



# News

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No. 3



## President's Corner

DAVID C. CONE, MD

### *Prehospital Medicine: Clinical Practice and Systems Oversight Begins to Take Shape*

Those of you who attended the awards luncheon at our annual meeting in Naples this past January heard me talk about my two main goals as president over the next two years: make meaningful progress in the direction of subspecialty certification in prehospital medicine, and complete the fourth edition of the Association's textbook, *Prehospital Systems and Medical Oversight* (PSMO).

It is our formal goal to have the fourth edition published and available to the students who take the NAEMSP® National Medical Directors Course & Practicum® at the January 2009 annual meeting in Jacksonville, Florida. This is an ambitious goal, but one that I believe we can achieve. The background work has already been completed, as the PSMO Business and Publication Committee, chaired by Dr. Bob Bass, has completed the editor and author contract templates, and has begun work with our publisher, Kendall/Hunt. The NAEMSP® board of directors has appointed three co-editors: myself, Dr. Ray Fowler, and Dr. Bob O'Connor. We are currently in the process of recruiting section editors, and will shortly begin recruiting chapter authors.

The biggest changes you will see in the fourth edition are a new title, and a new four-volume format. The first two volumes of *Prehospital Medicine: Clinical Practice and Systems Oversight* will consist of expanded material from the current third edition of PSMO. Volume One will focus on clinical issues (such as "automated defibrillators" and "pediatrics"), and Volume Two will focus on systems issues (such as "communications" and "risk management"). Volume Three will be the current *Improving Quality in EMS* textbook, edited by Bob Swor and Ron Pirrallo. Since the second edition of this NAEMSP® text was just published in 2005, it will become Volume Three of PM:CPSO essentially unchanged. It will then be updated and revised on the same cycle as the future fifth edition of the rest of the textbook

set. Volume Four will be a completely new text on special operations EMS, and will be headed up by Bill Hauda, Craig DeAtley, and Sandy Bogucki on behalf of the NAEMSP®

#### Operational EMS

Committee. This volume will include chapters on several topic areas from PSMO/3, such as hazardous materials and tactical EMS, as well as new material. The committee has already completed an outline of the chapters to be included, and the editors are recruiting authors.

Once completed, the option will exist to purchase either the full four-volume set, or individual volumes à la carte. As with PSMO/3, a CD-ROM will be included with the full content of the books, to simplify searches for specific material. Pricing has not been set, and will depend primarily on the page count and the use of color.

In order to meet our goal of the full four-volume set available for the January 2009 meeting, we anticipate a deadline for submission of chapters to the section editors on or about 29 February 2008. This will allow adequate time for review, editing, revision, and working to eliminate redundancy between and among chapters. Several of the section editors from PSMO/3 have already agreed to return, but others have declined as their careers have taken them in different directions. We suspect that the same will occur with chapter authors. Member input regarding solid selections for both section editors and chapter authors are welcomed. A key attribute we will be looking for in both section editors and chapter authors is the ability to adhere to deadlines.

In the next issue, I will talk more about the subspecialty certification issue. \*



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Join us for the  
**2007 Resuscitation Science Symposium!**

November 3-4, 2007  
Orange County Convention Center  
Orlando, Florida

**2007 Abstract Submission**

The American Heart Association maintains the highest standards for abstract acceptance and program development.

Late-Breaking Clinical Trial Abstract Submission  
June 4-29, 2007 – 5:00PM CDT

Late-Breaking Basic Science Abstract Submission  
Open September 2007

The **National Disaster Life Support (NDLS) Education Consortium** held its inaugural meeting on May 1 in Washington DC. The meeting included public and private stakeholder organizations, including NAEMSP®, who have an interest in disaster preparedness, professional education and curriculum development. The NDLS education consortium is jointly sponsored by the American Medical Association (AMA) and the NDLS Foundation. The meeting was convened by the AMA and the goal was to create a multidisciplinary consortium that will regularly review and critique the NDLS courses. The ultimate goal is to establish nationally recognized, standardized, multidisciplinary curricula for training health professionals and others to respond to a disaster in a coordinated manner using an all-hazards approach.

As part of this meeting, the core concepts of the Advanced Disaster Life Support Program were reviewed and the need for revisions was discussed. The University of Illinois and the University of Nebraska NDLS training centers presented data on their effectiveness. During a breakout session small groups conducted SWOT (Strengths, Weaknesses, Opportunities, and Threats) analyses of each of the NDLS programs. Finally, presentations were made by Morris Reece, Regional Hospital Preparedness coordination, on the Medical and Public Health Response to the Virginia Tech Event: the Advantage of Training and by Yotan Barneis, Director and Lead Instructor of Military Training on Methods of Military Training in the Israel Defense Forces.

