



# NEWS

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## President's Corner

**Ronald G. Pirrallo, MD, MHA**  
**NAEMSP® President, 2009-2011**



It's hot with triple digit temperatures. So this column will be a cool short synopsis of the organization's most important summer business.

The NAEMSP® annual Board of Director's meeting was held on June 14 and 15 in Milwaukee, Wisconsin. With thoughtful discussion and perseverance the board ratified the organization's 5-year strategic plan. The four agreed upon strategic foci included education, research, development/mentorship and advocacy:

### EDUCATION

To offer financially successful, quality educational content that meets members' needs with increasing attendance. This will also result in member retention. Also, in collaboration with ACEP, offer the premier, non-CME preparatory course that successfully prepares candidates for the EMS subspecialty examination.

### RESEARCH

To be the premier venue for presentation of out-of-hospital EMS research by increasing research submissions and presentation opportunities.

### DEVELOPMENT/MENTORSHIP

To lead the development of EMS Fellowship programs by supporting the

Council of EMS Fellowship Directors tasks of sharing best practices for Fellowship program development, implementation and accreditation. The goals for development and mentoring are a natural extension of the organizations hard work in obtaining ABEM subspecialty certification in EMS.

### ADVOCACY

Our newest strategic foci that is culminating in the revision and reintroduction of The Field EMS Quality, Innovation and Cost-Effectiveness Improvement Act, H.R. 6528. This was first introduced by Representatives Tim Walz (D-MN) and Sue Myrick (R-NC) last session. The candid dialogue of the nation's EMS stakeholders and the sharing of mutually agreeable objectives have already been realized. NAEMSP® continues to be engaged in this important discussion that will likely influence all of the nation's EMS systems.

Yes, it has been a hot summer and the NAEMSP® Board of Directors hope to keep the pace going for the next 5 years. Stay cool. \*

# Board of Directors Mid-Year Meeting:

## A REPORT TO MEMBERSHIP

David K. Tan, MD, Member-at-Large

**O**n June 14 and 15, 2011, the NAEMSP® Board of Directors met in Milwaukee for its annual mid-year meeting. A very intense and full agenda was covered, but perhaps of most interest to the general membership was discussion around our Mission Statement, our strategic plan for growth and development and our support of the membership as many strive for board certification in EMS.

The NAEMSP® Mission Statement is vital for both leadership and general membership in keeping the priorities of our enterprise true and precise. As we discussed the possibility of modifying our current Mission Statement, naturally the dialogue included a history of our current version, and, as a new board member representing the general membership, I frankly found its origins to be fascinating. For example, there was discussion about

NAEMSP® is an organization of physicians and other professionals partnering to provide leadership and foster excellence in out of hospital emergency medical services.

modifying the term “other professionals” as it was thought “possibly sound “exclusionary” or even make our non-physician EMS colleagues sound like an

“afterthought.” Did you know that when this Mission Statement was originally crafted the phrase “other professionals” was directly placed within it specifically so as not to leave out our valued non-physician EMS contemporaries? There was debate around removing the word “other” changing the phrase to read “physicians and professionals...” However, because physicians *are* professionals, leaving out “other” would suggest grammatically that physicians are not professionals, so it was left as is. Even the phrase “out-of-hospital EMS” as opposed to “out-of-hospital Medicine” is significant so as not to threaten or impose upon outpatient practitioners. There was also deliberation about adding a patient care statement of some sort. However, most discussants agreed that while our members provide patient care, NAEMSP® as an organization does not, so including a statement on patient care would be out of place. In the end, the controversy surrounding a new or modified mission statement became a very deliberate and thoughtful reflection on our core values and vision which amplified the importance of a succinct and accurate Mission Statement for our organization. Our current Mission Statement is more than just adequate. It is actually quite robust in its concise representation of what matters most.

As we enter an era of subspecialty certification, the strategic plan of NAEMSP® becomes even more important. Members have made it clear that they want us to be the “go-to” organization for any and all issues related to EMS Medicine. The Board

of Directors recognizes that we have limited resources at our disposal but that there are four key areas worthy of our efforts: Education & Mentoring, Research, Product Development, and Advocacy.

For example, education in the form of ongoing CME/CEU is perhaps our strongest area of contribution as both ABEM and ACGME sees our membership as content experts in prehospital care. By education, we do not exclusively refer to Fellows or fellowship programs. We refer to all practitioners of EMS Medicine, yet we know that there are a number of EMS physicians who are no longer members of NAEMSP® and have gone elsewhere for their information and ongoing training. If we can answer why this occurs, then we may be able to more accurately focus our efforts at meeting the needs of prehospital practitioners. If you or someone you know has needs that are not being met by NAEMSP®, please forward these suggestions or concerns to me or any of your Board members.

A plethora of other very important items were discussed over the two-day meeting, but suffice it to say, by being the best at our four key areas, we become national leaders in EMS Medicine. However, we can only do this with the support of our stellar membership, so please consider being active in any one or more of our dozens of committees, and please share any issues or concerns with us where the organization could better meet the needs of its membership. \*

*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.

