



NEWS

Newsletter of the National Association of EMS Physicians

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THE NATIONAL EMS DATABASE

Can You Tell Me?

Greg Mears, MD, Principal Investigator, National EMS Database

We've all had the calls or asked the questions:

- How many heart attack patients did EMS treat last year?
- How much would it cost to add amiodarone to the Ventricular Fibrillation protocol in my system, and would it improve the outcome of the patient?
- How often are EMS units forced into diversion and how does that effect the total EMS call time?
- What is the protocol compliance when EMS personnel are confronted with multi-system trauma patients?
- How does my EMS system compare to other EMS systems with similar demographics and capabilities?
- How many patients are transported in my state by EMS annually and what is the breakdown by age and race?
- How many patients are cared for by EMS nationally per year?

Never in the history of EMS has data become such a critical factor. State EMS agencies, charged with developing and implementing state EMS systems, often do not have sufficient data to evaluate statewide EMS priorities, monitor the systems, identify trends, plan prevention programs, or justify funds to support infrastructure development. As national decision-makers testify before Congress or present data to the Health Care Financing Administration (HCFA), now the Center for Medicare Services (CMS), there is often insufficient information to drive requests for enhanced local EMS reimbursement, development of national EMS educational standards, and myriad

other activities in support of EMS system development. The tragic events of September 11th have brought EMS and other healthcare information systems with surveillance and resource tracking capabilities to the front of the needs list regarding domestic preparedness.

Unfortunately, data at all levels are typically inadequate even to describe EMS as a profession. Data lacking in this area include the number of EMS providers, the cost and value of EMS, safety data (e.g., number of ambulance crashes), and patient outcomes.

The *EMS Agenda for the Future* clearly described the absence of a coordinated national EMS information system: "There is no central database, at a national level for example, that relates to the current practice of EMS. The data required to completely describe an EMS event exists in separate disparate locations. These include EMS agencies, emergency departments, hospital medical records, other public safety agencies and vital statistics offices. In most cases, meaningful linkages between such sites are nonexistent. The lack of organized information systems that produce data which are valid, reliable, and accurate is a significant barrier to coordinating EMS system evaluation, including outcomes analyses. Lack of information systems that are integrated with EMS and other health care providers and community resources severely limits the ability to share useful data. Research efforts are hindered by underdeveloped information systems. In general, the data derived from an information system may be inadequate for research purposes. However, it is extremely useful for hypothesis generation and may require only minimal sup-

plementation. Integrated information systems serve as multisource databases which have been developed as useful tools for conducting EMS cardiac arrest research."

Why a National Emergency Medical Services Database is Needed

The absence of good EMS information has thwarted development of a data-driven national standard EMS training curriculum, and provided enormous challenges for an EMS outcomes project that was intended to develop tools to help standardize measurement of EMS outcomes. The dearth of reliable and valid EMS data also continues to plague researchers. Thus, a national EMS database is needed for several reasons. With data being gathered by various agencies and in various forms, they cannot be linked in a way that would prove useful to EMS systems and to the patients they

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President's Corner

Our meeting in Tucson was amazing! I had the chance to interact with many of our members during the meeting who commented on the quality and energy at the conference. Many offered to become far more involved with furthering the mission of our organization. It was enormously gratifying to have people who attended the conference come up to me, even at the airport on the way home, telling me how they felt the conference had made them a better EMS physician and non-physician EMS professional.

Beyond our members who registered for the conference, we also had in attendance a number of representatives from industry. The industries at our meeting were strikingly diverse, including pharmaceutical, automatic crash notification, and defibrillator corporations. Historically, they had been "exhibitors". But now, with the evolution of the Industry Relations Task Force (IRTF), we have found new partners in helping move the mission of NAEMSP forward. Among the participants, there is a uniform sense that without having a solid infrastructure for EMS throughout the nation, EMS and the industries supporting our mission will never reach their full potential in caring for the public's health.

It was wonderful to have so many federal officials attend our meeting.

They included Dr. Jeffrey Runge, Administrator of the 12th National Highway Traffic Administration, and Dr. Rick Niska, Director, HRSA Bioterrorism Hospital Preparedness Program. We had so many federal officials from the EMS for Children Program at our meeting they could have had a basketball team! A remarkable event was a roundtable on Homeland Security that we held at the request of Dr. Runge. At that meeting, he and Dr. Niska from HRSA heard from our members the "grass roots" challenges to developing an adequate medical response to terrorism. Our Ad Hoc Committee on Terrorism Response is working hard to develop an educational program for healthcare providers. NAEMSP continues to be involved in the development of the medical response to terrorism at multiple levels, internally and with other organizations and federal agencies.

The EMS Physician Certification Task Force, chaired by Dr. Krohmer, continues to gather data to formulate a recommendation to the Board regarding whether or not NAEMSP should proceed with a certification program for EMS physicians. This is a long-term issue that needs resolution.

If there were "take home lessons" for me from our meeting in Tucson, they are as follows:



Richard C. Hunt, MD, FACEP

1. NAEMSP members, our industry partners, and federal agencies have collectively grown in their support for NAEMSP having a greater leadership role in guiding EMS in the United States. It is no longer enough for our association to write, print, and distribute policy statements. We will actively pursue avenues to be more vocal advocates for EMS in Washington, D.C.
2. Our members have contributed so much toward improving EMS. Our Board of Directors had dinner with Dr. Ron Stewart, NAEMSP's first President, and Claire and Rachael Cavanaugh. Claire and Rachael are the wife and daughter of Keith Neely, our first professional board member and dear friend, who died last year. The dinner was a celebration of the phenomenal contributions of Ron and Keith to our organization and EMS. If we could have pulled it off, it would have also been a dinner for each of you in the organization who have made profound contributions to EMS.
3. We stepped up to the plate in our nation's greatest moment of need. Listening to the silence, and watching the tears and standing ovation for the presentation by John J. Clair, Assistant Commissioner for EMS, FDNY; and Glenn Asaeda, MD, Deputy Medical Director, FDNY; on New York City's EMS response to the World Trade Center attacks, captured the essence of what we do, and who we are. ★

The National Association of EMS Physicians is an organization of physicians and other professionals who 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 bimonthly newsletter of the National Association of EMS Physicians (NAEMSP).

