# NEWS

Newsletter of the National Association of EMS Physicians

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# The HIPAA Privacy Rule and EMS Providers

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State of Maryland

Many questions have arisen regarding the new Health Insurance Portability and Accountability Act (HIPAA) regulations. This article, written by an Assistant Attorney General for Maryland, provides a brief overview of this complex regulation that will likely have major implications for health care providers including EMS.

The HIPAA Privacy Rule is a set of federal regulations published in final form on December 28, 2000, in the Federal Register (65 FR 82462). The regulations were issued under a 1996 federal statute known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

EMS providers who engage in transactions that transmit protected health information in electronic form will need to comply with the HIPAA Privacy Rule by April 14, 2003. The rule took effect April 14, 2001.

There may be future clarifications, but EMS providers need to plan now for compliance and should consult their counsel with regard to what, if any, steps may be necessary in order to comply with the HIPAA Privacy Rule.

The HIPAA Privacy Rule applies to "**covered entities**" that engage in "**transactions**" which transmit "**protected health information**" in "**electronic form**".

A "**covered entity**" is:

(1) A health plan.
(2) A health care clearinghouse.
(3) A health care provider who transmits any health information **in electronic form** in connection with a **transaction** covered by this subchapter (45 CFR 160.103).

A "**transaction**" is defined as one of the following:

(1) Health claims or equivalent encounter information.
(2) Health claims attachments.
(3) Enrollment and disenrollment in a health plan.
(4) Eligibility for a health plan.
(5) Health care payment and remittance advice.
(6) Health plan premium payments.
(7) First report of injury.
(8) Health claim status.
(9) Referral certification and authorization [42 USC § 1320d-2(a)(2)].

"**Protected Health Information**" is information that:

(1) Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and
(2) Relates to the past, present, or future physical or mental health, or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and
(3) (i) Identifies the individual; or
    (ii) There is a reasonable basis to believe the information can be used to identify the individual (45 CFR 164.501).

"**Electronic form**" includes the Internet (wide-open), Extranet (using Internet technology to link a business with information only accessible to collaborating parties), leased lines, dial-up lines, private networks, and those transmissions that are physically moved from one location to another using magnetic tape, disk, or compact disk media (45 CFR 162.103).

If a covered entity transmits a transaction in electronic form anywhere at any time in connection with a patient, all protected health information concerning that patient is covered by the HIPAA Privacy Rule whether in electronic form, written form or even verbal form.

EMS providers are certainly health care providers. The HIPAA Privacy Rule covers those who engage in transactions that transmit protected health information in electronic form.

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# President's Corner

Richard C. Hunt, MD, FACEP

For the past three years I've had the privilege of judging the Cellular Telephone and Internet Association's Vita Wireless Samaritan Awards. These awards are the wireless industry's opportunity to recognize those extraordinary individuals who have used their wireless phones to aid in an emergency.

In June, I attended the Vita Awards ceremony at the National Building Museum in Washington, D.C. It was a "class act." In attendance were award winners, representatives from the largest telecommunications companies in the world, and approximately half a dozen congressmen.

The stories that each award winner had were testimony to how cellular phones really have become lifesaving tools. This year's winners used their cell phones to save twenty-three lives, aid in fourteen vehicular crashes, apprehend two murderers, rescue two kidnapping victims, deliver a baby, stop domestic violence and child abuse, pull over a drunk driver, and help the homeless communicate with their relatives.

As I sat at the ceremony honoring these individuals it struck me how this very large industry had made a significant contribution to the fabric of our nation's public safety net. A profound irony to this success in public safety is how cellular phones have compromised our safety net known as enhanced 911.

We in EMS have been proud of how we have come so very close to blanketing the entire United States with landline enhanced 911. Knowledge of location and identity of caller at the time a call is placed from a landline phone has indeed been a success and has saved lives. Enhanced 911 does not exist with cellular phones. ***No one knows where you are if you call 911 with a cellular phone.***

In June 2000, the Cellular Phone and Internet Association reported that there are over one hundred fifteen million wireless users making over one hundred forty thousand emergency calls each day, close to ninety-six calls per minute. Additionally, about thirty percent of all 911 calls in 1999 were made using cellular phones. That number is projected to reach approximately 70% by 2004.

A few years ago, every now and then you would see an article in the newspaper about how someone couldn't be found when he or she used their cellular phone to call 911. Now it is a common occurrence; it is in the press, and it has become the topic of TV news shows. A most horrific example shown on a TV news show played the 911-center audiotape of a woman involved in a crash calling for help on a cellular phone. She died prior to help arriving because she couldn't be found.

Another irony to this is that the technological solutions to enhanced 911 for cellular phones already exist. However, the solutions to overcoming the political barriers are much more challenging. It is a complicated issue involving many, many stakeholders including industry, public agencies, professional and trade organizations, legislators, local government and the federal government. The loser to date in the struggle to attain wireless enhanced 911 is the public and our EMS system's future patients. Fortunately, NHTSA and the Intelligent Transportation System are helping to drive solutions to this problem.

Should this be something to be concerned about? Is it something that should be on NAEMSP's radar screen? Access to emergency care has been prominent in the national press over the past few years, more recently highlighted by ED overcrowding.

This issue concerns access to Emergency Medical Services (EMS). I believe access to EMS is definitely our issue. Our EMS system's ability to respond has certainly been compromised when no one can find the individual calling for help. And the timeliness of pre-hospital EMS response certainly makes a difference in some of our patients' outcomes.

This problem is certainly one that begs for our leadership. How can you, as a single NAEMSP member, influence this issue, which involves anyone who has a cellular phone? The first step that I would take is to call and set up a time to meet with your 911-center manager and your EMS administrator. Trying to understand how this issue is being approached at the local level will be very important in providing leadership that will translate into national leadership on this issue. ✶

***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.

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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.

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**Copy Deadlines**

September 2001 issue: *July 27, 2001*
November 2001 issue: *September 27, 2001*

# NAEMSP 2002 Annual Meeting: Specialty Workshops, Scientific Assemby and Trade Show

## The Westin La Paloma Resort & Spa ▮ Tucson, Arizona ▮ January 10-12, 2002

The following is a draft preliminary program of NAEMSP's January 2002 Annual Meeting. Please note that topics and times are subject to change. The program will continue to be published in this newsletter as it evolves. You can also watch our Web site at www.naemsp.org for updates and more information. The preliminary program will be mailed to all NAEMSP members in mid-October. Various pre and post-conference workshops will also be held, including the NAEMSP National EMS Medical Directors Course, the leading EMS medical director educational course.

Don't miss this opportunity to participate in these exceptional educational offerings and to network and socialize with the EMS leadership and your colleagues at this fabulous resort! You can visit The Westin La Paloma Resort Web site at www.westin.com, click on "quick search" for Arizona and enter "The Westin La Paloma Resort & Spa." There are many activities and tourist attractions near this fabulous resort. For more information on area attractions, visit the Metropolitan Tucson Convention & Visitors Bureau Web site at http://www.arizonaguide.com/destinations/cities/tucson.shtml. You must be attending NAEMSP's annual meeting to receive the discounted hotel room rate.

## SCHEDULE OF EVENTS

### Sunday, January 6

| | |
|---|---|
| 1:00 p.m. – 5:00 p.m. | NAEMSP National EMS Medical Directors Course and Practicum begins |

### Monday, January 7

| | |
|---|---|
| 8:00 p.m. – 6:00 p.m. | NAEMSP National EMS Medical Directors Course and Practicum |

### Tuesday, January 8

| | |
|---|---|
| 8:00 a.m. – 6:00 p.m. | NAEMSP National EMS Medical Directors Course and Practicum |
| 8:00 a.m. – 9:00 a.m. | NAEMSP Finance Committee Meeting |
| 9:00 a.m. – 5:00 p.m. | NAEMSP Board of Directors Meeting |

### Wednesday, January 9

| | |
|---|---|
| 8:00 a.m. – 1:00 p.m. | NAEMSP National EMS Medical Directors Course and Practicum concludes |

*Pre-conference Activities*

| | |
|---|---|
| 8:00 a.m. – 5:00 p.m. | NAEMSP Research Workshop |
| 8:00 a.m. – 5:00 p.m. | Operational Medicine Field Exercise |
| 8:00 a.m. – 5:00 p.m. | CONTOMS (or equivalent) Medical Directors Course |
| 5:00 p.m. – 7:00 p.m. | Committee Meetings – See tentative schedule on page 4 |