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## Prehospital Emergency Care (PEC)

### Journal Ranks High

James Menegazzi, MD

The new 2010 Impact Factor ratings were released by ISI Thompson Reuters on Tuesday, June 28. PEC's Impact Factor increased to 1.889 (an impressive increase of nearly 0.6 from 2009. This ranks PEC as the 8th highest of the 23 Emergency Medicine journals that are ranked by ISI. The top 10 journals are shown below.

PEC had an even more impressive Immediacy Index, which indicates how rapidly articles that are published in PEC are cited in the same year. PEC had an Immediacy Index of 0.533. This ranks PEC as 4th out of the 23 EM journals that are ranked. \*

Journal	Impact Factor Rating
1 <a href="#">RESUSCITATION</a>	4.177
2 <a href="#">ANN EMERG MED</a>	4.142
3 <a href="#">EMERGENCIAS</a>	3.085
4 <a href="#">INJURY</a>	2.269
5 <a href="#">ACAD EMERG MED</a>	2.197
6 <a href="#">SCAND J TRAUMA RESUS</a>	2.176
7 <a href="#">AM J EMERG MED</a>	1.994
8 <a href="#">PREHOSP EMERG CARE</a>	1.889
9 <a href="#">J EMERG MED</a>	1.552
10 <a href="#">CAN J EMERG MED CARE</a>	1.515

## AARRON REINERT NAMED AS CHAIRPERSON OF THE NATIONAL EMERGENCY MEDICAL SERVICES ADVISORY COUNSEL (NEMSAC)



Skip Kirkwood, MS, JD, EMT-P

David Strickland, Administrator of the National Highway Traffic Safety Administration, announced the appointment of Aarron Reinert, NREMT-P, BA, to serve as Chairperson of the 24-member National Emergency Medical Services Advisory Council (NEMSAC).

“As a public health and safety agency, we’re extraordinarily grateful for the invaluable guidance NHTSA has received to date from the EMS experts who have served on the council. We have equally high expectations for our newest appointee and welcome his leadership and expertise,” said Administrator David Strickland, National Highway Traffic Safety Administration. “Mr. Reinert has been a member of NEMSAC since its inception and has demonstrated a consistent passion for national EMS issues. He is the Executive Director of Lakes Region EMS, a rural ambulance service in Minnesota, and a former State EMS Data Manager.”

The 24-member National Emergency Medical Services Advisory Council (NEMSAC), first chartered in 2007, provides expert emergency medical services (EMS) advice to the Department of Transportation (DOT) and the Federal Interagency Committee on EMS (FICEMS). It makes recommendations on key issues in emergency medical services, including recruitment and retention of EMS personnel, patient and provider safety, research and EMS system improvement and sustainability. The council meets three to four times per year in public sessions to deliberate EMS issues of national significance and provide recommendations to DOT and FICEMS. For more information on NEMSAC, please go to [www.ems.gov/nemsac](http://www.ems.gov/nemsac). \*

## Paramedics Have Been Ranked First in the Annual 2011 Readers Digest Survey of Public Perceptions of Trustworthiness

Joseph A. DeLucia, DO, FACEP, EMT-T

The Readers Digest [survey](#) tends to substantiate perceptions of people’s responses to the individual paramedics they encounter and the service they provide.



Paramedics win people’s respect and trust simply through their uniformly high standard of professionalism in many confronting and discomfoting emergencies.

Quite simply, people trust paramedics because they are a source of calm help and stabilising care at times when we are most distressed and vulnerable. Paramedics are perceived as ultra-reliable, as they nearly always respond to calls for assistance, and they embody core values that people admire. \*

### Readers Digest Top Ten List of Trusted Professions:

1. Paramedics
2. Firefighters
3. Pilots
4. Rescue volunteers
5. Nurses
6. Pharmacists
7. Farmers
8. Medical specialists
9. General Practitioners
10. Veterinarians



## Health Care Associations Join Forces to Reduce Emergency Department Crowding

*By Michael G. Millin, MD, MPH, FACEP*

Emergency department crowding has long been a serious problem for hospitals, health care providers and patients. It plays a significant factor in poor patient outcomes and contributes to violence against emergency department personnel. Across the country, many hospitals and health care systems are working to reduce crowding, but this can be difficult without accurate and standardized metrics. While many organizations and associations have established emergency department metrics, there are no agreed-upon standard definitions for them.

A group of nine leading associations for emergency department health providers and staff has signed a consensus statement that proposes standardized emergency department metrics, with an eye toward creating benchmarks that will inform strategies to reduce emergency department crowding and boarding. The Emergency Nurses Association (ENA) spearheaded the effort, reaching out to stakeholder organizations and convening the first meeting on developing standardized metrics February 2009.

The organizations that signed onto the final statement are the American Academy of Emergency Medicine; American Academy of Pediatrics; American Association of Critical-Care Nurses; American College of Emergency Physicians; American Nurses Association; Association of periOperative Registered Nurses; Emergency Department Practice Management Association; Emergency Nurses Association; and National Association of EMS Physicians.