NAEMSP® has entered into a subcontract with the Medical College of George to participate in a HRSA grant for review of the ADLS Process. E. Brooke Lerner will be representing NAEMSP® on this contract.

*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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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.

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Email: cglushak@axa-assistance.com

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**Copy Deadlines:** October 2007 issue: August 8



*Welcomes*  
**New Members**



Joseph B. Dente, Jr., MD  
Edgar G. DesChamps, III, MD  
Jonathan Drake, MD  
Matthew H. Evenhouse, MD  
Rob Grierson, BSc(MED), MD, FRCPC  
Scott B. Murray, MD  
Jon Pazevic, DO, FACOEP  
Ian Phelps, MD, CCFP, EMT-P  
Richard A. Schmitt, MD, EMT  
Michael P. Sullivan, MD  
Erin Weldon, BSc, MD, FRCPC  
John R. Zartman, BS, NREMT-P, PI

Christopher L. Baker, MD  
Veronica Bedoyo  
Janet Bernard  
Clifford Chapin, MD  
Sherri Anne Clewell, DO  
Travis Coates, MD  
Joseph S. De James, MD, MA, FAAFP  
Steve Delahousey, RN, REMT-P

**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

# Committee Updates

David FE Stuhlmiller, MD  
2007 Chair, Air Medical Services Committee

In February 2007 in a report to the Chairman, Subcommittee on Aviation, Committee on Transportation and Infrastructure, House of Representatives, the General Accounting Office published GAO-07-353 entitled Aviation Safety: Improved Data Collection Needed for Effective Oversight of Air Ambulance Industry. This sixty-two page document found at [www.gao.gov/cgi-bin/getrpt?GAO-07-353](http://www.gao.gov/cgi-bin/getrpt?GAO-07-353) raised concerns regarding the current challenges surrounding air ambulance safety in the United States. First, the air medical industry grew significantly from 1998 to 2005 concomitant with an increase in the number of accidents, yet no entity has an accurate accounting of the total air medical transports in the United States because no entity collects this information, no mechanism currently exists to collect the information, and there are no regulations mandating reporting of this information. Therefore, calculating the air medical accident rate is impossible, since the denominator represented either in number of flights or flight-hours is unknown. Thus no one can truly determine if the air medical community is becoming more or less safe. Secondly, the Federal Aviation Association (FAA) does not have enough investigators to regulate the community and those investigators do not have enough expertise in the air medical field to understand the nuances and differences between air medical safety and other on-demand air taxi Part 135 operations. Thirdly, despite taking steps to address these concerns in the form of committees, and meetings with community leaders, the FAA has not collected data to determine the significance of these endeavors. Recommendations were made and accepted for consideration by the Department of Transportation, as taken directly from this document: GAO recommends that FAA (1) identify the data necessary to better understand the air

ambulance industry and develop a systematic approach for gathering and using this data and (2) collect information to evaluate the effectiveness of voluntary FAA guidance.

In March 2007, the Association of Air Medical Services (AAMS) held its "Spring Conference" in Washington, DC concentrating on governmental relations. The top three items addressed, were, first the Centers for Medicare and Medicaid Services changed the designation of certain zip codes from rural to urban in May 2006 with an associated decrease in reimbursement for air medical transports originating from these zip codes. Second, AAMS is asking the FAA to reauthorize the exemption on federal excise taxes for passengers and fuel during air medical transport. Third, AAMS requests more House Representatives join the Congressional Air Medical Caucus that meets quarterly. Further information on these and other governmental issues is available for review at [www.aams.org/Content/NavigationMenu/MemberServices/GovernmentAffairs/default.htm](http://www.aams.org/Content/NavigationMenu/MemberServices/GovernmentAffairs/default.htm).

In April 2007, the Air & Surface Transport Nurses Association (ASTNA), the Air Medical Physician Association (AMPA), and the International Association of Flight Paramedics (IAFP) held the 2007 Critical Care Transport Medical Conference (CCTMC) in San Antonio, TX. Educational topics discussed included conducting transport research, the future of pain management, and best practices management of hypertension. The next CCTMC will be held again in San Antonio from March 31 to April 2, 2008.

