



News

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2009 Annual Meeting—A Program Review

Laura Walker, DM, 2009 Program Committee Chair

NAEMSP® held its 2009 annual meeting in Jacksonville, Florida. Leaders and members of EMS systems from around the world were in attendance and took part in educational and scientific sessions that were second to none. Despite less than average temperatures, attendees were able to enjoy all that the Jacksonville area had to offer while taking part in this important meeting.

Participants heard from speakers in medical oversight and direction of EMS programs from within the United States as well as two international speakers from the United Kingdom and one speaker from Malta. The program opened with Dr. David Zideman who presented an interesting session providing medical directors and professional members with information about mass casualty care in the United Kingdom.

Following the opening session, a successful business meeting of NAEMSP® was held, updating the membership on the administrative, financial and business functions of the organization. Immediately following the business meeting, members learned of the activities and importance of the Advocates for EMS (AEMS).

The C. J. Shanaberger lecture was delivered by Guy Haskell, PhD, JD, NREMT-P. Dr. Haskell was able to summarize and present the topic of street ethics in EMS in an informative and engaging manner that proved relevant to those in attendance.



Ted Delbridge presents Dave Cone with a plaque to honor his years of service to the association.



Ted Delbridge presents the Friends of EMS Award to Susan McHenry, MS, of the National Highway Traffic Safety Administration (NHTSA).



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Each year NAEMSP's Annual Meeting and workshops provide opportunities for renewed focus, networking, and development of plans for the year ahead for our organization and its members. This year was no exception, as NAEMSP® hosted one of its largest meetings.

The program committee, with several fresh faces and ideas, is already planning for next January's conference on Phoenix, Arizona. Integral to that process is the analysis of evaluations received from this year's attendees. From my first glance, I can see that there are many good suggestions, and it is clear what many of our members hope to achieve by attending the meeting. The program committee's job is to exploit this input to develop a 2010 conference that will inspire, deliver cutting-edge scientific information, provide "take-home" messages and tools, and ensure networking opportunities.

One bit of feedback we have already planned to act on relates to our most recent venue. Although NAEMSP® intended to return to Jacksonville, Florida in 2011, and had a contract to do so, we are now exploring other options. Our 2010 Phoenix location will be very nice, and an excellent place to share with friends and families. We would like our 2011 to be just as attractive, warm, and accommodating. Stand-by for more information as the year progresses.

To me, one of the most impressive things about NAEMSP® annual meetings is the way they attract thought leaders and policymakers in EMS. The list is too long to include here. But, for example, NAEMSP® was honored that Dr. Rick Hunt of the CDC chose our meeting to roll out the updated field trauma triage criteria and distribute copies of that week's *Morbidity and Mortality Weekly Report*, in which the criteria and their rationale are published. Administrator, Drew Dawson, NHTSA EMS Office, met with many of our members to discuss ongoing projects, programs and new ideas. These sorts of collaborations, which are numerous, are invaluable for NAEMSP® and its members.

As I took the baton (it might have been a gavel) to assume the presidency of our organization, I did so with a sense of awe. Each of the previous presidents of NAEMSP®, 25th anniversary this year, left a legacy by which we have advanced and matured, adding credibility to our ideas and voices. David Cone did just that!

By now you are hopefully aware of the launching of *Emergency Medical Services: Clinical Practice and Systems Oversight*. Publication of this textbook represents a huge achievement about which the editors, section editors, and authors should be justifiably proud. Moreover, every EMS physician should be proud to have his/her unique body of knowledge now encapsulated as never before in such an impressive reference. Every devoted EMS leader ought to have a copy of this textbook on his/her shelf.

As we have worked to define the body of knowledge that is EMS, we are inching closer, with the immeasurable effort of several people (who I will not jinx by identifying, yet), to a new decision regarding EMS as a recognized physician subspecialty. NAEMSP®, working collaboratively with representatives from ACEP and with the advice of staff from the American Board of Emergency Medicine (ABEM), will submit a petition to ABEM later this spring. We anticipate that ABEM will then give consideration to the proposal during the summer in hope that the process will move to the next step,

consideration by the American Board of Medical Specialties (ABMS). There is still quite a bit of work to do. As one phase of the project has been completed, the baton has passed a number of times to the next team of dedicated folks. Those with the baton now are committed to crossing the finish line. Thus, over the next several months, NAEMSP® will remain invested to ensure the best possible chance of success. Stay tuned.