“Emergency department crowding is a serious health care problem that is only getting worse,” said AnnMarie Papa, DNP, RN, CEN, NE-BC, FAEN, President of the Emergency Nurses Association. “Addressing it is one of ENA’s top clinical priorities, but we can’t solve a problem if we can’t agree on how to quantify it. This consensus statement is a first and important step in reducing crowding and boarding in emergency rooms and helping us provide better and faster care to our patients.”

The statement includes the six agreed-upon definitions:

- What an emergency department is;
- Emergency department arrival time;
- Emergency department offload time;
- Emergency department transfer of care from prehospital providers time;
- Emergency department triage time; and
- Emergency department treatment space-time.

With the ever-increasing pressures on emergency departments around the country, it is imperative that accurate and consistent data be collected to monitor the flow of patients into the health care delivery system.

“Most high acuity and critical care patients continue to enter the health care system through the emergency department. Universally defined time stamps and intervals will ensure accurate patient hand-offs and consistency in health records,” says Robi Hellman, Clinical Practice Manager, American Association of Critical-Care Nurses.

Any solutions to the issues facing emergency departments will require the cooperation of multiple disciplines within the emergency care profession.

“By working together, the EMS, nursing and physician communities have achieved an important consensus on these metrics. Now we can begin the process of quantifying the issues we face in emergency medicine so that we can find the solutions we all know are needed,” added Papa.

To access the consensus statement online, go to [www.ena.org](http://www.ena.org). \*

## **Richard N. Nelson, MD, Assumes Office as President of ABEM**



**Richard N. Nelson, MD**, has assumed the office of President of the American Board of Emergency Medicine (ABEM). Dr. Nelson has been a member of the Board of Directors since July 2004, and was elected to the Executive Finance Committee in 2008. Since 1983, he has served ABEM in a variety of capacities, including as an examiner, item writer, examination editor, and chief oral examiner. Dr. Nelson serves on a number of ABEM committees, and has served as chairman of the Nominating Committee, Test Development Committee, and Initial Certification Task Force; he also is an ABEM Delegate to the American Board of Medical Specialties.

Dr. Nelson received his medical degree in 1978 from the Ohio State University College of Medicine, and completed his residency in Emergency Medicine in 1981 at Akron City Hospital in Akron, Ohio. He is a Professor and Vice Chair of the Department of Emergency Medicine at The Ohio State University College of Medicine. His interests are in the areas of environmental emergencies, disaster planning and management, medical-legal issues and public policy. He is co-author (with Douglas A. Rund, MD) of the *Environmental Emergencies* (Philadelphia, WB Saunders Company), and has written more than 30 peer-reviewed journal articles and book chapters.

At its July 2011 meeting, ABEM also elected the following directors to the 2011-12 Executive Committee (formerly the Executive Finance Committee): Mark T. Steel, MD, Immediate Past-President; John C. Moorhead, ND, President-Elect; James H. Jones, MD, Secretary-Treasurer; Francis L. Counselman, MD, Member-at-Large; and Jo Ellen Linder, MC, Senior Member-at-Large. \*

## **John C. Moorhead, MD, Elected President-Elect of ABEM**

**John C. Moorhead, MD**, was elected to the office of President-Elect of the American Board of Emergency Medicine (ABEM). Dr. Moorhead has been a member of the Board of Directors since 2004, and was elected to the Executive Finance Committee in 2010. Since 1996, he has served ABEM in a variety of capacities, including as an oral examiner and item writer. Dr. Moorhead serves on ABEM's Academic Affairs Committee, Executive Finance Committee, Maintenance of Certification (MOC) Committee, Test Administration Committee, and Test Development Committee. He also represents ABEM on a number of external committees, including the Board of Directors of the American Board of Medical Specialties (ABMS), its MOC Committee and Task Force on Health and Public Policy, the Board of Directors of the Research and Education Foundation; and the American College of Emergency Physicians' Quality and Performance Committee.

Dr. Moorhead received his medical degree in 1975 from Queens University Medical School in Kingston, Ontario, Canada, and completed his residence in Emergency Medicine in 1978 at Royal Victoria Hospital, McGill University in Montreal, Quebec, Canada. He is Professor of Emergency Medicine, Public Health and Preventive Medicine, at Oregon Health & Science University (OHSU) in Portland, Oregon. His interests are in the areas of administration, trauma services, medical education and health policy. To honor Dr. Moorhead's contributions to emergency medicine, emergency medical services, medical education, and health policy, OHSU established an endowment fund in his name. The fund will sponsor a leading educator in emergency medicine to help shape and develop generations of emergency physicians for years to come. \*



*E. Reed Smith, MD*

The inaugural meeting of the Committee for Tactical Emergency Casualty Care (C-TECC) was conducted on May 16 and 17, 2011, at The George Washington University Hospital in Washington, DC.

The Committee for Tactical Emergency Casualty Care (C-TECC) was convened to expedite the appropriate transition of military medical lessons learned from the battlefield to civilian crisis response.

