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AEDs are now OTC:

Does this change the playing field?

Robert E. O'Connor, MD, MPH, NAEMSP President-Elect

For so many years EMS Directors have been seemingly preoccupied with their system's response times. Response intervals have been viewed as especially crucial to the outcome of patients in cardiac arrest, where four to six minutes for basic life support, and eight to ten minutes for paramedics have been widely accepted as ideal. Avid readers of *NAEMSP News* know that these response parameters have little scientific basis, but represent the reasoned opinion of experts in the field. Several recent studies, which at first glance, appear unrelated to response times, have the potential to change conventional wisdom regarding treatment of out-of-hospital cardiac arrest. They both raise the question of whether conventional response times (and responses) are adequate.

A report from the OPALS group showed that the addition of a paramedic program on a pre-existing AED program had little incremental improvement on survival from cardiac arrest. This is not an argument against paramedics, but rather supports the profound impact that AED programs have on survival. The vast majority of EMS calls are for complaints other than cardiac arrest; many are complex or difficult to manage. This is where paramedics do the most good, by providing expert assessment, stabilization, and treatment.

Survival from out-of-hospital cardiac arrest is low. Any other form of medical therapy that had a typical survival rate of 0% to 5% would be deemed a failure. Using these survival data, we could infer that response times of more than a

few minutes are too long. We know that early defibrillation is an essential link in the chain of survival following cardiac arrest. The recently reported Public Access Defibrillation Trial tested whether laypersons trained to perform cardiopulmonary resuscitation (CPR) in public and multi-unit residential locations could increase survival for out-of-hospital cardiac arrest patients if they were also trained to provide defibrillation using automated external defibrillators. Approximately 20,000 volunteer responders participated from 993 community units in 24 North American regions. The scope of the project was massive, and at the trial's conclusion, there were twice as many survivors in the CPR+AED compared with the CPR-only group. Furthermore, no inappropriate shocks were delivered, and the rate of adverse events was extremely low.

However, AED use alone is not the answer; it must be combined with CPR training. Two previous studies have demonstrated that CPR provided before AED counter shock actually improves defibrillation effectiveness when compared with AED use alone. In fact, the benefit of CPR prior to shock may be greatest if the duration of cardiac arrest exceeds five minutes. Some have argued that the mere presence of an AED will actually broaden the appeal of learning, and using, CPR.

The FDA recently approved the application for the Philips HeartStart AED to become an over the counter (OTC) device. By approving the over the counter status, any person can purchase an AED. Opponents to this designation have argued

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How quickly time goes by, for as I began to prepare for this month's President's Corner I realized that this is the last one that I will write. In January at the annual meeting in Naples, Bob O'Connor will become the new President. Bob is very committed to the association and has worked hard over many years to make NAEMSP a success. I know that the association is in good hands and that NAEMSP will continue to be a leader

in national as well as international efforts to foster better EMS.

This also marks the end of our 20th year as an association, and that gives me an added opportunity to reflect on the progress that we have made both organizationally and professionally. It is also an opportunity to think about the challenges that continue to confront us as well as new strategies to overcome them.

In 1984, a small group of us in the low country of South Carolina decided to host a meeting for physicians that provided medical oversight for EMS systems. We saw this as an opportunity to share some of our experiences, but more importantly, to learn what others were doing. When we put the meeting together, we had no idea if anyone would even attend, but to our surprise over a hundred enthusiastic participants showed up. The meeting was like a family reunion, except that we were not related and most of us had never met before. Right from the start, we realized that we were facing similar problems and that there were clearly identifiable best practices that would benefit many more if we could find the right forum in which to share them. The energy generated from this meeting was high and led to further organizational meetings. NAEMSP was formally incorporated in the fall of 1984, and the first annual meeting was held in San Antonio the following year.

It is hard to convey the environment in which we were functioning in the early days of NAEMSP. EMS in the United States had developed precipitously in the previous decade under the leadership of strong federal programs at DOT and DHEW. In 1981, the DHEW program was eliminated and the DOT program was a small remnant of its former self. The role of medical oversight was not well defined and most EMS medical directors were functioning on their own and learning by trial and error. The scientific evidence upon which EMS practice could be developed was almost nonexistent. NAEMSP gave us the forum we needed to share experiences, identify best practices, and develop the science of prehospital care.

