

NASEMSO Mid-Year Meeting
Thursday-Friday, May 5-6, 2011
Loews Hotel, Annapolis, MD
Meeting Record

Call to Order

President Randy Kuykendall called the meeting to order at 3:07 p.m. and noted that attendance totals 128 participants. Dr. Bob Bass welcomed the Association to Annapolis. Randy recognized the new NASEMSO Executive Director Dia Gainor and presented her with official business cards.

Treasurer's Report

Treasurer Paul Patrick reported that NASEMSO began the fiscal year on July 1, 2010 with \$493,676 in cash and investments. Current July 1, 2010-June 30, 2011, 10-month receipts are \$1,064,837. Year-to-date expenses are \$771,441. The current excess is \$293,396. As of April 30, 2011 the fund balance was \$707,949. He detailed how the fund balance is invested. He noted that in October, the Finance Committee will present amendments for the 2011-12 budget to reflect a new management agreement including our new executive director position and services.

NASEMSO 2011 EMS Snapshot

Dr. Greg Mears explained the joint project between NASEMSO and the EMS Performance Improvement Center, to conduct a comprehensive inventory of EMS. It is intended to be an ongoing long-term data collection project. He noted that 100% participation was achieved among the 50 states and 4 out of 6 territories also submitted data. Findings:

- 20,877 EMS agencies nationally; most are 911 response with transport (12,575) but response with no transport is growing considerably (5,529). Medical transport is the 3rd largest category (969).
- State offices feel that volunteer services are decreasing (77%).
- There are 80,417 EMS vehicles; 36,327 are ALS transport, 5,757 are ALS non-transport, BLS transport is the second-largest type of vehicle.
- There are 956,454 EMS professionals; 547,693 are EMT-Basic, 202,747 are EMT-Paramedic, 54,855 are EMT-Intermediate.
- 31,368,740 EMS responses in 2010 in 45 states; a national estimate is 36,074,315.
- 8,277 local EMS medical directors – FL and MD could not provide data though.
- 76% of states designate specialty centers (STEMI, stroke, etc).
- 78% manage trauma centers, 34% burn centers, 32% stroke, 24% STEMI, and 32% pediatrics. Cardiac arrest 8% and spinal cord injury is 6%.

Greg announced that effective July 1, he is stepping down as NC state EMS medical director after 12 years of service.

Federal Partner Updates

- **NHTSA Office of EMS** – Drew Dawson reminded the group to remember the importance of interpersonal and inter-organizational relationships. Much of what we accomplish is based on who we are, how we treat each other, and our focus on what is the right thing to do for the patient. Much of what has been accomplished has been because of the spirit of cooperation and collaboration, because we have been able to set aside organizational differences. Federal partnerships are through the Federal Interagency Committee on EMS and the National EMS Advisory Council. DHS is funding a strategic planning effort. There will be an opportunity soon to provide input to the National Health Security Biennial Implementation Plan. NASEMSO can help NHTSA seek an individual to replace Dia Gainor as the NEMSAC chair; the position is for a state EMS official but not representing an organization. Drew mentioned several projects including the National EMS Education Agenda Implementation, Evidence-based Practice Guidelines, Culture of Safety, EMS Workforce, www.EMS.gov revision.
- **DHS Office of Health Affairs** – Rick Patrick mentioned that DHS operates the 2nd-largest EMS unit at the federal level (3,500 EMTs and paramedics among seven units). They have sought NASEMSO input on their plan to address 14 key attributes of EMS systems. They have initiated a project with NEMSMA to produce mass casualty clinical guidelines.
- **HRSA Office of EMSC** – Dr. Elizabeth Edgerton briefed the group noting that they provide grant programs (state partnership grants, targeted issue grants and PECARN), resource centers (NEDARC, NRC and CDMCC) and Intra-agency agreements (NHTSA, IHS, AHRQ and NIH). They just completed an EMSC performance measures survey and found over 6,600 BLS/ALS agencies, approximately 22,000 transporting vehicles.
- **USFA EMS Program** – Mike Stern described various EMS-related offerings at the National Fire Academy.
- **HHS HRSA** – Andy Rozsack briefly explained various EMS-related HRSA programs and grants including TBI, ORHP and others. National Quality Forum has kicked off a new project today on regionalized emergency care (Robin Shivley/MI is representing NASEMSO on the expert panel).