The Tactical Emergency Casualty Care (TECC) guidelines are a set of best practice recommendations for casualty management during high threat civilian tactical and rescue operations. The TECC guidelines are based upon the principles of Tactical Combat Casualty Care (TCCC) but account for differences in the civilian environment, resources allocation, patient population, and scope of practice.

C-TECC is comprised of a Board of Directors, an Executive Committee, a Board of Advisors and a Guidelines Committee. Each entity is composed of subject matter experts from more than 55 agencies. The Guideline Committee, responsible for drafting the actual TECC guidelines, is comprised of 24 voting members and two Co-Chairmen representing an interagency group of leaders with experience in direct operations, doctrine development, and training. This Committee includes physicians, paramedics, EMTs, law enforcement officers and fire fighters all with an equal vote.

The entire C-TECC meets bi-annually with subcommittee meetings ongoing throughout the year to address specific questions, research topics and operational issues. \*

## International EMS Fellowship Offered

*Francis Mencl, MD, MS, FACEP, FAAEM*

Summa Health Systems is currently accepting applications for its one-of-a-kind International EMS Fellowship. This program is designed to prepare the Fellow for the upcoming fellowship examination while complementing training with various international experiences in Europe, the Middle East, South America and Mexico. The Fellows will see a variety of private and public systems of varying maturities while working with different levels of providers including physicians. Now more than ever it is important to learn best practices from our international colleagues while sharing ours with them.

Back home, the Fellow will train in one of the oldest EM residencies in the country while working in the one of the newest and largest emergency departments in Ohio (opening January 2012). Time will also be spent at the Austin Bio Innovations Center for Medical Simulation, a large dedicated facility opening in January 2012. For more information please go to [summa-ems.org](http://summa-ems.org) or contact Dr. Mencl ([Menclf@summahealth.org](mailto:Menclf@summahealth.org)) at (330) 379-9630.

Other EMS Fellowships available at Summa include EMS Educational Research, Disaster and Emergency Preparedness and Operational EMS. \*

## EMS Fellowship Program

*David C. Cone, MD*

An ACGME subcommittee has met over the past few months to work on the EMS fellowship program requirements. A draft is now being edited internally at ACGME. It is anticipated that this draft will be released for the 45-day public comment period late in 2011 or early in 2012. The ACGME knows that our Council will meet on Wednesday afternoon 11 January in Tucson, and they will endeavor to release the draft prior to that date so we can use our time at the NAEMSP® Annual Meeting to prepare any comments. \*

# Collaboration and Medical Technology Save Visitor's Life

Marvin Wayne, MD

**Nancy Olson**, a 63-year-old artist visiting Bellingham, Washington, from Priest Lake, Idaho, owes her life to new medical technology and the collaboration of the local medical community.

Olson says she wants everyone to know that what Whatcom Medic One paramedics and caregivers at the PeaceHealth St. Joseph Cardiovascular Center did for her was “immeasurably wonderful,” and that she cannot fully express her gratitude.

Olson believed she was suffering from food poisoning. When she also began experiencing chest pain in her motel room, her friend called 9-1-1. When paramedics arrived, Olson was unresponsive and asystolic.

Efforts to revive her included advanced ACLS techniques, but despite these measures, there was no response. During the resuscitation effort, a new mechanical CPR device being evaluated by **Whatcom Medic One** was attached to Olson. This piece of equipment, called the LUCAS Chest Compression System, is designed to precisely and effectively compress and expand the chest in an attempt to circulate blood when the heart is unable to do so.

In Olson’s case, the device was so effective she began to regain consciousness when the device was operating, a very rare occurrence in out-of-hospital cardiac arrest situations. When the device was turned off briefly to perform further medical procedures, she would become unconscious again.

Given the effectiveness in maintaining Olson’s circulation with use of the LUCAS device and advanced airway management, paramedics rapidly transported Olson to the **PeaceHealth St. Joseph** emergency department with the device still providing automated CPR and keeping her alive.



At PeaceHealth St. Joseph, she was taken to the Cardiac Catheterization Lab, with the CPR device still in operation, where Dr. William Lombardi cleared a blockage in her left anterior descending coronary artery.

“This was a ‘perfect storm’ of so many good things coming together for the best outcome, and a great example of how well we do things in this community,” Lombardi said. “It demonstrates how a well-run system, as ours is – from first responders to the cath lab to the ICU – can save lives. Everything happened the way it should, with many people making a difference, doing the right thing at the right time in the right way. We have a wonderful, high-level EMS system, great technology, and a cath lab crew that can triage quickly and accurately to provide the most successful care.”

Today, Olson is alive and well with normal neurologic function.