### Thursday, January 10

*Conference Sessions begin*

| | |
|---|---|
| 7:00 a.m. – 9:00 a.m. | Committee Meetings *(All attendees are welcome and encouraged to attend committee meetings)* – See tentative schedule on page 4 |
| 8:00 a.m. – 3:30 p.m. | Poster Presentations & International Posters Open – Session #1 |
| 8:30 a.m. – 5:00 p.m. | Incident Command System (ICS) Course |
| 11:00 a.m. – 3:30 p.m. | **Exhibit Hall Open** |

GENERAL SESSIONS

| | |
|---|---|
| 9:00 a.m.- 10:00 a.m. | Introduction and Welcome, President's Address, and NAEMSP Business Meeting |
| 10:00 a.m. – 11:00 a.m. | C.J. Shanaberger Memorial Lecture and Keynote Address |
| 11:00 a.m. – 11:30 a.m. | **REFRESHMENT BREAK in EXHIBIT HALL** |
| 11:30 a.m. – 12:30 p.m. | Research Presentations, Hour #1 |
| 12:30 p.m. – 1:30 p.m. | **LUNCH ON OWN** |
| 12:30 p.m. – 1:30 p.m. | *Prehospital Emergency Care (PEC)* Editorial Board Meeting and Luncheon *(by invitation only)* |

*Seminar on Medical Direction*

| | |
|---|---|
| 1:30 p.m. – 2:15 p.m. | Medical Direction Styles – *Panel Discussion* |
| 2:15 p.m. – 3:00 p.m. | Medical Director Pitfalls – *Panel Discussion* |
| 3:00 p.m. – 3:30 p.m. | **REFRESHMENT BREAK IN EXHIBIT HALL** |
| 3:30 p.m. – 4:15 p.m. | Personnel Problems and Solutions |
| 4:15 p.m. – 5:15 p.m. | Medicolegal Cases involving Medical Direction |
| 5:15 p.m. – 6:15 p.m. | Moderated Poster Session #1 *(International included)* |
| 6:30 p.m. – 8:30 p.m. | **WELCOME RECEPTION IN EXHIBIT HALL** |

### Friday, January 11

| | |
|---|---|
| 7:00 a.m. – 9:00 a.m. | Committee Meetings *(All attendees are welcome and encouraged to attend committee meetings.)* – See tentative schedule on page 4 |
| 7:30 a.m. – 9:30 a.m. | **CONTINENTAL BREAKFAST IN EXHIBIT HALL** |
| 7:30 a.m. – 3:45 p.m. | **Exhibit Hall Open** |
| 7:30 a.m. – 3:45 p.m. | Poster Presentations Open – Session #2 *(International included)* |

GENERAL SESSIONS

| | |
|---|---|
| 8:00 a.m. – 9:00 a.m. | Research Presentations, Hour #2 |
| 9:00 a.m. – Noon | Computers for Medical Professionals I: *(Optional; additional fee required)* |

## Friday, January 11 *(continued)*

### GENERAL SESSIONS

| | |
|---|---|
| 9:00 a.m. – 9:45 a.m. | International Disaster Response |
| 9:45 a.m. – 10:30 a.m. | Ambulance Diversion – *Models for Survival* |
| 10:30 a.m. – 11:00 a.m. | **REFRESHMENT BREAK in EXHIBIT HALL** |
| 11:00 a.m. – Noon | Research Presentations, Hour #3 |
| Noon – 1:00 p.m. | **LUNCH ON OWN** or **Diversity in EMS Luncheon** *(additional fee required)* |
| 1:30 p.m. – 3:30 p.m. | **EMS System Showcase** |
| 1:00 p.m. – 1:45 p.m. | Rural |
| 1:45 p.m. – 2:30 p.m. | Urban |
| 2:30 p.m. – 3:15 p.m. | International |
| 3:15 p.m. – 3:30 p.m. | Questions and Panel Discussion |
| 1:00 p.m. – 4:00 p.m. | Computers for Medical Professionals II: *(Optional; additional fee required)* |
| 3:30 p.m. – 3:45 p.m. | **REFRESHMENT BREAK IN EXHIBIT HALL** |

**3:45 p.m. – 5:00 p.m.**
**The remainder of this afternoon is free to enjoy this beautiful resort! Be sure to return for the Moderated Poster Session #2 beginning at 5:00 p.m. and the social event following at 6:00 p.m.**

| | |
|---|---|
| 5:00 p.m. – 6:00 p.m. | Industry Relations Task Force Meeting |
| 5:00 p.m. – 6:00 p.m. | Joint Trauma Arrest Task Force Meeting |
| 5:00 p.m. – 6:00 p.m. | Moderated Poster Session #2 *(International included)* |
| 6:00 p.m. – 8:00 p.m. | **SOCIAL EVENT** |

## Saturday, January 12

| | |
|---|---|
| 6:30 a.m. – 8:00 a.m. | **Continental Breakfast for Committee Meeting Attendees** |
| 7:00 a.m. – 9:00 a.m. | Committee Meetings *(All attendees are welcome and encouraged to attend committee meetings.) – see tentative schedule on page 4* |
| 8:00 a.m. – 9:00 a.m. | Research Presentations, Hour #4 |
| 8:00 a.m. – 10:00 a.m. | Poster Presentations and International Posters Open – Session #2 |
| 9:00 a.m. – 10:00 a.m. | Research Agenda Rollout |
| 10:00 a.m. – 10:15 a.m. | **REFRESHMENT BREAK** |

### CONCURRENT SESSION I: 10:45 a.m. – 12:45 p.m.

### TRACK I: Systems Design/Integration Issues

| | |
|---|---|
| 10:15 a.m. – 11:00 a.m. | EMTALA Update – *Current Prehospital Experience* |
| 11:00 a.m. – 11:45 a.m. | Critical Care/Inter-facility Transport Issues |
| 11:45 a.m. – 12:30 p.m. | Integrating Ground and Air Services |
| 12:30 p.m. – 12:45 p.m. | Panel Discussion |

### TRACK II: Prehospital Education

| | |
|---|---|
| 10:15 a.m. – 11:15 a.m. | Effective Models for Resident EMS Education |
| 11:15 a.m. – 12:00 noon | Innovations in Pediatric Education |
| 12:00 noon – 12:45 p.m. | ALIVE trial – *Lidocaine or Amiodarone* |
| 12:45 p.m. – 2:00 p.m. | **AWARDS LUNCHEON** |

### CONCURRENT SESSION II: 2:15 p.m. – 5:00 p.m.

### TRACK III: New Technology Integration in EMS

| | |
|---|---|
| 2:15 p.m. – 3:00 p.m. | Wireless E-911 |
| 3:00 p.m. – 3:45 p.m. | Prehospital Applications of Telemedicine |
| 3:45 p.m. – 4:00 p.m. | **REFRESHMENT BREAK** |
| 4:00 p.m. – 5:00 p.m. | Using Technology to Enhance the CQI process |

### TRACK IV: Hot Topics Issues

| | |
|---|---|
| 2:15 p.m. – 3:00 p.m. | Should This Study Change My Practice? |
| 3:00 p.m. – 3:45 p.m. | Errors in EMS Practice |
| 3:45 p.m. – 4:00 p.m. | **REFRESHMENT BREAK** |
| 4:00 p.m. – 5:00 p.m. | Wellness Issues for Prehospital Personnel |

## Sunday, January 13

| | |
|---|---|
| 8:00 a.m. – Noon | President's Council Meeting |
| Noon – 3:00 p.m. | Board of Directors Meeting |

## Tentative 2002 Annual Conference Committee/Task Force Meeting Schedule

**WEDNESDAY, JANUARY 9, 2002: 5:00 p.m. – 7:00 p.m.**

Standards and Clinical Practice Committee (Ritu Sahni)

**THURSDAY, JANUARY 10, 2002: 7:00 a.m. – 9:00 a.m.**

Research Committee (Robert Swor)
Operational EMS Subcommittee (Edward Racht)
Diversity Task Force (Lori Moore)
EMS Physician Certification Task Force (Jon Krohmer)
Rural Affairs Task Force (Douglas Kupas)

**FRIDAY, JANUARY 11, 2002: 7:00 a.m. – 9:00 a.m.**

Communications Committee and Technology Task Force (Cal Glushak and Gregg Mears)

Air Medical Services Task Force (Steve Thomas)

Operational EMS Task Force (Edward Racht)

EMS Administrators Task Force (Will Chaplaeu)

EMS Fellow & Fellowship Graduates Task Force (Guillermo Pierluisi)

International Affairs Task Force (Franci Mencl)

**5:00 p.m. – 6:00 p.m.**

Industry Relations Task Force (Mike Sucher)

Joint Trauma Arrest Task Force (Jon Krohmer)

**SATURDAY, JANUARY 12, 2002: 7:00 a.m. – 9:00 p.m.**

Program Committee (Thomas Blackwell and Debra Perina)
Pediatrics Task Force (Richard Orr)
Membership Committee (David Cone)
EMS Fellowship Directors

## The HIPAA Privacy Rule and EMS Providers

*continued from page 1*

In general, the HIPAA Privacy Rule creates detailed federal confidentiality requirements for protected health information.

