



News

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2010 NAEMSP® Annual Meeting - Did You Miss It?

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

The 2010 NAEMSP® Annual Meeting is in the books, and what a meeting it was! Before the meeting ever got started, opportunities abounded for all to attend one of four truly excellent preconference courses! Over 150 professionals came to Phoenix early and all were blessed by the quality of the material presented and the distinguished faculty presenting. The preconference favorites were offered again, including the NAEMSP® National EMS Medical Directors Course and Practicum® and Advanced Topics in Medical Direction™. In addition to these, many attended the Research Workshop, and the Operational EMS 101 activities sponsored by Phoenix Fire and Police Departments. A special thank you goes to the course directors for putting together these wonderful preconference courses.

This year's Annual Meeting enjoyed a brand new venue. The Tapatio Cliffs Resort is a beautiful Hilton property nestled in the hills of northern Phoenix. The second highest attendance ever came to Arizona to learn and grow their careers as medical directors, providers, and prehospital healthcare professionals. From helicopters to motorcycles, NEMSIS to ePCRs, and a potpourri of research topics including CIRC, IMMEDIATE, ROC, PECARN and NETT, there was something for everyone! Topics included everything from Frequent Users and Overcrowding to Reducing and Redirecting, EMS Management to Medical Oversight, Impaired Providers to End of Life Patients, and Evidence Based Performance

Measures to Abstract Thinking. The exhibit hall was chock full of cutting-edge technology with experts on hand for demonstration and hands-on experimentation. And the networking, oh the networking! In a word, Magnificent!

As part of this year's meeting, the NAEMSP® membership chose several of the speakers and topics that were presented. This experiment was an enormous success and expanded our program in a very positive way. We plan to repeat this again for the 2011 NAEMSP® Annual Meeting. The program committee understands that this is YOUR meeting, not the Program Committee's meeting. You should have already received an e-mail requesting your participation in this process. Please take a moment to follow the imbedded link to suggest a topic near and dear to your heart that you feel would benefit others in attendance. And if you know someone who can address your topic in a meaningful and productive way to our membership at the Annual Meeting, please suggest the speaker along with the topic suggestion. We'll take your suggestions and work tirelessly to outdo ourselves next January to bring you an outstanding 2011 NAEMSP® Annual Meeting in Bonita Springs, Florida.

I'd like to take this opportunity to personally thank every member of the program committee for his or her dedication and expertise in assembling such an enormously successful annual meeting. I am blessed to know each and every one of them. *

Being There is 90%

Theodore Delbridge, MD, MPH
NAEMSP® President, 2009-2011

Among the most gratifying aspects of an organization attempting to represent its members is the opportunity to weigh in on important issues. NAEMSP® is fortunate to be invited often to provide its members' perspectives. I like to think it's because we engage and we do so responsibly. For example, in recent weeks we sent representatives to meetings about FICEMS (Federal Interagency Committee on EMS) in Washington, DC, EMS performance indicators for NEMSIS (National EMS Information System) in Atlanta, the National Trauma Triage Protocol in Atlanta, and Emergency Cardiovascular Care Guidelines in Dallas. We were also represented at the American College of Surgeons-Committee on Trauma meeting. Finally, we designated members to participate on a program committee at the National Fire Academy and a FEMA-sponsored project led by the International Association of Fire Chiefs. Thus, NAEMSP®, through many of its members, has had important input to developing projects and programs, evolving position statements, and other EMS-related initiatives. And this is just a snapshot of the past several weeks.

We are never alone. Our ongoing relationships with organizations such as ACEP, ACS-COT, NASEMSO, NAEMT, NAEMSE, and AAP, among many others, help to advance the agenda.

Advocates for EMS (AEMS) is an excellent example of collaboration. If you are not in the know, I strongly encourage you to 1) check out www.advocatesforems.org, and 2) join as an individual member (\$50). What makes Advocates special is that it is led by four organizations, NAEMSP®, NASEMSO, NAEMT, and NAEMSE. Further, many other supporting organizations and industry partners help to make AEMS efforts possible. AEMS initiatives represent awareness of shared interests, priorities, or common ground and they strive to effect meaningful results for AEMS on a national/federal level.

Late last year, AEMS made a significant change by contracting with Holland & Knight to be its management and lobbying firm. The result is building momentum. First, allow me to convince you that what we generally think of as EMS, out-of-hospital care, might be best referred to as "Field EMS." "Field EMS" conveys what we are mostly about, and it is easily conceptualized by those not necessarily in the know, yet responsible for policy and legislation. They can be confused by the many concepts and issues revolving around emergency care. Second, prepare to support the in-development Field EMS Bill. One way to get desirable attention in Washington, DC, and on Capitol Hill is to have something to talk about and generate buzz. That is the Field EMS Bill. AEMS Executive Director Lisa Tofil is working very hard to develop draft legislation around which senators and congressmen can rally, even in the shadow of health care reform. Our interest and ability to rally behind the concepts it will represent will be paramount. So, stand-by.