“This outcome is another example of saving lives with the use of cutting edge medical technology and the dynamic paramedic care that Whatcom Medic One is famous for,” said Bellingham Fire Chief Bill Boyd, whose department operates Whatcom Medic One. “But this story isn’t just about technology, it’s about people working together to ensure that anyone in Whatcom County has access to first class emergency care, from the moment we receive a 9-1-1 call, through the hospital emergency department, and until a patient like Nancy Olson goes home – alive and well.” \*

## International EMS Competition Held in Czech Republic

Francis Mencl, MD, MS, FACEP, FAAEM

From humble beginnings in 1997, when 11 Czech and Slovak EMS squads competed, the Rallye Rejviz ([www.rallye-rejviz.com](http://www.rallye-rejviz.com)) has grown to this year’s event which attracted 77 teams from 16 different countries! Teams are dispatched in ambulances along a predetermined route, often travelling 15 or more miles through spectacular countryside. Along the way they have to tackle a variety of scenarios some located outdoors, others in various businesses or in people’s homes and basements! Live victims are used as often as possible to add to the realism.

This year teams were divided according to levels of provider (physicians or medics/nurses) and into local (Czech and Slovak) and international groups. The resulting division into four separate categories made judging a lot easier as the largest competition had 26 teams competing. It also guaranteed more winners, including a USA team from Flagler County, Florida, which won first place in the international paramedic division. The USA Team beat out teams from seven other countries, including the Netherlands, the UK, Greece, Lithuania, Germany, Austria and the Czech Republic. Even the judging was international with seven nationalities being represented among the judges!

Taking part were an additional 11 teams of medical students and 26 teams of dispatchers. Getting medical students involved ensures a continued interest and better understanding of EMS among future generations of physicians. \*

# Wilderness Medicine, Disaster and Humanitarian Response

*Drs. Vicki Mazzorana and Cindy Bitter*

The Wilderness Medical Society (WMS) presented a first-of-its-kind conference, “**Wilderness Medicine, Disaster and Humanitarian Response**,” at the annual meeting in Snowmass, CO, on July 29-30. This conference was co-chaired by Drs. Vicki Mazzorana and Cindy Bitter.

Experts in the field of disaster and humanitarian response taught the conference. The main objective of the conference was to help our health care professionals acquire the academic foundation and clinical skills to provide effective care to risk populations in disasters or resource limited environments. Participants also learned to sustain themselves and not becoming casualties as well.

Participants received a *Certificate of Achievement* indicating successful completion of basic Disaster and Humanitarian Relief training. The conference was a huge success, with 104 attendees including EMTs, SAR personnel, aid workers,

nurses, NPs, PAs, medical students, residents and physicians from several countries.

The WMS is internationally recognized as the preeminent academic authority in practicing medicine in austere environments and/or with limited resources. WMS is uniquely qualified to deliver the hands on skills as well as knowledge that empower individuals to adequately perform in these environments.

Due to the huge success of this conference, it will be held again in Whistler, Canada July 13-17, 2012.

The National Association of EMS Physicians® (NAEMSP®) and the WMS are also co-sponsoring a Medical Directors Certification Course which will run as a unique concurrent track within the Desert Medicine Conference in Tucson, AZ on November 3-7, 2011. \*

## EMS Culture of Safety Conference

*Patrick R. Elmes*

**T**he EMS Culture of Safety held a National Conference in Washington. The purpose was to develop a culture where safety is at the forefront of every provider’s actions from the EMS Manager to crew members working on the street. This new Strategy will focus on all aspects of EMS, patient safety, provider safety and the safety of the general public.

The project is being jointly funded by both NHTSA and HRSA EMSC. This effort was initiated by a recommendation from the National EMS Advisory Council (NEMSAC).

The American College of Emergency Physicians (ACEP) is leading this effort with assistance from an 18-member steering committee made up of national EMS organizational representatives. Dr. Sabina Braithwaite is chairing the Steering Committee. NAEMSP®’s past Presidents, Dr. Ted Delbridge and Dr. Bob O’Connor, are serving as ACEP’s Board Liaison to the project.

The conference was the first major step in developing initial drafts. A number of drafts of Strategy documents will be developed over the coming year with a final National Review Meeting to be held in May 2012. The draft documents will be readily available for review by the Steering Committee and the EMS community at large.

You can find additional information on the project and follow its progress at [www.emscultureofsafety.org](http://www.emscultureofsafety.org). Drafts of the Strategy document will be posted and comments can be submitted to this site as well. You can also join the EMS Culture of Safety Facebook page to track progress and comment on the project.

A podcast of the National Conference can be viewed at: <http://www.mediccast.com/blog/acep/>

The podcast contains interviews of many of the presenters, as well as NHTSA and HRSA EMSC staff. \*

# Emergency Medical Services and Medical Directors Workshop

Maeve Pek, Research Coordinator

The two-day Emergency Medical Services (EMS) Leaders and Medical Directors workshop held July 2011 at Rajavithi Hospital in Bangkok, Thailand, recorded almost 40 participants this year from across the region: Philippines, Korea, Singapore, Malaysia, Japan, Pakistan, United Arab Emirates, etc. The workshop's director, Marcus Ong from Singapore, and co-directors, Mr. Jerry Overton from the United States and Dr. Somchai Kanchanasut from Thailand, kick-started the beautiful Saturday morning with great enthusiasm from the participants.