Entities covered by the regulations will be required to:

- obtain formal consent to obtain health information for treating the patient, billing, and performing activities such as quality assurance and medical review;
- obtain formal authorization for other uses of protected health information;
- maintain safeguards to protect health information;
- notify patients of the policies and procedures for protection of health information;
- maintain records on the use and disclosure of protected health information;
- establish a procedure and designate a person for dealing with protected health information; and
- train employees who handle protected health information.

The HIPAA privacy rule presents unique problems for EMS. If consents cannot be obtained and notices cannot be given at first service delivery due to an emergency, consents must be obtained and notices given as soon as it is practicable to do so. This requirement can be expected to create a need for follow up contact with patients.

How the HIPAA privacy rule will be applied to radio base station communications is not resolved.

Violations of the HIPAA Privacy Rule carry serious consequences. HIPAA provides criminal and civil penalties for the improper use of protected health information. The penalties include civil damages of $100 per incident, up to $25,000 per person per year. In addition there are criminal penalties of fines up to $50,000 and imprisonment for up to one year for improperly obtaining or disclosing protected health information, fines up to $100,000 and imprisonment for up to five years for obtaining or disclosing protected health information by false pretenses, and fines up to $250,000 and imprisonment for up to 10 years for improperly obtaining or disclosing protected health information with intent to sell, transfer, or use the information for commercial advantage, personal gain, or malicious harm.

Further information on the HIPAA Privacy Rule can be found at http://www.hhs.gov/ocr/hipaa/. ✶

## Mark Your Calendar

### 2002 Annual Meeting January 10-12

Are you coming to Tucson? You don't want to miss this year's NAEMSP Annual Meeting: Specialty Workshops, Scientific Assembly and Trade show at The Westin La Paloma in Tucson, Arizona! The dates for the conference are January 10-12. The NAEMSP National EMS Medical Directors Course will be held January 6-9. Pre- and Post Conference Workshops will be held January 9 & 13. We have an outstanding room rate of only $177.00 plus tax, so make your room reservations early! You can contact The Westin La Paloma Resort & Spa's reservations department at 800/937-8461. Be sure to mention you are with NAEMSP. Visit The Westin La Paloma's Web site at www.westin.com. The preliminary program brochures will be mailed in early October.

## Call for Abstracts Third National Congress On Childhood Emergencies

### April 15-17, 2002 • Dallas, Texas

This federally-sponsored, multi-disciplinary conference of practitioners and researchers is focused on reducing morbidity and mortality in children and youth by educating and training professionals on how to improve the entire continuum of pediatric emergency health care. The theme of the 2002 Congress, "Taking Action, Saving Lives," reflects the federal EMSC program's goals of creating action to improve care; encouraging dynamic interchanges among providers, researchers, administrators, and families; and translating research into effective practice and policy. Conference sessions will focus on illness and injury prevention, primary care, prehospital and emergency department care, acute care, rehabilitation, and re- entry into the community. The conference will also explore issues surrounding managed care, pediatric disaster response, child and school health care, family-centered care, and children with special health care needs. Participants include clinical and non- clinical individuals, representatives from national organizations and federal agencies interested in improving emergency care for children.

Program presentation proposals are being solicited for: illness and injury prevention, primary care, prehospital and ED care, acute care, rehabilitation, patient safety, pediatric mental health, bereavement, child and school health care, family-centered care, etc. The proposal deadline is August 3, 2001 and the abstract deadline is November 30, 2001, and forms are now available for downloading from www.ems-c.org. ✶

## Reminder

### Nominate Your Fellow for the NAEMSP EMS Fellowship Recognition Award

In 2000, the NAEMSP Board of Directors voted to create an award to recognize those physicians who had completed bona fide fellowships in emergency medical services. Discussions at meetings of both EMS fellowship directors and the board of directors led to the realization that this was a way NAEMSP could acknowledge the demonstrated commitment and accomplishments of these distinguished EMS physicians.

To be eligible for the recognition award, the physician must have completed the EMS fellowship after June 30, 1999, and be nominated by his or her fellowship director. **Nomination forms may be obtained from the NAEMSP Executive Office by calling 800/228-3677, ext. 448, or e-mail to: info-naemsp@goAMP.com.** Using this form, fellowship directors must indicate that the graduated fellow has acquired expertise in several areas of EMS medical direction and has fulfilled a research requirement. Additionally, both the fellowship director and the EMS fellow must be members of NAEMSP.

Now is the time to look toward our January 2002 Annual Meeting, when NAEMSP hopes to acknowledge several recently graduated EMS fellows. Fellowship directors should be guiding fellows toward completion of projects and ensuring that last year's graduates fulfill leftover obligations.

**Again, nomination forms can be obtained from the NAEMSP Executive Office. The submission deadline for the January 2002 awards is November 26, 2001.**

*Just when you thought the EMTALA door was closed…*

# *Arrington v. Wong:* Analysis and Update

Mark Greenwood, DO, JD

The Emergency Medical Treatment and Active Labor Act (EMTALA) was enacted in 1985 to prevent hospitals from refusing to provide care to indigent patients with emergency medical conditions. EMTALA takes effect when a patient "comes to the emergency department,"[1] so it generally does not apply in the out-of-hospital setting. There are, however, two exceptions. First, EMTALA is triggered by the patient's arrival in the ED and continues to apply until all emergency medical conditions have been stabilized, including through completion of interhospital transfer.

A second circumstance, and one unlike the first because it involves the *prehospital* setting, occurs when a patient enters a hospital-owned and operated ambulance. EMTALA is triggered because a patient in a hospital-owned ambulance is considered to be on hospital property, and thereby has satisfied the "comes to the emergency department" requirement, despite their not having physically arrived at the hospital. (This is the one reference in the EMTALA statute specifying a direct application of the law to ambulance patients.)

A recent court decision has set the stage to expand EMTALA in the prehospital setting by having it apply to patients in county, private and other ambulances that are not hospital-owned. The 9th U.S. Circuit Court of Appeals, in *Arrington v. Wong* (1992),[2] addressed whether an emergency physician, hospital and EMTs violated EMTALA by deciding not to take a patient in severe respiratory distress to the closest hospital. More specifically, the court considered whether it was reasonable and in keeping with the purpose of EMTALA for the EMTs to divert, based on telemetry contact with the hospital ED physician while the patient was en route to that hospital, to one that was more distant. The issue before the court was, in its own words, "whether Arrington's attempt to reach the hospital falls within the scope of EMTALA's 'comes to the emergency department' language."[3] In deciding that it did, the court subjected the hospital to further litigation for failing to comply with the EMTALA requirement that it provide a screening examination and stabilizing treatment within the scope of its capabilities.

The facts of this case are that the EMTs were en route with Mr. Arrington to the closest hospital, Queen's Medical Center in Honolulu, when they contacted by radio Dr. Wong, the ED physician. They relayed that Mr. Arrington was "in severe respiratory distress speaking 1-2 words at a time and breathing about 50 times a minute."[4] Dr. Wong, after receiving the information, inquired as to the patient's private physician. The EMTs responded: "patient is a Tripler [Army Medical Center] patient, being that he was in severe respiratory distress we thought we'd come to a close facility."[5] Dr. Wong then responded: "If you start on the treatment with the oblasics (uncertain meaning of this word; perhaps "basics;" author) and the nitro I think it would be okay to go to Tripler."[6] The EMTs followed his advice. Mr. Arrington arrested two minutes after his arrival at Tripler and died less than an hour later.[7] Tripler is located five miles away from Queens.[8] The ambulance left the scene at 12:24 a.m. and arrived at Tripler at 12:40, a 16-minute transport time; but the time at which the EMTs contacted Dr. Wong was not specified by the court.