This is but a snippet of what is happening. What I think every member of NAEMSP® ought to know is that there is a lot going on. There is a great deal to do and ways to be involved.

I, like many of you, belong to several professional organizations. I feel that each is either part of some personal responsibility to support or it plays a role in my professional development. But, among them, none stands out quite in the way NAEMSP® does. Through NAEMSP's committees, our members find their voices and they work hard on the EMS-related issues that matter to them. Their creativity and interest in effecting innovation have often led to national scale projects, many times with support from our federal partners and in collaboration with other organizations. Results include meaningful guidance or products for EMS physicians and systems in all corners. For NAEMSP® members these represent unique, unparalleled opportunities. Committee membership is open to all those interested.

The strength of NAEMSP® has been for 25 years, and remains, the degree to which NAEMSP® members are invited to engage and get themselves meaningfully involved. For everyone who challenges us with new ideas and puts NAEMSP® out in front as leaders, thank you! For everyone else, let us (staff, committee chairs, board of directors, me) hear from you with your ideas, your needs, and your desire to get involved in issues that matter to you in ways that are meaningful to you. *

The National Association of EMS Physicians® is an organization of physicians and other professionals partnering to provide leadership and foster excellence in out-of-hospital emergency medical services.

The NAEMSP® newsletter is designed to inform members of interesting developments in the field of EMS. Members are encouraged to send information which may be of interest to others reading this publication.

NAEMSP® News is the official newsletter of the National Association of EMS Physicians® (NAEMSP®).

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Correspondence and inquiries should be sent directly to:

NAEMSP® Executive Office, P. O. Box 15945-281, Lenexa, KS 66285-5945
(913) 895-4611; (800) 228-3677; Fax: (913) 895-4652
Email: info-NAEMSP@goAMP.com; Website: www.NAEMSP.org

Articles for inclusion in the newsletter must be submitted by email (WordPerfect or Word). To submit material for publication, contact the editor by telephone or email.

NAEMSP® News Editor, Cai Glushak, MD: (312) 935-3507; Fax: (312) 935-9267;
Email: cglushak@axa-assistance.com

NAEMSP® Staff Contact, Stephanie Newman, Email: snewman@goAMP.com

Controlled Substances and EMS: A View From the Registrant

*Kevin E. Mackey MD, FACEP
Chair, Program Committee 2009*

The 2009 NAEMSP® Annual Meeting held in Jacksonville, Florida attracted over 500 attendees from around the world. Several “hot” topic lectures were delivered by several well known EMS giants. Dr. Steven Tharratt, Director of the California State EMS Authority and Mr. Troy Bair, EMS Captain for Cosumnes Fire Department, delivered a remarkable presentation Friday morning on how drug diversion impacted a fire department and its medical director. Dr. Tharratt, then the Sacramento County Medical Director, asked if anyone in the audience was familiar with “CFR 21”, pointing out that CFR 21 is the DEAs rule book on controlled substances. Seeing no one raising their hands, he mused that “it is a violation of CFR 21 to have not read CFR 21”. But the discussion took a much darker turn when Dr. Tharratt and Captain Bair began to paint the picture of a clever and elaborate drug diversion scheme that struck Cosumnes Fire Department in 2006. “Doc, you ain’t gunna believe this one” was how the conversation started between the EMS chief and Dr. Tharratt. An individual (or individuals) had diverted morphine from the deployed narcotic inventory without so much as a trace. One of the diverted drug cases, complete with double lock and tamper seal in place, was discovered one morning by the oncoming

crew after close inspection of a Carpuject. The entire department’s narcotic drug stock was removed from service immediately and inspected. The DEA was notified in addition to local law enforcement, who also served as the primary investigator. The surprises, however, weren’t over yet! One of the tested Carpujects turned up traces of Vicodin, a drug that is not used anywhere in Sacramento’s EMS system. That realization brought the terrifying reality that the risk to the general public extended beyond a patient not receiving the intended drug, but the risk of unexpected drug allergy and infectious diseases as well. A three year review of EVERY call in which Cosumnes medics administered morphine was begun, and an index scale was developed to identify questionable calls. The entire process consumed over 500 person-hours, including the commitment of one battalion chief to the investigation, whose sole function was to serve the needs of the DEA and local law enforcement.