In May 2007, the Senate Commerce, Science, and Transportation Committee proposed Senate Bill 1300, the Aviation and Modernization Act of 2007. Included in this bill are provisions in Section 508 to authorize the FAA to require all

medical helicopters comply with Part 135 operating regulations on all flights in which medical crew are on board, train air medical communication specialists as scheduled airline dispatchers, comply with a standardized risk assessment evaluation, mandate deployment of terrain alert warning systems (TAWS), and require cockpit voice and data recorders in a very limited time frame, sixty days. AAMS has begun to lobby against passage of this bill.

From our own NAEMSP® Air Medical Services Ad Hoc Committee, the official Position Statement regarding the importance of On-site Helipads has been adopted by the Board and the Resource Document is in final draft, publication is planned for October 2007 *Prehospital Emergency Care*. Our effort to generate one physician voice for air medical transport continues to develop; we plan to examine the position papers from other professional societies representing air medical transport and determine which are appropriate for NAEMSP® to support. Six Ad Hoc Committee members have volunteered their time; more are needed so please contact me at [dstuhlmiller@airmethods.com](mailto:dstuhlmiller@airmethods.com) if you have energy to contribute. Finally, all members of the committee are encouraged to participate with the Critical Care Transport Collaborative Outcomes Research Endeavor, the CCT CORE. Congratulations to Stephen Thomas, MD, Boston Medflight, for securing a Foundation for Air Medical Research and Education (FARE) grant to develop a central secure database so critical care transport programs can collect data to be pooled for analysis, realizing that by working together as a community, we can enroll enough patients in medical research trials for meaningful statistical analysis. Outcomes research is needed in every field, especially air medical transport. Go to [cctcore.org](http://cctcore.org) today to join (note no www). \*

Advocates for EMS members have been busy conducting meetings with House and Senate offices on its top priorities for fiscal year 2008. Those priorities include, increased first responder funding for EMS within the Department of Homeland Security, funding for the National Emergency Medical Services Information System (NEMSIS) and a request to have the Federal Emergency Management Agency (FEMA) clarify in guidance that non-government ambulance services are eligible for reimbursement when there is a federally declared disaster.

The budget resolution includes \$1.1 trillion in discretionary spending for appropriations bills, which is an overall increase of \$24 billion (+2.2%) over last year, including a \$19 billion decrease (-1%) for defense and a \$44 billion increase (+8%) for non-defense spending. The resolution includes the president's defense and war cost request by recommending \$145 billion for Iraq in 2008 and \$50 billion in 2009. The resolution includes an additional \$50 billion over five years for an expansion of children's health care (SCHIP), and \$7 billion in additional funds for veterans' health care. The budget includes \$55 billion for the discretionary health programs, which is an increase of \$2.8 billion (+5.4%) over FY 2007 funding for the Public Health Service agencies – National Institutes of Health (NIH), the Food and Drug Administration (FDA), the Health Resources and Services Administration (HRSA), the Centers for Disease Control and Prevention (CDC), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Indian Health Service (IHS), and the Agency for Healthcare Research and Quality. The budget resolution also provides an increase of \$9.5 billion in discretionary funding for education and training.

Now that the top line spending limit has been established by the budget resolution, the Appropriations Committee can decide individual subcommittee allocations that are required before bills can be drafted. The Labor, Health and Human Services and Education (Labor-HHS) Appropriations bill is likely to mark up in the House Subcommittee soon after Memorial Day. The Senate is tentatively scheduled to mark up this bill in mid-June. The Congress is also trying to complete action on the second Iraq War supplemental appropriation bill after the President vetoed the first bill over the inclusion of the timeline to withdraw the troops.

Currently, the Appropriations Committees in the House and Senate are holding oversight hearings on programs and their funding levels. The Appropriations Subcommittees will begin marking up bills that fund the varying federal agencies beginning in May. The Chairman of the Appropriations Committee in the House of Representatives, David Obey (D-WI), would like to have all 12 appropriations bills through the House by the 4<sup>th</sup> of July congressional recess.

In addition, a top priority for Advocates for EMS has been establishing a Congressional EMS Caucus. A Congressional Caucus is a number of members of congress who work together in support

of an issue or set of issues. Advocates members have recruited two Democrats, Congressman Dutch Ruppersberger (MD) and Congressman Tim Walz (MN) to Co-Chair the EMS Caucus. Discussions are underway with a number of Republican offices to become the other Co-Chair of the Caucus. Advocates and its member organizations are excited about the prospect of an EMS Caucus as it gives those organizations an automatic base of members to approach when asking for support for issues such as first responder funding, Medicare and Medicaid issues, and funding for NEMSIS and EMS research.

