesday of each monthly 2:30-4:30 pm; they also have subcommittees that meet often. They will meet in-person at both the Mid-Year and Annual Meetings.
- **Education & Professional Standards Council** – full council meets even months at 2:00 pm Central, steering committee meets odd months.
- **Trauma Managers Council** – regions within the council meet regularly and the council's steering committee meets monthly. They will have in-person meetings at both the Mid-Year and Annual Meetings.
- **Medical Directors Council** – meet every other month, first Monday, 1:00 pm Eastern. They meet in-person in conjunction with NAEMSP and at the NASEMSO Annual Meeting.
- **HITS Committee** – meets second Wednesday of every other month beginning in February 2014, and in-person at the Annual Meeting.
- **Air Medical Committee** – they will meet quarterly beginning in 2014.
- **Domestic Preparedness** – second Tuesday of January, March, May, July.
- **Rural EMS** – they have established a formal committee roster and are considering an in-person meeting in Wyoming this spring. They plan to meet twice annually in-person – in conjunction with JCREC and in conjunction with NASEMSO.
- **Communications** – Kevin McGinnis and Paul Patrick meet as needed. They have established a committee within FirstNet focusing on important EMS matters and they meet monthly under that umbrella.
- **MIH/CP** – meets on odd months, third Monday at 3:00 pm. Community Paramedicine Insights forum meets on even months.
- **AVL** – will establish a routine schedule beginning next month.

ACTION: Paul Patrick moved, seconded by Brett Hart to approve the minutes. The vote was unanimous and the minutes were approved.

NASEMSO PROJECT UPDATES

- **Model EMS Clinical Guidelines** – Mary Hedges reported that they have a 15-member work group including representatives from the Medical Directors Council and physicians from other groups. They are establishing a core set of guidelines, not a comprehensive one. They are all drafted and Kevin McGinnis is currently editing them for release in March. The final report is due to NHTSA in September. Susan McHenry noted that the final report should address how the guidelines should be maintained and updated.

- **Implementation of Evidence-Based Guidelines** – Peter Taillac mentioned that internal work is on-schedule but externally, we await publication of the pain management guideline so that they can disseminate it among the states. In the meantime they have developed an implementation tool kit and essential elements within the guideline that should be included in any local protocol. They have outlined NEMSIS data points to track usage and are currently developing teaching materials to be online, web-based training with a testing module to be available through state EMS offices.
- **EMS Preparedness Gaps** – a meeting will occur February 19-20 among EMS stakeholder groups. HHS will host the meeting on February 19 and it will occur at the hotel February 20. The draft is being finalized now. Solutions are being identified to gaps based on IOM reports and NASEMSO annual scans. This project concludes September 2014.
- **Joint National EMS Leadership Forum** – met in conjunction with EMSWorld in Las Vegas; two years ago the forum was opened to a broader stakeholder group. Currently there are 17 organizations represented. They meet quarterly, aiming for two of the meetings to occur in-person. Any association can bring forward an issue to seek a unified approach to a survey, letter, position or other activity.

FEDERAL PARTNERS UPDATES

- **ASPR** – (no report)
- **DHS/OHA** – (no report)
- **EMSC** – (no report)
- **NHTSA/OEMS** – Drew Dawson overviewed current initiatives. Last year we had a frank discussion on how things were going and he offered suggestions for improvement; a year later he thinks things are going well in terms of process. Drew stated that NASEMSO and NHTSA are engaged in a good partnership along with other federal partners. Projects are aggressive, pertinent and NASEMSO has delivered obligations on time. Dia Gainor has helped increase partnership within DOT including Office of Safety Programs that will soon have a highway-safety planning tool to help improve state-level partnerships. Relationships are also maintained with Office of Research Innovation and Technology, Office of General Counsel and Federal Aviation Administration, FMCSA, military credentialing and they are about to engage on pipeline and hazmat safety.