Recently, NAEMSP® was asked to take a position on an evolving issue in Louisiana. House Bill 1030 proposed limitations to the scope and authority of the Louisiana Emergency Medical Services Certification Commission for a specific faction of EMS providers.

NAEMSP®, at the request of members in Louisiana and along with several other organizations, offered its perspectives and informed several lawmakers and administrators.

This experience highlighted an underdeveloped aspect of our organization. We are not particularly efficient at facilitating organized and informed responses to issues arising in individual states or regions. Thus, the potential positive influences of NAEMSP® are not always realized. I hope we are embarking on a plan to change that.

In the coming weeks, NAEMSP® will begin pilot projects to develop state and regional affiliate chapters. Early experiences will help us shape the appropriate policies and procedures that will facilitate long-term benefits for the organization and our members. Among the goals, I believe, are strengthened networks for NAEMSP® members to collaborate or weigh in on important regional or state issues. The results, using NAEMSP® as an effective platform, can be positive influences for our EMS systems and their patients. A few potential pilot chapters have been identified. But, there is always room for more interest.

Finally, if it is not apparent from everything mentioned above, NAEMSP® thrives because of the energy, enthusiasm, and commitment of its members. More than any other organization I have belonged to, there is incredible opportunity for involvement. Please, don't be on the sidelines. Committees are open to all interested and dedicated members. That's where the good stuff happens. Drop an email to a committee chair expressing your interests. Please do not hesitate to let me know of anything NAEMSP® can do for you. We will try hard. Great things are happening in health care, in EMS, and in NAEMSP®. *

EXECUTIVE OFFICE STAFF LISTING

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

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Executive Director,
Jerrie Lynn Kind
Association Manager /
Grants Project
Manager,
Stephanie Newman

Meeting Manager,
Joyce K. Miller, CMP
Administrative Assistant
Diane Conner

DR. DANIEL SPAITE

David C. Cone, MD
Immediate Past President

The Ronald D. Stewart Award is given annually to a person who has made a lasting, major contribution to the EMS community nationally; it is often considered a lifetime achievement award. Recent recipients have included Dr. Daniel Storer, Dr. Mickey Eisenberg, Jim Page, Dr. Jon Krohmer, Dr. Roger White, and Dr. Bill Jermyn. The name of the award honors NAEMSP®'s first president, who to this day, 25 years after NAEMSP®'s creation, continues to diligently serve the EMS community and the patients that it cares for.

This year's awardee, Dr. Daniel Spaite, is truly one of the giants of EMS. His publication track record is likely unequalled, but at least as importantly, Dan has contributed a number of ideas and concepts that help the rest of us understand EMS. His time-interval model, published in 1993, has helped numerous researchers by not only providing a logical framework for breaking down an EMS run into measurable components, but, like the Utstein template, ensuring that we are all studying and reporting the same thing, allowing us to compare our findings between systems (*Ann Emerg Med* 1993;22:638-45). The poster that my fellow presented at this year's NAEMSP® Annual Meeting had the schematic of this model at the top center, allowing the reader to visualize exactly how our study worked. The A/B/C model that Dan developed to describe a system's readiness to participate in the evaluation of "expanded-scope" initiatives (*Ann Emerg Med* 1997;30:791-6) helped simplify a fairly complex concept, and provided another "why didn't I think of that" moment for those in attendance when he first presented this idea at a national meeting. (A "Type-A" system has been proven to improve outcomes from cardiac arrest, and is ideally positioned to evaluate expanded-scope programs while simultaneously monitoring to be sure that cardiac arrest outcomes are not negatively affected by the shift in resources to expanded-scope; a "Type B" system does not know whether it improves outcome from cardiac arrest, and probably ought to determine that before venturing into evaluating expanded-scope programs; and a "Type C" system has no reasonable hope of improving outcomes from cardiac arrest, and here it may be worth shifting resources to evaluating expanded-scope programs.) His paper describing the differences between component research and systems research and how this applies to EMS (*Ann Emerg Med* 1995;26:146-52) has helped countless researchers design studies that make sense in the complex, poorly controlled out-of-hospital environment. He has participated in many other "concept" projects, including developing a comprehensive framework for determining the cost of an EMS system (*Ann Emerg Med* 2007;49:304-13), and the EMS Agenda for the Future.

Dan served as co-investigator and expert advisor to two of the most important EMS research efforts of the past decade: the Ontario Prehospital Advanced Life Support (OPALS) project, and the Emergency Medical Services Outcomes Project (EMSOP) project. These projects have contributed roughly two dozen papers to the EMS literature. He is an accomplished speaker, and has an excellent manner in carefully conveying complex concepts to diverse audiences, and making sure that everybody who leaves the room "got it." I have had the honor of sharing the podium with him several times, and am always impressed with his teaching style.

