

National Association of State EMS Directors

www.nasemsd.org

*"... supported in part by funding from
Cooperative Agreement DTNH22-98-
H-05117 from the U.S. Department of
Transportation, National Highway Traffic
Safety Administration."*



Annual Report 2005



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About NASEMSD

The National Association of State Emergency Medical Services Directors was established in 1980 as a 501(c)(3) non-profit organization. Members include 56 state and territorial EMS directors plus medical directors, corporate and sponsor members, and associates. The Association headquarters is served by ASMI, a professional association management firm and is located in the Washington, D.C. area.

Membership Benefits

NASEMSD membership affords a variety of opportunities to participate in activities with state EMS directors. Benefits include: EMS issues updates; "mini-survey" short data collection projects on specific EMS issues; minutes of the NASEMSD Executive Committee; Annual Business Meeting in conjunction with committee meetings; and more.

Representation

The Association speaks on behalf of state EMS programs, and advocates to sustain strong EMS systems on a national level.

Monographs

Periodic data collection from state EMS offices determines how each state's programs compare in terms of structure, services and regulations. The documented results are very useful to anyone who is interested in national, state and local EMS policy development.

Mailing List

NASEMSD is the only source of a comprehensive listing of EMS agencies across the country. Data is updated twice yearly and includes about 25,000 contacts; rental fees are \$100 per thousand.

Committee Service

NASEMSD has a well-developed and active committee structure. Information exchange, detailed issues examination and action recommendations occur at this level for policy implementation by the Executive Committee. Current standing committees include: Communications & Technology, Data, Domestic Preparedness, Education, EMSC, Finance, Government Affairs, NREMT, Rural EMS, and others.

Annual Meeting and Exhibit

The annual meeting occurs in October, and the site rotates throughout the country. Programs are conducted in a variety of formats to maximize information exchange and dialogue with state EMS directors on current EMS issues. Exhibits of advanced equipment, technology and services are part of the meeting.

Annual Report - October 2005

INITIATIVES AND ACCOMPLISHMENTS

Comments and Endorsements

In June 2004, NASEMSD became a supporting organization for Vision Zero, a new vision for surface transportation for the future. The vision was created and adopted by The Intelligent Transportation Society of America and sets the intelligent transportation goals of zero fatalities and zero delays.

In July 2004, NASEMSD and more than 100 organizations (the CDC Coalition) sent a letter to Senators and Congressmen on the Appropriations Committees urging votes to significantly increase funding for the Centers for Disease Control and Prevention (CDC). The coalition supported a funding level for CDC that would enable it to support effective state, local and community programs that protect health and safety of Americans. The coalition suggested that a minimum of \$9.5 billion would be needed in FY 2005 and \$15 billion by FY 2008 to adequately fund the CDC.

In July 2004, NASEMSD signed onto a letter that was coordinated by the Association of State and Territorial Health Officials (ASTHO) and urged an increase in funding for CDC's Preventive Health and Health Services (PHHS) Block Grant. This letter was in response to the House Appropriations Committee approval of an appropriations bill that cut the PHHS Block Grant by \$23 million.

In August 2004, NASEMSD provided comments to the Department of Homeland Security's (DHS) Office for Domestic Preparedness (ODP) on the Universal Task List (UTL) being developed to define the homeland security tasks required to prevent, respond to, and recover from major terrorist attacks, natural disasters, and other emergencies.

In late August 2004, NASEMSD provided comments to NHTSA's long-range strategic planning initiative. NASEMSD noted that EMS was mentioned under the "technology" section, but not under the "future factors" section and stressed the importance of EMS issues being included in all facets of NHTSA's strategic plan. In response to NHTSA's question on what it does well, NASEMSD pointed out that NHTSA collaborates well with other federal agencies on behalf of EMS.

In addition, NHTSA has made significant impact on the safety of vehicles with its positions on airbags, seat belts, and drinking and driving.