There are two pieces of legislation that Advocates for EMS and its member organizations have followed through the legislative process. Those include the Stroke Treatment and Ongoing Prevention Act or STOP Stroke Act. The STOP Stroke Act would help ensure that stroke is more widely recognized by the public and treated more effectively by healthcare providers by authorizing a grant program to help states ensure that patients have access to quality stroke prevention, treatment and rehabilitation services; a national public awareness campaign to educate the public about stroke warning signs and how stroke can be prevented; the Coverdell Stroke Registry and Clearinghouse to collect data and share best practices; and a grant program to educate medical professionals in newly developed diagnostic approaches, technologies and therapies.

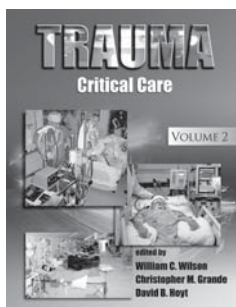
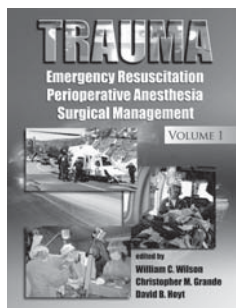
In addition, Advocates and its members have been following the renewal of the Trauma Care Systems Planning and Development Act program. Since 1990, the program has provided \$31.4 million to help states and territories develop and implement statewide trauma care systems. The legislation provides for increased funding for states to develop and improve their trauma systems, including targeted money to rural areas. It also improves the collection and analysis of trauma patient data to improve overall care for patients and provides for a self-evaluation mechanism to assist states in assessing and improving their trauma care systems. Finally, the bill creates a separate competitive grant program for states that have already begun the process of establishing a trauma care system using national standards and protocols. The Trauma Care Systems Planning and Development Act was signed into law by the President on May 3<sup>rd</sup>, 2007. The STOP Stroke Act has passed the House and is currently before the Senate Health, Education, Labor and Pensions Committee for consideration.

Emergency department overcrowding continues to be a topic of discussion among the Administration and on Capitol Hill. Last year, the House Ways and Means Committee and the Senate Health, Education, Labor and Pensions Committee held hearings on the Institute of Medicine's "Future of Emergency Care" reports. To address this, Kevin Yeskey, Director of the Office of Preparedness and Emergency Operations at HHS, stated to Advocates Board Members during a strategic planning session and during a recent interview with *Newsweek* magazine that the Office has established a working group of representatives from all of the department's

divisions to study the IOM reports. The working group is currently studying three recommendations. Those three recommendations include the establishment of a lead agency for emergency medical services, the establishment of regional emergency care systems and additional funds for research on emergency care. HHS also has sought to improve preparedness for large disasters in EDs.

In addition, the House Oversight and Government Reform Committee Chair Henry Waxman (D-Calif.) said that in mid-June the Committee plans to hold a hearing on "the federal government's failure to address the crisis in emergency care." The House Homeland Security Committee and House Ways and Means Committee have also expressed their intent to hold hearings on the issue.

Advocates will continue to monitor developments from these hearings and will continue to work to build support for its top priorities throughout the upcoming months as the legislative and appropriations process moves forward. Please contact Lisa Meyer at Cornerstone Government Affairs at (202)448-9500 or [lmeyer@cgagroup.com](mailto:lmeyer@cgagroup.com) if you would like more information on any of Advocates for EMS' activities or have questions on specific pieces of federal legislation affecting EMS providers. \*



## Trauma 2 Volume Set Emergency Resuscitation, Perioperative Anesthesia, and Surgical Management, Volume 1 Critical Care, Volume 2

Edited by

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7625 Empire Drive, Florence, KY 41042 USA

# Emergency Medical Services for Children: An EMS Physician's Role

Ken Allen and Suzanne Sellman, EMSC National Resource Center

As many physicians know, when it comes to an emergency, children are not little adults. Due to their physical, behavioral, and emotional responses, they present special challenges for those providing medical care.

## EMSC: An Historical Perspective

To help prepare providers to appropriately respond to these special challenges, Congress created the Emergency Medical Services for Children (EMSC) Program.

Established in 1984 and administered by the Health Resources and Services Administration's Maternal and Child Health Bureau, EMSC is the only federal program that focuses on improving the quality of emergency care for children. It builds on existing emergency medical services (EMS) systems, many of which are focused on adult emergency care.