He is active at the local level, Dan remains the chair of the Southeast Arizona EMS Council, and has served as medical director of over half a dozen EMS agencies. And he is very active at the national level; for example, he served on the Institute of Medicine's Committee on the Future of Emergency Medical Services in the United States, helping to bring the issues facing the EMS industry to a wider audience.

And finally, Dan is among the most personable and generous souls one could hope to meet. He is selfless with his time and energy, and is humble regarding the many contributions he has made to EMS and emergency medicine. On behalf of the board of directors, I extend my congratulations to Dan on receiving this award. *

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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Award Winners

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

Ronald D. Stewart Award

Daniel Spaite, MD

Keith Neely Outstanding Contribution to EMS Award

Douglas F. Kupas, MD

Friends of EMS Award

William Ball, GM OnStar

EMS Fellowship Recognition Award

Paul Barbara, MD

Matthew Bitner, MD

LTC Robert T. Gerhardt, MD, MPH

Derek Isenberg, MD

Capt. Christopher K. Lawler, DO

Fergal McCourt

Jeff Shafer, MD, EMT-P

Christian C. Zuver

Best Student/Resident/Fellow Research Presentation

#16 – LIFTING AS AN ALTERNATIVE TO THE LOG ROLL TECHNIQUE IN THE PREHOSPITAL MANAGEMENT OF TRAUMATIC SPINAL CORD INJURY **Bradley L. Demeter, John D. Borstad**, The Ohio State University College of Medicine

Best EMS Professional Research Presentation

#105 – THERE IS INCREASED CARDIOPULMONARY RESUSCITATION VARIABILITY DURING GROUND AMBULANCE TRANSPORT OF PATIENTS IN CARDIAC ARREST **Mark Venuti, Terence Mason, Gary Smith, Gordon Ewy, Frank LoVecchio, Steve Stapczynski, Lani Clark, Margaret Mullins, Annemarie Silver, Bentley Bobrow**, SHARE Resuscitation Writing Group

Best Poster Abstract Presentation

#63 – PREDICTING TRAUMA CENTER NEED USING THE MECHANISM OF INJURY CRITERIA E. **Brooke Lerner, Manish N. Shah, Robert Swor, Jeremy T. Cushman, Karen Brasel, Clare Guse, Alan Blatt, Gregory J. Jurkovich**, Medical College of Wisconsin

Best Cardiac Arrest Presentation Sponsored by ZOLL

#6 – EFFECT OF CREW SIZE ON OBJECTIVE MEASURES OF RESUSCITATION FOR OUT-OF-HOSPITAL CARDIAC ARREST **Christian Martin-Gill, Francis X. Guyette, Jon C. Rittenberger**, University of Pittsburgh, Department of Emergency Medicine

Best Scientific Presentation

#8 – BASIC LIFE SUPPORT TERMINATION-OF-RESUSCITATION GUIDELINE IMPLEMENTATION TRIAL (TORIT) **Laurie J. Morrison, Don Eby, Precilla V. D'Souza, Cathy Zhan, Alex Kiss, Michelle Welsford, Chris Loreto, Vince Arcieri, Cathy Prowd, Marty Pilkington, Tim Dodd, Jim Scott, Elma Mooney, Erica Reichl, Jeannette M. Verdon, Tim Waite, Richard Verbeek**, Li Ka Shing Knowledge Institute, St Michael's Hospital

Congratulations



William Ball of GM OnStar is presented with the Friends of EMS Award



Chuck Cady and Henry Wang are thanked for their participation on the Board of Directors



Awards are presented for the best abstracts.



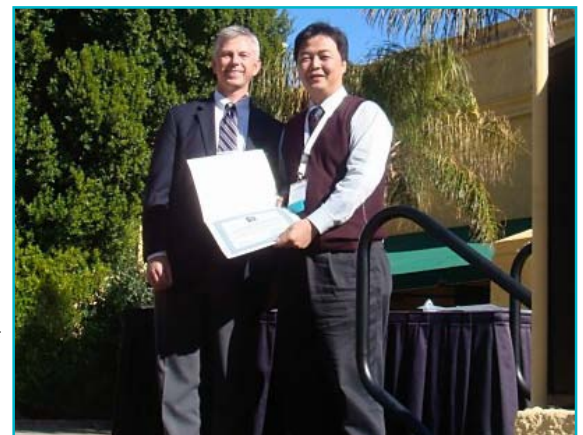
Daniel Spaite is presented with the Ronald D. Stewart Award



Douglas Kupas is presented with the Keith Neely Outstanding Contribution to EMS Award



The EMS Fellowship Recognition Award Winners



Sang Do Shin of Korea was presented with a certificate for bringing the largest delegation of international attendees to the conference.

