



NEWS

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Lessons Learned During The New York State Emergency Call Locator Partnership Project

Bob Bailey, MA and Jay M. Scott, BS

In September 1999, the Department of Emergency Medicine at SUNY Upstate Medical University in Syracuse, New York, was awarded a three-year grant from the U.S. Department of Transportation's National Highway Traffic Safety Administration (NHTSA) and Intelligent Transportation Systems (ITS) Joint Program Office, to facilitate the development of a wireless enhanced 911 (WE-911) implementation guide for New York State. NHTSA hoped to determine whether the application of a medical leadership approach would help to resolve barriers to implementation within New York.

Changes in the E-911 system are necessary. As the number of wireless phone subscribers increase, so does the percentage of 911 calls received from wireless phones, which at the present time cannot provide emergency dispatchers with automated caller location or identification information. This has led to a growing number of detrimental outcomes for users who were unable to describe where they were, or were physically unable to communicate. Current trends show that by the year 2004, the majority of 911 calls will come from wireless phones. If improvements aren't made soon, the life-saving capabilities of our emergency communications system will be severely limited.

Early in the project, key stakeholders were gathered to define barriers to implementation, identify key resources and develop strategies that use resources to overcome implementation barriers. At their first meeting, this group of stakeholders formed the New York State Emergency Call Locator Partnership, a

coalition of interested stakeholders dedicated to resolving key issues in New York. Driven by the altruistic dictum, "consider first the well-being of the patient", the partnership rallies to a common theme, "We all agree to do our best for any current or potential victim of injury, illness, fire or crime". During the project period, lessons have been learned that may be useful to other states as they undertake implementation of WE-911.

It is critical that key stakeholders are brought together early in the process to develop stakeholder buy in and commitment in developing an implementation strategy. We learned that it is important to continue focusing on stakeholder needs and motivations to keep them engaged in the process. Even minor changes in protocols may have significant impact on the stakeholders.

We learned that resolving technology issues was not a major issue. Technological solutions already exist, or are being developed. However, institutional issues and stakeholder commitment are major issues that must be addressed early and continuously throughout the process. The model of medical leadership proved effective in breaking down institutional barriers. The ability of the medical leadership to be perceived as neutral and an advocate for the victim proved critical in resolving stakeholder issues.

Other lessons learned during the project included clearly defining the role of the advisory committee, as well as establishing strong media relations and remaining flexible enough to adapt to changing situations without losing sight of the goal. We also learned that it is

important to seek regular input from outside observers. Knowing when and when not to initiate public education initiatives is also important.

Finally, funding of WE-911 continues to be problematic. Local governments continue to struggle with funding resources to meet the costs of implementing the capability of automatic location identification for WE-911 calls, training of PSAP personnel in new technologies and system maintenance and other costs. State legislation, dedicated fees, federal funds, local taxes and other funding sources are all being considered. While there are no clear or easy resolutions to the funding issue, the development of committed stakeholder groups is critical to ensure a WE-911 safety net is in place for the future.

If you have questions about the New York State Emergency Call Locator Partnership, please call Jay Scott at (800) 585-5130. ★

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President's Corner

It seems as if our annual meeting in January was years ago. I am in awe of our membership's work on vitally important issues to foster excellence in out-of-hospital emergency medical services.

Highlights of NAEMSP's ongoing work include:

- Grants, including the National EMS Core Content, National EMS Research Agenda, and progress toward future grants with our federal partners.
- Development of position papers that are of particularly high profile, including: *Unsolicited Medical Personnel Volunteering at Disaster Scenes* and pediatric defibrillation.
- Continued monitoring and proactive involvement with the ambulance fee schedule and monitoring of HIPPA regulation changes.
- Completing the 3rd edition of our textbook, *Prehospital Systems and Medical Oversight*.
- Progress with the EMS Physician Certification Task Force, which is completing its data-gathering phase.
- The International Affairs Task Force's work to implement the Global MedNet/NAEMSP International EMS Physician Scholarship Grant.
- Dialog with many of our industry partners, other organizations, and agencies throughout the year as issues of common interest evolve.

- Continued excellence of our journal *Prehospital Emergency Care*.
- Publication of *Research in Prehospital Care*, which was a supplement in *Prehospital Emergency Care*, April/June 2002. This is a superb introduction and guide to emergency medical services research initiated by the NAEMSP Research Committee.
- Development of our 2003 annual meeting program.