Since its establishment, the EMSC Program has funded grants to all 50 states, the District of Columbia, and six U.S. territories. Through its EMSC State Partnership grants, the Program helps grantees establish EMSC programs within their states. In 2004, the EMSC Program – in collaboration with federal, state, and national organization partners – identified performance measures (outcome goals) for each Partnership grantee to achieve. This article focuses on what EMS physicians can do to help states reach those measures.

## EMSC State Partnership Performance Measures

Each state is required to collect data that shows their progress towards the performance measures described in the box on the next page. These performance measures address the following critical components of an EMSC system: pediatric medical direction, pediatric training for recertification, pediatric equipment on ambulances, facility designation, and interfacility transfer agreements and guidelines. The measures also require grantees to establish permanence of EMSC within the state system.

## Taking Action

What can EMS physicians do to help their states meet the EMSC performance measures?

**Step 1: Take a proactive role in developing and improving the pediatric prehospital protocols in your state for both on-line and off-line medical direction.**

Many resources are available from the EMSC National Resource Center to assist you in protocol development. These resources can be accessed at <http://mchb.hrsa.gov/emsc>. Example resources include: a Medical Direction Toolbox that compiles web resources on EMS medical direction and includes a pre-populated PubMed search string. The website also contains updated information on federal and private funding opportunities related to EMSC.

Direct links to a multitude of resources developed by EMSC, NAEMSP®, and the American College of Emergency Physicians are also available through this website, including information about NAEMSP®'s Model Pediatric Protocols and EMSC's webcast "Improving EMS Medical Direction for Pediatric Patients."

**Step 2: Help identify which of the facilities in your area are best able to treat children with severe illnesses and injuries?**

EMS physicians play a pivotal role in assessing a hospital's pediatric capabilities and communicating this information to those in the prehospital field. Work with your state EMSC program to establish a pediatric medical emergency facility recognition program. Currently, most facility recognition programs follow a three-tier designation system: Emergency Department Approved for Pediatrics (EDAP); Stand-by Emergency Department Approved for Pediatrics (SDAP); and Pediatric Critical Care Centers (PCCC). To access more information about facility recognition, see the Illinois EMSC program website at: <http://www.luhs.org/depts/emsc/index.htm>.

**Step 3: Advocate for the inclusion of pediatric training in the paramedic re-certification process.**

Since many EMS physicians serve as instructors for paramedic certification and re-certification classes, they have a unique opportunity to help assure that these frontline emergency responders not only know how to take excellent care of kids and their families, but how to feel comfortable and confident while doing so.

The EMSC National Resource Center's Prehospital Provider Toolbox, accessible at <http://mchb.hrsa.gov/emsc>, is the most up-to-date collection of resources on prehospital provider training, including information on PARAMEDIC TRIPP: Teaching Resource for Instructors in Prehospital Pediatrics.

**Step 4: Identify and work with your state's EMSC grantee.**

Currently, the EMSC program funds grants in all 50 states, the District of Columbia, and six U.S. territories. A new requirement for all state EMSC partnership grantees is to establish an EMSC Advisory Committee. For additional information or to serve on this committee, contact your local EMSC grant manager by accessing his/her information through the EMSC website at <http://mchb.hrsa.gov/emsc>. Once there, click on "State Activities".

In addition, grantees are required to incorporate pediatric representation on the state/territory EMS Board. If you are involved on an EMS Board, take a moment to introduce yourself to your EMSC grant representative and involve him/her in your next meeting.

## In Closing...

There are many reasons why EMS physicians should take a proactive role in enhancing the care children receive in an emergency. Perhaps the most important reason is that all efforts, no matter how large or small, will help save a child's life. The ball is in your court. As EMS physicians you have a unique opportunity and a powerful influence on the level of care our children receive. Take this opportunity and run full speed ahead.



## EMSC Performance Measures

Performance Measure 1: The degree to which the state/territory has ensured the operational capacity to provide pediatric emergency care by 2011.

- 90 percent of prehospital provider agencies have on-line and off-line pediatric medical direction at the scene of an emergency for BLS providers and ALS providers.
- 90 percent of prehospital provider agencies have the essential pediatric equipment and supplies outlined in the AAP/ACEP Joint Guidelines for BLS ambulances and ALS ambulances.
- A statewide, territorial, or regional system exists that recognizes hospitals that are able to stabilize or manage pediatric medical and trauma emergencies.
- 90 percent of hospitals have written pediatric interfacility transfer guidelines and agreements.

Performance Measure 2: The adoption of requirements by the State/Territory for pediatric emergency education for the recertification of paramedics.