The workshop welcomed several new speakers: Dr. Darren Walter (United Kingdom), Dr. Ronald Pirrallo (United States), Dr. David Cone (United States) and Dr. Axel Siu (Hong Kong). It was indeed an international stellar cast of speakers, featuring some of the top experts in EMS.

Eight interesting and informative lectures were given by the faculty during the workshop. The lectures covered everything under the EMS sky, from dispatch and finance fundamentals, to data and quality improvement concepts, benchmarking, essential elements of EMS, and EMS research, medical direction, training, and education.

We saw participants in small group sessions engaging in heated discussion about practical issues in medical direction, such as ambulance diversion, refusal of medical assistance, handling medico legal cases and the media. Case scenarios, prepared by Dr. Axel,



The participants engaging in lively discussion about practical issues in medical direction with Dr. Ron Pirrallo, NAEMSP® President.

encouraged critical thinking and posed some serious practical problems to the participants. The faculty led the discussions and everyone gave their two cents' worth based on their experiences with the different EMS systems in their respective countries.

After a long day of lectures and friendly banter, the faculty was lined up to take "live-firing" from the audience. Difficult questions and issues the participants faced in their EMS careers, were posed to the faculty. The faculty shared valuable knowledge from their own experiences and gave the participants some food for thought with regard to delivery of EMS.

Professor Marcus Ong gave an interesting anecdote of his own experience with

EMS and drove home the message of the importance of a "never-say-die attitude" because opportunities for change will come if you persevere long and hard enough.

The workshop was a successful one, thanks to the contributions of the faculty, the participants, all the helpers at Rajavithi Hospital and the workshop's sponsor, ZOLL Medical Corporation. The participants gained valuable insight into EMS from some of the best experts in the field and at the same time, found camaraderie with each other and knew that they were not alone in their struggles with EMS. \*

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# Expert Consensus Meeting on Cardiopulmonary Resuscitation (CPR) During Ambulance Transport

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**T**he Asian EMS Council is hosting the “Expert Consensus Meeting on Cardiopulmonary Resuscitation (CPR) during Ambulance Transport” in Seoul Korea from August 23–24, 2011. The meeting is endorsed by the National Association of EMS Physicians.

Giving CPR during transport is very common in East Asian EMS systems including Korea, Japan, Hong Kong, Taiwan, and Singapore. These systems do not allow EMS providers to stop CPR at the scene if there is no return of spontaneous circulation.

Previous literature has focused on CPR at the scene by paramedics or physicians. Ambulance CPR is very difficult, dangerous, and not apt to be highly efficient. An expert consensus and recommendation guidelines are sought. Twenty EMS experts from 7 countries (Korea, Japan, Taiwan, Singapore, Thailand, Malaysia and USA) will attempt to form a consensus.

Hopefully evidence-based CPR guidelines during ambulance transport will be established. \*

The main topics and subjects in the meeting are as followings:

1. What is the difference between Asian versus non-Asian EMS?
2. How long should CPR be done at the scene before transport?
3. How can quality CPR be administered during transport to ambulance on stretcher?
4. How many providers are needed for quality CPR?
5. What is the best method for preventing provider injury during ambulance transport?
6. What kinds of alternative CPR method are available for ambulance CPR?
7. What time intervals for analyzing rhythms by AED are appropriate during ambulance transport?
8. What is the best method to measure quality CPR during ambulance transport?
9. Are the mechanical CPR devices an acceptable alternative for manual CPR during ambulance transport?
10. What is the best method for airway management and ventilation during ambulance transport?

## EXECUTIVE OFFICE STAFF LISTING

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

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*Grants Project*  
*Manager,*  
Stephanie Newman

*Meeting Planner,*  
Megan Finnell  
*Administrative Assistant*  
Diane Conner



# Nomination for 2011 Awards

**Due Date: October 3, 2011**

Candidate's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Your Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## **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, Dr. William Jermyn, Dr. Daniel Spaite, and Dr. Debra G. Perina.

### **■ 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, Dr. Robert O'Connor, Dr. Douglas Kupas, and Dr. Brian Schwartz.

### **■ Friends of EMS Award**

This award is presented to an 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), William Ball (GM OnStar), and Gary Freeman (ZOLL Medical Corporation).

## **REASON FOR NOMINATION (attach separate page if necessary):**

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\_\_\_\_\_  
\_\_\_\_\_

*Please submit form by October 3, 2011 to:*

NAEMSP®, Attn: Stephanie Newman at [SNewman@goAMP.com](mailto: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 October 3, 2011.



## NAEMSP®—ZOLL EMS Resuscitation Research Fellowship



In recognition of the need for trained researchers specializing in prehospital resuscitation and the need for improving the care of patients requiring resuscitation, the National Association of EMS Physicians® and ZOLL have collaborated to create the NAEMSP®-ZOLL EMS Resuscitation Research Fellowship.

### **Purpose:**

The purpose of this two-year fellowship is: 1) to prepare and train individuals for a career in prehospital resuscitation research and to serve as a stepping stone for individuals to become independent prehospital resuscitation researchers; 2) to expand the commitment of academic institutions to prehospital resuscitation research; and 3) to expand the field of prehospital resuscitation research.