The end result of the investigation introduced several changes to the utilization of narcotics. First, all narcotics have been removed from engines, trucks and all other ALS units except ambulances. In eighteen months, there have been no reported adverse patient events by this action. Additionally, a hardened case with reinforced hinges that is

tethered to the ambulance replaced the soft back cases in use previously. Interestingly, and unknown to most attendees before this talk, narcotics have lot numbers, not serial numbers. Therefore a single vial of narcotics is one of 10,000 such vials manufactured with the same lot number making tracking very difficult. Cosumnes instituted a “cradle to grave” tracking system which involved a holographic seal over the vials (no more Carpujects) and a serial number tracking system with unique numbers randomly generated. Every shift change, every paramedic change, and every narcotic used within the department requires a report submitted by the paramedic of record which generates electronic notification to the EMS chief’s PDA real time, day or night.

This terrific presentation ended with a discussion of future directions. Cosumnes Fire has recently purchased two new ambulances that are equipped with lock boxes that can store several hundred individual pin numbers and track 40,000 events. “So far, so good”, according to Captain Bair. To their knowledge, no further drug diversions have occurred in his department. However, with no company turnover in two years, the perpetrator still works within the system. But hopefully next time, if there is a diversion, the safeguards employed by Dr. Tharratt and Captain Bair will result in an arrest! *



Ted Delbridge presents the Keith Neely Outstanding Contribution to NAEMSP® Award to Robert O'Connor, MD, MPH

Informative plenary sessions covered topics such as current pain management techniques, EMS as a Subspecialty, drug diversion issues, accreditation of paramedic programs and the National Registry of EMTs, and the latest research in the treatment of prehospital cardiac patients. Concurrent sessions included lectures about STEMI research, performance improvement, the use of simulation as an adjunctive tool in emergency medicine, and disaster response. Many participants took advantage of the opportunity presented by the University of Florida's Center for Simulation Education and Safety Research, located on the Shands Jacksonville Medical Center campus to tour a state of the art medical simulation center.

The scientific sessions of the meeting were well attended and are always a great venue to allow NAEMSP® members to participate in question-and-answer sessions with the authors and investigators of the academic works presented at the meeting. Again this year, a record number of submissions were received.

The annual awards luncheon was presented Saturday afternoon and recognized a number of distinguished guests and awardees.

The program committee is always open to suggestion for topics as well as speaker recommendations for next year's annual meeting. Please email suggestions to the program committee chairperson, Dr. Kevin Mackey, at drmackey@mvevmsa.com.

The Call for Abstracts is also included in this issue, so plan to make a submission. Please join us next year for the annual meeting January 7-9, 2010 at the Pointe Hilton Tapatio Cliffs Resort in Phoenix, Arizona.

In closing, I would like to again thank the staff of NAEMSP® for their tireless hard work that made this meeting a success. *

NAEMSP®-ZOLL EMS Resuscitation Research Fellowship Recipient



NAEMSP® is thrilled to announce that Dr. Brian Suffoletto of the University of Pittsburgh is the recipient of the 2009 NAEMSP®-ZOLL EMS Resuscitation Research Fellowship.

During this two-year award, Dr. Suffoletto will study post-cardiac arrest syndrome among out-of-hospital cardiac arrest victims who survive to emergency department admission. Specifically, he plans to assess microcirculatory dysfunction by measuring the dynamic changes in microcirculatory oxygen content using near-infrared spectroscopy and blood flow using orthogonal polarizing spectroscopy. As he follows these subjects he hopes to determine the value of EMS-initiated therapeutic hypothermia in terms of attenuating microcirculatory dysfunction and generate ideas for improved post-cardiac arrest care.