Before *Arrington*, the Illinois case *Johnson v. University of Chicago Hospitals* (1992),[9] set the precedent for EMTALA's application in ambulance diversion. But despite strong factual similarities, the courts reached opposite conclusions. To distinguish its case from *Johnson*, the *Arrington* Court noted that, unlike University of Chicago Hospital, Queen's Medical Center was not on diversion when it received the telemetry call. It noted that HCFA regulations (which serve to interpret EMTALA and have the force of law) provide for an expansive scope of the phrase "comes to the emergency department."[10] The court also noted that this was reflected in a HCFA regulation that (in this court's interpretation) would prohibit diversion for other than treatment-related reasons.[11] In addition, it noted that this was consistent with HCFA's position that "it would defeat the purpose of EMTALA [to] allow hospitals to rely on narrow, legalistic definitions of 'comes to the emergency department' to escape their EMTALA obligations."[12] The court went so far as to cite dictionaries, one of which defined the term "come[s] to" as meaning "to move toward or away from something . . . APPROACH . . . . "[13] Accordingly, it decided that "Arrington's attempt to reach the hospital [fell] within the scope of EMTALA's 'comes to' language."[14] The court held that "a hospital may divert an ambulance that has contacted its emergency room and is on its way to the hospital only if the hospital is on diversionary status."[15] In reaching its opinion, the court expressed its concern that patients be protected from telemetry schemes that may result in patient dumping.

However, not all of the judges agreed with the ruling. A dissenting judge based his opinion on the "plain meaning" of EMTALA, which he believes requires that for EMTALA to apply "a person must be at the hospital physically." In a footnote referring to patients that presumably includes those in hospital-owned ambulances he stated " . . . I assume, without deciding, that being somewhere on hospital property is a sufficient coming to the emergency department."[16] He warned that for well-intentioned regulators and judges to make a series of haphazard amendments to EMTALA would "create a quagmire of uncertainty for hundreds of hospitals, and those who run them."[17]

Despite the courts reaching opposite conclusions, a closer inspection of the two cases reveals that *Arrington* was not as significant a departure from *Johnson* as it may first appear. In *Johnson* amicus ("friends of the court") briefs were filed in support of the University of Chicago Hospital by various organizations including the Illinois Hospital Association, the Illinois Association of Emergency Physicians, and a number of major Chicago-area medical centers. No amicus briefs were filed for *Arrington*. One explanation for this difference is that *Johnson* was the first to consider the EMS diversion issue and, therefore, was "a case of first impression" for the courts. Also, the


**Mark Greenwood, DO, JD**

Dr. Greenwood is a flight physician at Aero Med at Spectrum Health, Grand Rapids, Michigan and an emergency physician at Clinton Memorial Hospital, a Division of The Sparrow Health System, St. John's, Michigan.

absence of briefs in *Arrington* may be the result of the mistaken belief that, given the similar facts of these cases, *Johnson* represented a settled area of law and the result in *Arrington* would be the same. However, the court in *Johnson*, although ruling that there was no liability under EMTALA for diverting the patient in their case, did leave open the possibility, given the right circumstances, of later finding an EMTALA violation. In the words of the court, "Although a hospital could conceivably use a telemetry system in a scheme to dump patients, a persuasive argument to this effect is not before us in this case. If and when this issue is properly before us, the language and intent of the statute will have to be examined again."[18] Despite having been relegated to a footnote, this assertion now stands as an obvious clue that this issue was not settled at all, as *Arrington* has shown.

EMTALA regulations generally are enforced by HCFA; but as in *Arrington*, enforcement may also occur by way of civil lawsuits brought by individuals. However, because an individual alleging an EMTALA violation can sue hospitals, but not physicians, the immediate effect of the *Arrington* Court's ruling is merely to provide the Arrington Estate with a possible cause of action in a civil trial against Queen's Medical Center. In addition, this opinion is binding only in the 9th Circuit, which includes most of the Western states, and Guam.[19] But despite these limitations, it is the type of decision that is likely to be cited in other courts, and may have far-reaching impact on EMS providers, emergency department physicians, and hospitals. Queen's Medical Center has decided not to appeal the case to the U.S. Supreme Court (personal communication, William S. Hunt).[20]

The *Arrington* decision is especially noteworthy because it comes at a time when emergency departments are increasingly overcrowded and ambulances are frequently forced to divert to more distant hospitals. To limit liability related to EMTALA, hospitals should have clearly written and comprehensive policies on ambulance diversion. Policies should require that EMS system participants (EMS system hospitals, transporting agencies, and EMS communication centers) be formally notified as soon as it is apparent to a hospital that it does not have adequate resources to manage additional emergency patients. The decision to go on diversion status should be made with the understanding that doing so may adversely affect both patient care and the EMS system. Those responsible for developing policies for ambulance diversion and bypass should look to the law, both state and federal, that is controlling. This includes statutes, such as EMTALA; regulations, such as those promulgated by HCFA; and case law of the courts that have jurisdiction in their area, such as *Arrington* in the 9$^{th}$ Circuit. The NAEMSP position paper on ambulance diversion should be used as a foundation for the development of these policies.[21]

The ever-expanding law of EMTALA, although laudable in its goals, may fail to measure up to the realities of dynamic and varied EMS systems. These gaps make interpretation and application of the law difficult. But what is clear, given *Arrington*, is the importance of having diversion policies that limit decision-making by hospital personnel that is contemporaneous to receiving a prehospital report. When this does occur, the closest appropriate hospital, if it has the ability to provide care to the patient, generally must do so. The rule then is "If you can, you must." This not only complies with the law in many states prohibiting closest appropriate hospitals from diverting patients, but also promotes efficient use of the EMS system and is in keeping with good patient care.


# Register for...

## NAEMSP Research Workshop

Date: Wednesday, January 9, 2002
Time: 8:00 a.m. to 5:00 p.m.
Maximum Enrollment: 30 Participants

NAEMSP members Drs. Jane Brice and Brooke Lerner will co-direct the NAEMSP Research Workshop at the 2002 NAEMSP Annual Meeting in Tucson, Arizona.

**General Information:**
This workshop was developed by NAEMSP to provide participants with the opportunity to improve their research skills and to develop practical strategies for conducting EMS research. Guided by faculty members, participants will work in groups to develop an EMS Research proposal. Fundamental research principles discussed will include:

- Formulating a research question
- Selecting an appropriate study design
- Data collection and management
- Statistical planning and analysis
- Software options and basic statistical tests
- Ethical considerations and consent issues in EMS
- Publishing and presenting research results

This is an excellent opportunity to learn research skills, as well as, exchange ideas and experience the collaborative spirit. To reserve a spot for this workshop, use the conference registration form when available in October. The research workshop is a pre-conference workshop.

**Faculty**: Jane Brice, MD, MPH; E. Brooke Lerner, PhD, EMT-P, David Cone, MD; Ronald Moscati, MD; Robert O'Connor, MD, MPH; Michael Sayre, MD; Robert Swor, MD; Lynn White, MS.



1. 42 U.S.C. § 1395dd(a).
2. *Arrington v. Wong*, 237 F.3d 1066 (9th Cir. 2001).
3. *Id.* at 1070.
4. *Id.* at 1069.
5. *Id.*
6. *Arrington v. Wong*, 19 F.Supp.2d 1151 (D.Hawai'i 1998) at 1153.
7. *Id.*
8. *Id.*
9. *Johnson v. University of Chicago Hospitals*, 982 F.2d 230 (7th Cir. 1992).
10. *Wong*, 237 F.3d at 1071 (*See* 42 C.F.R. § 489.24).
11. *Id.*
12. *Id.* at 1072, *quoting* EMTALA 42 C.F.R. § 489.24.
13. *Id.* at 1071, *quoting* Webster's Third New International Dictionary of the English Language Unabridged, ed. 1986.
14. *Id.* at 1070.
15. *Id.* at 1074.
16. *d.* at 1076.
17. *Wong*, 237 F.3d at 1075 (Fernandez, dissenting).
18. 982 F.2d 230 (7$^{th}$ Cir. 1992) at 233 n. 7.
19. The areas in the 9th Circuit Court include: Alaska, Arizona, California, Hawaii, Idaho, Montana, Nevada, Oregon, Washington and Guam.
20. Telephone communication with William S. Hunt, attorney at Alston, Hunt, Floyd, & Ing, Honolulu, representing Queen's Medical Center (June 4, 2001).
21. Glushak C, Delbridge TR, Garrison HG. Ambulance Diversion. Prehosp Emerg Care. 1997;1:100-03; also available at http://naemsp.org/Position%20Papers/AmbDivrsn.html. ✶

National Association of EMS Physicians
Annual Meeting • January 10-12, 2002
Westin La Paloma • Tucson, AZ

# Call for Abstracts and Submission Rules

## General Information

The National Association of EMS Physicians is now accepting abstracts for review for oral and poster presentations at the NAEMSP 2002 Annual Meeting in Tucson, Arizona. Authors are urged to submit original work involving EMS or resuscitation research. The full spectrum of out-of-hospital and resuscitation research will be considered; including basic science, clinical, health services research, epidemiological, operational, economic, and educational studies. Physicians, research scientists, out-of-hospital care providers, and administrators are all encouraged to submit their work.