In September 2004, NASEMSD provided comments to DHS on the Program Implementation Plan and Requirement Executive Summaries included in the "Balanced Investments" document. NASEMSD suggested that DHS specify who is on the integrated concept team and define "portfolio manager."

On Nov. 3, 2004, NASEMSD was represented at a practitioner planning session for the Disaster Management eGov Initiative (DM) that was established by the Office of Management and Budget (OMB). The purpose of the meeting was to create a practitioner-driven strategic vision for information sharing around incident management.

In February 2005, more than 400 health organizations, including NASEMSD, signed a letter to President Bush and Congress urging that \$3.5 billion be provided for public health agencies and programs in FY 2006. According to the letter, the health of all Americans is at risk from an unprecedented range of threats, including: chronic diseases and disabilities, infectious and food borne illnesses, biological and chemical terrorism, mental disorders and substance abuse, catastrophic injuries, and a shortage of healthcare providers and trained public health workers. The letter urged that additional resources be provided.

On February 8, 2005, NASEMSD provided comments to the U.S. Department of Transportation (DOT) on strategic directions for the new Research and Innovative Technologies Administration (RITA). NASEMSD indicated that it views RITA as an important new contributor to the improvement of vehicular crash response and prevention. NASEMSD encouraged leaders to work closely with NHTSA staff to help implement the recommendations of the "EMS Research Agenda for the Future" and other projects. NASEMSD concluded that "an effective partnership between RITA and NHTSA would well have a profound impact on public safety and transportation emergency response to, and prevention of, crashes as well as general response to major events involving transportation.

In February 2005, NASEMSD and NAEMSP provided joint comments on the Scope of Practice Draft 1.0. This document is to be a pivotal document in the future course of EMS system development in the United States. Both the implementation process that it delineates and its content have the potential to further the innovative path charted by the “EMS Education Agenda for the Future.” The comments noted that the task force has created a commendable Draft 1.0 document.

In February 2005, NASEMSD endorsed the final version of the “Smart Response” brochure and the implementation of Smart Technologies. The brochure promotes ITS technology as a means of protecting public safety responders.

In March 2005, NASEMSD’s Domestic Preparedness Committee compiled comments on the Target Capabilities List Version 1.0. Overall, NASEMSD stated that “this is an excellent tool and very easy to follow. The format gives the information that is expected and the direction that state, regional and local agencies should follow. The list is outlined in such a way that it is simple to refer to capabilities that are pertinent to an agency. In addition, grouping of jurisdictions by size takes into account the uniqueness of states, regions and local agencies for preparedness activities.” NASEMSD expressed the desire to continue to be a part of the process.

In March 2005, NASEMSD signed onto a letter from the Prevention Block Grant Coalition to all Senators urging a rejection of the FY 2006 budget proposal eliminating Prevention Block Grants. The coalition urged funding at the FY 2005 level of \$132 million.

In March 2005, NASEMSD, along with several organizations, joined a letter organized by the American Academy of Pediatrics (AAP) to the House and Senate Labor-HHS Appropriations Subcommittees urging the restoration of the Emergency Medical Services for Children (EMSC) program’s \$20 million budget.

In March 2005, NASEMSD, along with several organizations, joined a letter organized by the Coalition for American Trauma Care (CATC) to Appropriations Subcommittees regarding the FY 2006 appropriations for public health care programs that support trauma care, trauma care research, and injury prevention. The letter opposed the elimination of HRSA’s Trauma-EMS system program and requested \$12 million in FY 2006. The letter supported \$168 million in FY 2006 funding for the National Center for Injury Prevention and Control. The coalition expressed opposition to the proposed elimination of Traumatic

Brain Injury (TBI) program and urged the subcommittee to provide \$30 million for the TBI Act.