Award Winners

NAEMSP® congratulates all of this year's award winners:



Ronald D. Stewart Award

J. William "Bill" Jermyn, DO (posthumous)

Keith Neely Outstanding Contribution to EMS Award

Robert E. O'Connor, MD, MPH

Friends of EMS Award

Susan McHenry, MS

EMS Fellowship Recognition Award

Saleh Aal-Ali
Alix Carter
Lincoln Cox
William Ray Dennis
Robert Mabry
William Ellis Northington
David Schoenwetter
Abel Wakai

Best Cardiac Arrest Presentation – Sponsored by ZOLL

1. BYSTANDER CPR AND SHOCKABLE RHYTHMS OCCUR LESS OFTEN DURING OUT-OF-HOSPITAL CARDIAC ARREST IN SOUTHERN ONTARIO NEIGHBORHOODS WITH LOWER SOCIOECONOMIC STATUS

Joseph Choi, Laurie J. Morrison, Steven C. Brooks, University of Toronto

Best Scientific Oral Abstract Presentation:

5. THE EFFECT OF EMERGENCY MEDICAL SERVICE PERSONNEL STAFFING PATTERNS ON PATIENT SURVIVAL FROM OUT-OF-HOSPITAL CARDIAC ARREST.

Nicholas Eschmann, Ronald G. Pirrallo, Tom P. Aufderheide, E. Brooke Lerner, Kenosha Fire Department

Best Physician Resident/Fellow Presentation:

9. HOW MUCH FORCE IS REQUIRED TO DISLodge AN ALTERNATE AIRWAY?

Jestin Carlson, James Mayrose, Henry Wang, University of Pittsburgh

Best Poster Abstract Presentation

24. THE RELATIONSHIP BETWEEN EMT-BASIC EXAM SCORE AND SUCCESS ON THE NATIONAL PARAMEDIC CERTIFICATION EXAM

Antonio R. Fernandez, Jonathan R. Studnek, National Registry of EMTs

Best EMS Professional Research Presentation

44. PRE-HOSPITAL IDENTIFICATION OF STEMI: AN EVALUATION OF INDEPENDENT ECG INTERPRETATION BY PARAMEDICS

John P. Trickett, Richard Dionne, Justin Maloney, Peter Kelly, Ian Stiell, Ottawa Hospital

Best Disaster Research Presentation – Sponsored by the National Disaster Life Support Foundation

52. MILWAUKEE ARE YOU READY? PERSONAL PREPAREDNESS AMONG EMERGENCY DEPARTMENT PATIENTS

Steven W. Zils, E. Brooke Lerner, Ronald Pirrallo, Medical College of Wisconsin

Congratulations

Committee Updates

Asian Relations Committee Launched

David C. Cone, MD, Immediate Past President

The first meeting of the Asian Relations Ad Hoc Committee was held at the NAEMSP® Annual Meeting in Jacksonville on January 22. The committee is co-chaired by Dr. Sang Do Shin of Korea, who led the meeting, and Dr. Marcus Ong of Singapore, who was unable to attend. Twelve NAEMSP® members were in attendance, representing four countries.

Following introductions and a discussion regarding general EMS issues in Asia, the committee set a number of goals for the next year:

1. Conduct a comparative, descriptive analysis of the EMS systems of Asian nations, as a preliminary effort to launching research efforts involving EMS systems in multiple nations. Initially, these efforts will largely focus on Hong Kong, Japan, Korea, Malaysia, Singapore, Taiwan, and Thailand. Substantial EMS research is already underway in these nations, and collaborative efforts would allow for the conduct of larger, multi-center trials.
2. Prepare for the NAEMSP® Medical Direction Overview Course, which will be presented at both the Asian Conference on Emergency Medicine in Busan, Korea in May 2009 and the International Congress on Emergency Medicine in Singapore in June 2010. The curriculum is being adjusted and faculty members (both US-based and Asia-based) will continue discussion of how best to deliver this course to multi-national Asian audience. US-based faculty for the Busan offering of the course will include Drs. Jon Krohmer, Ron Pirrallo, and Ritu Sahni.
3. Examine existing NAEMSP® position papers for potential usefulness in Asia, and propose and develop new position papers specific to Asian issues.

