



# EMS UPDATE

March 2007

Emergency Medical Services

## NEW NATIONAL EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL

### PUTTING EMS PROVIDER AND PATIENT INPUT TO WORK

The National Highway Traffic Safety Administration (NHTSA) Office of Emergency Medical Services (EMS) has a long history of accomplishment through partnership and collaboration. Our “modus operandi” has always been to bring together representatives from the EMS community, and facilitate a consensus-based process for developing our programs. Since our programs and products are *used* by EMS providers, we have always held that they should be *developed* by EMS providers.

### MAKING IT OFFICIAL

We are now formalizing and institutionalizing that process, by establishing a National EMS Advisory Council (NEMSAC). NEMSAC will serve as an ongoing forum to provide to NHTSA and the Department of Transportation (DOT) advice and recommendations from nongovernmental organizations and people on a range of issues.

In accordance with the requirements of the Federal Advisory Committee Act (FACA), an agency of the Federal Government cannot establish or use a group of people for the purpose of obtaining consensus advice or recommendations on an ongoing basis unless that group is chartered as a Federal advisory committee. Secretary of Transportation Mary Peters has determined that the establishment of NEMSAC is necessary and in the public interest, and has approved its formation.

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### ISSUES TO BE CONSIDERED

NEMSAC will be a nationally recognized council of EMS representatives and consumers who will provide advice and recommendations regarding EMS to NHTSA. Among the issues that NEMSAC will consider are:

- National EMS needs assessment and strategic planning;
- EMS standards, guidelines, benchmarks, and data collection development;
- Methods for improving community-based EMS;
- Strategies for strengthening EMS systems through enhanced workforce development, education, training, exercises, equipment, and medical oversight;
- Improved coordination and support of EMS activities among Federal programs; and
- Other issues or topics as determined by NHTSA and NEMSAC

### AREAS OF RESPONSIBILITY

NHTSA’s goal is to leverage input from this important body to advance the performance of EMS systems nationwide. NEMSAC will not exercise program management or regulatory development responsibilities, and will not make decisions directly affecting the programs on which it provides advice. NEMSAC will act as a forum for the development, consideration, and communication of information and advice from a knowledgeable and independent perspective.

Only by direct involvement of the EMS constituency, can programs and products address the needs of EMS — and accurately reflect current clinical and operational practice of providing emergency medical care. NEMSAC will be a formal, ongoing way for the EMS community to help NHTSA continue to support the ongoing improvement of EMS systems nationwide.

### MEMBERSHIP REQUIREMENTS

Advisory council members will include representatives of the diverse agencies, organizations, and people involved in EMS activities and programs in the United States. Its members

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## FEDERAL INTERAGENCY COMMITTEE ON EMERGENCY MEDICAL SERVICES CONVENES

### COORDINATED SOLUTION DRAWS ON STRENGTHS OF MULTIPLE AGENCIES

Providing Federal leadership for a comprehensive national EMS system surpasses the expertise and funding of any single department — and requires a strong coordinated approach among Federal agencies. Many Federal agencies rely on EMS to fulfill their missions. Recognizing the importance of viable EMS systems to the Nation's health, safety, and security, the Bush Administration proposed and Congress has established a Federal Interagency Committee on Emergency Medical Services (FICEMS). FICEMS members will bring the experience, expertise, and resources of all Federal agencies involved in EMS together to more effectively address EMS issues at the Federal level.

The Congressionally mandated FICEMS was included in legislation that reestablished the authority of the Department of Transportation. The law requires the Secretaries of Transportation, Health and Human Services, and Homeland Security to establish FICEMS and requires the National Highway Traffic Safety Administration to provide administrative support. Specifically, the NHTSA Office of EMS will take the lead on providing administrative

support to FICEMS. As stated by Congress, the purposes of FICEMS are to:

- Ensure coordination among the Federal agencies involved with State, local, tribal, or regional emergency medical services and 9–1–1 systems;
- Identify State, local, tribal, or regional emergency medical services and 9–1–1 needs;
- Recommend new or expanded programs, including grant programs, for improving State, local, tribal, or regional emergency medical services and implementing improved emergency medical services communications technologies, including wireless 9–1–1;
- Identify ways to streamline the process through which Federal agencies support State, local, tribal, or regional emergency medical services;
- Assist State, local, tribal, or regional emergency medical services in setting priorities based on identified needs;
- Advise, consult, and make recommendations on matters relating to the implementation of the coordinated State emergency medical services programs; and
- Prepare an annual report to Congress regarding the committee's activities, actions, and recommendations.

### FICEMS MEMBERSHIP

In May 2006, then-Secretary of Transportation Norman Y. Mineta contacted the heads of the various departments and agencies that are statutory members of



Members of FICEMS attending the first meeting, from L to R: Dr. Jeffrey W. Runge, DHS; Dr. Henry Falk, DHHS; Charles Dickenson, DHS, Dr. David R. Boyd, DHHS; Nicole R. Nason, NHTSA; Lt. Col. William J. Kormos, Jr., DOD; Dr. Kevin Yeskey, DHHS (on behalf of Rear Adm. Craig Vanderwagen); Dr. Peter Van Dyck, DHHS; Catherine W. Seidel, FCC; and Thomas Hamilton, CMS.