All abstracts will be reviewed and scored in a blinded fashion by a subcommittee of the NAEMSP Research Committee. Papers will be selected for oral and for poster presentation, with exact numbers in each category to be determined by the number of submissions, time and space limitations at the meeting venue, etc. All selected abstracts will be published in *Prehospital Emergency Care(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.

Oral presentations will consist of a 10-minute platform presentation, followed by five minutes for questions and answers. A moderated poster session will supplement the display of poster abstracts. Cash awards will be given for Best Resident/Fellow Presentation, Best Scientific Presentation, Best Poster Presentation, and Best EMS Provider Research Presentation. Awards will be presented at the meeting.

**ABSTRACTS MUST BE SUBMITTED ELECTRONICALLY.** To do so, visit NAEMSP's Web site at www.naemsp.org. An exception to the electronic submission format is submissions from outside of North America. Those submissions may be faxed to 913/599-5340. See the FAX SUBMISSION RULES in this document for faxing rules.

**Abstract Deadline is Friday, September 7, 2001.** Abstracts must be received electronically by 12:00 Noon Central Daylight Time, on Friday, September 7. No exceptions will be granted.

Questions can be directed to the NAEMSP Executive Office at 800/228-3677.

## Electronic Submission Rules

1. Abstracts must be submitted electronically, with the exception of submissions from outside of North America, which may be faxed.
2. Without exception, submissions must be received at the NAEMSP Executive Office in Lenexa, Kansas by 12:00 Noon, Central Daylight Time on Friday, September 7, 2001. Late submissions will not be considered.
3. To ensure blinding, no identifying information should appear in the abstract.
4. The abstract must include:
   a. Statement of purpose or hypothesis, with other brief introductory material as needed.
   b. Statement of methods, to include such information as design, setting, participants/subjects, interventions/observations, etc. as needed to clearly demonstrate how the study was carried out.
   c. Summary of results presented in sufficient detail to support conclusion, with brief mention of statistics used (p values, confidence intervals, etc) to reach conclusions.
   d. Statement of conclusions reached, with important limitations if needed.

## Faxed Submission Rules (for submissions from outside of North America)

1. Without exception, submissions must be received at the NAEMSP Executive Office in Lenexa, Kansas by 12:00 Noon, Central Daylight Time on Friday, September 7, 2001. Late submissions will not be considered. Fax: 913/599-5340.
2. Abstracts should be typed using a fixed (not proportional) font such as Courier, within a box measuring 7.0" wide X 8.0" high. Horizontal dimensions must not exceed 12 characters per inch (please note that a "12 point" font is not necessarily 12 characters per inch). Vertical dimensions must not exceed 3 lines per inch (a maximum of 24 double-spaced lines), or with a combination of double-spaced text and single-spaced tables. Tables may be used and may be single-spaced, but must be of the same typeface as the body of the abstract. No illustrations, references, or names of institutions of authors are permitted in the abstract. Avoid bold print, underlines, etc. All text must fit within the box, which is 7.0" wide and 8.0" high. Authors unsure whether their abstracts conform to the submission rules may fax a "trial" submission to NAEMSP prior to the deadline. Abstracts not meeting the criteria may be resubmitted, but must be received prior to the deadline and meet all other submission rules. Please note that using electronic web-based submission eliminates the need for the above typesetting rules.
3. To ensure blinding, no identifying information should appear in the abstract. Authors must provide a cover letter indicating the title of the work; names and academic degrees of all authors; institutions/affiliations of all authors; mailing address for the corresponding author (including phone, fax, and e-mail if possible); information regarding prior presentation (permitted within the preceding 90 days); a statement certifying that the research has been approved by an institutional review board or animal/human subjects protection committee where appropriate; and a statement of commitment to attend the NAEMSP annual meeting to present the abstract if selected.
4. The abstract must include:
   a. Statement of purpose or hypothesis, with other brief introductory material as needed.
   b. Statement of methods, to include such information as design, setting, participants/subjects, interventions/observations, etc. as needed to clearly demonstrate how the study was carried out.
   c. Summary of results presented in sufficient detail to support conclusion, with brief mention of statistics used (p values, confidence intervals, etc) to reach conclusions.
   d. Statement of conclusions reached, with important limitations if needed. ✶

# Call for International Posters

National Association of EMS Physicians 2002 Annual Meeting

## General Information

The National Association of EMS Physicians is now accepting abstract submissions for review for an international poster session to be held at the NAEMSP 2002 Annual Meeting to be held at the Westin La Paloma, Tucson, Arizona. The purpose of this poster session is to educate attendees about various models of EMS delivery, encourage networking and information exchange among EMS professionals from various countries, and provide a venue for dissemination and discussion of information about innovative EMS projects. Authors are encouraged to submit abstracts describing large (national or regional) non-U.S. EMS systems for consideration for presentation. All abstracts will be reviewed and scored in a blinded fashion by a subcommittee of the NAEMSP Research Committee, and submissions will be selected based on content, educational value, and space limitations at the meeting venue. Following the standard editorial review process, and as space permits, selected abstracts may be published in the January 2002 issue of *Prehospital Emergency Care*, the official journal of NAEMSP.

Presenting authors will be responsible for costs for travel to the conference, lodging, registration, etc. However, NAEMSP is offering a reduced registration fee of $250 for international (non-North America) members and $350 for nonmember attendees registered by the early bird deadline (on-site registration: $300 member; $400 nonmember).

## Structure

The abstract may be a general description of an EMS system, or may focus on a specific aspect of the system, such as medical oversight, integration with the overall health care system, or development of a unique program. The usual research abstract format (objectives, methods, results, conclusions) is not required, and authors are requested instead to format the abstract in such a way as to provide maximal organization and information to the reader. There are no required section titles or subheadings, but general information in the following categories is requested:

1. Essential parameters of your nation/region: estimated population and demographics, and a brief description of the geography, including square kilometers covered by the EMS system.
2. Basic description of the prehospital care system: number and type of ambulance services and ambulances, number and levels of training/certification for prehospital personnel, annual call volume, medical direction and involvement of EMS physicians, and legislation or regulation of the system.

You can find a more detailed template of information required on the poster on NAEMSP's Web site (www.naemsp.org) however, only the more abbreviated information listed above is required to appear in the abstract.

## Submission Rules

Electronic submission via the Internet is strongly encouraged, using NAEMSP's web-based abstract form, into which a word processing document may be pasted. Go to NAEMSP's Web site at www.naemsp.org to do so. Abstracts must be limited to 2000 text characters, including all punctuation, spaces, abbreviations, etc. Tables are acceptable, as long as the total character count does not exceed 2000. The web form will not accept an abstract of more than 2000 characters, and a button is provided to test the number of characters. To ensure blinding for the review process, no illustrations, references, or names of institutions or authors are permitted in the abstract, though names of countries and cities are permissible. If Internet submission is not possible, fax submissions will be accepted 913/599-5340, with the same 2000 character limit. If submitting by fax, use double spacing (no more than three lines per inch) for the body of the paper, and no more than 12 characters per inch. Single spacing is acceptable for tables. Authors using fax submission must also send a cover letter indicating the title of the work; names and academic degrees of all authors; institutions/affiliations of all authors; mailing address for the corresponding author (including phone, fax, and e-mail if possible); and a statement of commitment to attend the 2002 NAEMSP Annual Meeting to present the abstract if selected. (Internet authors will find all of this information requested on the web form.)

**Abstract deadline is 12:00 Noon, Central Daylight Time, Friday, September 7, 2001.** Questions can be directed to the NAEMSP Executive Office at 800/228-3677, or info-naemsp@goAMP.com. ✶

## 2001 EMS Expo

A special thank you to NAEMSP members Jan R. Boatright, RN, CEN and Dr. Derrel Graham, Jr. for volunteering to represent NAEMSP at the 2001 EMS Expo in New Orleans, May 30-June 2. With the help of these individuals, NAEMSP was able to exhibit at the conference at a discounted rate and save money on travel costs that would have otherwise been spent on staff or board representation at the conference.

# GRANTS Update

### National EMS Research Agenda

Visit the National EMS Research Agenda Web site at www.ResearchAgenda.com. The final National EMS Research Agenda should be available to the EMS Community through NHTSA in October 2001. NHTSA has awarded NAEMSP an extension of the contract to include additional research on ethics in research.

### EMS and Public Health

NHTSA's fourth EMS and Public Health Roundtable Meeting was held in Washington D.C. on July 26, 2001. The bulletin from the first meeting is available by faxing your request to NHTSA at 202/366-7721.