Operational EMS 101 Takes Students Out of the Classroom

David C. Cone, MD and David Tan, MD
For the NAEMSP® Operational EMS Committee

The Operational EMS Committee hosted “Operational EMS 101,” an intensive, full-day field course at the 2010 Annual Meeting in Phoenix. This was the third iteration of this course, following the 2004 inaugural offering in Tucson, and the 2008 offering in Phoenix. Unlike the two prior courses, which focused exclusively on fireground operations, this year’s course expanded to include three other “special operations” areas. Each two-hour module consisted of a 30-minute to 45-minute lecture on medical support, followed by a hands-on field exercise in that domain.

The hazardous materials module was run by Dr. David Hostler (University of Pittsburgh) and Dr. Jason Liu (Medical College of Wisconsin). Following an introductory lecture that included decontamination principles, basic hazmat vocabulary, and types of personal protective equipment, students donned Level A gear and participated in a number of exercises including wet decon. They experienced first-hand the physiologic challenges and changes in each others’ vital signs before and after the exercise.

The urban search and rescue (US&R) module was led by Dr. Sonia Chacko (Albert Einstein Medical Center) and Dr. David Cone (Yale University). The opening lecture focused on confined space medicine, and the role for the physician in all aspects of team functioning. Wearing standard US&R personal protective equipment, the students participated in a four-station simulation session focusing on clinical skills (intubation and IV placement) in confined spaces, followed by a team exercise moving a 185-lb rescue dummy through a confined-space simulator in a Stokes basket.

The fireground module, led by Dr. Carin Van Gelder (Yale University) and Dr. Allen Yee (Chesterfield Fire & Rescue) began with a lecture on basic firefighter physiology and fireground rehabilitation. Students then donned turnout gear and a self-contained breathing apparatus and navigated a smoke-house hose-line exercise. Students could also then choose to climb the

five-story tower or complete other strenuous physical training exercises while in full gear.

The tactical module was led by Dr. Rich Kamin (University of Connecticut) and Dr. David Tan (Washington University). The session opened with an introductory lecture on tactical emergency medical support (TEMS). The Phoenix Police Department sent a full tactical squad of over a dozen officers and an armored vehicle for the field portion of this module. Each group of students observed and then participated in a live tactical entry, with location, initial assessment and treatment, and rescue of a simulated victim. The group was also exposed to a Noise Flash Diversionary Device (NFDD).

NAEMSP® wishes to thank the Phoenix Fire Department and the Phoenix Police Department for their generous support of this project in terms of time, facilities, equipment, and most of all personnel. Capts. Jon Heck, Troy Navarro, and John Teefy spent the entire day assisting with the stations on-site, and Deputy Chief Chip Gleason and Division Chief Ray Kluczniak generously donated the use of the fire academy for the day. Lt. Greg Carnicle, Sgt. Mike Wesley, and Det. Vic Romero headed up the Phoenix Police Department delegation. *



Committee Updates

Asian Relations Ad Hoc Committee Moves Ahead With Two Projects

David C. Cone, MD
Immediate Past President

The Asian Relations Ad Hoc Committee met at the Annual Meeting in Phoenix to discuss two ambitious projects. The committee is chaired by Dr. Sang Do Shin of Korea, and Dr. Marcus Ong of Singapore. A total of 37 committee members attended from Korea, Taiwan, Japan, and Singapore. Guests from the US, UK, Canada, and Egypt also attended.

Dr. Shin presented and led discussion of the first project, which involves a descriptive and comparative analysis of the EMS systems in Asian nations. Participants will complete a web-based survey describing their EMS systems in terms of service area characteristics (e.g., population demographics), personnel, clinical skills and protocols, budget, medical oversight, receiving hospitals, etc. Notably, a primary purpose of this analysis is to identify Asian EMS systems (whether national, regional, or local) that can participate in research projects. Thus, data collection by these EMS systems is a key focus.

Dr. Ong presented and led discussion of the second project, which is entitled PAROS – the Pan-Asian Resuscitation Outcomes Study. This study will create a web-based registry for participating EMS systems to report out-of-hospital cardiac arrest patients and their outcomes, much as is currently done in the Cardiac Arrest Registry to Enhance Survival (CARES) project. A number of sub-studies are planned, including cost analyses.

For the third year in a row, the Korean delegation, led by Dr. Shin, received the Association's award for the largest overseas delegation, with 20 attendees.