Thankfully, over the past two decades and despite our growth, we have managed to maintain our enthusiasm and eagerness to share experiences with each other. Our annual meetings still seem like a family reunion. Committees are open to any member and our guests are welcomed to attend as well. We have managed to identify and share best practices through this process and at the same time we have been busy building the scientific foundation for our practices through our very successful journal, *Prehospital Emergency Care*.

On the other hand, we are still challenged by old nemeses. Despite our significant efforts over the past two decades, the scientific foundation for the practice of EMS needs further development. Despite the ever expanding knowledge base for our practices and the establishment of formal EMS fellowship programs, EMS medical directors are still not recognized for their unique knowledge and expertise with subspecialty recognition. Despite our continued efforts in our respective communities and on Capitol Hill, EMS is not universally recognized and funded as an essential public safety service and we lack a lead federal lead agency that is sufficiently funded and empowered to accomplish its mission. Despite our support, EMS workers remain undervalued for the risks they must undertake and the job that they do every day.

We have come a long way, but clearly we have much further to go. It is my expectation that NAEMSP will continue to provide the same energetic and visionary leadership that has characterized us for the past two decades. That expectation is based in my belief in the future, which is our membership. I would ask that we all keep this in mind as we meet new members and talk to residents and fellows about joining NAEMSP. There is no better place for a physician to get a base of knowledge on how to be an EMS medical director than NAEMSP. Likewise, there should be no better place for an experienced medical director to share his knowledge, experience, and to gain new knowledge. These are core values and if we keep them in mind as we grow in the future, NAEMSP will be as successful as ever.

We have an opportunity in the near future that I would like to address briefly. Areas for concern in EMS have been on the rise in



The National Association of EMS Physicians is an organization of physicians and other professionals partnering to provide leadership and foster excellence in out of hospital emergency medical services.

The NAEMSP newsletter is designed to inform members of interesting developments in the field of EMS. Members are encouraged to send information which may be of interest to others reading this publication.

NAEMSP News is the official bimonthly newsletter of the National Association of EMS Physicians (NAEMSP).

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

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May/June 2005 issue: April 1, 2005

the past several years. I have mentioned some of these including the workforce, funding, federal leadership, and recognition; but there are others as well, including the role of EMS in responding to a terrorist attack, the interdependency of trauma and EMS systems, and the future of EMS provider education. There is an old proverb that equates crisis with opportunity. In part as the result of these many issues, the Institute of Medicine recently agreed to incorporate EMS into its study of the future of emergency care in the United States. The opportunity here to have a scholarly study of EMS by a respected and influential organization. Previous IOM studies of EMS have been followed by significant action by Congress. This is the first major study of EMS by the IOM in over two decades. It is vital that we continue to foster cooperation and consensus among national EMS organizations to achieve maximum benefit from the IOM report which should be released in late 2005.

Finally, I would like to thank all of you for what you have taught me over the past two decades and especially for the honor of serving as your President for the past two years. I would also like to let you know that I will not yet be fading away. I plan to remain active on the NAEMSP Board for the next two years as Past President. I will also be serving one of our sister organizations, the National Association of State EMS Directors, as their president for the next two years. I look forward to working with all of you in our ongoing efforts to improve the quality of prehospital care. *

EXECUTIVE OFFICE STAFF LISTING

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

General email address to reach staff:
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Association Manager:
Jerrie Lynn Kind

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Grants Project Director:
Michael P. Flanagan, CAE

Association Assistant:
Monica Frihart

Dues Increase to Take Place January 1, 2005

At its mid-year meeting in June, the NAEMSP Board of Directors approved a restructuring of the association's membership dues. Noting that dues have not been increased since FY 1998, the Board approved increases of roughly 10% for physician, professional, and fellow members.

Dues for physician members will increase from \$250 to \$275, and for fellows and professional members from \$105 and \$125 respectively, to \$135. Rates for international (outside North America), will increase from \$125 to \$135. Resident and student member dues will remain \$105 and \$75 respectively. The new dues structure will take effect on January 1, 2005.