Almost all of the above activities were "works in progress" before the terrorist attacks on our nation on September 11, 2001. Prior to September 11, 2001, NAEMSP had clear objectives toward meeting our organization's mission. Since September 11, the amount of NAEMSP "horsepower" required to meet the additional demands of helping to shape our nation's emergency medical response to terrorism has been enormous.

The Terrorism Response Ad Hoc Committee has worked hard on a *Basic Medical Response to Terrorism (Basic MRT)* curriculum. This curriculum evolved from the American Public Health Association/NAEMSP/NAEMSP sponsored coalition. In December 2001, representatives of 17 national organizations agreed on core competencies required of all healthcare providers in a medical response to terrorism. Since that time, we have developed a draft *Basic MRT* course that would be analo-



Richard C. Hunt, MD, FACEP

gous to a "Basic CPR" course. It would be less than, or equal to, four hours in length and be widely available for all health care providers. The current plans are to have the course ready for distribution in early September 2002.

NAEMSP is one of approximately 20 organizations involved in the Partnership for Community Safety, which advocates strengthening community readiness for biological, chemical, and nuclear terrorism, as well as other disasters. The Partnership has provided monthly Capitol Hill briefings to highlight the need for Congressional support for the medical response to terrorism. The Capitol Hill briefing in May was entitled *Improving Emergency Communications and Information Systems: Better Protection for Front End Responders*. NAEMSP, the ComCARE Alliance, and the Association of Air Medical Services were privileged to have the opportunity to present this briefing. See page 4 of this newsletter. More information on this and other presentations is available online at www.partnershipforsafety.org.

We continue to have important dialog with the National Highway Traffic Safety Administration (NHTSA) and the Health Resources and Services Administration (HRSA). Additionally, we have begun important dialog with the Federal Emergency Management Agency (FEMA). In April, NAEMSP was invited to a "Listening Session" hosted by FEMA. The session was to hear input from those who would be impacted by \$3.5 billion dollars allocated in FY2003 to fire, police, and emergency medical professionals for training, equipment, exercises, and planning for terrorism

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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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

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Copy Deadlines

September/October 2002 issue: July 29, 2002
November/December 2002 issue: September 27, 2002



The first task force meeting for the development of the National EMS Core Content was held on Friday, March 22, 2002, in Arlington, Virginia. The task force is developing the EMS Core Content; the first of five components prescribed within the *2000 EMS Education Agenda for the Future: A Systems Approach*.

The National EMS Core Content will be a comprehensive list of the skills and knowledge needed for out-of-hospital emergency care. Since the specification of the EMS Core Content is primarily a medical concern, the National Highway Traffic Safety Administration (NHTSA) and the Maternal and Child Health Bureau (MCHB) awarded this project to the National Association of EMS Physicians (NAEMSP) and the American College of Emergency Physicians (ACEP). Joining NAEMSP and ACEP on the task force are representatives from the American Ambulance Association, American College of Surgeons, International Association of Fire Fighters, International Association of Fire Chiefs, National Association of EMS Educators, National Association of EMT's, National Association of State EMS Directors, National Council of State EMS Training Coordinators, National Registry of EMT's, and the National Volunteer Fire Council.

At the first meeting, the task force discussed the goal of the project and reviewed information gathered during prior EMS

Education Agenda planning meetings. The group determined that the National EMS Core Content could follow the format of the recently revised *Model of the Clinical Practice of Emergency Medicine*. There are three components to the *Model*: 1) an assessment of patient acuity; 2) a description of the tasks that must be performed to provide appropriate emergency medical care; and 3) a listing of common conditions, symptoms, and disease presentations.

Other issues addressed by the task force included the current definition of an out-of-hospital provider, whether the EMS Core Content should address the minimal or optimal knowledge and skills of out-of-hospital providers, and the level of detail needed in the EMS Core Content to assist groups charged with developing the Model Scope of Practice and Education Standards.

The task force will meet again in the Washington, D.C. area during the summer of 2002 to continue resolution of these issues and begin designing the matrix for development of the EMS Core Content. The final National EMS Core Content is expected to be available in June 2003. Regular updates about the project can be found on the NAEMSP website. ★

response. In follow-up to that session, NAEMSP and NASEMSD representatives had a productive meeting with FEMA's Director of the Office of National Preparedness regarding the interface of EMS and FEMA.

Participating in Capitol Hill briefings, and continuing discussions with our Congress and federal partners on how to strengthen our EMS systems' capabilities to respond to a terrorist attack, are critically important activities. Our organization has mobilized rapidly to be able to have an effective voice in these important national discussions.