This fellowship will support the development of research skills and the completion of a resuscitation research project under the supervision of an experienced mentor. Completion of this fellowship should prepare individuals to become independent with sustained extramural funding.

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**Eligibility:** The Resuscitation Fellowship consists of the Applicant, the Mentor, and the Institution. All three must meet basic criteria:

#### *Applicant —*

The applicant for the Resuscitation Fellowship must be a junior faculty member (position below Associate Professor, within 10 years of completing residency or fellowship training, and have no R01-level or similar awards) and hold a terminal degree (MD, DO, PhD, PharmD, etc). Preference will be given to residency trained Emergency Medicine physicians, but non-physicians and physicians not trained in Emergency Medicine may also apply.

#### *Mentor —*

Mentorship is a critical component of this Research Fellowship and a well-qualified mentor must be identified. The mentor should be an accomplished investigator in resuscitation research, with a track record in publishing studies, obtaining grant funding, and mentoring. A primary mentor should be identified who will, with the applicant, be responsible for planning and completing the Research Fellowship. Co-mentors may be identified as appropriate. Mentorship committees are strongly encouraged due to the interdisciplinary nature of prehospital resuscitation research, but a primary mentor must be identified.

#### *Institution —*

Any institution in the United States or Canada may apply for the Research Fellowship as long as it 1) is university-based or linked to an academic institution; 2) has an active prehospital resuscitation research program; and 3) sponsors an ACGME- or Royal College of Physicians and Surgeons of Canada- approved Emergency Medicine residency program. Institutions that can demonstrate a track record of extramural competitive grant funding; dedicated funds, space, and support staff; and interdisciplinary research will receive preference.

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## Details and Expectations of the Award

The NAEMSP®-Zoll EMS Resuscitation Research Fellowship is a two-year award (July 1-June 30) that makes available up to \$80,000 per year. None of these funds may be used for facilities and administrative costs (“indirects”). A maximum of 75% of the funds (\$60,000 per year) may be allocated for salary and benefits support for the fellow. The remainder should be used to support research such as supplies, equipment, research assistant, education and travel costs. No funds may be used for mentorship salary, secretarial support, renovations. A complete budget must be submitted with the application.

The resuscitation research project should be identified and clearly described in the application for the Fellowship. For guidance, applicants should review the National EMS Research Agenda, the EMS Outcomes Project, the EMS-C Five-Year Plan, and other published priority-setting consensus documents to identify aspects of resuscitation in need of research.

During the fellowship, the recipient of the award will be expected to:

1. work no more than 12 hours per week on clinical activities;
2. attend the NAEMSP® Annual Meeting each year of the fellowship;

During or within one year of completion of the fellowship, the recipient of the award will be expected to:

1. submit an abstract for review and presentation at the NAEMSP® annual meeting;
2. submit at least one manuscript from the research project to Prehospital Emergency Care.

The recipient of the award will submit progress reports every six months during the fellowship period and one year after completion of the fellowship to the NAEMSP® Research Committee. Completion of these requirements are the responsibility of the applicant, mentor(s), and institution. Failure to adhere to these expectations can lead to termination of the award.

Funds will be distributed annually based upon the progress reports submitted to NAEMSP®.

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## Selection Guidelines

Nominations will be reviewed and selections made by NAEMSP®. A review committee will be selected from the NAEMSP® Research Committee and will be appointed by the Chair of the Research Committee and approved by the NAEMSP® President. This group will review the application based on the following:

1. merit and feasibility of the proposed research;
2. impact of the study on resuscitation;
3. the applicant’s interest in pursuing a career in prehospital resuscitation research;
4. the strength of the mentor(s);
5. the strength of the institutional support;
6. the strength of the research environment;
7. appropriateness of the budget request.

The recommendations of the review committee will be submitted to the NAEMSP® Board along with written critiques of each application. The Board will make the final award decision based on the review committee’s recommendation.



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## Application Process

**The application will be due to NAEMSP® by November 20, 2011 for the award to start on July 1, 2012.** Only electronic submissions will be accepted. Submissions can be emailed to [info-naemsp@goamp.com](mailto:info-naemsp@goamp.com). The PHS 398 forms (available at [www.nih.gov](http://www.nih.gov), revised 4/2006) will be used for the application, using the instructions for the K-Awards, with the modifications listed here.

1. Under Section II of the PHS 398 form, 1A-1D and 4A-4D combined must be no longer than 20 pages.
2. Of the three letters of reference submitted with the application, one must come from the applicant’s current department chair.
3. The appropriate departmental chair or dean for the applicant institution must authorize the letters of institutional support and departmental support.
4. The Checklist page does not need to be submitted.
5. The Other Support page should be submitted for the primary mentor.