FICEMS has been working the past few years on a federal strategic plan and coordination of activities. It was funded by DHS, DOT and DoD and approved recently. Each agency will now move forward to implement the plan. Much of it is taken from NEMSAC recommendations the past few years. It is organized around

large goals within specific objectives – the document will be posted online soon.
Goals:

1. Coordinated, regionalized and accountable 9-1-1 systems.
2. Data-driven and evidenced based EMS systems.
3. EMS systems fully integrated into planning response and recovery.
4. EMS systems sustainable, forward-looking and integrated with the evolving healthcare system.
5. EMS culture in which safety considerations for patients, providers and the community permeate the full spectrum.
6. Well-educated and credentialed EMS workforce.

They recently hosted a call with NASEMSO's help to explore bridge programs to take people from military to civilian practice. NEMSAC has recommended Model Uniform Core Criteria for mass casualty, including a set of instructional guidelines. National Center for Disaster Medicine and Public Health are working on these.

Dawson noted that many of their projects are jointly funded by EMSC, such as the National EMS Culture of Safety project awarded to ACEP. A supplement to the January 2014 PEC will publish the first three peer-reviewed manuscripts on pain management, seizure and air ambulance. Another on external hemorrhage control is being drafted now by American College of Surgeons.

Drew said that the Education Agenda revision process is being undertaken by NEMSAC, reminding NASEMSO that it is focusing on the implementation. NEMSAC recently solicited public comment on the Agenda with a February 1, 2014 deadline.

NHTSA has commissioned several white papers including "EMS as an Essential Service," research practices, emerging technologies and their application to EMS, and hemorrhage control.

Next Gen 9-1-1 has released a video to initiate transition. There are monthly webinars.

There is a joint report by national 9-1-1 program and NENA showing progress in states in deploying Next Gen 9-1-1.

Susan McHenry shared that NEMSIS has achieved another threshold week of November 11, with addition of California data to the national database. 45 states and territories currently participate and 45.5 million records are included in the 3-year rolling DB. She attended a major summit for EMS in California, to plant the seed to integrate records with health information exchange. ASPR's postponed meeting on this topic is planned just prior to EMS Today in DC in February.

Susan reminded that the CAP-001 award from NHTSA to NASEMSO provides operational support for committees, councils and other activities. She indicated that last year turnover in their office of acquisition management delayed the award but

asked that **NASEMSO's proposal for the 2014 CAP-001 be submitted by mid-January.**

Dave Bryson shared that CAP-005 is on track addressing Education Agenda implementation matters. He noted that the current period of performance concludes August 28; he indicated that **the third and final modification proposal for CAP-005 should be submitted by April 1.**

NFPA 1917

NFPA Vice President of Codes and Standards Christian Dubay joined the NASEMSO Board along with Ken Willette and Ken Holland. Chris noted that they are a non-profit standards-development body with 15 regional staff nationwide to help with standards implementation. Their consensus process is open and publicly available. Jim DeTienne thanked NFPA for its attention and presence. He observed that there are some significant gaps between fire and EMS perspectives in terms of vehicle standards. Those for fire trucks should be very different than those for ambulances, and it seems that NFPA has approached the ambulance standards using those for the fire trucks as a basis. He asked NFPA to analyze differences between 1917 and KKK specifications, cost implementations, and rationale for minimum requirements, how to inspect the vehicles. Jim also raised the issue that NASEMSO has been challenged to secure adequate representation on the technical advisory committee.

Chris noted that all NFPA committees are limited to 30 members, with no more than 10 representing a single constituency. Any changes to the draft can be approved by two-thirds of the committee. While DeTienne expressed that he does not sense the representation of state EMS officials' concerns within the committee, NFPA staff noted that the tentative interim amendment (TIA) regarding the speed governor is an example of NASEMSO's influence.

GOVERNMENT AFFAIRS

- **Advocates for EMS** – Jim DeTienne briefed the Board on the AEMS strategic plan and performance of the lobbying firm in 2013. The Board expressed continued concern about the value of participation. Jim asked board members to contemplate whether NASEMSO should continue at the \$27,500 level, \$5,000 level or not at all.