However, to be truly effective, we need to have a more organized approach to advocacy for EMS in Washington. That effort is very much underway in partnership with the National Association of State EMS Directors (NASEMSD). If we really do want to make a difference in fostering excellence in out-of-hospital care, active participation by our grass roots membership will be critical. While it may seem like an overused phrase, YOU really can make a difference. ★

Call for Nominations

Jon R. Krohmer, MD, FACEP, *Nominations Committee Chair*

Two Physician Member-at-Large positions, and one Professional Member-at-Large position, will be vacant for the NAEMSP Board of Directors as of January 18, 2003. *Nominations are being solicited now for individuals interested in running for these positions.* The NAEMSP Nominations Committee will hold a conference call to name the nominees in July. If you are interested in running for one of these positions, would like to nominate someone, or need more information, please contact me at kcems1@aol.com.

2002 Membership Drive

NAEMSP is once again having a membership drive for 2002. Each time a current member recommends NAEMSP to a colleague who then becomes a member, the current member will have their name placed in a drawing to be held during the January 2003 annual meeting. For example, if you refer three new members, your name will be entered in the drawing three times. The winner will receive his/her choice of either complimentary membership for one year (up to \$250 value) or complimentary registration to the annual meeting (up to a \$455 value). Just be sure the individual you refer includes your name on his/her membership application so we can enter your name in the contest. Help your professional organization to grow by encouraging others to join while you benefit at the same time!

The Partnership for Community Safety

Robert O'Connor, MD, MPH, NAEMSP Secretary/Treasurer and Liaison to the Partnership

Organizations representing the nation's front lines of response have formed a new coalition to advocate strengthening community readiness for biological, chemical, and nuclear terrorism, and other disasters. The Partnership for Community Safety: *Strengthening America's Readiness* called on federal policymakers to support and sustain comprehensive readiness efforts in the nation's public health departments, emergency departments, hospitals, fire services, ambulance and emergency medical services (EMS) organizations, medical education institutions, and the nursing profession.

While proposals pending in Congress represent important first steps, the Partnership advocates a comprehensive and sustained approach to community readiness. Partnership members said the tragic events of September 11, and the recent anthrax incidents, demonstrate the urgency for strengthening community preparedness plans to protect the public from acts of terrorism.

The coalition's aim is to help shape national policy, and to promote collaboration among its members to retool disaster plans and focus on the need to increase capacity for front-line responders to prepare for the new challenges of terrorism. In addition, Partnership members will work to reduce duplication of effort and develop a "bank" of best practices through exchanging ideas and highlighting model programs. The Partnership plans to educate the public about local readiness issues.

In addition to NAEMSP, the growing coalition currently consists of the American Ambulance Association, American College of Emergency Physicians, American Hospital Association, American Organization of Nurse Executives, American Public Health Association, Association of American Medical Colleges, National Association of County and City Health Officials, International Association of Fire Chiefs, and the National Association of State EMS Directors.

In light of recent events, the coalition agreed that America must consider new approaches to community preparedness. Although the coalition expects to announce a detailed plan early next year, members agreed that additional resources are needed in the following areas:

- **Improve Communications Infrastructure.** During disasters, communications often degrade as saturated cellular phone systems and wireless communications systems interfere with public safety communications. There is a critical need to upgrade and modernize responder communications systems and to address interoperability problems.
- **Improve Community-Based Planning.** Disasters involving terrorism are community-wide concerns likely to require a broad array of resources to supplement the health care system. Local communities also need comprehensive and effective disaster response that integrates the plans of all responders.
- **Increase Community Capacity to Deal with Disasters.** Community-wide disaster planning will require adequate surge capacity to address the health care needs of large numbers of casualties.

- **Improve Disease Surveillance, Disease Reporting, and Field Laboratory Identification Systems.** Clinicians must quickly detect, accurately diagnose, and effectively treat uncommon diseases. Improving the capacity of local and state public health departments, public health laboratories, and hospitals to engage in disease surveillance and disease reporting is critical to determining whether a biologic or chemical agent has been released.
- **Protect Responders from the Effects of Biologic, Chemical, and Nuclear Agents.** Responders must be equipped with the necessary protective equipment and trained in the equipment's use. Responders must have priority access to vaccines, antibiotics, and other resources so they can continue to provide services to the community in the event of a terrorist act involving a biologic or chemical agent.
- **Increase and Enhance Training Programs, Continuing Education, and Community Drills for Mass Casualty Incidents.** Responders must be trained to detect and respond to all types of potential diseases and disasters in a coordinated and integrated way.