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Correspondence and inquiries should be sent directly to: **NAEMSP Executive Office**, P.O. Box 15945-281, Lenexa, KS 66285-5945; 913/492-5858; 800/228-3677; Fax: 913/599-5340, E-mail: info-naemsp@goAMP.com, Website: www.naemsp.org

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

NAEMSP News

Cai Glushak, MD, Editor
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Copy Deadlines

May/June 2002 issue: March 28, 2002
July/August 2002 issue: May 27, 2002

Buy it now & Be Thoroughly Prepared!

Mass Gathering Medical Care Guidelines

Attention EMS medical directors and EMS professionals involved in medical care delivery at large events! The NAEMSP position paper entitled *Mass Gathering Medical Care* is the official statement and it is accompanied by a working document entitled *Mass Gathering Medical Care: The Medical Director's Checklist* that is available through the NAEMSP Executive Office.

The *Checklist* is a comprehensive guide to planning for medical coverage at a mass gathering event. Each of the 15 components of mass gathering medicine identified in the position paper is accompanied by a brief discussion of its importance, and a list of essential and desirable actions to be addressed through the overall medical action plan. Although no definitive solutions are presented for the many barriers that

abound when planning for these types of events, the medical director, or the individual writing a mass gathering medical action plan, will find the *Checklist* an extremely useful reference to ensure that critical issues have been addressed and incorporated into this plan. Also included is a suggested equipment and pharmaceutical list for deployment at fixed medical aid stations. Portions of this document have already been used to assist in planning for events connected to the Republican National Convention in Philadelphia, and for development of citywide mass gathering regulations in Columbus, Ohio. For more information about *Mass Gathering Medical Care: The Medical Director's Checklist* contact the NAEMSP Executive Office at 913/492-5858, ext. 448. An order form is provided below.



National Association of EMS Physicians (NAEMSP)

P.O. Box 15945-281, Lenexa, KS 66285-5945
 Phone: 913/492-5858; 800/228-3677; Fax: 913/599-5340
 E-mail: info-naemsp@goAMP.com; Website: www.naemsp.org

Mass Gathering Medical Care: The Medical Director's Checklist **A Product of the NAEMSP Standards & Clinical Practice Committee**

Authors: David Jaslow, MD, MPH
 Arthur Yancey II, MD, MPH
 Andrew Milsten, MD

Cost: NAEMSP Member: \$15.00
 Non-member: \$30.00
 Shipping & Handling: \$ 5.00

To order *Mass Gathering Medical Care: The Medical Director's Checklist*, please fill out the following information and return it to the NAEMSP Executive Office at the above address or fax number.

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treat. A national EMS data registry would prove invaluable for EMS education, outcomes, research, and reimbursement. The ability to identify potential public health outbreaks associated with biologic weapons of mass destruction will become another driving need for EMS information systems.

Education: The absence of a national EMS database has been a significant impediment to the structuring of a coherent national EMS education system. When the *EMS National Standard Curricula* were developed in the 1990s only limited data were available on which to base decisions regarding training of EMS personnel. Despite a commitment to a data-driven curriculum development process, decisions were made based on the limited data available and, consequently, on expert opinion.

The *National EMS Education Agenda for the Future* proposes the development of a national EMS education system consisting of national EMS core content, a national EMS scope-of-practice model, national EMS educational standards, national EMS program accreditation, and national certification. The development of an ongoing mechanism for sharing information from a nationwide EMS database with the committees working on implementing a national EMS education system will provide invaluable support to data-driven decision-making.

Outcomes: At present, limited information is available on outcomes, both patient outcomes and EMS system outcomes. The establishment of reliable outcome measures will help with monitoring of EMS systems, determining which treatments are effective, assessing which EMS system configurations are useful, improving reimbursement, and modifying a national EMS education system. A national EMS database, combined with records linkage, would also facilitate research on EMS outcomes that would culminate in a set of outcome measures other than mortality.

Research: Having access to a national EMS database could facilitate research efforts considerably, providing a large sample of standardized data from which to draw. Such a database would be invaluable in the generation of research hypotheses, evaluation of cost-effectiveness, and standardization of data and definitions used by researchers.

Reimbursement: Although reimbursement for EMS services is typically a local issue, decisions regarding EMS reimbursement, such as that for Medicaid and Medicare patients, are made at a state and federal level. Consistent data at the local level would facilitate reimbursement, while a national EMS database could provide useful information for determining national fee schedules and reimbursement rates. A national EMS database could also be used to facilitate cost-benefit analyses, assist with issues regarding non-transport of patients, and help ensure links with patient outcomes.

Surveillance: EMS information systems have the potential, in a real-time or near real-time model, to monitor a patient population based on utilization of EMS services. An EMS information system could identify key symptom complexes and EMS utilization over time, as well as generate reports that can notify EMS and public health officials of potential biological terrorism events.

Future of a National Emergency Medical Services Database

The National Association of State EMS Directors (NAEMSD), an organization of state EMS directors from each of the 50 states and the territories, has recognized that the absence of a comprehensive national EMS information system has had a significant detrimental impact on the EMS community's ability to describe itself, to influence policy and funding, and to chart its future direction in an increasingly data-driven environment.

In 1999, in a collaborative project with the Emergency Medical Services for Children (EMSC) program, NAEMSD obtained funding to explore the feasibility of establishing a national EMS database. In 2000, NAEMSD convened a multidisciplinary group of local, state, and federal partners to discuss the establishment of a national EMS database. Although the project was initiated by NAEMSD, development of a national EMS information system will be based on a national consensus-driven process and must have the commitment of individual EMS providers, EMS organizations, state and federal agencies, and others.