ACTION: Dave Edwards moved, seconded by Joe Nelson to convert AEMS support to corporate membership at \$5,000 for 2014 and articulate why NASEMSO is making this change. The motion failed.

ACTION: Joe Nelson moved, seconded by Brett Hart to withdraw from AEMS. The vote was unanimous and the motion carried.

ACTION: Jim DeTienne asked Paul Patrick to assign a research committee will investigate options and make a recommendation to the board on an alternative approach to accomplish the advocacy and representation function for NASEMSO.

The Board recessed at 5:15 pm and reconvened Tuesday, December 10 at 8:00 am.

- **Protect Emergency Services Volunteers Act** – language is pulled from existing federal regulations; NVFC has asked NASEMSO to sign on in support of this Act.

ACTION: Dennis Blair moved, seconded by Greg Brown to sign on. The vote was unanimous and the report was approved.

NAEMSP FRIENDS OF EMS AWARD

On behalf of the National Association of State EMS Physicians, Jim DeTienne presented a plaque to Kevin McGinnis in recognition for his contributions to emergency medical services.

MID-YEAR MEETING UPDATE

On behalf of Program Chair Gary Brown, Mary Hedges reported that the meeting occurs March 3-5, 2014 at the Rosen Centre Hotel in Orlando, FL in conjunction with the EMS Redline Summit. NASEMSO is organizing a drug shortage summit in addition to the Mid-Year Meeting program and work group meetings.

TREASURER'S REPORT

Beth Armstrong reported for Gary Brown that year-to-date receipts as of November 30 are \$724,064 and expenses are \$608,802 yielding a net excess of \$115,262 and a current fund balance of \$960,707. She mentioned that NASEMSO's annual audit report should be available next month. She noted that 43 states and territories have paid 2013-14 dues.

ACTION: Joe Nelson moved, seconded by Dennis Blair to accept the Treasurer's Report. The vote was unanimous and the report was approved.

ASMI EVALUATION AND ACCREDITATION

Jim DeTienne announced that ASMI received accreditation from the AMC Institute last month, after successfully completing an extensive application process and onsite audit. The ANSI standard on which the accreditation is based addresses contracts and service delivery, employee recruitment, retention and training, insurance and business continuity practices, purchasing processes, intellectual property protection, financial management and internal controls and other practices. ASMI is one of 74 accredited companies that have demonstrated it delivers professional services at the highest standard.

NASEMSO staff was excused from the meeting so that the board and committee chairs could address performance of the management firm. Jim DeTienne shared feedback indicating exceptional satisfaction with ASMI service and staff performance. They expressed appreciation for the impression they get that NASEMSO is ASMI's best customer and gets outstanding support.

It was suggested that staff members check in with each council and committee chair each month via a monthly call, and also help leadership understand the respective roles of staff and chairs.

Dia Gainor was particularly commended for expanding NASEMSO's outreach; the board expressed their impression that she is very busy, and suggested that she maintain a blog to help board members be aware of the many issues and relationships she regularly addresses.

The Board requested a "board book" to help them be more aware of CAPs, with the agreements posted in a password-protected area.

NASEMSO COUNCIL REPORTS

- **Medical Directors** – Joe Nelson spoke about the model clinical guidelines being developed and follow-on activity to develop additional specialized guidelines.
- **Data Managers** – Paul Sharpe shared that they have four work groups responsible for NEMSIS expanded definitions, mentoring and outreach, data and linkages.
- **Education & Professional Standards** – Brett Hart mentioned that the council is trying to increase participation in their discussion by partners such as NAEMSE and military representatives. They intend to do an environmental scan to determine psychomotor skills requirements. They want to form an investigation work group to produce a model document or best practices.
- **Pediatric Emergency Care** – Dave Edwards reminded committees to reach out if they need a PEC representative for an activity. The council is focused on maintaining relationships and liaisons with federal partners and national organizations as well as within NASEMSO councils and committees. This year their plans include collaborating with the Pediatric I-team work group, developing a mentor program, supporting states in operationalizing best practice recommendations for safe transport of children in ambulances, creating a disaster checklist for state EMS offices, and creating best practices document for pediatric regionalization. They also are looking at facility recognition programs this year and how it dovetails into emergency preparedness.
- **Trauma Managers** – Rob Seesholtz reported that their mentoring process continues; he reminds their volunteer leaders to fulfill the commitments they make. A new MOU reconstituting the Joint Trauma Committee with ACS has recently been signed. Tim Held and Jolene Whitley serve along with a state EMS director and a state medical director. He asked for recommendations. They await release of the Greenbook and Optimal Resources Guide in order to accomplish a cross-walk with the Yellowbook, but it now appears that this is not necessary. Trauma managers want to be involved in air medical work if appropriate. He indicated that each region in their council is undertaking a project – for example, developing a white paper on a specific topic.