In April 2005, NASEMSD submitted comments to the American Academy on Pediatrics on their draft report on the role of the pediatrician in rural emergency medical services for children. NASEMSD noted that “the EMS medical director, who is ultimately responsible for the medical care provided by an EMS service, is not referenced in the document.” NASEMSD stated that supporting and advising the EMS medical director and participating in the QI processes is an important role for the rural pediatrician, especially as it relates to establishing a focus on the care of children.

On April 15, 2005, NASEMSD sent a letter to Representative Cox regarding H.R. 1544, the Faster and Smarter Funding for First Responders Act of 2005. The letter requested that emergency medical services organizations be included in the “Consultation with Standards Organizations” section of an amendment to the bill. NASEMSD noted that EMS is a key component to readiness and response to any natural or manmade disaster.

On April 29, 2005, NASEMSD provided comments on the Next Generation 9-1-1 Initiative to the U.S. Department of Transportation. NASEMSD endorsed the response to the “Request for Information” submitted on April 28, 2005, by the National Emergency Number Association (NENA). NASEMSD suggested that consideration be given to the recommendations contained in the chapters on “Communications” and “Public Access” in the “Rural and Frontier Emergency Medical Services Agenda for the Future.

In April 2005, NASEMSD endorsed comments submitted to the Federal Communications Commission by the Association of Public-Safety Communications Officials-International, Inc. (APCO) and the National Public Safety Telecommunication Council (NPSTC). The comments on future spectrum needs made the case for additional 700 MHZ and VHF spectrum for public safety.

In May 2005, NASEMSD provided comments to Columbia University on Emergency Support Function documents. NASEMSD commented on five functions in the document and provided specific alternative wording where needed.

On May 4, 2005, NASEMSD along with NAEMSP and the National Association of EMS Educators (NAEMSE) responded to a series of recommendations on EMS made by George

Washington University's Homeland Security Policy Institute. In a press release, NASEMSD, NAEMSP and NAEMSE agreed that EMS has long been overshadowed in receiving federal support, including homeland security first responder funding and agreed that it needs high level branch attention. The organizations noted that the proposal to move EMS out of NHTSA and into a newly created EMS administration at DHS is the wrong solution to the problem. The organizations supported creation of an EMS office within DHS to provide leadership and support for EMS terrorism preparedness and response, a dedicated program of EMS first responder funding, and the passage of legislation to create a Federal Interagency Committee on EMS to improve coordination among the many federal agencies that involve EMS, not just NHTSA.

On May 9, 2005, NASEMSD sent a letter to Representatives Rogers and Sabo and members of the House Homeland Security Appropriations Committee applauding their report language increasing federal support for EMS.

On May 12, 2005, NASEMSD sent a letter to Senators Gregg and Byrd regarding homeland security appropriations.

On May 20, 2005, NASEMSD provided comments on "Diphenhydramine and Dimenhydrinate Exposure: An Evidence-Based Consensus Guideline for Out-of-Hospital Management." NASEMSD suggested that under recommendation 15 that the use of sodium bicarbonate be clarified to support its permissive use in the case of adult ingestions of diphenhydramine and dimenhydrinate if judged warranted by EMS medical direction expressed either by treatment policy or direct medical oversight. Further, NASEMSD stated that recommendation 15 should clarify that standard therapies for agitation and seizure management in the out-of-hospital setting should be utilized. NASEMSD

applauded the American Association of Poison Control Centers for conducting a thorough review and encouraged additional investigations to clarify further the optimal out-of-hospital management for these ingestions.

Following discussions at the National Homeland Security Consortium in May, several preparedness organizations, including NASEMSD, in a letter dated June 16, 2005, to Secretary of Health and Human Services Michael O. Leavitt provided input on the Cities Readiness Initiative (CRI). In the letter, the organizations noted that CRI requires dedicated funding for and coordination with emergency management and law enforcement activities as well as with governmental public health agencies. Further criteria should be established for evaluating the CRI pilot. The organizations noted that the efficacy of the response should be evaluated prior to considering expansion of the program.