In 2001, NAEMSD received funding from NHTSA and the Health Resources

and Services Administration's (HRSA) Maternal Child Health Bureau's (MCHB) Trauma and EMS Program for a two-year project to develop a national EMS information system. This information system will be based on a new revised version of the NHTSA prehospital data set that will approach EMS documentation from a medical record perspective, instead of a minimal dataset. It is understood that a national EMS database can only be as good as the local EMS data on which it is based. Local systems will be encouraged to use the revised NHTSA dataset, which will allow information to be passed on to state EMS offices. Those offices would then be able to use the data in a beneficial way at the state level before sending a subset of the data to the national database. The end result will be a "National EMS Database" or "Registry" that can describe EMS and provide information when needed.

This project will require considerable collaboration among the local, state, and national EMS entities to develop, promote, implement, and integrate data at every EMS level. Once implemented, a national EMS database will serve many purposes such as: help public officials and the general public better understand EMS; drive policy and make funding decisions; identify national trends in patient care and policy; facilitate nationwide benchmarking while recognizing local variations; assist in identifying and decreasing errors in clinical management; provide data to assist with business structure and management; promote research, including hypothesis generation; help establish national EMS outcome measures; clarify how EMS fits into the total public health-care system; drive implementation and facilitate monitoring of the *EMS Education Agenda for the Future*; identify unmet needs and priorities for federal partners; and determine the effectiveness of EMS systems and patient care.

Please see the background document generated by the National Association of State EMS Directors for further information on the National EMS Database. It can be found at www.nasemspd.org. In the near future a website dedicated to the National EMS Database will be in place. Links to this site will be maintained at www.naemspd.org. Greg Mears can be contacted at gdm@med.unc.edu. ★

Greg Mears is a Member-at-Large on the NAEMSP Board of Directors, chairs the NAEMSP Technology Task Force and is the Director of EMS for the state of North Carolina.

2001 NAEMSP Election Results

We are pleased to announce the newly elected NAEMSP Board of Directors who will serve from January 2002-2004.

Physician Members-at-Large: David C. Cone, MD (re-elected)
Vincent N. Mosesso, Jr., MD

Appointed to the Board (for a one-year term): Debra Perina, MD
As Program Committee Chair for the 2003 Annual Meeting

Thomas Blackwell, MD, FACEP
As Terrorism Response Ad Hoc Committee Chair,
a new position appointed by the NAEMSP President.

2002 Board of Directors

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Program Committee Chair: Dr. Debra Perina
dgp3a@hscmail.mcc.virginia.edu

Standards & Clinical Practice Committee Chair: Dr. Ritu Sahni
sahnir@mail.edu.edu

Terrorism Ad Hoc Committee Chair: Dr. Thomas Blackwell
tblackwell@carolinas.org

Executive Office Staff Listing

The NAEMSP Executive Office and staff e-mail address information is listed below for your reference:

General E-mail Address to reach staff: info-naemsp@goAMP.com

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Association Manager: Jennifer L. Kimzey

Meeting Planner: Joyce K. Miller, CMP

Grants Project Director: Michael P. Flanagan, CAE

Administrative Assistant: Monica Frihart

Thank you to all our members who took the time to vote for your NAEMSP Board of Directors.

Farewell and special thanks to board member Dr. Michael Sayre for faithfully serving NAEMSP on the board of directors.

Free! For a limited time only—full text of *Prehospital Emergency Care* online at www.peconline.org!

[peconline.org](http://www.peconline.org) will provide you quick and easy access to important research and educational advances in prehospital emergency care. After March 1, 2002, full text on [peconline.org](http://www.peconline.org) will be restricted to NAEMSP members and paid subscribers only! You will have unlimited online access to all articles, from Vol 4, #1 (year 2000) to the current issue.

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2003 NAEMSP Annual Meeting: Specialty Workshops, Scientific Assembly And Trade Show January 16 – 18, 2003

NAEMSP National EMS Medical Directors Course and Practicum
January 12 – 15, 2003

Pre- and Post- Conference Workshops: To Be Determined
January 15 & 19, 2003

Location: *Marriott Bay Point Resort Village, Panama City Beach,
Florida*

Reservations: *800/874-7105*

Group Name/Code: *NAEMSP Annual Meeting*

Group Room Rate: *\$110.00 Single/Double Occupancy plus 10% tax*

Cut-Off Date: *Friday, December 13, 2002*

Website: *www.marriottbaypoint.com*

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Call for Solicitation of Comments To The National EMS Core Content Task Force

The development process for the new National EMS Core Content is beginning. As is outlined in the EMS Education Agenda for the Future, the National EMS Core Content is the first of five components of the new EMS education process. Under contract from the National Highway Traffic Safety Administration, the National Association of EMS Physicians and the American College of Emergency Physicians will be coordinating this component. The Task Force to participate in the process is being developed and will be composed of representatives of the national organizations involved in EMS. This core content is designed to outline the level of care to be provided by EMS personnel in the out-of-hospital setting. The core content will define those areas of practice for EMS. The next component on the EMS Education Agenda (the scope of practice) will then determine the specific care responsibilities of each level of EMS personnel. More information about the EMS Education Agenda and the five components can be found on the NHTSA website at <http://www.nhtsa.dot.gov/people/injury/ems/EdAgenda/final/emstoc.html>.

The first meeting of the National EMS Core Content Task Force will be held in March 2002. In preparation for that, we are soliciting comments and suggestions from the community about issues that are important in consideration for inclusion into the core content. This is particularly important for topics that may not have been included in previous EMS National Curricula. These suggestions for consideration can be provided by organizations or individuals.

To submit a request for consideration, please provide the following information:

1. Topic that you would like to be considered for inclusion in the EMS Core Content.
2. Supporting information
 - a. Position statements of appropriate organizations
 - b. Scientific evidence
3. Other information you feel would be important for the Task Force to review as part of its deliberations.