The committee will meet at ICEM 2010 in Singapore in June (www.icem2010.org), then again next January at the NAEMSP® Annual Meeting in Florida. For further information:

Dr. Shin (co-chair):
shinsangdo@medimail.co.kr

Dr. Ong (co-chair):
marcus.ong.e.h@sgh.com.sg

Dr. Cone (board liaison)
david.cone@yale.edu *

NAEMSP® Dialog

Many of the e-mail discussion lists for EMS have a poor signal-to-noise ratio — lots of noisy low value chatter and not enough substantive information. This has kept many EMS professionals from participating in these forums. Sensing the need for a higher level of professional discourse on topics of current interest to the EMS community, NAEMSP® recently launched a new e-mail discussion list called the NAEMSP® Dialog. It is open to everyone with an interest in high quality discussions about EMS. It is organized and managed very differently from other EMS discussion lists. First, it is an actively moderated forum, which requires the moderator to review and approve all posts before they are sent to the participants on the list. This is intended to decrease the amount of inappropriate and off-topic posting — a common complaint. The rules of decorum for the NAEMSP® Dialog also ask that when you sign up to become a member of the list and when you make a post, you provide your name and organizational affiliation(s). Anonymous posts are not allowed — another mechanism to maintain a professional level of discussion.

Another distinguishing feature is that it is a topic-controlled list — there is only discussion on one topic at a time. The topic may last anywhere from a week to a month. This is designed to keep the discussion focused and to address issues in greater depth.

Variety of Sources

The topics are chosen by the list moderator and may be based on content from a variety of sources, including papers published in peer-reviewed journals; chapters from EMS textbooks; presentations and workshops at EMS conferences; position papers from EMS professional associations; news or projects pertaining to EMS; or other topics of interest to the EMS community. To enliven the discussions, authors, project participants and/or subject matter experts

related to the topic will be brought in as invited participants.

After the discussion topic has concluded, the message threads are edited to a more concise format and relevant links and downloads are added to create a resource page for that topic — ready to refer to when you are looking for information to help develop policies, procedures or protocols.

The first topic covered was EMS Response Intervals. One of the invited participants was Tom Blackwell, MD, who currently serves as Medical Director for the Center for Prehospital Medicine, Department of Emergency Medicine, Carolinas Medical Center; Clinical Associate Professor, University of North Carolina-Chapel Hill; and Medical Director, Mecklenburg EMS Agency.

The other invited participant was Peter Pons, MD, who has served as the Associate Director for Emergency Medicine at Denver Health Medical Center (formerly Denver General Hospital) and as Professor in the Division of Emergency Medicine in the Department of Surgery at the University of Colorado Health Sciences Center. He was the EMS Medical Director for the 9-1-1 paramedic ambulance service in Denver based at Denver Health as well as several fire-based EMS systems. Both Dr. Blackwell and Dr. Pons have published peer-reviewed papers examining the EMS response interval issues.

The next topic to be covered will be Fire First Response. The invited participants will include Deputy Chief Alan M. Craig, MScPI, as well as Brian Schwartz, MD, and Rick Verbeek, MD, from the Sunnybrook-Osler Centre for Prehospital Care in Toronto. They authored a paper just published in the January 2010 issue of *Prehospital Emergency Care* entitled, "Evidence-Based Optimization of Urban Firefighter First Response to Emergency Medical Services 9-1-1 Incidents." Also joining the discussion as an invited participant will be David Cone, MD. He is the EMS Section Chief at the Yale University School of Medicine, Immediate Past President of the NAEMSP®, and Editor-in-Chief of *Academic Emergency Medicine*. He authored two research papers on this subject that were published in *Prehospital Emergency Care* entitled, "Is There a Role for First Responders in EMS Responses to Medical Facilities?" and "Can Emergency Medical Dispatch Systems Safely Reduce First-Responder Call Volume?"

Mic Gunderson is the primary moderator for NAEMSP® Dialog. He is President of IPS, a system and process design and consulting firm that specializes in EMS, fire rescue and health care systems. He is also an adjunct faculty member for the University of Maryland – Baltimore County's Masters Degree Program in Emergency Health Services, where he teaches EMS system design. Mic has served for many years on several EMS journal editorial boards, has written and edited several textbooks, and served for 15 years as a faculty member with NAEMSP®'s National EMS Medical Director Course and Practicum®.

The back-up moderators for the NAEMSP® Dialog are Jim Cusick, MD, and Cai Glushak, MD. Dr. Cusick is the Worldwide Clinical Medical Director for Vidacare Corporation; Emergency Physician/Faculty Denver Health Medical Center, Denver Affiliated Residency in

Emergency Medicine; EMS Medical Director for Summit County Ambulance Service in Frisco, Colorado; Co-Chair of the NAEMSP® Communications Committee; and has been involved in EMS for more than 40 years. Dr. Glushak served as EMS Medical Director at University of Chicago and member of the Chicago EMS Medical Directors Consortium from 1987 to 2006. He currently serves as International Medical Director of AXA Assistance, coordinating international medical transportation and emergency response. He is a Clinical Professor of Medicine/Emergency Medicine at the University of Chicago and the Editor of *NAEMSP® News*.