In June 2005, Advocates for EMS, including NASEMSD, set a letter to conferees urging adoption of the Collins FICEMS bill and the \$10 million annual authorization for NHTSA state grants.

In June 2005, NASEMSD submitted its top five priorities as related to acute care and local health departments to the American Medical Association (AMA) in preparation for the CDC/AMA/APHA July Summit. NASEMSD priorities are: (1) patient tracking from scene through definitive care; (2) an early warning system to identify trends based on chief complaint, increased emergency calls, same-like symptoms and/or visits to emergency departments for early warning followed by early notification; (3) funding for training and multidisciplinary exercises; (4) multidisciplinary planning and preparedness meetings for all response agencies; and (5) public education and awareness.

COLLABORATION WITH LIAISON ORGANIZATIONS

NCSEMSTC

NASEMSD collaborates regularly with the National Council of State EMS Training Coordinators. NCSEMSTC and NASEMSD continued the joint production of the National EMS Scope of Practice Model (see more details in the “Contracts” section of this document.)

In January 2005, NCSEMSTC and NASEMSD began a joint strategic planning initiative in an effort to determine ways to collaborate. Discussions continued through the year regarding how NCSEMSTC might operate within NASEMSD as a council. Discussions will continue through 2005-2006.

Communications/Technology Liaisons

The Communications and Technology Committee coordinates NASEMSD response to and participation in evolving communications and technology issues. All association telecommunications/intelligent transportation systems liaison activities are consolidated under one program advisor. This builds expertise in the area and allows for better coordination among the various national activities now on-going.

NASEMSD staff, Communications and Technology Committee members, and other members and their communications staff have been very active in representing the EMS community in national planning venues in which EMS, in many cases, was previously completely or largely absent. Some of these include:

- National Public Safety Telecommunications Council;
- USDHS SafeCom Advisory Group, Executive Committee, and workgroups;
- USDHS eGov Disaster Management Data Communications Initiative;
- USHS/ComCare EDXL Initiative, Patient Tracking Project, HaveBed Project and EPAD project;
- ComCare CAN Dataset Project, NEARS;
- ITSA Public Safety Advisory Group, Medical Subcommittee, Fire/Police/EMS Subcommittee;
- FCC MSRC; and
- USDHS/USDOJ/USDOD 1401 Technology Transfer (military to public safety) Process.

Nationwide Emergency Alerting and Messaging Initiative (NEARS)

In April 2005, NASEMSD joined a coalition of more than 16 national organizations to support the NEARS initiative. NEARS is a non-profit cooperative effort to demonstrate and deploy interagency emergency data messaging. The NEARS partners plan to deploy a framework for interoperable data messaging, using national emergency message and data standards, commercial information technologies, and a shared, electronic directory of agencies called the Emergency Provider Access Directory (EPAD).

National EMS Joint Leadership and Advocates for EMS

NAEMSP-NASMESD joint leadership has met regularly via conference call. This serves as a forum for these two organizations and their federal partners to coordinate on issues of importance and to update each other. In January 2005, NAEMT and NAEMSE were added to this group.

A separate organization evolved from the leadership group and is known as the Advocates for EMS (AEMS). AEMS includes membership by many interested EMS organizations and individuals. Its activities include serving as a permanent national advocacy group for EMS; the education of elected and appointed officials and the public; monitoring and influencing EMS legislation and regulatory activity; and maintenance of ongoing and effective liaison with state and national governments, professional organizations and other public and private entities.

In December 2004, NASEMSD appointed two new directors to serve on the AEMS Board of Directors for the term expiring Dec. 21, 2006. Those appointed were Fergus Laughridge and Shawn Rogers.

National Preparedness Month

The U.S. Department of Homeland Security joined with a coalition of more than 50 national organizations to engage Americans in emergency preparedness. National Preparedness Month was launched on September 9, 2004. NASEMSD was part of the national coalition directing this program. National

Preparedness Month provided Americans with a variety of opportunities to learn more about ways they can prepare for an emergency, get an emergency supply kit, establish a family communications plan, and become better aware of threats that may impact communities.