Please submit that information PRIOR to March 12, 2002 to:

Jon R. Krohmer, MD, FACEP
National EMS Core Content Principal Investigator
c/o Kent County EMS
678 Front, NW, Suite 235
Grand Rapids, MI 49504

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NAEMSP acknowledges and gratefully thanks the following organizations for sponsoring an annual meeting event and/or advertising in the syllabus for the NAEMSP 2002 Annual Meeting held January 10-12 in Tucson, Arizona.

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National Center for Early Defibrillation (NCED)

For their support of the NEW Best Cardiac Arrest Research Oral Abstract Presentation Award.

The support provided by these corporate colleagues enables NAEMSP to continue to hold quality educational programs for our conference attendees.

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- ◆ Doctors Research Group, Inc.
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- ◆ EMSsystem.com
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Fireground 101 Field Exercise participants at the NAMSP Annual Meeting in Tucson, Arizona. *Photo courtesy of the Tucson Fire Department.*

National Center for Early Defibrillation Sponsors New Award for Best Cardiac Arrest Research

This year marked the inaugural presentation of a new research award at the NAEMSP annual meeting. The National Center for Early Defibrillation (NCED), based at the University of Pittsburgh, sponsored an award for the "Best Cardiac Arrest Research Presentation." The winner was selected by the NAEMSP Research Committee, chaired by Robert Swor, DO. Brooke Lerner, PhD, presented the award to James Menegazzi, PhD, of the University of Pittsburgh for his abstract, "Effects of Interventions Prior to Defibrillation in a Swine Model of Prolonged Ventricular Fibrillation." Co-authors include Henry E. Wang, MD; Nicole L. Chengelis, BS; Christopher B. Lightfoot, BS; Kristofer C. Fertig, BS; Lawrence D. Sherman, MD and Clifton W. Callaway, MD.

"This award sponsorship is meant to highlight the need for more high quality cardiac arrest research and to demonstrate NCED's dedication to its mission. We congratulate Jim and his for their commitment to improving our understanding of America's leading cause of death," noted Vince Mosesso, MD, who serves as NCED's Medical Director and as a member of the NAEMSP Board of Directors. More information about NCED can be found at www.early-defib.org.

A complete NAEMSP award recipient listing will be published in the March/April 2002 Issue!

Pediatric and Adolescent Mental Health Emergencies Grant Update

As part of its five-year plan, Emergency Medical Services for Children (EMSC) contracted with NAEMSP to investigate the type and occurrence of mental health emergencies occurring in children, defined as birth to twenty-one years of age, in the pre-hospital and emergency department setting. In addition, current practices, model practices, barriers to providing care and potential solutions were to be identified. The goal of this investigation is to increase awareness about the recognition and appropriate treatment of children and adolescents with mental health problems. Such problems include violent behavior, suicide attempt/ideation, sexual or physical abuse, neglect, autism, psychoses, depression and substance/alcohol abuse.

John Hoyle, MD, NAEMSP member and principal investigator for the project, chaired a consensus meeting in early October to discuss the findings of the literature review and formulate directions for future research. The meeting was attended by representatives of many national organizations including: NAEMSP, the American Academy of Pediatrics, the American College of Emergency Physicians, the National Association of Emergency Medical Technicians, the National Association of State EMS Directors, the American Psychological Association, the American Psychiatric Association, the National Association of Social Workers, the Emergency Nurses Association and others. The findings of the literature review and consensus meeting will be published in an upcoming issue of *Prehospital Emergency Care*.

INTERNATIONAL EMS SECTION



Announces New Scholarship Grant Program

The 2002 NAEMSP International EMS Physician Scholarship Grant Program

Grant underwritten by Global MED-NET International, Inc.

To further the development of emergency medical services (EMS) physician leadership globally, NAEMSP and Global MED-NET International are offering the opportunity for EMS physicians to study, research, network, and exchange ideas through the NAEMSP International EMS Physician Fellowship Grant Program. EMS physicians interested in participating are encouraged to submit an application by **April 30, 2002** to be considered.

The fellowship program will offer (2) two grants in 2002 as outlined below:

- 1) **NAEMSP Member Grant** – EMS physicians who are active members in good standing with NAEMSP, and who desire to attend an international EMS conference outside the United States. Grant recipients will be selected by the NAEMSP Board of Directors.
- 2) **INTERNATIONAL Grant** – One or more physicians who practice emergency medicine outside the United States and is directly involved in EMS or in a service providing pre-hospital emergency medicine, who desires to attend the 2003 NAEMSP Annual Meeting in the United States. This grant includes attendance at the pre-conference NAEMSP National EMS Medical Directors Course. Grant recipients will be selected by NAEMSP's International Affairs Task Force.

The fellowship program grant will consist of the following financial support:

- Full expenses for travel, meals, and hotel for the meeting, including air and ground transportation
- Full meeting registration fees
- Full NAEMSP National EMS Medical Directors Course pre-conference registration fees
- NAEMSP first year membership fees

EMS physicians interested must submit the following information to the NAEMSP Executive Office **by April 30, 2002**:

- 1) Name, address, telephone numbers, fax, e-mail, and EMS agency and/or program affiliation.
- 2) Proof of EMS physician activities.
- 3) A brief statement explaining why the grant should be awarded and attendance at 2003 meeting supported.

Submit the above to:

National Association of EMS Physicians
2002 NAEMSP International Affairs Task Force
P.O. Box 15945-281
Lenexa, KS 66285-5945

The NAEMSP International Affairs Task Force and the NAEMSP Board of Directors will review all grant applications. The NAEMSP Board of Directors will select the grant awardees and notify the recipients. NAEMSP and Global MED-NET International, Inc. will coordinate the grant awards.

For more information, please contact NAEMSP via
e-mail at info-naemsp@goAMP.com or 800/228-3677.