The meeting recessed on Thursday, May 5 at 4:50 p.m. and reconvened Friday, May 6 at 8:00 a.m.

Federal EMS Primary/Lead Agency

Randy Kuykendall and Bob Bass provided a brief overview of the history of EMS at the federal level. NASEMSO members reviewed association survey results indicating that most members prefer a field EMS bill to be broad in scope defining an entire menu of improvements to support EMS. The current AEMS field EMS bill represents a whole continuum of care including a primary federal home for EMS and other pre-hospital interests. In mid-April NASEMSO members indicated that AEMS efforts should pursue “fast-track” legislative options including

inserting requests into the Pandemic and All Hazards Preparedness Act (PAHPA). 77% of members indicate the federal home should be at HHS, 19% prefer NHTSA, none chose DHS and 3% are undecided.

FICEMS is working on an options paper for the National Security Staff at the White House to help decide whether to proceed with a lead agency.

The Field EMS Bill includes local and state grants EQUIP (Excellence, Quality, Universal Access and Preparedness) and System Performance and Accountability (SPIA); delivery models and payment schemes for EMS access; federal lead EMS agency; enhancing research in field EMS; establish an EMS-based practice center; codification of NEMSAC; establishment of an EMS trust fund via a voluntary designation on tax returns.

NASEMSO Council and Committee Updates

- **Education and Professional Standards** – Merrle Bourn reported that the Education Agenda Implementation Team met this week and NAEMSE provided a preview of their upcoming educator orientation workshop. Merrle explained that council members are responsible for licensing, investigations, professional standards and other areas in addition to training. 14 states were represented at this mid-year session. Discussed ski patrol (Dennis Bang is our assigned liaison and has been pursuing dialogue), community paramedicine, collaboration with military EMS operations, re-integration of military personnel into civilian EMS, DHS EMS operations, accreditation with National Registry, National Registry worked education standards, and pediatric council discussions. They shared best practices in various states. They prioritized council strategic goals and made assignments.
- **Pediatric Emergency Care** – Katrina Altenhofen noted that EMSC Program Managers have been in Annapolis all week. Their council met jointly with the Education and Professional Standards Council to discuss PEC competencies. They are also addressing various transfer and triage protocols, and PEC best practices.
- **Trauma Managers** – Amy Eberle noted that they did not formally meet at this Mid-Year Meeting so they joined in with other councils. They have completed their council goals and are beginning work on objectives. They are working with ACS partners, and they plan to work on an injury prevention initiative.
- **Data Managers** – Joe Moreland noted that 10 states were represented at their meeting. They focused on NEMSIS 3.0 standards roll-out and the anticipated “schematron.” First two phases of HL7 have been completed. They are beginning a mentor program within their council. They are also looking at validity of input to EMS data set.
- **Medical Directors** – Dr. Carol Cunningham indicated their council met at NAEMSP. They published a paper on Medical Direction and a resource document to educate the public on the importance of state medical direction and to support the creation of the position of state EMS medical director. They recently completed a compensation survey which will be posted on their NASEMSO web page. She noted that they are developing

national model essential clinical guidelines and are currently seeking funding to accomplish this.

- **Rural EMS** – Jim DeTienne noted that the NASEMSO committee is working with the JCREC on several activities including a white paper on community paramedicine issues from a state perspective such as medical direction, funding, etc, and challenges and barriers. A guide will be produced this year. The Critical Illness & Trauma Foundation is working on an evaluation format for CP. They have also applied for a grant to produce a 2-day forum in an IOM format on CP medical direction, funding, education and roles. It was noted that there may be partnering opportunities with state nursing associations. Jim mentioned development of wildfire medical unit protocols and EMS system.
- **Domestic Preparedness** – Joe Schmider shared that he, Kathy Robinson, Leslee Stein-Spencer and Jim DeTienne went to Israel last month along with six others to learn about that countries’ preparedness. They learned about hospital versus on-scene decon, annual 20% surge drills, an underground parking lot being used as a hospital during disaster and more.
- **Highway Incident and Transportation Systems** – Randy noted that Dennis Blair has agreed to chair the committee. Mary Hedges reported that they recently completed the Model Inventory of Emergency Care Elements (MIECE) document and the EMS Incident Readiness & Response Assessment (EIRRA) tool. Hopefully these products will help us continue to have a presence in the highway safety community.
- **Strategic Planning** – Jim DeTienne encouraged each council and committee to continue to work on their goals and objectives. By the annual meeting we should have a collated and coordinated NASEMSO plan.