NAEMSP President Robert Bass, MD, noted that membership dues remain substantially below those of most comparable professional societies, despite the exceptional level of member benefits that are included in the dues. Subscriptions to both *Prehospital Emergency Care* and *NAEMSP News* are provided to members at no extra cost, and members also receive discounted prices on many products and services. Registration fees for NAEMSP meetings are also significantly discounted for members. "Thanks to revenue generated by our extremely successful Annual Meetings, we have been able to hold down dues costs for our members," notes Bass. "This modest increase in dues will enable the Association to continue the range and quality of products and services we offer."



**MARK YOUR
CALENDAR**

Don't Miss
**the NAEMSP
2005 Annual Meeting**

January 13-15, 2005

The Registry Resort
Naples, Florida

To secure the \$195 single/double
rate call: (800) 247-9810

Don't delay, rooms are going fast!

NAEMSP Mourns the Loss of Two Pioneers of EMS

A Tribute to Daniel L. Storer, MD

*Michael R. Sayre, MD, Associate Professor
Department of Emergency Medicine, The Ohio State University*

Daniel Storer, MD died suddenly on September 21, 2004 at the age of 59. At the time of his death, Dan was a Professor of Clinical Emergency Medicine at the University of Cincinnati College of Medicine. He had been involved with EMS in Cincinnati, the rest of Ohio, and nationally for more than 25 years. He attended the University of Cincinnati and received his Doctor of Medicine in 1971. After serving in the Air Force, he completed a residency in emergency medicine at the University of Cincinnati in 1977.

He was the founding medical director for University Air Care in Cincinnati in 1984. When he suddenly became ill at his home 50 miles from Cincinnati, the local EMS agency contacted University Air Care to transport him; and he died in the care of the flight service that he helped to establish.

Dan encouraged the emergency medicine residents at the University of Cincinnati to be intimately involved in EMS. This was not optional as all residents were required to fly in the helicopter and to handle the frequent requests for medical control communications in the emergency department. He was appointed as the State of Ohio EMS Medical Director. He also understood the value of local EMS political structure and worked tirelessly to bring fire chiefs and physicians to the same table to enhance EMS patient care.

Dan had a special interest in EMS education and served as the medical director of the paramedic training program at the University of Cincinnati during the 1980s. For many years, he was involved with the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions and was a member of the Committee at the time of his death.

Dr. Storer received numerous awards for community service including the Bill Hall Award from the Ohio Chapter of the American College of Emergency Physicians in 1993, the Distinguished Achievement Award from the American Heart Association Ohio Affiliate in 1995, the Outstanding Contributions to EMS Award from the American College of Emergency Physicians in 1997, the EMS Spirit of Excellence Lifetime Achievement Award from University Hospital and Cincinnati Children's Hospital Medical Center in 1998, and the Dr. Peter J. Safar Award from the American Heart Association Ohio Region ECC Committee in 2003.

I would not be where I am today without Dan's aid. He taught me much about how to relate better to EMTs and paramedics, and he inspired my involvement with the American Heart Association. I owe a great deal to him; and I, along with many others in the EMS community, will miss him deeply.

An Accolade to Jim Page

W. Ann Maggiore, JD

EMS lost a friend and visionary leader when James O. Page died unexpectedly on September 4, 2004 while swimming at his gym in Carlsbad, California. He was 68 years old. Jim had more foresight in emergency medical services than anyone, and shaped the contours of EMS with his publications, *JEMS*, *Fire/Rescue* and the *EMS Insider*.

His friends and family celebrated his life on September 16 with a memorial service to remember his life and his accomplishments. Firefighters, paramedics, physicians, friends, and family from all over the United States gathered to honor him. The ceremony was at the apex of fire service memorials. Uniformed firefighters from the Carlsbad Fire Department directed mourners to the service from blocks away, and an aerial ladder with a huge American flag flying from the extended ladder stood in the street in front of the church.

Jim was an advocate for higher education for firefighters and EMS providers, as well as a proponent of fitness for emergency services providers. Without question, he left the world a better and safer place because of his teachings and guidance. He fought for the development of 911 systems. He pushed for EMS to be included in the fire service, and developed an immense following. Jim was a teacher, a pilot, a lawyer, a fire chief, an author, an historian, and a much-loved husband and father. He was the technical advisor to the popular TV show "Emergency" that put EMS on the map as a profession. Jim spoke to the nation's EMS providers through his publications, and guided them to excellence. As Jim's son, Tom Page, a California firefighter, said: "He believed in us, and what we do". His family knew they had to share Jim with his "extended family", comprised of EMTs all over the country, and did so gracefully because that is who Jim was.