IN THIS ISSUE: SPECIAL INSERT

In this issue please find NAEMSP's 2001 Annual Report as a special insert. Please be sure to share this with your colleagues! Congratulations to the Membership Committee and Chair David C. Cone, MD on the development of the first NAEMSP Annual Report.

Call for Abstracts

Deadline September 6, 2002

National Association of EMS Physicians
2003 Annual Meeting: January 16-18, 2003
Marriott Bay Point Resort Village, Panama City, FL

The National Association of EMS Physicians (NAEMSP) is now accepting abstracts for review for oral and poster research presentations at the NAEMSP 2003 Annual Meeting. 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. Cash awards will be given for Best Resident/Fellow Presentation, Best Scientific Presentation, Best EMS Professional Presentation, Best Cardiac Arrest Paper, Best Pediatric EMS Paper and Best Poster Presentation.

Complete submission rules can be obtained on the NAEMSP website at www.naemsp.org, or by contacting the NAEMSP Executive Office at 800/228-3677. Additional meeting information will be available on the NAEMSP website as it becomes available. **Abstract submissions must be postmarked or received by fax or electronically by the deadline on Friday, September 6, 2002 at Midnight Central Daylight Time.** Questions can be directed to the NAEMSP Executive Office at 800/228-3677, or at info-naemsp@goAMP.com.

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 (PEC)*, 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.

MEDICAL DIRECTORS INSURANCE UPDATE

Search For Insurance Proves Fruitless

The NAEMSP Membership Committee has concluded its search for medical directors insurance, without success. The search began approximately five years ago, when a number of members approached the board of directors, looking for help in securing an insurance package that would address the needs of an EMS medical director, relating to such things as provider employment and certification, protocols and standing orders, and system design. The intent was to have NAEMSP offer such coverage to the membership as a member benefit.

The board, executive office staff, and NAEMSP Membership Committee contacted a wide variety of insurance vendors, and worked closely with representatives of four national companies in attempting to design and implement such a package. Significant effort was spent trying to get the companies to understand the unique issues the EMS medical director faces, with a number of scenarios written up by committee members indicating the types of coverage needed. However, none were willing to underwrite the type of insurance we requested. Most focused primarily on medical malpractice, directors and officers (D&O) coverage, or some combination. Several draft policies were received and reviewed, and none approached our needs.

The NAEMSP Membership Committee is willing to re-open this topic in the future if a vendor surfaces that can supply the type of package being sought. In the meantime, however, the Board of Directors removed this topic from further consideration at its meeting in Tucson.

Veteran Emergency Physician Appointed Chief, Medical Director of Iowa's Emergency Medical Services Bureau

Timothy Peterson, MD, FACEP

Dr. Stephen Gleason, director of the Iowa Department of Public Health (IDPH), has appointed Timothy Peterson, MD, FACEP, chief and medical director of the Bureau of Emergency Medical Services.

A specialist in emergency medicine, Dr. Peterson has many years of experience in rural and urban areas. For six years, he has been the bureau's medical director. He is a graduate of Drake University and the University of Iowa College of Medicine.

"The bureau has benefited from Dr. Peterson's experience for years," said Dr. Gleason. "Now it will benefit from his leadership as well."

Dr. Peterson views Iowa's EMS system as an essential public service that enables timely access to a continuum of care that reduces suffering, disability, death, and costs from serious injury and illness. His vision for EMS in Iowa is to build and sustain an integrated emergency medical system that fully encompasses the continuum of care, from prevention, acute care, and restoration to health.

As the lead agency for EMS in Iowa, the bureau provides leadership and support for the EMS system. Currently, 14,709 certified EMS providers and 945 EMS service programs operate in Iowa. All of Iowa's hospitals are integrated into the system through the categorization and verification process for the Trauma Care Facility Certification the bureau manages.

NAEMSP Welcomes

Dr. Jeff Runge as New NHTSA Chief

Cai Glushak, MD, Editor

NAEMSP had its first formal opportunity to welcome Dr. Jeff Runge to his new appointment as Administrator of the National Highway Traffic Safety Administration, the lead federal agency for EMS-related activities. Dr. Runge continues the recent precedent that has placed the stewardship of the department in the hands of a respected emergency physician and EMS leader.

Dr. Runge is widely recognized in emergency medicine for his organizational and academic contributions to the field. He is a familiar face on the North Carolina scene, having most recently served as Director of the Carolinas Center for Injury Prevention and Control. He has served for many years on the faculty of the Emergency Medicine Residency at Carolinas Medical Center in Charlotte. Dr. Runge, who completed his emergency medicine residency at Charlotte Memorial Hospital and Medical Center in 1984, has also held the post of President of the North Carolina College of Emergency Physicians. Also serving on the American College of Emergency Physicians' Trauma Care and Injury Control Committee, Dr. Runge has distinguished himself on a national level in the area of injury prevention. According to Secretary of Transportation Norman Minetta, "Jeff's extensive background of research, education, and hands-on experience will make him a triple asset to the department."

On January 9, 2002, in Tucson, NAEMSP welcomed Dr. Runge at a round-table on Homeland Security led by NAEMSP President Dr. Richard C. Hunt. The meeting, comprised of the NAEMSP Board, selected committee chairs and representatives from key agencies, focused on the EMS community's concerns about their roles in domestic preparedness for terrorist events. Dr. Runge expressed his commitment to understanding the most important priorities of front-line health care responders and making sure that EMS' voice is heard in Washington. He recognized that the arena has been dominated by numerous stakeholders, leaving the EMS community with much ground to recover to ensure that their critical role in any response is adequately supported.

It is clear that Dr. Runge's personal commitment and background bodes extremely well for a mutually supportive relationship between NAEMSP and NHTSA, which is likely to result in an ever-increasing importance of the EMS community on the federal scene. NAEMSP again extends a warm welcome to Dr. Runge and looks forward to many future-exciting collaborations.