The Partnership for Community Safety meets monthly in Washington, D.C., and has scheduled a series of congressional briefings on the topics listed above. NAEMSP hosted a briefing on May 23, 2002, in the Mansfield Room in the Capitol Building. NAEMSP was represented by Robert E. O'Connor, MD, MPH, Secretary-Treasurer of NAEMSP. Please contact him or visit the Partnership website at <http://www.partnershipforsafety.org> for additional information. ★

SHOWCASE YOUR SCIENTIFIC RESEARCH

The "2003 Call for Abstracts" submission information is included in this issue. The abstract deadline is Friday, September 6, 2002 at 12:00 noon CDT. This year, we are again using the electronic-submission-only format, with the exception of overseas submissions, which may be faxed to the NAEMSP Executive Office. For the 2003 annual meeting, the National Center for Early Defibrillation (NCED) has graciously offered to support a Best Cardiac Arrest Presentation award. In addition to this, and other awards for abstract presentations at the meeting, a special Pediatric Call for Abstracts had been developed with the support of the Maternal and Child Health Bureau (MCHB), Emergency Medical Services for Children (EMSC). The "Call for International Posters" continues to grow and evolve and is also included in this issue. See pages 7-9 for complete submission details on the Call for Abstracts, Call for Pediatric Abstracts and Call for International Posters, or visit the NAEMSP website at www.naemsp.org.

Air Medical Services Task Force

Stephen Thomas, MD, MPH, *Air Medical Services Task Force Chair*

At the January 2002 NAEMSP meeting in Tucson, 20 members of the Air Medical Task Force assembled to discuss the ongoing business of the group. The purpose of this article is to update the NAEMSP community on the projects of our task force.

Most importantly, a subcommittee, led by Dr. David Thomson, is nearly finished updating a position paper covering guidelines for helicopter utilization. This new position paper, which covers both trauma and non-trauma diagnoses, will replace two position statements. One of these, *Air Medical Dispatch: Guidelines for Scene Response*, covers trauma patients and was published in 1992. The other guideline, *Criteria for Prehospital Air Medical Transport: Non-trauma and Pediatric Considerations*, was last updated in 1994. Given the increasing scrutiny of appropriateness of air medical transport utilization, and the larger body of available literature, the Air Medical Task Force decided that a single new position statement covering all helicopter utilization was in order.

The first step in the process was to collect and review the literature address-

ing helicopter transport and patient outcomes. This proved to be such a large project that the bibliographies were separated into "Trauma" and "Non-trauma" diagnostic categories. Two annotated bibliographies, upon which the new helicopter utilization position paper will be based, will be published in upcoming months in the NAEMSP journal, *Prehospital Emergency Care*. This will give NAEMSP members and other *Prehospital Emergency Care* readers the ability to survey, in two papers, a virtual entirety of the helicopter outcomes literature.

After the subcommittee completes the new helicopter utilization position paper, it will be forwarded to the NAEMSP office so it can be reviewed as per the standard position paper procedure. Taking advantage of the fact that other air medical related organizations (i.e. Air Medical Physician Association, Association of Air Medical Services, Aerospace Medical Association) are well represented on the NAEMSP Air Medical Task Force, the guidelines will be shared with these other organizations for possible joint endorsement and publication.

When the position statement is completed in its final version, the Air Medical Task Force will begin work on a revised version of the slide presentation program on helicopter utilization.

The Task Force is also updating the two other position statements relevant to air transport. These two position statements address the training and qualifications of physicians participating in air transport. The *Flight Physician Training Program Core Content* outlines the educational materials, which should optimally be covered during education of physicians who will participate in air transport. The *Medical Director for Air Medical Transport Programs* provides information relevant to the qualifications and areas of interest that best suit physicians to direct transport programs. Since both of these position statements were about ten years old, updating was in order, but the indicated changes were not major. These new guidelines will go through the NAEMSP position paper process, and are expected to be in final form by the end of 2002. ★

NAEMSP Invited to Join the *Brain Attack Coalition*

Robert O'Connor, MD, MPH, NAEMSP Liaison to BAC

The Brain Attack Coalition (BAC) is a group of professional, voluntary and governmental entities dedicated to reducing the occurrence, disabilities and death associated with stroke. The goal of the Coalition is to strengthen and promote the relationships among its member organizations in order to help people who have had a stroke, or are at risk for a stroke. NAEMSP has been charged with the task of streamlining access to care by stroke patients using EMS. At the August 21, 2001 meeting, I presented a summary of the *NAEMSP Position Paper* to the Coalition. At the March 20, 2002, meeting, Robert Bass, MD, NAEMSP President-Elect, gave a presentation on *Emergency Medical Dispatch for Stroke: Current Practices in the U.S.*