Air Medical White Paper

NASEMSD is facilitating a process with NAEMSP and AAMS to develop a white paper discussing practices, problems, solutions to problems, and best practices in the regulation of air medical services across the states and in coordination with federal regulatory authority. A steering committee consisting of members of the three associations is reviewing state regulatory measures which exist today and developing a list of questions to be covered by the paper. The paper will then address these questions and, ideally, produce a model for state regulatory practices.

Status of EMS Agenda for the Future

With support from the National Highway Traffic Safety Administration (NHTSA), the “EMS Agenda for the Future” was developed in the 1990s with input from about 90 national organizations. The resultant vision represented a profound transformation from the original and narrow concept of the EMS system as a separate system designed to provide care and transportation to the sick and injured to an integrated model working in complement to the overall public health system. NASEMSD conducted a survey project of the 56 state and territorial directors of EMS systems through calendar year 2004. The results of the survey were published in a final report on the Implementation Status of the EMS Agenda for the Future.

Cyanide Poisoning Treatment Coalition

The organizational meeting of the Cyanide Poisoning Treatment Coalition occurred November 10, 2004, in Las Vegas, Nev. Fergus Laughridge represented NASEMSD at the meeting. On November 19, 2004, the NASEMSD Executive Committee voted for NASEMSD to officially join the coalition.

MEMBER SERVICES

Mentor Program

In July 2004, NASEMSD launched a mentor program. Members requesting mentors with certain expertise are matched by the mentor process coordinator with volunteer mentors. All forms for mentor requests are available on the NASEMSD Web site.

Government Affairs

The Government Affairs Committee actively has tracked legislation introduced in Congress and helped with regular reports to the membership. Committee members and association staff presented NASEMSD’s Policy Platform to key Congressional decision-makers. EMS interests in legislative and regulatory issues have been well represented through the Advocates for EMS effort.

NASEMSD Policy Platform

The association compiled all positions and policies into one document, *The NASEMSD Policy Platform*, to be used as a resource

by members. This publication is a “living” document available on the association Web site and is updated as necessary.

NASEMSD Washington Update

An e-mail publication to keep members informed about legislative and regulatory activities in Washington, the *NASEMSD Washington Update*, is sent to all members and liaisons and is posted on the association Web site two times a month.

NASEMSD Web Site

All NASEMSD members in all categories have access to the Members Only section of the Web site. All minutes of meetings are posted in the Members Only section, as well as meeting handouts for some committees.

CONTRACTS

NHTSA Infrastructure Support

NASEMSD maintains a cooperative agreement with the National Highway Traffic Safety Administration to strengthen and maintain EMS infrastructure. A variety of tasks are accomplished under this arrangement, including:

- Training for new EMS directors;
- Supporting a mentoring program that matches new directors with experienced ones;
- Holding meetings for federal, state and other EMS officials to discuss current EMS issues;
- Developing Internet Web site, communications about legislative and regulatory issues;
- Supporting EMS community and NASEMSD Communications Technology Committee representation in evolving communications/data/ITS technology forums on the national level;
- Developing a national consensus on a single method for recording the reason for an EMS encounter;
- Coordinating the development of EMS performance measurement;
- Producing a series of monographs to provide information and documentation of the status of various EMS system components;
- Facilitating the development of a white paper on air medical services and their relationship with state regulatory bodies in the future; and
- Establishing methods to estimate the benefits and costs of EMS to the community served.

NHTSA Performance Measures

As the result of an initial meeting and report in 2002-2003, a consensus process has begun to develop 20 to 30 “top” EMS performance measures.” Subsequent work of the consensus process steering committee has produced more than 140 performance measurement questions. These have been pared down to 25 and performance indicators are now being created. These will be posted on a Web site which has been created for the project and which will be used to solicit public comment.