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GRANTS Update

National EMS Research Agenda

The *National EMS Research Agenda* was finalized and posted at www.naemsp.org. An overview of the *Agenda* was provided by Principal Investigator Dr. Michael Sayre at the 2002 NAEMSP Annual Meeting, January 10–12, 2002 at The Westin La Paloma Resort & Spa in Tucson, Arizona. In addition, plans are underway to hold a conference to further the *National EMS Research Agenda* in Spring 2002.

EMS and Public Health Roundtable Meetings

The bulletins from the meetings are being developed and will be available upon request by faxing your request to NHTSA at 202/366-7721.

Pediatric and Adolescent Mental Health Emergencies

The Pediatric and Adolescent Mental Health Emergencies' Final Report is available on NAEMSP's Web page at www.naemsp.org. See also page 8 of this newsletter.

Development of the National EMS Core Content

Principal Investigator, Dr. Jon Krohmer and Co-Principal Investigator, Dr. John Brennan are in the process of inviting representatives from various national organizations to participate in the first Core Content Task Force Meeting to be held in Spring 2002.

NAEMSP Welcomes New Members

From
October 31, 2001
Through
January 24, 2002



S. Alcorn
Britt-Anne Anderson, NREMT-P
Steven Arze, MD
Kevin Aston, DO
Lynn Babcock Cimpello, MD
Clayton Bass, MD
Michele Beeson, MD
Peter Benson, MD, EMT-P
Timothy Brieske, MD
Brian Brown, MD
Dwight Burdick, MD, FACEP
Dennis Cantu, MD
Fred Chapman, PhD
Kerri Corbit, MD
Caren Daniels, MD
Steve Davis, MPA
Richard Dean, EMT-P
Jeff DeGraffenreid, MS, EMT-P
Mary Lee DiRubbo, MD
Thomas Elson, MD
Geoffrey Fitzgerald
Nicole Flores, MD
David Fuller, EMT-P
Ian Greenwald, MD

Maggi Gunnels, PhD
Carol Gupton, BS, NREMT-P
Michael Guttenberg, DO
Maureen Hagerty, FNP
Michael Hamel, EMT-P
Brian Hoyt, MD
Russ Hummel, EMT-P
Cynthia Jayne
Dawn Jorgenson, PhD
Daniel Kennedy, MD
Anita King, MD, MPH
James Love, EMT-P
Ric Maloney
N. Clay Mann, PhD, MS
John Marcucci, MD
Scott Martin, EMT-P
Claire Mattimoe, MD
Russ McCallion, EMT-P
Thomas McGuire, EMT-P
James McPencow, MS3
Randy Merry
Susan Moore, RN
James Morgan, DO
Jon Morgan
Tracy Motyka, MD
Anthony Ng, MD
Rick Niska, MD
James O'Neal, MD
Mark Oraskovich, MD, FACEP
Kenneth Palys, MD
David Peter, MD

David Pipho, MD
David Purpora, MSN, CRNP
John Riccio, MD
Donald Sallee, MD
E. Joe Sasin, MD
John Schill
Matthew Sholl, MD
Robert Simpson, EMT-P
Susanne Smith, RN
Brian Sobeck, EMT-P
Steven Spencer, MD
Wayne Staz, MD
Robert Steelman, MD
Shannon Stephens
Scott Sundheim, MD
Nan Turner, RN
Luis Eduardo Valdes, MD
Carla Valentine
Sarah Wagner, RN
Rob Walker
Paul Westlake, EMT-P, EMS-I
Allen Whitford, DO
Jeff Wicker, MD
James Winslow, III, MD
Feng Xiao, MD
Douglas York, REMT-P, EMT-PS
Paul Young, NREMT-P
Derek Zecher, PA-C
Shu Zhang
Michael Zimmerman, MD, MS

News From the Executive Office

Dede Gish-Panjada, MBA, Executive Director, Stacie M. Beckwith, CMP, Outgoing Association Manager and Jennifer L. Kimzey, Incoming Association Manager

2003 Annual Meeting

It's hard to believe we are well into another New Year...hope it finds you well and geared up for 2002! By the time you receive this newsletter, NAEMSP will have kicked off 2002 with a very productive, educational and memorable annual meeting! As of this writing, we reached another record turnout at The Westin La Paloma, in Tucson, Arizona. The March issue of *NAEMSP News* will contain complete information about the hot topic, critical issues that came forth or were presented at the conference if you were unable to join us. Please find as an insert near the front of this issue, the 2002 NAEMSP Annual Meeting Audio Tape Order Form.

The 2003 Program Committee, chaired by Dr. Debra Perina, and staff are in *full motion* with plans for the NAEMSP 2003 Annual Meeting to be held January 16-18, at the at the Marriott Bay Point Resort Village in Panama City Beach, Florida. We encourage you to forward your suggested program ideas and speakers for this conference to Dr. Debra Perina, at dgp3a@hscmail.mcc.virginia.edu. We greatly appreciate your input and want to ensure our educational programs meet your learning needs and give you *cutting edge* updates in technology, pharmaceuticals, systems and management breakthroughs. You can visit the Marriott's Bay Point website at www.marriottbaypoint.com to see for yourself this outstanding location's many activities and nearby tourist attractions. Don't miss this one! Make your reservations now!

Board Election Results

As noted on page 5, Dr. David C. Cone was re-elected to the NAEMSP Board as Physician Member-at-Large. We would like to welcome Dr. Vincent N. Mosesso, Jr. to the NAEMSP Board of Directors. He was elected to serve as one of our Physician Members-at-Large. We look forward to working with these exceptional individuals, as well as the entire NAEMSP 2002 Board of Directors and Committee Chairs. A complete list of the board is on page 5.

2002 Membership Recruitment Efforts

It's a new year and time to recommend NAEMSP to your colleagues! Although NAEMSP discontinued the Member-Get-A-Member Campaign, we appreciate your continued effort and support to refer your colleagues to NAEMSP for membership. A membership application can be found on our website at www.naemsp.org. We are also more than happy to send a membership application in the mail or via fax. Our goal is always geared to strengthen our organization and the pre-hospital practice of EMS by involving more physician and non-physician professional member practitioners.