As an attorney, Jim represented EMS providers in the state of California against what he called "mindless bureaucracy". As North Carolina's State EMS Director, he "gave the bureaucracy chest pain", said William Atkinson, a close friend of Jim's who is the president and CEO of WakeMed Health Systems in

Raleigh. He said, "Most of all, he was a weaver. He connected the dots better than anyone I've ever known".

Jim's memorial ceremony began when an Honor Guard posted the colors, and firefighters in Class A uniforms marched to the front of the church to lay down a helmet from each of the departments Jim had worked for next to a portrait of him. A wreath of red carnations in the shape of a Maltese cross followed, and then a Star of Life of blue carnations followed. Chief Kevin Crawford, of the Carlsbad FD, gave a summary of Jim's many accomplishments in emergency services, and noted that his character and willingness to speak out for what was right made him an icon in his field.

Several speakers eulogized him, including Atkinson, Jim's law partner, Doug Wolfberg, and Chief Alan Brunacini, from the Phoenix FD. Brunacini described Jim as "an elegant man". His four children also spoke fondly of him as a disciplinarian and noted that Jim admonished him not to be "one of those firemen who didn't know his fire truck. Jim adored antique fire apparatus, and was fond of collecting and restoring them. Rescue 11, the first truck Jim served on as a Los Angeles County firefighter, was on hand along with Rescue 51, another truck Jim had restored. Jim's family asked the audience to carry on his work by being willing to chase down their dreams, and to work hard to reach your goals.

The ceremony ended with wailing bagpipes playing "Amazing Grace" and even the most hardened firefighters shed a tear for the loss of their friend and mentor. A procession of over 50 fire apparatus and ambulances from San Diego and Los Angeles counties escorted the family to a private burial. Three rescue helicopters, with sirens wailing, escorted Jim to his final destination.

NAEMSP membership extends its sincere regret at the untimely loss of a friend and mentor to the organization. The Page family requested any donations be to the County of Los Angeles Fire Museum, James O. Page Memorial Fund, P.O. Box 3325, Alhambra, CA 91803.

Call for Award Nominations

Dr. Robert O'Connor, Awards Committee Chair

It's time to nominate your fellow members for the following awards:

- Ronald D. Stewart Award
- Keith Neely Outstanding Contribution to EMS Award Friends of EMS Award
- EMS Fellowship Recognition Awards

Please send information on your nominee by **November 30, 2004** to Jerrie Lynn Kind at jllkind@goamp.com. Be sure to include your nominee's name, contact information and why you believe they should receive the award.

The following lists the three awards that will be given (provided a qualified nominee for each award is received), along with the required criteria.

Ronald D. Stewart Award

This award is given annually to the person who has made a lasting, major contribution to the EMS community nationally. This is often considered a lifetime achievement award.

Keith Neely Outstanding Contribution to EMS Award

This award is presented to an active or past member of NAEMSP who has provided significant leadership to the association.

Active or past member of NAEMSP

Physician and non-physician members are eligible

Could be past leadership of the association, but doesn't have to be

Maximum one award per year, but doesn't have to be awarded annually

Friends of EMS Award

This award is presented to a non-NAEMSP member who has been an advocate to further NAEMSP's mission nationally through influencing or implementing public policy.

Not an NAEMSP member, but a governmental individual or organization,

EMS organization or congressional leader

Preference is to recognize individuals or teams rather than organizations

Maximum one award per year, but doesn't have to be awarded annually

EMS Fellowship Recognition Awards

Criteria and submission form is available on the NAEMSP website at www.naemsp.org under Fellowships. **Submissions are due by November 30, 2004.**

Cochrane Collaboration Prehospital and Emergency Health Field

On August 23, 2004, the Cochrane Collaboration formally approved the registration of the Cochrane Prehospital and Emergency Health Field. The Cochrane Prehospital and Emergency Health Field seeks to represent the unique needs and concerns of prehospital care and emergency health clinicians, researchers, managers and educators. The Field's primary role will be to promote the production and use of systematic reviews of the effectiveness of prehospital care and emergency health interventions. At the request of the Cochrane leadership, the field was expanded from a prehospital focus to include care in the emergency department. Michael Sayre, MD serves on the Advisory Board for the Field. Please contact him at Sayre.84@osu.edu should you have questions or would like additional information. You can sign up to receive additional information and keep up to date on the field activities on the web site for the field: www.cochranephef.org.