The following organizations are members of the Coalition:

- American Academy of Neurology
- American Association of Neurological Surgeons
- American Association of Neuroscience Nurses
- American College of Emergency Physicians
- American Society of Neuroradiology
- American Stroke Association, a Division of American Heart Association
- Centers for Disease Control and Prevention
- National Association of EMS Physicians
- National Institute of Neurological Disorders and Stroke
- National Stroke Association
- Stroke Belt Consortium
- Veterans Administration

NAEMSP plans to continue as a member of the Coalition. The next meeting is on August 1, 2002, in Washington, D.C. For more information, visit the Brain Attack Coalition website at <http://www.stroke-site.org>.

2001 A Summary of Research Accomplishments

Lynn White, MS

The year 2001 was a memorable one for all of us. Fortunately, the NAEMSP annual meeting continued with "business as usual". We had a very productive year in terms of research accomplishments. Let me review some of these for anyone who might have been out hiking in the canyons, or otherwise occupied during the annual meeting in Tucson.

Research Abstracts

NAEMSP members continue to appreciate the freedom that technology brings and seem ever thankful for the web-based abstract submission program. Nothing is more satisfying to an emergency professional than being able to wait until the very last moment to submit abstracts from any location with Internet access.

For the 2002 meeting, a record 134 submissions were reviewed by 11 hardy volunteer members of the NAEMSP Research Committee, led by Robert Swor, DO. Sixteen of these abstracts were accepted for oral presentation and 71 as posters. Additionally, 11 international poster abstracts were accepted this year, representing a new category for NAEMSP. Thanks to Dr. Francis Mencl for organizing this international category.

Awards

Five abstracts were recognized during the awards banquet at the national meeting in Tucson, including the following:

- **Best Scientific Presentation Award**

Scaling Exponent Prediction of Rescue Shock Outcome in Out-of-Hospital Cardiac Arrest, by Christopher B. Lightfoot, BS; James J. Menegazzi, PhD; Henry E. Wang, MD; Kristofer C. Fertig, BS; Lawrence D. Sherman, MS; and Clifton W. Callaway, MD, PhD from the University of Pittsburgh, Pittsburgh, PA.

- **Best EMS Provider Presentation Award**

Using GIS Software, EMS Data and Spatial Representation to Support Prioritization of Public Health Prevention and Intervention Resources, by David P. Edwards, BA, EMT-P; Margaret A. Dolan, MD, FAAP; Barbara Raue, DG; Petra Menzel; and Jerry Overton, MPA from the Richmond Ambulance Authority/Medical College of Virginia at VCU/Diplom-Geograph, University of Bonn, Germany.

- **Best Fellow/Resident/Student Presentation Awards (TIE)**

Location and Frequency of Out-of-Hospital Cardiac Arrest in Georgia: Implications for Public Access Defibrillation, by George E. Malcom III, MSIV; Phillip L. Coule, MD; and Theresa Michelle Thompson, MSIV from the Medical College of Georgia, Augusta, GA.

Feasibility of a Prospective, Multi-Center Evaluation of Prehospital Endotracheal Intubation, by Henry E. Wang, MD; Douglas F. Kupas, MD; Paul M. Paris, MD; Robyn R. Bates, MS; and Donald M. Yealy, MD.

- **Best Poster Presentation Award**

The Winslow Method for Determining the Number of AED's Needed at Mass Gatherings by Tracy M. Motyka, MD; Kelly Newton, BA; Jane H. Brice, MD, MPH; and James E. Winslow, MD from the University of North Carolina, Durham, NC.

- **Best Cardiac Arrest Presentation Award (Sponsored by the National Center for Early Defibrillation (NCED))**

Effects of Interventions Prior to Defibrillation in a Swine Model of Prolonged Ventricular Fibrillation by James J. Menegazzi, PhD; Henry E. Wang, MD; and Nicole L. Chengelis, BS.

Research Workshop

The 2002 Research Workshop was well attended by a diligent group of individuals willing to discuss research for eight hours with the likes of faculty members including: David Cone, E. Brooke Lerner, Jane Brice, Robert O'Connor, Robert Swor, Ronald Moscati, Michael Sayre, Lynn White and Manish Shaw. The participants developed many interesting projects, and hopefully a similar number of friendships and collaborations were forged.