Web Site Updates

Special thanks to the Communications Committee Chair Dr. Cai Glushak, the Technology Task Force Chair Dr. Greg Mears, as well as the NAEMSP Board of Directors, for their input and guidance on the website. Please let us know any comments you have about the site. The e-commerce capability is operational and is always being upgraded to improve service to our members! For those of you new to our organization, this service allows our members to renew their membership, register for an annual meeting, and order merchandise on-line. We believe this

feature provides a more convenient and efficient way for you to register and to pay for these activities.

Position Papers

Just a reminder to visit the NAEMSP website at www.naemsp.org for NAEMSP's numerous position papers. These papers are available on our website at *no charge!* The position papers are a critical component of NAEMSP's service to members and non-members alike. Because of this, and our ability to significantly impact the delivery of pre-hospital care, we strongly believe the position papers should be widely disseminated. **Hard copies of the position papers and the entire Position Paper Anthology are available at a nominal price.** Please visit the NAEMSP website at www.naemsp.org to order your copy. You may also call the Executive Office at 913/492-5858 or 800/228-3677.

The Standards & Clinical Practice Committee will be very involved in the thoughtful and compelling process of position paper development during the next year. If you would like to comment on, or be a part of, the process of developing these papers, please contact Dr. Ritu Sahni, the Standards & Clinical Practice Committee Chair at sahnir@mail.ecu.edu.

Prehospital Systems and Medical Oversight, (3rd Edition) Update

We are pleased to report that the *Prehospital Systems and Medical Oversight, 3rd Edition* is anticipated to be complete and published late spring 2002! Following the tragic events on September 11 in New York, we did experience a delay in the production process. However, Editor Dr. Alexander (Sandy) Kuehl is in the process of putting on the finishing touches on this text. We have depleted all of the 2nd edition copies, but you can reserve your copy of the 3rd Edition today by contacting Phil Puckorius at Kendall/Hunt Publishing. Please fax all inquiries to 312/527-0706. We will send a broadcast message to all members at a later date with the publisher's (800) customer service number.

Staff Updates

The biggest challenge we face at the beginning of this year is the departure of Stacie Beckwith, NAEMSP's Association Manager. Jennifer Kimzey is our new Association Manager. Jennifer has worked with NAEMSP for over 4 years and she definitely brings with her a great deal of knowledge as she has served as our Administrative Assistant, Meeting Planner, and Grants Project Director over the years. We are very excited for Jennifer and her new position with NAEMSP.

We also welcome two new staff members! Joyce K. Miller, CMP, takes on the role as NAEMSP's Meeting Planner. Joyce joins our team with almost 11 years experience in working with various medical associations. Joyce is a Certified Meeting Professional. Michael P. Flanagan, CAE, takes on the role as NAEMSP's Grants Project Director. He is a Certified Association Executive with many years of experience working with boards and committees. For those of you at the 2002 Annual Meeting, we hope you had a chance to meet Joyce and Mike. The meeting was an excellent opportunity for each of them to train under current staff guidance as well as interact with you, our members, and get to know the organization first hand!

NATIONAL ASSOCIATION OF EMS PHYSICIANS (NAEMSP) MERCHANDISE ORDER FORM

Return order form to:

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The deadline for article and advertisement submissions for the May/June 2002 issue of NAEMSP News is March 28, 2002.

Christiana Care Health System

Christiana Care Health System is accepting applications for those interested in pursuing a Fellowship in Emergency Medical Services. The Fellowship is a 12-24 month SAEM/Physio-Control approved program, with emphasis on EMS research and education.

Christiana Care Health System is an academic residency training site in Delaware, with an established clinical research program for emergency medicine, trauma, and cardiology, and is primarily involved in education, command, medical direction, and research for EMS across the State of Delaware.

Candidates for the 2002-2003 academic year are currently being sought for this exciting program, and should be BC/BE emergency medicine residency trained physicians. Those interested are encouraged to contact Dr. E. David Bailey at 302/733-1840. Write: Christiana Care Health System, Department of Emergency Medicine, 4755 Ogletown-Stanton Road, Newark, DE 19718. E-mail: edbaileymd@aol.com.



www.ecu.edu/emed



www.uhseast.com/root/rch

Tired of the Big City hustle and bustle? Want to try practicing emergency medicine in a more laid-back setting? Check out rural eastern North Carolina!

The Brody School of Medicine at East Carolina University is recruiting community emergency physicians to staff the ED at Roanoke-Chowan Hospital in Ahoskie NC, starting July 1, 2002. The newly constructed ED opened in September 2001 and sees about 17,000 patients per year, with a 30% admission rate. There will be single physician coverage, complemented by a physician extender on the weekends. There is a diverse medical staff covering most major specialties and providing excellent back-up for this 124-bed hospital, providing care to 39,000 people in the region. We are recruiting for a Medical Director, an EMS physician and two to three staff physicians. Preference will be given to physicians with emergency medicine residency training or ABEM/AOBEM certification, but primary care board certification also acceptable. The physicians will have faculty appointments with the Department of Emergency Medicine at the Brody School of Medicine, which is based clinically at Pitt County Memorial Hospital, a 740-bed Level I trauma center, with 55,000 ED visits per year, in Greenville NC. The group staffing the ED at Roanoke-Chowan Hospital will function as an independent unit within the department. Ahoskie is in the northeast quadrant of NC, near the border with Virginia and the beautiful Albemarle Sound. It is a relaxed and very family-oriented community, located two hours from the coast and four hours from Washington, DC. Compensation is competitive and commensurate with qualifications; an excellent fringe benefits program is provided.