- The state/territory has adopted requirements for pediatric emergency education for the recertification of paramedics.

Performance Measure 3: The degree to which the State/Territory has established permanence of EMSC in the state/territory EMS system by 2011.

- The establishment of an EMSC Advisory Committee within the State/Territory.
- The incorporation of pediatric representation on the state/territory EMS Board.
- The establishment of an in-state/territory full time equivalent (FTE) for an EMSC manager dedicated solely to the EMSC Program.
- The integration of EMSC priorities into existing EMS or hospital/healthcare facility statutes/regulations.

More information on state EMS offices can be found on the EMSC website at: <http://mchb.hrsa.gov/emsc>.

## AMP/NAEMSP® Relationship Marks 10 Years

Applied Measurement Professionals – Management Services, the management company which manages NAEMSP®, wants to thank NAEMSP® for a great 10 years! We've been honored to serve as your Executive Office – We think we make a great team!

## Get Involved

Are you interested in becoming involved in NAEMSP®? Committee and task force participation is an excellent way to do this. Our experience is that individuals who get actively involved in their professional association have a higher degree of job satisfaction, remain on the leading edge of their practice, and are motivated to perform at higher levels than those who are not involved. If you are interested in being more involved with a committee, or becoming a committee chair, please contact Stephanie Newman, Association Manager as staff liaison at [snewman@goAMP.com](mailto:snewman@goAMP.com). (For the membership committee please contact staff liaison Monica Evans-Lombe, at [mevanslombe@goAMP.com](mailto:mevanslombe@goAMP.com))

## Membership Recruitment

Don't forget to tell your colleagues what membership in NAEMSP® can do for them. We need you to help us grow! Call the NAEMSP® Executive Office at (800) 228-3677 or e-mail us at [info-naemsp@goAMP.com](mailto:info-naemsp@goAMP.com) for membership brochures. Alternatively, let us know to whom we should send a membership brochure on your behalf and we'll take care of it!

## Updated Emails Needed

NAEMSP® Executive Office sends several broadcast emails informing members of important time sensitive information and we do not want you excluded! Please take the time to send your e-mail address to us at [info-naemsp@goamp.com](mailto:info-naemsp@goamp.com). Please be sure that your email is set to accept emails from [goamp.com](http://goamp.com) so that your spam blocking software will not keep you from receiving association updates.

## Website

Have you visited the NAEMSP® website lately? Do you know what you are missing? Visit [www.naemsp.org](http://www.naemsp.org) for the latest updates and resources available!

*Please note our new contact information:*

NAEMSP® Executive Office

Overnight address:

18000 W. 105<sup>th</sup> St.

Olathe, KS 66061

Phone: (913) 895-4611 or 800-228-3677

Fax: (913) 895-4652

As always, please feel free to contact any of our staff at any time if you have any questions or concerns. \*



# Call for Abstracts

National Association of EMS Physicians®  
January 10-12, 2008  
The Pointe Hilton at Squaw Peak Resort  
Phoenix, Arizona

## Call for Abstracts and Submission Rules

### GENERAL INFORMATION

The National Association of EMS Physicians® is calling for abstracts for review for oral and poster presentations at the NAEMSP® 2008 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 out-of-hospital and resuscitation research will be considered including basic science, clinical, health services research, epidemiological, operational, economic, and educational studies. Physicians, research scientists, out-of-hospital care providers, and administrators are all encouraged to submit their work.

All abstracts will be reviewed and scored in a blinded fashion by a subcommittee of the NAEMSP® Research Committee. Papers will be selected for oral and for poster presentation, with 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. Cash awards will be given for Best Resident/Fellow Presentation, Best Scientific Presentation, Best Poster Presentation, and Best EMS Provider Research Presentation. Awards will be presented at the Awards Luncheon at the Annual Meeting.

**ABSTRACTS MUST BE SUBMITTED ELECTRONICALLY** through the dedicated submission site. To do so, visit NAEMSP®'s web site at [www.naemsp.org](http://www.naemsp.org). The abstract submission site will officially open in mid-June 2007.

**ABSTRACT DEADLINE IS FRIDAY, AUGUST 24, 2007.** Abstracts must be received electronically by 12:00 Noon Eastern Daylight Time, on Friday, August 24, 2007. 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](mailto:info-naemsp@goAMP.com).