Research Resources

Research in Prehospital Care

You may have noticed the Supplement that was mailed along with your April/June 2002 issue of Prehospital Emergency Care. This resource is an updated version of the 1992 supplement to Prehospital and Disaster Medicine. The editors, E. Brooke Lerner and Lynn White, worked with a prestigious troupe of authors to put this resource together, and hope you will find it useful.

An Introduction to Prehospital Research

Another of our intrepid Research Committee members, Lawrence Brown, has recently published the book: *An Introduction to EMS Research* (Brady). Congratulations to Lawrence Brown, and his co-authors Elizabeth Criss and N. Heramba Prasad, for adding another fine resource to the EMS research arsenal.

EMS for Children

The NAEMSP Pediatric Committee and EMS-C are developing a grant and award to encourage submission of pediatric EMS research at the annual meeting. Watch the NAEMSP website for further information concerning this opportunity. ★

The deadline for article and advertisement submissions for the September/October 2002 issue of NAEMSP News is July 29, 2002.

General Information

The National Association of EMS Physicians is now accepting abstracts for review for oral and poster presentations at the NAEMSP 2003 Annual Meeting: Specialty Workshops, Scientific Assembly, and Trade Show in Panama City Beach, Florida. Authors are urged to submit original work involving EMS or resuscitation research. The full spectrum of out-of-hospital and resuscitation research will be considered, including: basic science, clinical, health services research, epidemiological, operational, economic, and educational studies. Physicians, research scientists, out-of-hospital care providers, and administrators are all encouraged to submit their work.

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

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

ABSTRACTS MUST BE SUBMITTED ELECTRONICALLY.

To do so, visit NAEMSP's website 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 FAXED SUBMISSION RULES in this document for faxing rules.

Abstract Deadline is Friday, September 6, 2002. Abstracts must be received electronically by **12:00 Noon Central Daylight Time, on Friday, September 6, 2002.** No exceptions will be granted.

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

Electronic Submission Rules

1. Abstracts must be submitted electronically, 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 6, 2002.** 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 6, 2002.** Late submissions will not be considered.
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 three 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. ✱

General Information

The National Association of EMS Physicians is now accepting pediatric abstracts for review for oral and poster presentations at the NAEMSP 2003 Annual Meeting: Specialty Workshops, Scientific Assembly, and Trade Show in Panama City Beach, Florida. Authors are urged to submit original work involving pediatric emergency medical services including basic science, clinical, health services research, epidemiological, operational, economic, and educational studies. Physicians, research scientists, out-of-hospital care providers, and administrators are all encouraged to submit their work.

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

Oral presentations will consist of a 10-minute platform presentation, followed by five minutes for questions and answers. A moderated poster session will supplement the display of poster abstracts. A cash award, airfare, hotel lodging for three nights and complimentary registration to the 2003 Annual Meeting will be given for the Best Pediatric Presentation. Awards will be presented at the Awards Luncheon at the annual meeting.

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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 6, 2002**. 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 6, 2002**. Late submissions will not be considered.
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. ★

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 2003 Annual Meeting to be held at the Marriott Bay Point Resort Village in Panama City Beach, Florida. 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 Program 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 2003 issue of *Prehospital Emergency Care*, the official journal of NAEMSP. Presenting authors will be responsible for all costs including: transportation, meals, lodging and registration.

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. A more detailed template of information required on the poster is attached; 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. The abstract submission form can be found on the NAEMSP website at www.naemsp.org. The web-based abstract submission allows a word processing document to be pasted onto the form. 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 6, 2002. Questions can be directed to the NAEMSP Executive Office at (800) 228-3677 or (913) 492-5858. You may also e-mail the office at info-naemsp@goAMP.com.★

REMINDER.....

NAEMSP Nominate Your Fellow for the Fellowship Recognition Award

The NAEMSP EMS Fellowship Recognition Award recognizes those physicians who have demonstrated commitment to prehospital emergency care by having completed a bonafide fellowship in emergency medical services.

To be eligible for the recognition award, the physician must have completed the EMS fellowship after June 30, 2000 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 your request 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 2003 annual meeting, when NAEMSP hopes to acknowledge several soon to graduate 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 2003 awards is November 27, 2002.