Please submit letter of interest and curriculum vitae to:

Nicholas Benson, MD, MBA
Professor and Chair
Department of Emergency Medicine
The Brody School of Medicine at East Carolina University
600 Moye Boulevard
Greenville, North Carolina, 27858-4354
Phone 252-816-4757; Fax 252-816-5014

ECU is an EEO/AA employer and accommodates individuals with disabilities. Applicants must comply with the Immigration Reform and Control Act. Proper documentation of identity and employability required at the time of employment. Current references must be provided upon request.

EMS FELLOWSHIP POSITION

The University of Chicago, Section of Emergency Medicine is accepting applications to its EMS Fellowship program for one or two year terms. Fellowship will be conducted in an academic setting affiliated with one of the largest EMS providers in the country. Abundant scholarly and field opportunities are available along with support for meeting attendance, office space, computer facilities, books and journals. The University of Chicago has full approval as a SAEM/Physio-Control EMS Fellowship site. For further information please contact:

Cai Glushak, MD
EMS Medical/Fellowship Director
773-702-9502
cglushak@medicine.bsd.uchicago.edu



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ALBANY MEDICAL COLLEGE

Emergency Medical Services Fellowship sponsored by the Department of Emergency Medicine. Hands-on experience in EMS practice and management with both ground and air medical agencies. Medical student, resident and out-of-hospital provider education is emphasized, as is research. Motivated BC/BE emergency physicians interested should send CV to: Deb Funk, MD, EMS Fellowship Director, Albany Medical College, MC-179, 47 New Scotland Ave., Albany, NY 12208, or call 518/262-8800. Affirmative Action/Equal Opportunity Employer.

EMS Calendar

March 7-9, 2002: American College of Emergency Physicians International Conference on Emergency and Disaster Medicine. "Meeting Society's Need for Disaster Preparedness." Location: Torino, Italy. Contact: Daniela Pilato at dpilato@mafservizi.it.

March 12-16, 2002: JEMS 20th Annual EMS Today Conference & Exposition. Location: Kansas City Convention Center, Kansas City, Missouri. Contact: JEMS Communications at 800/266-5367, or visit www.jems.com.

March 14, 2002: Cellular New York State Emergency Call Locator Partnership Meeting. Location: Syracuse, New York. Contact: Shari Sterle at 315/464-4365, or visit www.upstate.edu.

March 14-17, 2002: American Academy of Emergency Medicine 8th Annual Scientific Assembly. Location: Hyatt Regency San Francisco, San Francisco, California. Contact: AAEM Executive Office at 800/884-2236, or visit www.aaem.org.

March 20-22, 2002: University of Arizona College of Medicine and Arizona Emergency Medicine Research Center at the Arizona Health Sciences Center's Advanced Hazmat Life Support Conference. Location: University Medical Center, Tucson, Arizona. Contact: Danielle Crouse at 520/626-2305, or e-mail at ahlsinfo@aemrc.arizona.edu.

April 8-9, 2000: American College of Emergency Physicians (ACEP) Emergency Medicine Connection Meeting. Location: Paris Las Vegas Resort & Casino, Las Vegas, Nevada. Contact: 877/800-3431, or visit www.paris-lv.com.

April 15-17, 2002: Third National Congress on Childhood Emergencies. Location: Adams Mark Hotel, Dallas, Texas. Contact: 202/884-4927, or visit www.ems-c.org.

April 18, 2002: Congressional Fire Services Institute (CFSI) Fourteenth Annual National Fire and Emergency Services "Protecting Our Nation" Dinner and Seminars. Location: Hilton Washington and Towers, Washington, D.C. Contact: Jori Wilmoth at 202/371-1277, or visit www.cfsi.org.

April 24-26, 2002: National Academies of Emergency Dispatch (NAED) NAVIGATOR 2002 Emergency Dispatch Summit and Conference. Location: St. Petersburg Hilton Hotel, St. Petersburg, Florida (Tampa Bay). Contact: NAED Executive Office at 800/960-6236, or 801/359-6916, or visit www.emergencydispatch.org.

April 26-28, 2002: SLAM: Emergency & Rescue Airway Conference for Field, Hospital and Office Settings, Trauma Care International; Dallas, 866/226-SLAM; www.AirwayEducation.com.

June 2-5, 2002: American College of Surgeons Trauma and Critical Care 2002 Conference. Location: Atlantic City, New Jersey. Contact: 205/502-1575.

June 3-8, 2002: Emergency Medicine Association of Turkey 1st World Conference on Emergency & Military Contingency Medicine. Location: Kemer, Antalya, Turkey. Contact: www.emcm2002.org.

June 13-15, 2002: American College of Emergency Physicians (ACEP) California Chapter 31st Annual Meeting: Scientific Assembly at the Beach. Location: The Westin Hotel, Long Beach, California. Contact: 800/735-2237, or e-mail calacep@calacep.org.

June 17-21, 2002: 9th International Conference on Emergency Medicine, International Federation for Emergency Medicine; Edinburgh, Scotland; www.9icem.com; 44(0)208743 3106.

September 3-6, 2002: National Association of EMS Educators Conference. Location: Portland, Oregon. Contact: 310/794-8798, or visit www.pcrf.mednet.ucla.edu.

September 17-20, 2002: Swiss Air-Rescue/Rega Airmed 2002 World Congress Conference. Location: Interlaken, Switzerland. Contact: (011) 41-33-827-62-00, or visit WWW.AIRMED2002.organization@rega.ch.

October 20-26, 2002: National Association of State EMS Directors (NASEMSD) 2002 Annual Meeting. Location: Portland, Maine. Contact: NASEMSD Executive Office at 703/538-1799, or visit www.nasemsd.org.

January 16-18, 2003: National Association of EMS Physicians (NAEMSP) 2003 Annual Meeting: Specialty Workshops, Scientific Assembly and Trade Show. Location: Marriott Bay Point Resort Village, Panama City Beach, Florida. Contact: 913/492-5858, ext. 448, 800/228-3677, or visit www.naemsp.org for more details.



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