### ELECTRONIC SUBMISSION RULES

1. Abstracts must be submitted electronically through the dedicated submission site.
2. Without exception, submissions must be received at the NAEMSP® Executive Office in Olathe, Kansas by 12:00 Noon, Eastern Daylight Time on Friday, August 24, 2007. 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 other brief introductory material as needed.
  - b. Statement of methods, to include such information as design, setting, participants/subjects, interventions/observations, etc. as needed to clearly demonstrate how the study was carried out.
  - 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 if needed.
  - e. Word Count Limit: 350 words

# National Association of EMS Physicians®

## Call for 2008-2010 Board of Director Nominations

*Robert O'Connor – Immediate Past President*

The Nominations Committee is conducting the Call for Nominations for the 2008-2010 Board of Directors slate. The positions that will be elected by the membership in 2007 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 at <http://naemsp-vote.org>. A representative sample of a candidate's biography, which will appear on the ballot and can be downloaded from the nomination submission site. ***All recommendations MUST BE RECEIVED BY July 16, 2007 to be considered for the slate of candidates.***

Recommendations should be submitted electronically to the NAEMSP® Executive Office through the link located on the NAEMSP® web site. 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.



# SOAR WITH THE EAGLES!

## At ACEP's New Advanced EMS Medical Directors Forum And Workshop

*Presented in Conjunction with the  
U.S. Metropolitan Municipalities EMS  
Medical Director ("Eagles") Consortium*

*October 7, 2007 / The Seattle Grand Hyatt*



**This exceptional educational event will take place one day before ACEP's Scientific Assembly in Seattle.** The purpose of this first-of-its-kind program is to bring together an audience of experienced EMS physicians and their associates from across the nation to participate in an interactive, problem-based forum and workshop facilitated by a highly-respected, and entertaining cadre of well-versed national leaders and educators in EMS Medical Direction.

At the conclusion of this educational activity, participants will:

- Be able to identify, catalogue and analyze several of the most contentious and challenging issues in EMS medical direction and 9-1-1 medical practice across the nation.
- Describe several strategies for circumventing or navigating such issues.
- Be more adept at defining, articulating and debating such strategies.
- Describe several innovative and intrepid practices and appreciate the pros and cons of such non-traditional approaches to 9-1-1 emergency medical care delivery.
- Recognize the pitfalls, obstacles and suggested solutions for implementing cutting-edge protocols and operational strategies.
- Describe the merits of various perspectives on problem-solving in the realm of EMS medical direction.
- Be more familiar with how to network more actively with fellow EMS medical directors on an ongoing, year-round basis.

This forum and workshop is intended for experienced EMS Medical Directors and their associates. Accordingly, prior completion of the NAEMSP® National EMS Medical Directors Course and Practicum® sponsored by the National Association of EMS Physicians (NAEMSP) is highly recommended.

### Special Features

- An all-star faculty – names you recognize
- Event is heavily case-based with cases that will challenge your mind, your knowledge and experience
- Total emphasis is on practical approaches to/ answers for front-burner, contemporary issues
- Relevant discussions of your system's problems with solutions you can take home and use
- Registrants will be asked to submit specific questions/issues/cases in advance for discussion with the faculty and audience
- Following the event, registrants will be able to participate in a dedicated ACEP e-list that will enable them to submit questions for discussion with the experts and attendees

### The Faculty

Michael K. Copass, MD, FACP  
Marc Eckstein, MD, FACEP  
Raymond L. Fowler, MD, FACEP  
J. Brent Myers, MD, MPH, FACEP  
Edward M. Racht, MD  
Corey M. Slovis, MD, FACEP

### The Event Coordinators

Robert E. O'Connor, MD, FACEP  
Paul E. Pepe, MD, FACEP, FCCM

*Participants in this activity can earn up to 8 hours of AMA, ACEP and CECBEMS credit.*

The event fee is only \$199.00. Please note that this advanced EMS medical direction education event is limited to the first 75 registrants, so please register early. For additional information and to register, visit [www.acep.org/sa](http://www.acep.org/sa).

*ACEP gratefully acknowledges the support of the following sponsors:*  
Platinum Patron: **Physio-Control** Bronze Patron: **Vitaid.**



# EMS Calendar

**MARK YOUR CALENDAR AND MAKE PLANS NOW TO ATTEND!**

The deadline for article and advertising submissions for the October 2007 issue of *NAEMSP® News* is August 8, 2007.