2002 Fellowship Recognition Award Recipients

Kathryn H. Brinsfield, MD, Boston Emergency Medical Services
Bryan McNally, MD, Boston Emergency Medical Services
Russell D. MacDonald, MD, MPH, CCFP, FRCPC, Boston Emergency Medical Services
Alex Isakov, MD, Boston Emergency Medical Services
Scott D. Weir, MD, Yale University
Andrew Milsten, MD, University of Maryland
Deborah Funk, MD, Albany Medical College

NAEMSP Welcomes New Members



Juan Acosta, DO
Scott Arnold, EMT-P
Melissa Doherty, MD, EMT-P
Roy Graves, MD
Monica Gressianu, MD
Jeffrey Hummel, RN, BA, EMT-I
Rafael Jimenez, NREMT-P
Mark LaChance, NREMT-P
Douglas Lewis, MD
G.E. Malcom, MD, FACEP
Frederic Passmann, MD
David Rand, BS, NREMT-P
Victor Andres Sasson, MD
Richard Scheirer, MD
Richard Stein, MD
John Underwood, DO
Justin Youngren, EMT

Welcome

Mark Your Calendar



2003 Annual Meeting

The preliminary program will be available on the website in mid-July and in the July/August issue of *NAEMSP News*! Make your reservations now! Be sure to mention NAEMSP to secure the group room rate of \$110 plus tax.

**January 16 – 18, 2003
Marriott Bay Point Resort Village
4200 Marriott Drive
Panama City Beach, FL 32408
(850) 236-6000**

News From the Executive Office

Dede Gish-Panjada, MBA, Executive Director,
and Jennifer L. Kimzey, Association Manager

Our Hats Off To You

We salute *all of you*, our members, for the life saving work that you do in EMS, not just during EMS Week which occurred last month, but every day of the year. We welcome and encourage you to submit any photographs you have of your local EMS Week activities for publication in the July/August issue of *NAEMSP News*. Please send in your submissions with a brief description for the photo caption to P.O. Box 15945-281, Lenexa, KS 66285-5945.

WWW.NAEMSP.ORG

Dr. Greg Mears, Technology Task Force Chair, is redesigning the website to make it easier for you, our members, to access what you need. The NAEMSP website is such a valuable tool. If you haven't visited the site lately, come see what is new. Here are just a few useful tools available at www.naemsp.org:

- NAEMSP News is available on the "members only" area
- 2003 Abstract Submission
- EMS Calendar that includes all national EMS related meetings
- Membership Applications
- Position Papers
- Merchandise Order Forms
- Product Order Forms for the Mass Gatherings Checklist, Base Station Course and Air Medical Slide Program
- Conference Information and Registration
- Job Postings
- Link to *Prehospital Emergency Care* Online
- Documents developed through grant funding

The 2003 Annual Meeting

The 2003 Annual Meeting: Specialty Workshops, Scientific Assembly and Trade Show, will be held January 16 – 18, 2003, at the Marriott Bay Point Resort Village in Panama City Beach, Florida. A draft schedule of events will appear in the July/August issue of *NAEMSP News* and will be posted on the website at www.naemsp.org in mid-July.

The NAEMSP National EMS Medical Directors Course and Practicum will be held January 12–15 with other pre- and post- conference workshops on January 15 & 19. Pre-conference workshops will be announced in conjunction with the schedule of events published in the summer issue of *NAEMSP News*.

January is a busy season in Florida so call now to reserve a room at (800) 874-7105. Be certain to mention NAEMSP in order to secure the group room rate of \$110 single/double occupancy plus 10 percent tax. The cut-off date to ensure the group rate is Friday, December 13, 2002, at 5:00 p.m. CST.

Panama City Airport is located 15 minutes from the Marriott Bay Point Resort Village. Once you arrive at the Marriott Bay Point Resort, you will enjoy the amenities the resort offers in each room including: in-room safe, iron/ironing board, data port, coffee maker and coffee, pay-per-view movies and refrigerator. The resort also offers two 18-hole championship PGA golf courses, a 220-slip marina, a private beach, four swimming pools and five restaurants. Area activities include Gulf World, Shipwreck Island and Miracle Strip Amusement Park. Visit their website at www.marriottbaypoint.com. Don't miss this one! Make your reservations now!

Call for Photographs

Many of us involved in EMS have great action photos depicting various elements of prehospital systems. You now have the opportunity to show off your best!

NAEMSP will sponsor a photo contest again this year at the 2003 annual meeting in Panama City Beach, Florida. The NAEMSP Program Committee would like to encourage all interested members to submit EMS-related photos for the contest. Approved entries will be displayed in the poster hall during the entire meeting. First, second and third place winners will be selected by a subgroup of the program committee, and the winners will be announced at the Awards Luncheon.