### Pediatric and Adolescent Mental Health Emergencies

John Hoyle, MD, Principal Investigator

**Have You Ever Dealt with a Pediatric Mental Health Emergency? Tell us about it.**

Have you ever encountered a child with a mental health emergency? An adolescent who has attempted suicide, a teenager intoxicated with drugs or alcohol, a violent child or adolescent, an abused or neglected child, or a child/adolescent whom you thought had a psychiatric disorder, i.e. schizophrenia or bipolar disorder? Or have you encountered a child with some other form of mental health emergency?

Whether you're an EMS provider, nurse or emergency physician, we'd like to hear about it.

As part of the Emergency Medical Services for Children (EMSC) five-year plan, NAEMSP is investigating the types and rate of occurrences of these problems in the pre-hospital and Emergency Department setting for the Pediatric and Adolescent Mental Health Emergencies contract with HRSA/MCHB/EMSC.

**Write and tell us about the specific case(s) you have encountered, as well as your frustrations and successes in dealing with these encounters**.

We're also interested in:

- How often you encounter such cases (daily, weekly, monthly, etc)?
- Do you feel the training you've received to deal with pediatric mental health emergencies is adequate or could it be improved?
- Would you like to see more information on these types of emergencies in journals or at conferences?
- Do you feel you have the resources at your disposal to deal with such emergencies (an adequate hospital facility, social workers, psychiatrists, psychologists or other mental health professionals)?

Please forward your case information to the National Association of EMS Physicians (NAEMSP) by Friday, August 17, 2001, Attention: Jennifer Kimzey, Grants Project Director, P.O. Box 15945-281, Lenexa, Kansas 66285-5945, 913/492-5858, ext. 414, fax: 913/599-5340, e-mail: jkimzey@goAMP.com. Please include your name, credentials, title, address, e-mail address, telephone and facsimile with your correspondence.

# Professional Members... Keep the Legacy Alive

Beth Adams, MA, RN, NREMT-P

This is my first opportunity as the non-physician Professional Member-at-Large to the NAEMSP Board of Directors to thank you for your support. I am both proud and humbled to be your representative. I welcome your comments, concerns and suggestions, please feel free to contact me by phone at 703/425-2178, or e-mail badams@gwu.edu.

It is customary for an individual who assumes a new role to praise the person who preceded them, usually opening their remarks with "I have awfully big shoes to fill." In this case, the shoes are indeed too big to be filled, as there is no one who could really replace Keith Neely. He was the first non-physician to serve on NAEMSP's Board of Directors and I echo the sentiments of many when I say that the EMS community's loss is surely Heaven's gain. His contributions to our profession and to this organization are many and have been recorded in many EMS publications in the months that have followed his death.

Mahatma Gandhi once said, "You must *be* the change you wish to see in the world." I think that this quotation in many ways reflects the example that Keith left for us to follow. Keith was passionate about EMS. Keith found his niche in laying the groundwork for scientific study in trauma triage, emergency communications, and the integration of managed care and EMS, to name just a few. He wrote scholarly research articles and engaging fiction and was both grounded, and lifted up, by the love of his family and friends.

The success of this organization is based on the contributions of its members; its strength is based on the collaborative nature of EMS that is reflected in our interdependence and elevated by our passion. My charge to you is this: *Keep Keith's legacy alive!* Get involved! Committees and task forces could benefit from an infusion of your talent and expertise! I urge you to visit our Web site (www.naemsp.org) to peruse the options, or give me a call. Find or create your niche! This is the charge that I challenge us to achieve, even as I aspire to achieve it myself. Continue to take good care and stay safe. ✶

**The National Congress on Childhood Emergencies is now conducting a Call for Program Proposals due August 3, 2001 and a Call for Abstracts due November 30, 2001. More information is available on the EMSC Web site at www.ems-c.org, see page 5.**

## NCED Hosts Police AED Issues Forum

Mary M. Newman

Should police officers be armed with defibrillators? Medical and law enforcement experts gathered on January 17th, prior to NAEMSP's winter symposium in Fort Myers, Florida, to explore the effectiveness of police AED programs as a strategy for improving survival rates from sudden cardiac arrest. The Police AED Issues Forum was sponsored by the National Center for Early Defibrillation (NCED), a not-for-profit information clearinghouse based at the University of Pittsburgh. The Medtronic Foundation and the American Heart Association co-sponsored the meeting.

The purpose of the Police AED Issues Forum was to review scientific research and share real-world experiences from police-AED programs, in an effort to identify barriers to police AED use, make recommendations on ways to overcome these barriers, and ultimately help improve the frequency and effectiveness of AED use among police first responders.

Forum participants included researchers and law enforcement leaders from centers that have studied police AED programs, including Rochester (MN) (R.White, et al), Pittsburgh (V. Mosesso et al), Indianapolis (W. Groh et al), Cincinnati (M. Sayre et al), Miami (R. Myerberg et al) and Amsterdam (R Koster et al). Also represented were centers with extensive experience with police AED programs, including Lancaster County (PA), Boston, Suffolk County (NY), Hackensack (NJ), and the state of Utah. Robert Bass, MD, and Robert Swor, DO, participated as representatives of NAEMSP. Other observers included representatives from the AHA, the Medtronic Foundation, and six AED companies. Vince Mosesso, MD, NCED Medical Director, chaired the meeting, Paul Paris, MD, NCED Associate Medical Director, and Mary Newman, NCED Executive Director served as co-chairs, and Joseph Ornato, MD, of the Medical College of Virginia, served as moderator.

Participants identified attributes of successful police-AED programs and worked to develop criteria for determining whether law enforcement agencies should adopt such programs. Key issues included the need for integration of police-AED programs within EMS systems, the need for active medical direction, and the need for an effective, coordinated dispatch system. Meeting participants agreed that while police-AED programs can help save lives in many communities, they might not provide a survival advantage in all communities.

Recommendations from the NCED Police AED Issues Forum will be summarized in a manuscript, which will be submitted to a peer review medical journal for publication. NCED also plans to develop resource materials to assist law enforcement agencies interested in implementing and improving police AED programs.

### *About the National Center for Early Defibrillation*

The National Center for Early Defibrillation (NCED) was established in January 2000 at the University of Pittsburgh, within the Department of Emergency Medicine. NCED is an independent, not-for-profit resource and advocacy center dedicated to improving survival from sudden cardiac arrest. For further information, see www.early-defib.org or call 1-866-AED-INFO.

## ComCARE Alliance, NENA Speakers, and Medical Directors' Forum to Highlight NAVIGATOR 2001 in New Orleans

See www.emergencydispatch.org for more information, or call **800/960-6236** or **801/359-6916**

For everyone involved with 911 and emergency communications, Navigator 2001 in New Orleans is the place to be this August 26-31. Now in its sixth year, Navigator has gained a strong reputation as the premier annual gathering place for emergency dispatch professionals. Navigator is presented by the National Academies of Emergency Dispatch (NAED) and sponsored by the NAED and several other progressive 911, dispatch, and public-safety industry organizations and corporations.

This year John Melcher, Mark Adams, Eric Parry, and other officials from the National Emergency Number Association (NENA) will be featured speakers at Navigator. NENA and the NAED share many common goals and will be jointly promoting a new unrestricted Emergency Telecommunications (ETC) training program produced by Jones & Bartlett Publishers. The ETC program encourages best practices with policy, procedure, and protocol compliance for all emergency dispatch operations.

In addition to NENA's involvement this year, Mr. Carl VanCott, NAED President, will moderate an expert panel discussion organized by the ComCARE Alliance. The ComCARE Alliance is a coalition working to encourage the deployment of life-saving wireless communications networks and technologies that will more efficiently connect America's mobile public to emergency agencies. NAED and NENA, as well as NAEMSP, ACEP, AHA, and many other industry organizations are members of the ComCARE Alliance www.comcare.org.

In addition to the NENA and ComCARE Alliance presentations at Navigator, there will be 60 other sessions covering EMD, fire and police dispatch operations. An International Research Forum will once again be offered, and NAED Past-President, Dr. Alexander Kuehl, will moderate a special half-day "Medical Directors' Leadership Forum" on Wednesday, August 29th. This forum will involve several interactive presentations specifically designed for Medical Directors and regional and state officials.

All Navigator 2001 events will be held at the New Orleans Sheraton Hotel, immediately following the IAFC Fire-Rescue International conference. Navigator will run Wednesday through Friday, August 29-31, with pre-conference events August 26-28. Pricing will remain the same as last year at $420 for a standard 3-day passport, if registered before Monday, July 16, 2001, or $395 for current Academy members and $325 for employees of Academy-Accredited dispatch agencies. Several pre-conference programs, starting at $95, will also be offered. For complete details see www.emergencydispatch.org or call 800/960-6236, or 801/359-6916.