For more information, visit the NAEMSP® Dialog page at www.groups.google.com/group/naemsp-dialog or contact Mic Gunderson at mic@onlineips.com. *

Submit Your Best Research for Presentation at the NAEMSP® Annual Meeting

Jon Studnek, PhD

While the NAEMSP® Annual Meeting is still nine months away, the deadline for submitting scientific abstracts is less than 4 months away (see NAEMSP® Call for Abstracts). As this deadline approaches, we would like to encourage all NAEMSP® members to submit their best research to be considered for presentation at the NAEMSP® Annual Meeting in Bonita Springs, FL, January 13-15, 2011. Also, we ask you to remind your colleagues who may not be members of NAEMSP® that this abstract submission deadline is approaching.

Each year NAEMSP® accepts 150-180 abstracts for presentation at its Annual Meeting. Abstracts are selected for either a 10-minute platform presentation or a moderated poster presentation. Each format allows investigators to interact with conference participants and receive direct feedback regarding their research.

Along with the ability to present research in a national forum, all abstracts are eligible for one of six awards to be presented at the Annual Meeting. In addition to awards for Best Scientific Presentation, Best Poster Presentation, Best Resident/Fellow Presentation, and Best EMS Professional Presentation, NAEMSP® is pleased to announce two sponsored award categories. Select abstracts will be considered for Best Cardiac Arrest Presentation, sponsored by Zoll, and Best Disaster Research, sponsored by the National Disaster Life Support Foundation. Please consider submitting research with a focus on these special topics.

We look forward to another year of excellent research presentations. Thank you for supporting NAEMSP®. *

Accelerator Stuck & Can't Stop Vehicle Protocol

(Reprinted with permission from NAED)

Due to recent cases of uncontrollable acceleration in certain vehicle makes and models, and the ability of car occupants to call 911, 999, 000, 112, etc., for help, the National Academies of Emergency Dispatch has developed a protocol to assist the Emergency Dispatcher if confronted with the caller so involved—whether the caller is the driver or a passenger. While such occurrences may be rare, to date there have been at least two such cases – in one of which the outcome was tragic.

Obviously for the communication center to be involved and help the caller in these instances, such an event requires the coming together of several factors: having a phone to call with, the ability to call, have the time to call, a linear roadway space ahead, absence of traffic congestion, and vehicle speed.

This Protocol and special instructions, including limitations for its use (such as limited use license requirements), can be found on the National Academies of Emergency Dispatch website home page: www.emergencydispatch.org.

This new protocol is currently available only in manual card format. It can be used by calltakers in all three disciplines—Police, Fire, and Medical—however, it likely that only primary PSAPs will take these calls.

This Protocol is not specific to any vehicle make or model, as various forms of accelerator problems have occurred sporadically over many years and in many makes and models. While the current public awareness is focused on Toyota models, this Protocol is built to handle such occurrences in both automatic and manual/stick transmission vehicles and vehicles with different ignition types such as standard key vs. on/off button.

According to Dr. Jeff Clawson, the Academies would normally release a comprehensive Special Procedures Briefing for appropriate training along with a scheduled new protocol release. However, there is a sense of urgency to get a working protocol out to the thousands of PSAPs and communication centers. Thus, potential users are referred to the website for extensive information.

Call for Abstracts

National Association of EMS Physicians®

January 13-15, 2011

Hyatt Regency Coconut Point Resort & Spa

Bonita Springs, Florida



Call for Abstracts and Submission Rules

GENERAL INFORMATION

The National Association of EMS Physicians® is calling for abstracts to be presented at the NAEMSP® 2011 Annual Meeting: Specialty Workshops, Scientific Assembly, and Trade Show in Bonita Springs, Florida. Authors are urged to submit original work involving EMS or resuscitation research. The full spectrum of research will be considered including basic science, clinical, epidemiological, health services, operational, economic and educational studies. Physicians, research scientists, out-of-hospital care providers, and administrators are all encouraged to submit.

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

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

ABSTRACTS MUST BE SUBMITTED ELECTRONICALLY through the dedicated submission site. To submit an abstract, visit NAEMSP®'s website at www.NAEMSP.org. The website will officially open in mid-June 2010.

★ ★ ★ **DEADLINE: Friday, August 20, 2010** ★ ★ ★

THE ABSTRACT DEADLINE IS FRIDAY, AUGUST 20, 2010. Abstracts must be received electronically by 12:00 Noon Eastern Daylight Time, on **Friday, August 20, 2010**. No exceptions will be granted.