Please remember that these photos will be publicly displayed. Any patient identifiers should not be visible without the written consent of the patient or their immediate family member. Photo captions may be included, although this is not mandatory. It must be understood that these photos are for public display and all captions must be professional in content.

If you have photos you wish to submit, please send an 8 x 11 copy no later than November 15, 2002, to: Dr. Debra Perina, P.O. Box 800699, Charlottesville, VA 22908.

EMS Calendar

July 11-14, 2002: Educating America's Lifeline, ClinCon 2002. Location: Orlando, FL. Contact: (800) 766-6335, or visit www.femf.org.

August 22-25, 2002: FEMF Symposium by the Sea. Location: Naples, FL. Contact: (800) 766-6335, or visit www.femf.org.

August 23-26, 2002: IAFC Fire Rescue International. Location: Kansas City, MO. Contact: www.iafc.org.

August 23-26, 2002: Department of Defense, Fire and Emergency Services Training Conference. Location: Kansas City, MO. Contact: www.iafc.org.

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 5-8, 2002: Citizen for CPR Foundation, Emergency Cardiac Care Update. Location: Washington D.C. Contact: (913) 495-9816, or visit www.citizencpr.org.

September 17-20, 2002: Airmed 2002 Swiss Air-Rescue/ Rega Airmed 2002 World Congress Conference. Location: Interlaken, Switzerland. Contact: (011) 41-33-827-62-00, or visit www.AIRMED2002.ch or e-mail Airmed2002.info@rega.ch.

September 18-20, 2002: Chemical, Biological and Radiological Terrorism Conference. Location: Las Vegas, NV. Contact: (888) 670-8200, or visit www.niqi.org.

September 26-28, 2002: FEMF Sand Key EMS Summit 2002. Location: Clearwater Beach, FL. Contact: (800) 766-6335, or visit www.femf.org.

October 1-5, 2002: EMS Expo. Location: Nashville, TN. Contact: (877) EMS-EXPO or visit www.naemt.org.

October 6-8, 2002: ACEP Scientific Assembly. Location: Seattle, WA. Contact: (800) 798-1822, or visit www.acep.org.

October 11-13: BASICS 25th Anniversary Conference. Location: Solihull, England. Contact: www.basics.org.uk.

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.

October 23-27, 2002: AAA Annual Conference & Trade Show. Location: Indianapolis, IN. Contact: (800) 523-4447, or visit www.the-aaa.org.

October 28-30, 2002: Emergency Communications Technologies Conference & Expo. Location: Los Angeles, CA. Contact: (888) 670-8200, or visit www.comcare.org.

November 1-3, 2002: New York State EMS Conference. Location: Syracuse, NY. Contact: (518) 402-0996.

November 8-9, 2002: 5th Annual Trauma Conference, Deaconess Hospital. Location: Evansville, IN. Contact: (812) 450-7356.

November 9-13, 2002: American Public Health Association Annual Meeting. Location: Philadelphia, PA. Contact: (202) 777-APHA, or visit www.apha.org.

November 17-20, 2002: American Heart Association Scientific Sessions 2002. Location: Chicago, IL. Contact: (214) 706-1543, or e-mail sessions@heart.org.

December 8-13, 2002: Institute for Emergency Medical Education, Current Concepts in Emergency Care. Location: Maui, Hawaii. Contact: Lee Ann Williams at (800) 657-2550, or visit www.ieme.com.

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.

Nominations for the EMS System Showcase

Nominate an EMS system for presentation at the NAEMSP 2003 Annual Meeting! Please take a moment to nominate an EMS system you would like to see showcased at the National Association of EMS Physicians Annual Meeting: Specialty Workshops, Scientific Assembly and Trade Show, January 16-18, 2003 in Panama City Beach, Florida. Systems selected for presentation should offer novel services and/or creative system enhancements from which our members and other services could apply or find beneficial in their own settings. In general systems will be considered based on population served. General categories include: (1) population base greater than 250,000, (2) between 250,000 and 100,000, and (3) less than 100,000 people.

You may nominate more than one system if desired. Please provide the Program Committee with a brief explanation as to "why" your nominated system should be presented at the annual meeting.

Please e-mail your responses to NAEMSP at info-naemsp@goAMP.com or mail your response to the NAEMSP Executive Office, P.O. Box 15945-281, Lenexa, KS 66285-5945. Nominations must be received **no later than July 30, 2002**.

Thank you!

Debra Perina, MD
Program Committee Chair