# Welcome New Members

Owen Anderson, MD  
Nichole Bosson, MD  
Patrick Ciardullo, NREMT-P, EMS-I  
Chris Cotton, BHSc  
Josiah C. Daily, MD  
Zach Dewar, BSc, PCP  
Eric Ernest, MD, EMT-P  
Francis Fournier, MD  
Douglas A. Garretson  
Scott Goldstein, DO, FACEP, EMT-T  
Joseph R. Haake, MD  
H. Gene Hern, MD, MS  
Eric Herrera  
Christopher Hunter, MD, PhD  
Brooke N. Johnson, DO  
JoAnna Kamppi, EMT-P  
Christopher J. Kreiner, MD  
Leland J. Lancaster, Jr., MD  
William Mangas  
Mischa Mirin, MD  
Steven M. Orr, MD  
Jason M. Schauer, MD  
Daniel L. Schwerin  
Kevin W. Sirmons, MD, NREMT-P  
Robert L. Smith, MD, FACEP  
Eric Wiepert, MD

## Charles George VA Medical Center Asheville, North Carolina

### THREE EMERGENCY MEDICINE PHYSICIANS FOR EMERGENCY DEPARTMENT

The Charles George VA Medical Center in Asheville, North Carolina, has immediate openings for three emergency medicine physicians for our emergency department. Our emergency department is a Level II Emergency Service providing emergency clinical services to approximately 14,000 patients per year. Ideal candidates will be board certified in Emergency Medicine, Internal Medicine or Family Practice and have at least three (3) years experience in emergency medicine. Equivalent experience candidates will be considered.

For specific information related to the position contact:

**Jim Johnson, MD**  
**828-298-7911, x4039**

Negotiable recruitment/relocation incentive being offered.

### FELLOWSHIP IN EMERGENCY MEDICAL SERVICES AND DISASTER MEDICINE AT UCSF

University of California, San Francisco, Department of Emergency Medicine is seeking applicants for a fellowship in Emergency Medical Services and Disaster Medicine for July 1, 2012. Fellows will serve as HS Clinical Instructors at San Francisco General Hospital, a Level 1 Trauma Center with 65,000 visits yearly and a fully implemented 4 year Emergency Medicine residency.

This fellowship offers both 1 and 2 year options. The program combines EMS with Emergency Management/Disaster Medicine while working with the SF EMS Agency. There are opportunities to work with externally funded faculty as well as take part in the EMS education of local paramedics and the UCSF EM residents.

The two-year program offers a master's degree, typically in Public Health or Clinical Research among others. Salary is commensurate with PGY level. Completion of an ACGME accredited EM residency is required prior to start. Send CV, Statement of interest and three letters of recommendation by September 1, 2011 to:

Karl Sporer, MD  
c/o Eve Phongsasavithes  
Department of Emergency Medicine  
505 Parnassus Avenue, Room M-24  
Box 0203  
San Francisco, CA 94143-0203  
[Karl.Sporer@emergency.ucsf.edu](mailto:Karl.Sporer@emergency.ucsf.edu)

# EMS Calendar

*Mark your calendar and  
make plans now to attend!*

**October 12-13, 2011 – Advanced HAZMAT Life Support (AHLS) Provider Course**, Alliston, Ontario, Canada, [www.ahls.org](http://www.ahls.org)

**November 3-7, 2011 – Wilderness Medical Society (WMS) Desert Medicine Conference**, Tucson, AZ, [www.wms.org/conferences](http://www.wms.org/conferences)

**December 4-9, 2011 – IEME – Current Concepts in Emergency Care**, Maui, HI, [www.ieme.com](http://www.ieme.com)

**December 5, 2011 – CONTOMS (Counter Narcotics and Terrorism Operational Medical Support) Medical Directors Course** is an eight-hour course designed for physicians and others who provide medical control for pre-hospital personnel operating with tactical law enforcement teams. Sponsored by the U.S. Dept of Health and Human Services and the U.S. Park Police, this course details the rationale and scientific basis for modified standards and scope of practice in the tactical environment, including background for TEMS practice, modifications in medical procedures and philosophy for care in the tactical environment. TEMS Protocol development, step-by-step development of a TEMS program, quality assurance mechanisms, the role of the physician in TEMS, controversial issues in TEMS and the tactical commander's perspective on TEMS. Register August 1 – October 31 for the December 5 course. Course location: Alexandria VA. <http://www.nps.gov/uspp/2Yu9mcom.htm>

**January 12-14, 2012 – NAEMSP® Annual Meeting, Specialty Workshops, Scientific Assembly and Trade Show**, JW Marriott Starr Pass Resort & Spa, Tucson, AZ, [www.NAEMSP.org](http://www.NAEMSP.org)

*Be sure to check out the most updated version of the EMS Calendar at [www.NAEMSP.org](http://www.NAEMSP.org)*

**2012**  
**ANNUAL MEETING**  
SPECIALTY WORKSHOPS,  
SCIENTIFIC ASSEMBLY  
AND TRADE SHOW

NAEMSP  
MEDICAL COLLEGE OF WISCONSIN  
CME program

**SAVE THE DATE**  
JANUARY 12-14, 2012 TUCSON, AZ