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

ELECTRONIC SUBMISSION RULES

1. Abstracts must be submitted electronically through the dedicated submission site.
2. Submissions must be received at the NAEMSP® Executive Office by 12:00 Noon, Eastern Daylight Time on **Friday, August 20, 2010**. Late submissions will not be considered.
3. To ensure blinding, no identifying information should appear in the abstract.
4. The abstract must include:
 - a. Statement of purpose or hypothesis, with brief introductory material as needed.
 - b. Statement of methods to clearly demonstrate how the study was carried out; include such information as design, setting, participants/subjects, interventions/observations, etc.
 - c. Summary of results presented in sufficient detail to support conclusion, with brief mention of statistics used (p values, confidence intervals, etc) to reach conclusions. **Electronic submission does not support results presented in a tabular or graphical format.**
 - d. Statement of conclusions reached, with important limitations stated if needed.
 - e. Word Count Limit: 350 words
5. In order to be considered for an award, a PDF of the poster presentation is due by 5pm on 12/31/10.

National Association of EMS Physicians®

Call for 2011-2013 Board of Director Nominations

David C. Cone – Immediate Past President

The Nominations Committee is conducting the Call for Nominations for the 2011-2013 Board of Directors slate. The positions that will be elected by the membership in 2010 are: President-elect, Secretary/Treasurer and three Physician Members-at-Large. The individuals elected for the offices will each serve a two-year term.

The criteria for the open positions are 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 a Board of Director nomination by completing the electronic submission form. A representative sample of a candidate's biography, which will appear on the ballot, can be downloaded from the nomination submission site. **All recommendations MUST BE RECEIVED BY July 16, 2010, to be considered for the slate of candidates.**

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

PRESIDENT-ELECT (One position available)

- Prior NAEMSP® Board of Director experience for at least two years prior to nomination.
- Ability to commit to the Board of Directors for two-year term as President-Elect, two-year term as President and two-year term as Immediate Past President.
- Nominee must be a physician member in good standing of NAEMSP®.

SECRETARY/TREASURER (One position available)

- Nominee must be a physician member in good standing of NAEMSP®.
- Prior committee/task force involvement required.
- Ability to commit to the Board of Directors for a two-year term and act as peer representative of the membership.
- Successful candidate will assume responsibility for the financial affairs of NAEMSP®; present written and verbal reports of the financial status of the Association at meetings of the Board for Directors and at the Annual Business Meeting; and perform other such duties as prescribed by the Board of Directors.

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.



Nomination for 2010 Awards

Due Date: October 1, 2010

Candidate's Name: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Your Name: _____

Telephone: _____ E-mail: _____

NOMINATION FOR THE FOLLOWING AWARD:

■ **Ronald D. Stewart Award**

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

■ **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

■ **Friends of EMS Award**

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

REASON FOR NOMINATION (attach separate page if necessary):

Please submit form by October 1, 2010 to:

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

NAEMSP® is also soliciting applications for the **EMS Fellowship Recognition Awards**. Criteria for this recognition, and submission forms, are available on the NAEMSP® website under Fellowships. Submissions are due by October 1, 2010.



Welcome New Members

Ketaki Abhyankar
Christopher Anderson
Peter Antevy
Amanda Armstrong, NREMT-P, BA, MS
Joseph Bart
Gerald Beltran, DO
Melissa Bentley, NREMT-P
Margaret Blaisdell
Veronica Bonales
Gilles Bourgeois, MD
Paul Bradford
Aaron Brown
Connie Bryant
Joel Bunis
Elizabeth Char, MD
Dean C. Chasky
David A. Cleveland, MD, FACP
Cole Condra, MD, MSc
Jennifer Connors
James Courtney, DO
John Coyner, Jr.
Norris W. Cboom, III, CMO, EMT-P
William E. Crampton, RN, BA, MHA
Carmen D'Angelo
Nick D'Ulisse, EMT-I
Matthew Davis, MD, MSc
Jocelyn De Guzman
Lynne Dees, PhD, LPM
Zachary Dembitsky
Claude Desrosiers, EMT-P
Gerard Dinn
Paul Dommer, DO
Kim Duho
Nicole Dunn
Wayne Dyott
Richard Feldman
Elliot R. Fisch
Michael C. Fortner, MD
Luanne Freer, MD
John Fuller, MD
Molly Furin
Han Nee Gan
John Garrett
Joseph L. Garvey, Jr., MD
Stephen Gasper
Keith S. Gates, MD
Brian Geyer
Greg Gibson, PhD
Mikki A. Gist
Joe Granberry
Michael Greene