NFPA Ambulance Standards

KKK ambulance standards were originally a purchasing standard required by the federal government for block grant funding. Sue Prentiss and Aaron Reinert are on the NFPA 1917 Technical Committee as “enforcer” representatives along with insurance, installer maintainer, labor, manufacturer, research testing, special expert and user representatives. The committee is charged to convert GSA KKK to NFPA. The new standard will continue to require certified lab testing of new models and certain types of customer units, and requires attendants to be able to reach all controls from a seated position. Subject matter committees within the technical committee include chassis, electrical, exterior, testing, admin and patient function.

Concerns involving lack of safety, innovation and related areas have been expressed, but the current focus is on just on the initial conversion of the standard. NASEMSO, NEMSMA, NAEMT and AAA submitted a joint letter requesting that the NFPA Standards Council make immediate plans for NFPA 1917 to go into immediate revision when it is released in 2012. Otherwise, there would be a 5-year delay.

Also, NIOSH is currently testing

- Seating and restraints for attendants rated to 30 mph frontal and side impacts;
- Stretchers that will stay attached to the floor and the patients will stay on them;

- Above testing beginning now;
- Roll testing of box and corner impacts;
- Full scale testing (already funded).

Points of contention with the NFPA 1917 process include load capacity, seatbelt monitors, tire pressure monitors, electronic stability control, black box, AMD testing standards, lack of innovation and speed.

It was noted that ambulances are exempt from the FMVSS (Federal Motor Vehicle Safety Standards); NASEMSO recently asked NHTSA Office of General Counsel to clarify why the back of the ambulance is not regulated.

The DHS Science & Technology Directorate is also addressing ambulance safety standards.

NASEMSO Project Updates

- **EMS Workforce Guidelines** – Dia Gainor shared that NASEMSO is developing a new project to help states anticipate workforce needs. She asked whether any states are currently measuring turnover and otherwise assessing the manpower condition. She also asked for volunteers to help with the NASEMSO project.
- **Air Medical** – Randy noted that AAMS has initiated input collection from among the stakeholder community; a final meeting occurs May 10. Following this, NASEMSO will draft model regulations.
- **Education Agenda** – Dan Manz mentioned that 50-60 people gathered on Wednesday to talk about implementation and transitions. One transition is how to get ready to prepare new people entering the profession and preparing educators to deliver programs to incoming personnel. NAEMSE is leading this via a 1-day workshop for educators. The other transition addresses existing workforce skills and aligning them under the new levels. Kathy Robinson has put together a resource identifying actual components representing gap material. This is the most downloaded document on the NASEMSO web site. She also took the gap content and estimated how much time it would take to bridge the material for state offices.

NREMT certification will require that education programs be accredited for anyone entering a program beginning January 1, 2013. Accreditation must be by a CAAHEP-recognized body.

Dan noted that the annual NASEMSO implementation status survey will be conducted again soon. The data is very important – textbook publishers monitor this along with policy-makers.

- **Public Safety Broadband** – Paul Patrick announced that President Obama has embraced the Public Safety Alliance goal for broadband to reach all communities. He is proud that NASEMSO is recognized as the definitive EMS leader in the telecommunications arena, and works with the National Sheriffs Association, International Association of Chiefs of Police, Association of Public Safety Communications Officials and National Emergency

Numbers Association to ensure public safety communications interests are addressed. Several bills are pending to protect D block radio spectrum.

- **Intelligent Transportation** – Dia Gainor shared that NASEMSO has been invited to participate in a June 23-24 meeting to develop an EMS marketing plan for transportation professionals. Dia will continue to serve on the Transportation Safety Advancement Group (TSAG) under the DOT/RITA. They will invite local EMS response organizations to an October 18 conference in Orlando and provide complimentary admission.

New NASEMSO Members

President Kuykendall recognized new state EMS directors in attendance – Pat Irwin (NV), Drema Mace (WV) and Pam Biladeau (MN).

Other Business

- **NASEMSO Reps Needed** – EMS Workforce Project, CAMTS Board and NHTSA website input.
- **EMS Week** – members were reminded to promote EMS.

Adjournment

There being no further business, the NASEMSO 2011 Mid Year Meeting adjourned at 11:43 a.m.

Meeting Record respectfully submitted by NASEMSO EVP Beth Armstrong.