MCHB Partner in Communications

As part of our cooperative agreement with the EMSC program under Partnership in Communications, the NASEMSD undertook a study to evaluate the degree of implementation of select recommended components of pediatric disaster preparedness in state EMS disaster planning or the EMS component of state disaster planning. This endeavor relates directly to objective F-5 of the current EMSC 5 year Plan (2001-2005) which states:

“Increase to 100% the number of States, Tribal Reservations, or Federal Territories that include pediatric issues in State emergency disaster plans.”

The recommended components were derived from a set of 25 priority recommendations for pediatric disaster planning produced through a National Consensus Conference entitled: Pediatric Preparedness for Disasters and Terrorism. This study shows significant progress in the states toward implementing recommendations for pediatric disaster and terrorism preparedness. Clearly, much more remains to be done to assure readiness and response capacity for our most vulnerable population.

NHTSA Scope of Practice

In June 2002, NHTSA entered into a Cooperative Agreement with NASEMSD to develop a National EMS Scope of Practice Model that will replace the 1993 EMS Education and Practice Blueprint. The Model Scope of Practice will define the national levels of EMS provider and include their entry-level skills and knowledge as defined within the National EMS Core Content. In addition, a schedule and method for updating the National EMS Scope of Practice Model will be established. A National EMS Scope of Practice Model will obviate the need to revisit the medical appropriateness of each procedure or cognitive domain when education standards are revised. With this essential framework, the architects of the remaining system components can focus on their specific area of responsibility, rather than on defining and redefining the scope of practice for EMS providers.

So far, a division of labor for the project has been established between the A-Team (Administrative Team), the Technical Advisory Group (Strawman/Writing group), and the Task Force

(Representatives from many of the EMS stakeholder professional organizations). Through several conference calls and in-person meetings, there has been analysis of various models of scope of practice legislation from other disciplines, as well as review of various sources of literature. Considerable time has been dedicated to discussing different approaches to building scope of practice models, and at this moment, the work of the group continues to be focused on the process from which a final product can take shape. A web site, www.emscopeofpractice.org, has been created as a source of updates and information of the project. Several issues of “The Scoop on the Scope” have also been distributed to keep the EMS community informed of the project’s progress.

Terrorism Injuries: Information, Dissemination and Exchange (TIIDE)

On July 6, 2005, the LINKAGES Project officially changed its name to TIIDE. The TIIDE grantees are essential to the development of content and the dissemination of information related to injuries as a result of terrorism.

TIIDE Grantees:

- American College of Emergency Physicians (ACEP)
- American Medical Association (AMA)
- American Trauma Society (ATS)
- National Association of Emergency Medical Technicians (NAEMT)
- National Association of EMS Physicians (NAEMSP)
- National Association of State EMS Directors (NASEMSD)
- National Native American EMS Association (NNAEMSA)

TIIDE Project Notes:

- The American College of Surgeons (ASC) and the State and Territorial Injury Prevention Director’s Association (STIPDA) will be added as additional partners and will be funded under ACEP’s grant.
- A TIIDE mid-year meeting was held July 5, 2005, in Chicago, IL.
- A TIIDE annual meeting is scheduled for November 2-4, 2005, in Atlanta, GA.

TIIDE Workgroups:

There are four (4) workgroups within the TIIDE project:

- **Meetings Work Group** AMA lead.
Planning is underway for an AMA/APHA Summit July 7-8, 2005, to select a balanced portfolio of specific policies and actions that are achievable and sufficient to enhance linkages among acute care, EMS, and public health systems and improve health system preparedness against terrorism and other emergencies; to gain combined stakeholder support for priority items within the portfolio; to develop an action plan for achieving wider organizational support/endorsement for priority items identified at this meeting. Results will be delivered at the November Linkages meeting.
- **Best Practices Work Group** NAEMSP lead.
Call for Model Communities: The Centers for Disease Control and Prevention (CDC), through its Linkages Project, is examining the relationship between the “emergency care community” and public health in relation to preparedness for mass casualty incidents. The Emergency Care Community is composed of emergency medical services, emergency departments, trauma centers, and acute care hospitals. The CDC Linkages Project is seeking examples of “model communities” in which the relationship between the emergency care community and public health is well-established and operationally functional in terms of its capacity to respond to events that might produce large numbers of injuries. Five (5) communities will be invited to participate in a stakeholder’s conference at which they can present their model systems. This conference will be held during the annual Linkages meeting in November 2005. There will also be an opportunity for the selected communities to have their system highlighted in a CDC sponsored publication.
- **Assessments & Surveys Work Group** NAEMT lead
Delphi Process Overview: The scope to be covered will be linkages of public health with EMS, acute care and trauma for preparedness for mass casualties with an all hazards approach. In Delphi round one, the workgroup will collect all possible content areas which can be used for survey/assessment; each participating organization will submit 10-20 content areas within the scope of the survey which could be evaluated. In Delphi round two, the workgroup will reduce content to top 1/3 and; in Delphi round three, the workgroup will rank the content areas. The workgroup will define survey items and finalize pilot survey instrument; each participant organization will have an opportunity to review and edit

the draft pilot survey instrument and; each participant organization will have an opportunity to review the survey instrument which incorporates the comments provided in round one.

- **Curriculum Work Group** ACEP lead
Convened the Curriculum on Traumatic Injuries from Terrorism Task Force (CO-TIFT) to lead the curriculum development aspects of the grant. The task force will meet both face-to-face and through conference calls, and will include the 7 CDC Linkages grantees as well as others considered subject matter experts in the field on traumatic injuries as a result of terrorism. CO-TIFT's efforts include identifying courses currently being offered nationally; building a matrix of content from each course that relates to traumatic injury from terrorism; developing core competencies for traumatic injuries from terrorism training; review terrorism training courses currently being presented on a national level for gaps in the training on traumatic injury care; developing a matrix of gaps in training on traumatic injuries and ; developing an request for proposal (RFP) for state-wide organizations to apply for \$5,000 demonstration grants to help defray costs for presenting a model training course with emphases on traumatic injuries from terrorism.

The NASEMSD is working within the Surveys and Assessment Workgroup, building upon our previous survey project and

collaborating with other grantees in the development of uniform survey items to provide a number of relevant cross-disciplinary and multi-organizational survey items for inclusion in all survey efforts. The uniform items will enhance the capacity to compare and contrast information from multiple disciplines and various organizations.

National EMS Database

The NASEMSD National EMS Information System (NEMSIS) project has produced a Version 2.2 of the NHTSA EMS Uniform Pre-Hospital Dataset. Version 2.2 is made up of two separate documents or components: The EMS Dataset and the Demographic Dataset. A business model and budget for implementing NEMSIS have been developed and is being pursued with federal partners and with Congress. A proof of concept pilot project for collecting data from four states is now underway. The project is being turned over to the National EMS-C Data Analysis Resource Center which will become the NEMSIS technical assistance resource center. The NEMSIS project continues to hold meetings with its executive task force, as well as national meetings to consult state data system managers and EMS data-interested vendors. The meetings have produced an interest on the part of state data managers to meet more formally and a day and a half long meeting is planned at the 2005 NASEMSD Annual Meeting. The project has employed a Web site (<http://www.nemsis.com>) to inform the community of its progress.

2004-05 NASEMSD Officers

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Office of Emergency, Medical & Trauma Prevention

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Fergus Laughridge
West Region Representative

Supervisor EMS Office, NV State Health Division

Jim DeTienne
West Region Alternate Representative

Supervisor EMS & Trauma System Section, MT Department
of Public Health & Human Services

Shawn Rogers
South Central Region Representative

Director of EMS, OK Department of Health

Terry Bavousett
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Director, EMS & Trauma Systems, TX Department of Health

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Bureau Chief of EMS, Iowa Department of Public Health

Tim Meyer
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