**July 8-11, 2007** 17<sup>th</sup> World Conference on Disaster Management, "Emergency Management & Business Continuity Working Together," Toronto, Canada. Information is available at <http://www.wcdm.org>

**July 18-20, 2007** AMA-CDC Congress on Health System Readiness, Washington, DC. Information is available at <http://www.ama-assn.org/ama/pub/category/17239.htm>

**July 19-22, 2007** ClinCon 2007: Clinical Conference on Prehospital Emergency Care, The Rosen Shingle Creek Resort, Orlando, Florida, Emergency Medicine Learning and Resource Center, [www.emlrc.org](http://www.emlrc.org)

**July 22-26, 2007** 33<sup>rd</sup> International Forum on Traffic Records & Highway Safety Systems, Millennium Hotel, St. Louis, MO. Information is available at <http://www.atsip.org>

**July 31 – August 2, 2007** HHS Public Health Emergency Medical Countermeasures Enterprise Stakeholders Workshop, Fairmont Washington, DC. Information is available at <http://www.hhs.gov/aspr/ophemc/index.html>

**August 8-12, 2007** Wilderness Medical Associates – Wilderness Advanced Life Support (WALS™), Northeast Wisconsin Technical College, Green Bay, Wisconsin, [www.wildmed.com](http://www.wildmed.com)

**August 9-10, 2007** 2007 National Summit on Recruitment and Retention of Paramedics, Arlington, VA. Information is available at <http://www.PerformanceWeb.org>

**August 21-24, 2007** Dept. of Defense Fire & Emergency Services Training Conference, Atlanta, GA. Information is available at <http://www.iafc.org/displaycommon.cfm?an=1&subarticlenbr=520>

**August 22-24, 2007** Second Annual FDA Regulatory & Compliance Symposium, Harvard University, Cambridge, MA. Information is available at <http://www.FDASymposium.com/>

**August 29-31, 2007** Scientific Grant Writing, Chicago, IL. Information is available at <http://www.nedarc.org/nedarc/workshopsTutorials/upcomingWorkshops.jsp>

**September 11-16, 2007** National Association of EMS Educators 12<sup>th</sup> Annual Educational Symposium & Trade Show, Hollywood, CA. Information is available at <http://www.naemse.org/symposium>

**September 17-19, 2007** AAMS'Air Medical Transport Conference, Tampa, FL. Information is available at <http://www.aams.org/Content/NavigationMenu/EducationMeetings/AMTC2007/default.htm>

**September 19-21, 2007** 3<sup>rd</sup> International Roundtable on Community Paramedicine and Rural Healthcare Delivery, 2007, Australia. Information is available at <http://ircp.ncemsi.org/>

**September 23-26, 2007** 2007 Governors Highway Safety Association Annual Meeting, Portland Hilton Hotel, Portland, OR. Information is available at <http://www.ghsa.org>

**September 26-28, 2007** EMS/EMSC Data Analysis Workshop, New Orleans, LA. Information is available at <http://www.nedarc.org/nedarc/workshopsTutorials/upcomingWorkshops.jsp>

**September 26-29, 2007** Emergency Nurses Association 2007 Conference, Salt Lake City, UT. Information is available at <http://www.ena.org/conferences/default.asp>

**September 27-29, 2007** Sand Key EMS Summit 2007: Sheraton Sand Key Resort, Clearwater Beach, Florida, Emergency Medicine Learning and Resource Center, [www.emlrc.org](http://www.emlrc.org)

**October 28 – November 2, 2007** NASEMSO Annual Meeting, Hyatt Regency Minneapolis, Minneapolis, MN. Information is available at <http://www.nasemso.org/Meetings/Annual/>

**September 17-19, 2007** International Association of Emergency Managers 55<sup>th</sup> Annual Conference & EMEX 2007, The Silver Legacy, Reno, NV. Information is available at <http://www.iaem.com>

**2008 NAEMSP® Annual Meeting**  
**January 10-12, 2008**  
Pointe Hilton Squaw Peak Resort

Location: Phoenix, Arizona

Reservations: 1-800-947-9784

Resort: 602-997-2626 (Specify "NAEMSP")

Group Name/Code: NAEMSP Annual Meeting

Group Room Rate: \$184.00 Single/Double  
Occupancy plus tax

Book Online at [www.naemsp.org/meetings](http://www.naemsp.org/meetings)

Cut-Off Date: Wednesday, December 5, 2007

*The NAEMSP® Preliminary Program will be mailed and available on-line at [www.naemsp.org](http://www.naemsp.org) in early October 2007.*

**January 31 – February 3, 2008**  
29<sup>th</sup> Annual International Disaster Management, Orlando, Florida, Emergency Medicine Learning and Resource Center, [www.emlrc.org](http://www.emlrc.org)

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



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