The next meeting of the committee will be held at the Asian Conference on Emergency Medicine. The committee will meet again at the 2010 NAEMSP® annual meeting in Phoenix, and then at ICEM in Singapore. *

EXECUTIVE OFFICE STAFF LISTING

The NAEMSP® Executive Office staff and email address information is listed below for your reference.

General Email address to reach staff:
info-NAEMSP@goamp.com

Executive Director,
Jerrie Lynn Kind

*Association Manager /
Grants Project Manager,*
Stephanie Newman

Association Manager,
Monica Evans-Lombe

Meeting Manager,
Joyce K. Miller, CMP

Administrative Assistant
Liz Paulk

A National Effort to Better Quality of Data

Wendy Weber

The National Emergency Medical Services Information System or NEMSIS is a project that began in 2005 with the goal of establishing a common method of collecting EMS related data and aggregating a subset of clinical data at the national level. The NEMSIS project currently has 13 participating states reporting data and we project another 15 states to join the effort by the end of 2009. When compared to 2006, the rate at which states are becoming compliant with the NEMSIS standard has increased by 66% in 2007 to 160% in 2008. We are expecting the rate to dramatically increase by the end of 2009.

The NEMSIS Technical Assistance Center (TAC) is housed on two University campuses, the University of Utah and the University of North Carolina. Dr. Clay Mann, with the University of Utah and Dr. Gregg Mears with the University of North Carolina are the Co-Principal investigators for the TAC. Together, with their respective teams, they are leading the effort to ensure the success of the project.

The NEMSIS Technical Assistance Center (NEMSIS TAC) is available to provide support to National, State and local agencies, commercial vendors, developers and the public in general. They assist with a variety of issues ranging from data collection to submission of data for reporting purposes.

The main functions of the NEMSIS TAC are:

- Standardization of pre-hospital data by creating a uniform data dictionary. Our latest version 2.2.1 contains more than 400 definitions that can be implemented by any EMS system.

- Creation of a National EMS database. National elements contained in version 2.2.1 are collected from participating states and stored in the National NEMSIS database creating a central repository for EMS data.
- Certification of commercial EMS software as “compliant” with the NEMSIS data standard.
- Creation of a reporting system. The NEMSIS TAC de-identifies and aggregates data to develop national reports that are available to the public (at www.nemsis.org). A dataset specific to research and analysis will be released soon.
- Technical support to states developing NEMSIS compliant EMS data systems

Every state implementing NEMSIS compliant systems collects data from local EMS providers and sends the data to the NEMSIS TAC every three months. The state is free to collect as many elements as they desire in addition to the 83 national elements that are submitted to the NEMSIS TAC.

The NEMSIS TAC is releasing new tools to facilitate the submission of data such as a web-based application for submissions called NEMSIS Data Exchange (NDX) and a web service product that will automate the transfer of data from the state or vendor to the NEMSIS TAC. Both tools will be available in April.

The NEMSIS TAC is also developing additional tools allowing states and local agencies to build reports using data submitted to NEMSIS. In addition to the web-based national reports released last year, an online analytical processing

(OLAP) tool is under development for more flexibility in the analysis of National data, which will also be available in April. The OLAP tool will store predefined calculations allowing users to get answers to common questions very quickly. Also, it allows users to create their own reports and view the data from different perspectives (also called dimensions). The OLAP tool will provide users with greater flexibility to control the data they want to view, with special tools to create charts and download information. A series of demos on how to use the OLAP tools will be released to the NEMSIS website to familiarize users with basic applications of the OLAP tool.