NASEMSO STANDING COMMITTEE HIGHLIGHTS

- **Agency & Vehicle Licensure** – Jay Bradshaw shared concerns about NFPA work and the board agreed that NASEMSO will continue to work with NFPA to improve 1917, and will also work with CAAS to establish minimum vehicle standards that satisfy needs of state EMS offices.
- **Air Medical** – Greg Brown noted that the committee will be reconstituted. Dr. Bob Bass is helping review model guidelines. Brown noted the importance of working with NHTSA, NTSB and other federal partners. He mentioned that the group should be a standing committee rather than an ad hoc body within NASEMSO. He intends to do a canvass of each state and how guidelines will impact each. DeTienne asked the committee to formulate response to the AAMS document as soon as possible. ACEP asked NASEMSO to participate in updating a position statement on air medical.
- **Communications & Technology** – Kevin McGinnis reported that the committee will continue to make sure that NASEMSO and four other associations will continue to be at appropriate tables of various bodies including FirstNet Board and Safety Advisory Committee. They have undertaken an activity – National Public Safety Telecommunications Committee – which has reviewed all technology predictions and implications for EMS. They will assess adequacy of state EMS office representation in these discussions. A specific focus is on linkages between NG9-1-1, broadband and automatic crash notification. They are also monitoring health information exchanges.
- **Domestic Preparedness Committee** – Joe Schmider indicated that it has been a quiet year for the committee in the absence of major disaster. They want to involve more participants in their committee. They regularly review documents for DHS and preparedness-related agencies. Joe mentioned that progress is slow to get AMR to share information about state-level resource deployment. They recently provided input into the Public Health Preparedness Index from ASTHO. They conducted a no-notice communications drill this fall and will use findings to improve the NASEMSO disaster communications scheme.
- **Highway Incident & Transportation Systems** – Keith Wages mentioned that they have four strategic priorities, each linked to a CAP task. 1. Promote collaboration between state EMS and highway safety officials. 2. Promote collaboration between relevant organizations. 3. Continue the development and rollout of Incident Response and Assessment. 4. Assess and promote effective EMS involvement with state traffic records committees and data linkages.
- **Mobile Integrated Health/Community Paramedicine** – Jim DeTienne indicated that the state-focused discussion is important; other groups are focusing on medical-specific and other matters, and NASEMSO is linking with them too. The

committee intends to compile status of legislation, identify any benchmarks and other input from each state.

- **Rural EMS** – Tom Nehring said their work overlaps with JCREC; he reminded the group that he also shared details yesterday. South Dakota and North Dakota recently secured a grant from Helmsley Foundation to collect data on time-sensitive diagnoses and evaluate. Rachael shared that the Wildland Fire Working Group recently issued a white paper on wildness medicine; unfortunately tribal nations have decided to work independently. Tom mentioned that relationship with JCREC partners is thriving. They are holding two face-to-face meetings per year. The JCREC learning session is in conjunction with NOSORH’s annual meeting. The committee is focusing on FLEX funds and critical access hospital and regionalization of healthcare/essential service matters.