Recently "pluralized" to encompass police and fire dispatching programs in addition to EMD, the National Academies of Emergency Dispatch (NAED) is the industry's leading certifying and standard-setting organization with over 30,000 members in 20 countries. The NAED regularly reviews and updates the Medical Priority Dispatch System (MPDS) protocols for EMD and also maintains priority dispatch system protocols and certification standards for fire and police dispatch based on the time-proven MPDS logic structure. ✶

# NATIONAL ASSOCIATION OF EMS PHYSICIANS (NAEMSP) MERCHANDISE ORDER FORM

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Measures approximately ½" x ½"
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**Shipping will be by UPS Ground Service. If you would like information on other shipping options, please contact the NAEMSP Executive Office. We can ship through certified mail or FedEx, at the customer's expense.**

# MEMBER NEWS

## Congratulations

Dr. Brooke Lerner, NAEMSP Research Committee member and Co-director of the NAEMSP 2002 Research Workshop, is the recipient of her PhD. Dr. Lerner's dissertation was: "Factors Influencing Mortality in a Trauma Center: Is Total Prehospital Time Important?" Dr. Lerner works as a Research Assistant Professor for the Department of Emergency Medicine at the State University of New York at Buffalo and as Deputy Director for the Center for Transportation Injury Research.

# ACS Newscope

## HRSA ANNOUNCES TRAUMA/EMS INITIATIVE

A trauma and EMS initiative, supported by $3 million in fiscal year 2001 funding that was approved for the Trauma Care Systems Planning and Development Act, was announced on May 8 by the Health Resources and Services Administration's (HRSA's) Office of Rural Health Policy (ORHP). The goals of the new initiative, which will be co-administered by ORHP, HRSA's Maternal and Child Health Bureau, and the National Highway Traffic Safety Administration, are to: conduct a state-by-state trauma system needs survey; organize and staff a national stakeholders group on trauma/EMS systems; focus on the special needs of rural communities by fostering relationships with the State Offices of Rural Health and Offices of EMS, and by conducting a demonstration project on rural access to automatic external defibrillators; conduct a national public awareness/advocacy initiative; and facilitate the creation of, or enhance, an existing comprehensive trauma/EMS data system. For more information contact cgallagher@facs.org.

# News From the Executive Office

Dede Gish-Panjada, MBA, Executive Director, and Stacie M. Beckwith, CMP, Association Manager

### *2002 Annual Conference: January 10-12, The Westin La Paloma Resort, Tucson, Arizona*

As you can see on pages 3-4 of this newsletter, Program Co-Chairs Drs. Tom Blackwell and Debra Perina and the committee, have been hard at work putting together the preliminary education program for the January 2002 Annual Conference. As the education program evolves, it will continue to be published in future issues and updated on our Web site. The registration brochure is scheduled to mail mid-October. We hope to have the hotel registration form posted on our Web site sometime in August, but you may call the hotel now to reserve your room, 1-800/937-8461. If you have any questions or comments about the program you can contact Dr. Blackwell at tblackwell@carolinas.org or the Executive Office at 913/492-5858, ext. 448. You can visit The Westin La Paloma Resort Web site at www.westin.com, click on "quick search" for Arizona and enter "The Westin La Paloma Resort & Spa." There are many activities and tourist attractions near this fabulous resort. For more information on area attractions, visit the Metropolitan Tucson Convention & Visitors Bureau Web site at www.arizonaguide.com/destinations/ cities/tucson.html.

### *Summer 2001 Board of Directors Meeting*

The Board of Directors met on Saturday, July 28 in conjunction with the first ever "Top Issues in EMS" meeting on Friday, July 27. As we have moved to only one educational meeting per year at which the Board meets, it is important that the leadership meets face-to-face at least one other time during the year. The Board uses this meeting time productively to set the course for the association's future and discuss a number of association and professional philosophical and financial issues. The "Top Issues in EMS" meeting explored the top concerns, problems and obstacles in the EMS industry and profession, with the goal to develop solutions and reduce or remove the obstacles associated with delivering life saving, quality out-of-hospital care. The Board of Directors will prioritize the top issues in EMS. Once these complex issues are prioritized, the information will be shared with committee and task force chairs and the membership. Outcome of the meeting will be to direct industry partners' research and development resources in the most effective manner.

### *Expose Your Scientific Research to Your Peers*

The "2002 Call for Abstracts" information is included in this issue. The abstract deadline date is ***Friday, September 7, 2001 at 12:00 Noon CDT***. We are using the electronic-submission-only format this year, with the exception of overseas submissions, which may be faxed to the NAEMSP office. The 2002 educational program schedule allows for approximately 20 oral abstract presentations. The NAEMSP Research Committee will accept as many abstracts for poster presentations as space will allow. NAEMSP is also publishing a "Call for International Posters." Accepted posters for this submission category will be displayed with the other poster submissions during the moderated poster session event. See pages 8-9 for complete submission details on the Call for Abstracts and the Call for International Posters, or visit the NAEMSP Web site at www.naemsp.org.

### *Shop On-Line and Support NAEMSP*

Just a reminder that NAEMSP is a member of the Amazon.com Association Program, the leading-selling program on the Internet with over 400,000 members. Providing a link from our Web site to amazon.com helps to serve our members by helping you find EMS-related publications (or books, tapes, etc. on any subject). For every visitor who links to Amazon.com from our site and makes a purchase, Amazon.com will donate a percentage to NAEMSP to help support EMS.

The NAEMSP Web site also has a link to the Audio-Digest Foundation, which provides physicians and other healthcare professionals with Category 1 continuing medical education (CME) and continuing education (CE) credits on audiotapes. Again, when visitors link from our site to the Audio-Digest Foundation site and make a purchase, a percentage will go to NAEMSP. We hope you will consider these methods of support to your professional organization when shopping on-line.

*Congratulations to past Board of Directors member Dr. Ted Delbridge and his wife, Barb! The couple became proud parents of baby girl, Ainsley Bachley Delbridge on May 28, 2001.*

*Expose your peers to your scientific research! See the "Call for Abstracts" on pages 8 and 9 of this issue or visit our Web site www.naemsp.org for complete submission details. The abstract deadline date is* **12:00 Noon CDT, Friday, September 7, 2001.**

# AUDIO CASSETTES

## 2001 National Association of EMS Physicians (NAEMSP) Annual Meeting
## January 18th-20th • Sanibel Harbour Resort & Spa, Fort Myers, Florida

*Please indicate selections below:*

GENERAL SESSIONS

___ TAPE 1: **Introduction and Welcome, President's Address & NAEMSP Business Meeting** – Jon R. Krohmer, MD
___ TAPE 2: **C.J. Shanaberger Memorial Lecture and Keynote Address** – Ricardo Martinez, MD
___ TAPE 3: **Research Presentations, Hour #1**
___ TAPE 4: **Attributes of the Successful Medical Director** – Bob Bailey, MS
___ TAPE 5: **Medicolegal Issues for the EMS Medical Director** – Spencer A. Hall, MD, JD
___ TAPE 6: **Medical Direction Practices** – Edward Racht, MD
___ TAPE 7: **Standards and Clinical Practice Committee Position Development Forum: Prehospital Pain Management** – Hector Alonso-Serra, MD, MPH
___ TAPE 8: **Research Presentations, Hour #2**
___ TAPE 9: **Research Project: Prehospital Treatment of Status Epilepticus** – Megan Corry, MA, EMT-P
___ TAPE 10: **EMS System Showcase** – Moderator: Tom Blackwell, MD
**Rural: Red River Project, Taos, New Mexico** – Ron Burnham
___ TAPE 11: **EMS System Showcase** – Moderator: Tom Blackwell, MD
**Urban: Seattle, Washington** – Michael K. Copass, MD
___ TAPE 12: **Standards and Clinical Practice Committee Position Development Forum: Management of Prehospital Traumatic Arrest** – Laura Hopson, MD
___ TAPE 13: **Medical Response to Hurricane Floyd** – Ritu Sahni, MD, MPH; Juan March, MD, FACEP
___ TAPE 14: **Research Presentations, Hour #3**
___ TAPE 15: **Research Presentations, Hour #4**

TRACK SESSIONS

Track I: Advances in Prehospital Airway Support

___ TAPE 16: **Noninvasive Ventilatory Support in the Field: How Realistic?** – Charles V. Pollack, Jr., MD, FACEP
___ TAPE 17: **Alternative Airway Adjuncts** – Michael F. Murphy, MD, FRCPC
___ TAPE 18: **Rapid Sequence Intubation Programs – Implementation Strategies** – Douglas J. Floccare, MD, MPH; Stephen Thomas, MD, MPH