The NEMSIS national data will soon become an invaluable resource for local EMS agencies, states and territories and for the clinical research field in general. We, at the TAC, are dedicated to assisting states and territories in overcoming any challenges to implementation the NEMSIS standard. The more states that join the project, the more accurate picture we can obtain of emergency medical services offered in the United States. This collection of data will help local agencies to create clinical care benchmarks against national reports and create ways to improve their services. Participating states and territories will be able to monitor the effectiveness of their clinical care, processes and outcomes, and identify where they can improve the services they offer. *

(Wendy Weber is a NEMSIS Data Manager specializing in reports and analysis of data)



Welcome New Members

Mark Ackrell
Abdulaziz Alrajhi
Zuhair Alsharafi
Andrew J. Anderson, Jr., MD, EMT-P
Andy Anton, MD
Thomas Arnold, MD
Isaac Ashkenazi
Andrew L. Aswegan, MD
Mitch Babb, MBA, MHA, RN
Janna E. Baker, MD
Stephen Beckwith, MD
Blair Bigham
Vicky Black, RN, BSN, EMT-B
Evan Bloom
John S. Bonta, MD
Timothy S. Brisbin, RN, NREMT-P
Mablene Buggs, MD
Lynn B. Burnett, EdD
Mark L. Busse
Chuck Butler, EMT-P
Jestin Carlson
Matthew J. Carr, EMT-P
James Castellone, MD
Rebecca Chagrasulis, MD
Ka Wai Cheung
Jim Christenson, MD
Caroline A. Colleran, DO
Gregory Cover
Thomas D'Aprix, MD
Marc-Andre DaPonti, EMT-P
Paul DePonte
James Dinsch, BS, NREMT-P
Pamela P. Dodson, RN
Elizabeth Donnelly
Aaron Eberhardt
Saleh Fares
Cheryl Foo
Pamela Frantz, RN, BSN, CCRN
Samuel Freedman, MD
Victoria Freeman
Jon Friesen

Adam Frisch
Carrie K. Garavan
Stephan Gascon
Fred L. Goldblatt, DO
John Gonzales, LPM
Kent R. Griffith, RN, EMT-P
Alvery Hanna
Andrew J. Harrell, IV
Brendan Hawthorn, MD
Jeffery Herbst
Nancy Hinckley
William R. Hinckley, MD
Louis Hondros
Paul Hoogeveen, MD
Frank Hurlehey
Jun-Ichi Inoue
William Jackson, MD
Nick Johnson
Jim King
Terri King, LPM
Glen Knowles
Mario Lariviere
James A. Lasseter, MD
Eric Lavolette
Christopher Lawler, DO
Jin Hee Lee
Jeffrey Lindsey
Peter Listerman
James A. Longabaugh, DO
Gregg Lord
Jeffrey H. Luk
John Lyng
Craig Manifold, DO
William P. Manis, II, EMT-P
LeeAnne M. Martin-Lee, MD
Bernard Mathieu, MD
Patrick Matthews, MD
Eric E. Maur
Mike McEvoy
Kevin R. McGee, DO, EMT-P
Thomas R. McKeown, MD

Jeff McWilliams, MD
Michael Michalko
John Milanick
Joel A. Miller, MD
Edward J. Mlinek, Jr., MD
Koen Monsieurs
Julie Montana, MD
Venita Morell
Brent Parquette
Hillel Peltz, DO
Donald G. Phillips, DO
Steven L. Poffenberger, BS, EMT-P
Stephen R. Poggi, EMT-P
Randall Radford
Rosalyn Reades
Julian Regehr
Joshua Reynolds
Andrew Robert
Robert A. Rosenbaum, MD
Kenneth S. Rucker
Frank Sabatino, MD
Alexander Schermer
John Serra, MD
William Sheahan, III
Tasmeen Singh-Weik, MPH, NREMT-P
Chris Smith
Vernell Smith
Christopher Souders, MD
Andrew Southard
Jon P. Strotkamp, DO
David Sturm
Roy Suthons
Peter Swanson, EMT-B
Andre Touchburn
Mark D. Utkewicz, MD
Christine Van Dillen
John Vance
Kay Vonderschmidt, MPA, NREMT-P
Leah Watson
Dana Yost



Call for Abstracts

National Association of EMS Physicians®

January 7-9, 2010

Pointe Hilton Tapatio Cliffs Resort

Phoenix, Arizona

Call for Abstracts and Submission Rules

GENERAL INFORMATION

The National Association of EMS Physicians® is calling for abstracts to be presented at the NAEMSP® 2010 Annual Meeting: Specialty Workshops, Scientific Assembly, and Trade Show in Phoenix, Arizona. Authors are urged to submit original work involving EMS or resuscitation research. The full spectrum of research will be considered including basic science, clinical, epidemiological, health services, operational, economic and educational studies. Physicians, research scientists, out-of-hospital care providers, and administrators are all encouraged to submit.