MODEL DOCUMENTS

It was noted that we are only obligated to produce two under the NHTSA cooperative agreement; **the board committed to deliver two model documents in 2014: 1.) Air Medical; 2.) Community Paramedicine.** Other potential areas for which model tools could help were identified should resources become available to support the work:

- Patient Refusals. Discussion with the DMC re: what constitutes a patient, when do you have to report, so would be beneficial to them as well
- Disaster Preparedness model protocols? Maybe a year 2 for CAP4 to update Clinical Guidelines with disaster preparedness information

2014 Surveys

1. Funding (in CAP1)
2. MIH/CP (in CAP1 – Task 1 for model document)
3. FirstNet/NG9-1-1 (in CAP1)
4. Military Credentialing (in prep for CAP6)
5. State Requirements for Local EMS Agency Licensure

MIH VISION STATEMENT

NAEMT has asked NASEMSO to endorse this statement for publication on February 1. Board members noted the following:

- Clarification on the Education bullet -- Should be education that is focused, not just ‘out of the garage’ and calling it CP (standardized education)
- Paper does bring clarity to some of the issues
- Heartburn over the mix of the two terms. CP/MIHC not used consistently throughout the document – MIHC term can be a confusing term
- Will CP practitioners going outside of the their scope? The national take is that they are operating within the scope, they are just doing things differently. Not the intention at this point to expand their scope.

ACTION: Paul Patrick moved that NASEMSO endorse the document with the suggestion to consistently use CP/MIHC throughout the document. Joe Nelson seconded the motion. The motion passed by unanimous vote.

FUTURE OF NASEMSO: STRATEGIC DIRECTIONS AND PROJECTS

Jim DeTienne facilitated a brainstorming session on strategies and project opportunities for NASEMSO. He reminded the board of NASEMSO's strategic pillars of Leadership, System Development and Quality Improvement and the group extracted priority initiatives to populate the Strategic Plan from among the council, committee and cooperative agreement activities (see Attachment 1).

The Board recessed at 4:00 pm and reconvened Wednesday at 8:30 am.

EMS PERSONNEL LICENSURE INTERSTATE COMPACT

The Board was briefed on the history of interstate compacts by Crady deGollan and heard background and a status report on NASEMSO's project. They studied the current version of the draft compact and provided input.

OTHER

- **Affordable Care Act** – Joe Nelson suggested that an analysis is needed on ACA impact on EMS.

ADJOURNMENT

There being no further business, the meeting concluded on Wednesday, December 11 at 12:00 pm Eastern time.

Meeting Record respectfully submitted by Executive Vice President Beth Armstrong

Attachment 1: NASEMSO Strategic Plan – Priorities

NASEMSO Strategic Plan - Priorities

Drafted by the NASEMSO Board 12-10-2013

Leadership	System Development	Quality Improvement
EMS as an essential service	Utilizing data sets to define EMS	Implement activities to collect and utilize data
Elevate the recognition of NASEMSO subject matter expertise * Past presidents will get together, query councils and committees chairs, and produce a work plan	Integrate highway safety and EMS more closely – AASHTO	<ul style="list-style-type: none"> - Data resource center (i.e. trauma map) - NEMSIS reporting - Plan for follow up EMS snapshot - Data strategic plan – integration of data systems of the future
Focus activities on licensure / certification functions of state EMS offices	Mobile Integrated Health / CP	

The following undertakings were prioritized for a 3-5 year plan:

1. EMS as an essential service
2. How to elevate recognition of NASEMSO as a source of subject matter experts
3. Utilizing data sets to define EMS
4. What is our relationship with AASHTO? Staff doesn't work closely with them, but some EMS Office staff do work closely with them. Offer that we work on forming a better/closer relationship with them. NASEMSO is on their Associate Committee, but most of the agenda items are mainstream public health items, and not much chance to talk EMS.

The following undertakings were not ranked but were also noted:

- EMS Public Health convergence
- Systems Development (stroke & STEMI data)
- How to increase participation of all states and territories
- Distance learning
- Drug shortage issues and coordination with Drug Enforcement Agency
- Does NASEMSO want to maintain an “alumni” group of former state EMS officials
- How to address licensure issues within the NASEMSO structure
- MIH/CP specialty certification
- Use RAP-BACK to help states with background checks.