Track II: Preparedness Initiatives for Urban Terrorism

___ TAPE 19: **Hospital Preparedness for Hazardous Materials – Multiple Casualty Incident** – John D. Hoyle, Sr.
___ TAPE 20: **Chemical and Biological Agent Monitoring and Detection** – David Franz, DVM, PhD
___ TAPE 21: **Response System Designs** – Guillermo Pierluisi, MD, MPH

Track III: Prehospital Education

___ TAPE 22: **Principals of Competency-Based Prehospital Education** – Judith Ruple, PhD, RN, NREMT-P
___ TAPE 23: **Alternative Continuing Education Delivery Methodology** – Linda K. Honeycutt, EMT-P, I/C
___ TAPE 24: **EMS Education for Resident Physicians** – Debra Perina, MD
___ TAPE 25: **Challenges in Pediatric Prehospital Education** – George L. Foltin, MD, FAAP

Track IV: Prehospital Equipment Evaluation

___ TAPE 26: **Innovations in Prehospital Data Collection** – Eric Davis, MD
___ TAPE 27: **Hemodynamic and Other Physiologic Monitors** – Brian Zachariah, MD, MBA
___ TAPE 28: **Ambulance Designs and Safety** – Steven A. Forrey, EMT
___ TAPE 29: **Prehospital Equipment Evaluation Panel Discussion**

### PRICE SCHEDULE

**1 CASSETTE . . . . . . . . . . $ 10.00**

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## Houston, Texas

The City of Houston Fire Department/Emergency Medical Services is seeking an M.D. to serve as Associate Medical Director. This person will:

- Assist the EMS Physician Director with the administration of all physician-related activities of the Emergency Medical Services;
- Provide on-scene quality assurance and medical supervision/direction;
- Provide on-line medical control via Base Station/Telemetry;
- Function as direct supervisor for assistant medical directors;
- Develop, implement and revise medical, as well as dispatch protocols, and standing orders regarding patient care;
- Develop skills in Medical Quality Assurance meetings;
- Act as QA Physician for retrospective Medical Incident Reviews; Have active participation in evaluation of prospective paramedics, and Evaluate skills and test paramedics in critical care procedures.

Minimum educational requirements include an M.D. from an accredited medical school and board certification or eligibility in General Surgery, Emergency Medicine and/or Internal Medicine. Two years of experience in pre-hospital emergency care, trauma care, EMS research and teaching or a closely-related field are required. Preference will be given to those who are Board Certified in General Surgery, Emergency Medical and/or Internal Medicine. Strong preference given to those having completed an EMS Fellowship. Candidates may submit their curriculum vitae to:

Ms. Jan Mann, Executive Recruiter
City of Houston, Human Resources
611 Walker, 4th Floor
Houston, Texas 77002
Fax: 713/837-9493
E-mail: jan.mann@cityofhouston.net

We are increasing our faculty again! These are all new openings. The Brody School of Medicine at East Carolina University has immediate openings available for emergency physicians at the rank of assistant professor or above, depending upon the candidate's qualifications. Physicians must have emergency medicine residency training or ABEM/AOBEM certification. The emergency medicine residency program has been fully accredited since 1982. Many faculty are extensively involved in state and national activities. Pitt County Memorial Hospital is a 740-bed Level I trauma center, with 55,000 ED visits per year and a new Urgent Care facility will open in the fall of 2001. Our residency has 12 positions per year. Greenville has the benefits of being a very family-oriented community and a college town. Compensation is competitive and commensurate with qualifications; an excellent fringe benefits program is provided. Screening begins summer of 2001 and will remain open until filled. This is an excellent opportunity to join a rapidly-growing emergency department in the coastal plains of eastern North Carolina, just ninety minutes from the Atlantic Ocean.

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 accommodated 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.

www.ecu.edu/med

www.uhseast.com

## University of California, San Francisco
## San Francisco Fire Department
## San Francisco General Hospital

The SFFD Assistant EMS Medical Director directs the San Francisco Fire Department's EMS Academy training programs including initial Basic EMT and paramedic training, as well as in-service training programs for all levels of EMS providers. The Assistant EMS Medical Director will also be involved in operations, research, QI and MCI response.

As a member of the UCSF faculty, applicants must be board certified or board eligible in Emergency Medicine and must be eligible and available for clinical work in the Emergency Department at San Francisco General Hospital.

Interested applicants should send a letter of interest and Curriculum Vitae by 9/01/01 to: S. Marshal Isaacs, MD, EMS Medical Director, San Francisco Fire Department, EMS Division, The Presidio, P.O. Box 29176, San Francisco, CA 94129-0176; e-mail marshal_isaacs@ci.sf.ca.us.

The University of California, San Francisco is an Equal Opportunity/Affirmative Action Employer.

## NAEMSP Welcomes New Members

Angela Bennett, MS, NREMTP
Royce Fishman, RT, MT
James Flaherty, MD
George Gilkoff, EMT-P
Kent Griffith, RN, EMT-P
Jennifer Harbert, MD
Todd Husty, DO, FACEP
Caesar Ines, MD, MSPH
Cheryl Koch, MD
Gregg Lord
Michael Lowry, MD
Mary Mailloux, MD
James Manson, NREMT-P
Chet Mcintosh, EMT-P
Joseph Piper, DO, FACEP
Noah Reiter, BA, EMT-P
Jane Reldan, MD
Jon Rittenberger, EMT
Michael Schurrer, MD
Ralph Shealy, MD, FACEP
Joseph Yates, MD, FACEP

# EMS Calendar . . . . . .

**September 2-5, 2001:** European Society for Emergency Medicine & AAEM First Mediterranean Emergency Medicine Congress. Location: Stresa, Italy. Contact: www.mafservizi.it/stresa2001.

**September 6-8, 2001:** Data Management and EMS Administration, Sand Key EMS Summit 2001. Location: Clearwater Beach, Florida. Contact: 800/766-6335, or visit www.fcep.org.

**September 27-29, 2001:** International Exhibition and Conference on Asian Emergency care and Defense Medicine (AEDM). Location: Singapore. Contact: Hyunju Park at 011/65-580-8381 or e-mail at hjpark@hq.psa.com.sg.

**October 4-7, 2001:** Emergency Medicine Association of Turkey (EMAT) First Multinational Middle Eastern Conference on Emergency Medicine. Location: Istanbul. Contact: www.1stmecem.org.

**October 5-7, 2001:** British Association of Immediate Care (BASICS) Conference. Location: Bournemouth Marriott Hotel, Bournemouth, United Kingdom. Contact: www.basics.org.uk or write to: BASICS, Turret House, Turret Lane, Ipswich England IP4 1DL.

**October 5-7, 2001:** SLAM, Emergency and Rescue Airway Conference. International Trauma Anesthesia and Critical Care Society. Location: Dallas, Texas. Contact: 866/226-SLAM or e-mail at www.AirwayEducation.com.

**October 15-18, 2001:** American College of Emergency Physicians (ACEP) Scientific Assembly. Location: Chicago, Illinois. Contact: ACEP at www.acep.org.

**October 17-21, 2001:** National Association of State EMS Directors (NASEMSD) Annual Meeting. Location: New Orleans, Louisiana. Contact: NASEMSD at 703/538-1799 or e-mail at nasemsd@aol.com.

**October 22-24, 2001:** Medical Transportation Services, Leadership Conference 2001. Fitch & Associates. Location: Kansas City, MO. Contact: 816/431-2600.

**November 8-9, 2001:** Detroit Trauma Symposium,Wayne State University and Detroit Receiving Hospital. Location: Detroit, Michigan. Contact: 313/577-5005, www.dmc.org.

**December 2-7, 2001:** Institute for Emergency Medical Education & Washington Chapter of ACEP's MAUI 2001 Current Concepts in Emergency Care 22nd Edition. Location: Outrigger Wailea Resort, Maui, Hawaii. Contact: Lee Ann Williams at 888/634-0009 or e-mail at leeannw@zunotravel.com.

**January 10-12, 2002:** NAEMSP Annual Meeting. Location: The Westin La Paloma, Tucson, Arizona. Contact: 913/492-5858, ext. 448 or e-mail at mfrihart@goAMP.com.

**January 31-February, 2002:** Annual International Disaster Management Conference, Florida EMF. Contact: 1-800/766-6335, www.fcep.org.

**April 15-17, 2002:** Third National Congress on Childhood Emergencies. Location: Adams Mark Hotel, Dallas, Texas. Contact: 202/884-4927.

*The deadline for article and advertisement submissions for November 2001 issue of NAEMSP News is September 27, 2001.*

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