FICEMS and asked them to name high-level representatives from their organizations. The names submitted included:

### DEPARTMENT OF TRANSPORTATION

**Nicole Nason**, Administrator  
National Highway Traffic Safety Administration

### DEPARTMENT OF HOMELAND SECURITY

**Jeffrey W. Runge, M.D.**, Chief Medical Officer  
**Charles Dickinson**, Acting Administrator  
U.S. Fire Administration

### DEPARTMENT OF HEALTH & HUMAN SERVICES

**Peter C. Van Dyck, M.D., MPH**, Associate Administrator  
Maternal & Child Health

### HEALTH RESOURCES & SERVICES ADMINISTRATION

**Henry Falk, M.D.**, Director  
Coordinating Center for Environmental Health and Injury  
Prevention Centers for Disease Control and Prevention

**Thomas Hamilton**, Director  
Survey & Certification Group  
Centers for Medicare & Medicaid Services

**David R. Boyd, MDCM, FACS**, EMS Coordinator  
Emergency Services  
Indian Health Services

**Rear Admiral Craig Vanderwagen, M.D.**  
Assistant Secretary for Public Health Emergency  
Preparedness

### DEPARTMENT OF DEFENSE

**Lieutenant Colonel William J. Kormos Jr.**,  
Office of the Assistant Secretary of Defense Health Affairs

### FEDERAL COMMUNICATIONS COMMISSION

**Catherine W. Seidel**, Acting Chief  
Wireless Telecommunications Bureau

### FIRST MEETING HELD AT DOT

The inaugural meeting of FICEMS was held on December 8, 2006, at the Department of Transportation in Washington DC. A number of Federal staff attended this first FICEMS meeting, as well as non-Federal guests, some of whom provided public comments. During this meeting:

- Administrator Nason was elected FICEMS chair, and will serve a one-year term.
- FICEMS members, who are high-level officials, agreed to:
  - o meet at least two times per year, and
  - o create a Technical Working Group (TWG) comprised of Federal staff who will provide FICEMS with support, advice, and recommendations on EMS issues as assigned by the Committee

- FICEMS established the following priorities for the TWG:
  - o Develop time tables and strategies for implementing Congressional mandates;
  - o Consider actions related to recommendations of the Institute of Medicine report entitled, “The Future of Emergency Care in the United States Health System”;
  - o Assess level of Federal funding to support EMS preparedness;
  - o Determine opportunities for improved EMS data standardization, collection, and analysis, including implementation of the National Emergency Medical Services Information System;
  - o Develop an inventory of Federal research funding available, and recommend strategies for funding CDC’s Acute Injury Care Research Agenda and NHTSA’s EMS Research Agenda.

### FICEMS — NEXT STEPS

The year ahead is expected to be a busy one as FICEMS and the Technical Working Group meets and addresses priority issues. For additional information on FICEMS, contact Drew Dawson, Director of NHTSA’s Office of EMS at [drew.dawson@dot.gov](mailto:drew.dawson@dot.gov) or 202-366-9966.

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will be appointed by the Secretary of Transportation, and include the perspectives of each component of the EMS system as well as the geographic and demographic diversity of EMS.

NHTSA solicited nominations for NEMSAC members via an announcement in the Federal Register. The submission period for applications and nominations closed February 16 and numerous applications have been received from highly qualified nominees. NEMSAC members will be appointed by Secretary Peters based on individual expertise and the candidates' ability to reflect a balanced representation of interests from across the EMS community. While no member will represent a *specific* organization, to the extent practical, the council membership shall include participants from the following:

- Volunteer EMS
- Fire-based (career) EMS
- Private (career non-fire) EMS
- Hospital-based EMS
- Tribal EMS
- Air medical EMS
- Local EMS service director/administrators
- EMS medical directors
- Emergency physicians
- Trauma surgeons
- Pediatric emergency physicians
- State EMS directors
- State Highway Safety directors
- EMS educators
- Public safety call-taker/dispatcher (911)
- EMS data managers
- EMS researchers
- Emergency nurses
- Hospital administration
- Public health
- Emergency management
- State Homeland Security directors
- Consumers (not directly affiliated with an EMS or healthcare organization)
- State or local legislative bodies (e.g., city/county councils; state legislatures)

Questions about NEMSAC can be directed to Gilbert Torres at 202-366-5030, or [gilberto.torres@dot.gov](mailto:gilberto.torres@dot.gov).

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## EMS: THE 4TH E FOR HIGHWAY SAFETY

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SAN DIEGO.

FEBRUARY 2007.

State EMS directors are participating in a Strategic Highway Safety Plan Peer Exchange. The peer exchange brings stakeholders together to discuss issues, problems, and challenges faced by States in developing and implementing plans to improve highway safety. Participants are encouraged to speak from experience and share their viewpoints on how to deploy proven strategies that focus on the 4 E's: Education, Enforcement, Engineering, and EMS. The peer exchange is sponsored by the American Association of State Highway and Transportation Officials and the Governors Highway Safety Association, with funding support from the National Cooperative Highway Research Program.

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## OFFICE OF EMS WELCOMES GILBERT TORRES

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Please join the National Highway Traffic Safety Administration's Office of Emergency Medical Services (OEMS) in extending a warm welcome to our newest employee, Gilbert Torres. He comes to Washington, DC, from Harlingen, Texas, where he has been the regional director for the Lower Rio Grande Valley Trauma Council for the past three years. He also served on the Injury Prevention Committee of the Governor's EMS and Trauma Advisory Council. Torres is a licensed paramedic and served as both an EMS provider and instructor in Texas.

Torres's experience as an EMS provider and his expertise in managing group process will come in handy, as his primary responsibilities with OEMS will include supporting the activities of the Congressionally mandated Federal Inter-agency Committee on EMS and the newly-formed National EMS Advisory Council. Torres was one of three finalists considered for the position after a nationwide search.

"When I applied for the (OEMS staff) position, I knew it was going to be really competitive," Torres said. "But to get hired was amazing. It was hard to believe that I, from the 'Little Valley,' had been chosen."

Torres has many goals he would like to accomplish in Washington, but at the same time, he will miss working in the Valley. "It will be a big adjustment for me," Torres said. "I will miss my family, friends and colleagues." Torres, 36, is married and has three children.