All abstracts will be reviewed and scored in a blinded fashion by a subcommittee of the NAEMSP® Research Committee. Abstracts will be selected for oral or poster presentation. The exact numbers in each category to be determined by the number of submissions, time and space limitations at the meeting venue, etc. All selected abstracts will be published in *Prehospital Emergency Care*, the official journal of NAEMSP®. Manuscript submission to *PEC* is encouraged, but right of first refusal is not required. Research submitted for consideration may not have been published previously, though prior presentation within 90 days of the meeting is acceptable.

Oral presentations will consist of a 10-minute platform presentation, followed by five minutes for questions and answers. A moderated poster session will supplement the display of poster abstracts. Awards will be given for Best Scientific Presentation, Best Poster Presentation, Best Resident/Fellow Presentation, and Best EMS Professional Presentation. In addition, ZOLL will sponsor the Best Cardiac Arrest Presentation. Awards will be presented at the Awards Luncheon at the Annual Meeting.

ABSTRACTS MUST BE SUBMITTED ELECTRONICALLY through the dedicated submission site. To submit an abstract, visit NAEMSP's website at www.NAEMSP.org. The website will officially open in mid-June 2009.

THE ABSTRACT DEADLINE IS TUESDAY, AUGUST 18, 2009. Abstracts must be received electronically by 12:00 Noon Eastern Daylight Time, on **Tuesday, August 18, 2009**. No exceptions will be granted.

Questions can be directed to the NAEMSP® Executive Office at (800) 228-3677 or by e-mail at info-NAEMSP@goamp.com.

ELECTRONIC SUBMISSION RULES

1. Abstracts must be submitted electronically through the dedicated submission site.
2. Submissions must be received at the NAEMSP® Executive Office by 12:00 Noon, Eastern Daylight Time on **Tuesday, August 18, 2009**. Late submissions will not be considered.
3. To ensure blinding, no identifying information should appear in the abstract.
4. The abstract must include:
 - a. Statement of purpose or hypothesis, with brief introductory material as needed.
 - b. Statement of methods to clearly demonstrate how the study was carried out; include such information as design, setting, participants/subjects, interventions/observations, etc.
 - c. Summary of results presented in sufficient detail to support conclusion, with brief mention of statistics used (p values, confidence intervals, etc) to reach conclusions.
 - d. Statement of conclusions reached, with important limitations stated if needed.
 - e. Word Count Limit: 350 words



Nomination for 2009 Awards

Due Date: August 31, 2009

Candidate's Name: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Your Name: _____

Telephone: _____ E-mail: _____

NOMINATION FOR THE FOLLOWING AWARD:

■ **Ronald D. Stewart Award**

This award is given annually to a person who has made a lasting, major contribution to the EMS community nationally. This is often considered a lifetime achievement award. Recent recipients have included Dr. Daniel Storer, Dr. Mickey Eisenberg, Jim Page, Dr. Jon Krohmer, Dr. Edward Cain, Dr. Roger White and Dr. William Jermyn

■ **Keith Neely Outstanding Contribution to EMS Award**

This award is presented to an active or past member of NAEMSP® (physician or non-physician) who has provided significant leadership to the association. Recent recipients have included Lawrence Brown, EMT-P, Dr. Ray Fowler, Dr. Rick Hunt, Dr. Ted Delbridge, Dr. Juliette Saussy, Dr. David Persse, Beth Adams and Dr. Robert O'Connor

■ **Friends of EMS Award**

This award is presented to a individual who has been an advocate to further NAEMSP's mission nationally through influencing or implementing public policy. The award is typically given to a governmental individual or organization, EMS organization, or congressional leader. Recent recipients have included Mr. Robert Niskanen, the Laerdal Family, Dr. Jeff Runge (NHTSA administrator), Drew Dawson (NHTSA EMS Chief) and Dr. Richard Carmona (Former U.S. Surgeon General) and Dan Kavanaugh (EMSC), Susan McHenry(NHTSA)