Joseph Grover
Mark W. Gujer, MD
James M. Guy, BS, NREMT-P, CCEMT-P
Kevin L. Haines
Kari Haley
Gill Hall, BS, EMT-P
M. Arslan Hanif
Kevin Hanrahan
Devin Hart
Edward Hartung, BA, EMT-P
Roberto V. Hennessy
Ralph Hofmann
Robert B. Horton, MPA, EMT-P
Jang Ji-Yeon
Jason L. Johnson, DO, RDMS, FAAEM
Kamaljeet Kalsi
Senai Kidane
Young Min Kim
Chow-In Ko
Victoria Kou
Andrew Kuklinski
Anthony Kusek
Jacques Lee, MD
Andrew Lim
Roger Lippert
Charles Livezey, EMT-P
Larry Loose
George M. Loukatos, MD
Kristopher Lyon, MD
David G. Lyons, EMT-P
Clay Mann
Eddie Markul
Peter S. Martin, MD
Richard Martin, EMT-P
Sean Mattingly
Rachel May, MD
Christopher McCoy
Matthew T. McKenna
Richard Meyer
Christopher Mitchell
Ivette Motola, MD, MPH
Ashley Mull
Margaret Mullins
Jose V. Nable, MD, EMT-P
Michael Nemeth, AEMCA(f), ICP
Andy Nicholes
Michelangelo F. Nicolazzo, EMT-B,
EMT-T, BA
James Niemann
Cristina Novak
Marcia Odal, MD, EMT-LP

Kevin Oliver
Jill Oswalt, MD
Kenji Oyasu
Michael Parascandola
Jijeong Park
Steve Patterson, MD
Bjorn K. Peterson, MD
Miranda Phillips
Timothy T. Pieh, MD
Brian Puckett
Randy Raedeke
Andrew Reed, MD
David Reininger, MD
Don Rice, MD
Seth Ritter
Severo Rodriguez, LPM
Gabe Romero, MBA, NREMT-P
Gilberto A. Salazar, MD
Ronald Salik
Michael Sanderson
Michael Santiago
Robyn Schertz
Naveen Seth
Susan R. Siorek
Gina Soriya
William Sproule
Pamela J. Stevens, EMT-P
Wendy K. Stevens, MD
Matthew Stull
Ernest Sullivent
Arthur Taft
Arthur Taft
Hideharu Tanaka, MD, PhD
James Francis Tanis, Jr., NREMT-P
Dustin H. Tauferner, DO
Brian Thomas
Sue Thomson, EMT-P
Jan Trojanowski
Margarita Tsionsky
Linda Turner
Jordan Velestuk, MD, CCFP
Martin T. Wade
Richard Wales
Alvin Wang
Marshall Washick
Shane Weidner
Joseph W. Winchell, DO, FACEP
Dale Woolridge
Joshua Zeidler
Todd Zeiger

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Louisiana Emergency Response Network (LERN) seeks contract with qualified physician to serve as part-time (approx 20 hours/week) Medical Director for statewide trauma and time-sensitive illness system. The position will provide advice and consultation to accomplish LERN's mission to safeguard the public health, safety, and welfare of the people of the state of Louisiana against unnecessary trauma and time-sensitive related deaths or morbidity due to trauma and time-sensitive illness through the development and implementation of a system that facilitates, promotes, and ensures quality care for trauma and time-sensitive illness through planning, preparedness, and quality assurance. Duties include quality assurance, and corrective steps and education. Will participate with the LERN Board, staff, and appropriate Board Work Groups and will perform consulting functions in support of the LERN Strategic Plan, and other system activities as deemed appropriate by LERN.

Qualifications include:

- A valid license to practice medicine in the State of Louisiana
- Minimum of 5 years full-time experience in Trauma Surgery, General Surgery, Critical Care, or Emergency Medicine with Board Certification in specialty
- Experience in working with pre-hospital providers, field triage guidelines, Emergency resuscitation (including damage control resuscitation), critical assessment, operative management (Damage Control Surgery and routine surgical procedures), critical care and hospital providers (neurosurgery, neurology, endocrine, cardiac)
- Experience and understanding of research techniques and adequacy of research
- Experience and understanding in quality assurance and quality improvement programs and how they meet the needs of LERN
- Proven ability to interact with emergency physicians, cardiologist, neurologist, trauma surgeons
- Experience in administration and management with strong interpersonal skills; and
- Leadership qualities

Interested parties please send CV or resume' to:

Pamela G. Shaver, RN, MBA
Executive Director

Louisiana Emergency Response Network (LERN)
14141 Airline Highway, Suite B, Building 1
Baton Rouge, LA 70817

Or Email to:
Christy.Mayeux@LA.GOV

EMS Calendar

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

June 5-10, 2010; NENA 2010–National Emergency Number Association; Indianapolis; <http://www.nena.org/NENA2010>; (800) 332.3911

June 6-9, 2010; World Conference on Disaster Management, Toronto, www.wcdm.org; (888) 443-6786

June 9-12, 2010; International Conference on Emergency Medicine, Singapore, www.icem2010.org; +65 6379 5261

August 26-28, 2010; 10th Asia Pacific Conference on Disaster Medicine; Sapporo, Japan; www.sapmed.ac.jp/~disaster

November 6-10, 2010; American Public Health Association Annual Meeting; Denver, CO, www.apha.org; (202) 777-2742

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