REASON FOR NOMINATION (attach separate page if necessary):

Please submit form by August 31, 2009 to:

NAEMSP, Attn: Stephanie Newman at SNewman@goamp.com or Fax: (913) 895-4652

NAEMSP® is also soliciting applications for the **EMS Fellowship Recognition Awards**. Criteria for this recognition, and submission forms, are available on the NAEMSP® website under Fellowships. Submissions are due by November 2, 2009.

National Association of EMS Physicians®

Call for 2010-2012 Board of Director Nominations

David C. Cone – Immediate Past President

The Nominations Committee is conducting the Call for Nominations for the 2010-2012 Board of Directors slate. The positions that will be elected by the membership in 2009 are: three Physician Members-at-Large. The individuals elected for the offices will each serve a two-year term.

The criteria for the open positions is listed below. This information will assist you in recommending for nomination the best candidate for the office. The ability to offer more than one candidate for each office is dependent upon receiving a sufficient number of nominations for each office from the membership.

You may recommend yourself or another NAEMSP® member for Board of Directors nomination by completing the electronic submission form. A representative sample of a candidate's biography, which will appear on the ballot, can be downloaded from the nomination submission site. ***All recommendations MUST BE RECEIVED BY July 13, 2009 to be considered for the slate of candidates.***

Recommendations should be submitted electronically to NAEMSP's Executive Office through the link located on the NAEMSP® website. The nominee will receive an e-mail acknowledgement of receipt of the Recommendation for Nomination form within two (2) business days of receipt. If such acknowledgement is not received within that time frame, please contact the NAEMSP® Executive Office at (913) 895-4611. The slate of candidates will be compiled by the Nominations Committee and reviewed by the Board of Directors.

CANDIDATE CRITERIA AND POSITION DESCRIPTIONS

The affairs of the Association are governed, supervised, and controlled by the Board of Directors. The authority delegated to the Board requires that it set policies and make relevant decisions on behalf of the Association's membership; therefore, Board Members should be the most knowledgeable about the activities and needs of the Association's members. The Board's duties include:

- Ensuring that the needs of the membership are met.
- Approving and evaluating plans and policies of the Association.
- Budgetary approval and control.
- Monitoring and reviewing financial objectives.
- Long-term strategic planning.

MEMBER-AT-LARGE (Three positions available)

- Nominee must be a Physician member in good standing of NAEMSP®.
- Prior ad hoc committee/task force involvement preferred.
- Ability to commit to the Board of Directors for a two-year term and act as peer representative of the membership.



NAEMSP® Executive Office
P.O. Box 15945-281
Lenexa, KS 66285-5945

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EMS *Calendar*

Mark your calendar and make plans now to attend!

April 5-8, 2009, Trauma, Critical Care and Acute Care Surgery, Trauma and Critical Care Foundation, Las Vegas, NV,
www.trauma-criticalcare.com; 713-788-4557

May 2-6, 2009, Fire-Rescue Med; International Association of Fire Chiefs, EMS Section, Las Vegas, www.iafc.org/frm; 800-943-1957

May 3-6, 2009, Stars of Life Celebration; Washington, D.C., American Ambulance Association; www.the-aaa.org

June 30 – July 3, 2009, Clinicon 2009, Emergency Medicine Learning and Resource Center, Orlando, FL, 800-766-6335; www.emlrc.org

August 12-15, 2009, MTBI 2009 – An International Conference on Mild Traumatic Brain Injury, Fairmont Hotel
Vancouver, Vancouver, BC, Canada, contact: Meredith Areskoug, 604-685-0450 or 1-877-685-0452; Email: info@mtbi2009.org; Website address:
www.mtbi2009.org

February 18-21, 2010, 2010 International Disaster Management; Emergency Medicine Learning and Resource Center, Orlando,
FL, 800-766-6335, www.emlrc.org

Be sure to check out the most updated version of the EMS Calendar at www.NAEMSP.org