Preliminary Schedule of Events

Sunday, January 9

NAEMSP National EMS Medical Directors Course and Practicum

Registration: 12:00 noon – 1:00 p.m.

Class: 1:00 p.m. – 6:00 p.m.

Monday, January 10

NAEMSP National EMS Medical Directors Course and Practicum

Class: 8:00 a.m. – 12:00 noon; optional special topics from 12:00 noon – 2:50 p.m.

Class: 4:00 p.m. – 8:00 p.m.

Tuesday, January 11

NAEMSP National EMS Medical Directors Course and Practicum

Class: 8:00 a.m. – 12:00 noon; optional special topics from 12:00 noon – 2:50 p.m.;

Class: 4:00 p.m. – 8:00 p.m.

- EMS-C Pediatric Research Workshop

Wednesday, January 12

NAEMSP National EMS Medical Directors Course and Practicum

8:00 a.m. – 1:00 p.m.

Pre-conference Workshops

8:00 a.m. – 5:00 p.m.

- EMS-C Pediatric Research Workshop
- Legal Aspects of EMS Systems Management
- Medical Director's
- CONTOMS Medical Director's Course
- Incident Command Systems

3:00 p.m. – 6:00 p.m. **Registration**

6:00 p.m. – 7:30 p.m. **President's Reception**

7:00 p.m. – 9:00 p.m. **Committee Meetings**

(All attendees are welcome and encouraged to attend committee meetings)

❖ Standards and Clinical Practice Committee

Rita Sahni, MD, MPH; Douglas Kupas, MD

❖ EMS Physician Certification Task Force

Jon Krohmer, MD

Thursday, January 13

8:30 a.m. – 8:45 a.m.

Introduction & Welcome

Robert Bass, MD, FACEP, *NAEMSP President* and Theodore Delbridge, MD, MPH, *Program Chair*

8:45 a.m. – 10:00 a.m.

Plenary Session: USA Today: Beyond the Story

Bob Davis, *USA Today*

10:00 a.m. – 10:15 a.m.

Refreshment Break in the Exhibit Hall

10:15 a.m. – 11:00 a.m.

President's Address and Business Meeting

Robert Bass, MD, FACEP, *NAEMSP President*

11:00 a.m. – 11:15 a.m.

Advocates for EMS Update

11:15 a.m. – 12:00 noon

EMS Scope of Practice...and Other Perspectives

Dan Manz

12:00 noon – 1:00 p.m.

Lunch (On Your Own)

12:00 noon – 1:00 p.m.

Prehospital Emergency Care (PEC) Editorial Board Meeting and Luncheon (by invitation only)

1:00 p.m. – 2:00 p.m.

Point and Counterpoint: EMS Scope of Practice...Is More Good or is Less More?

Edward Racht, MD and Marc Eckstein, MD

2:00 p.m. – 3:00 p.m.

From the Flight Deck to the Field: Crew Resource Management

Jim Craig

3:00 p.m. – 3:30 p.m.

Refreshment Break in the Exhibit Hall

EXHIBIT HALL CLOSED FROM 3:30 p.m. UNTIL 6:30 p.m.

3:30 p.m. – 4:15 p.m.

An Aviation Lesson Learned: Pennsylvania EMS Error Reporting System

Douglas Kupas, MD

4:15 p.m. – 5:00 p.m.

Research Oral Abstracts #1

5:00 p.m. – 6:00 p.m.

Research Poster Session #1

5:00 p.m. – 7:00 p.m.

Committee Meetings

(All attendees are welcome and encouraged to attend committee meetings)

❖ 5:00 p.m. – 6:00 p.m.

Canadian Relations Ad Hoc Committee Meeting

Brian Schwartz, MD

❖ 5:00 p.m. – 7:00 p.m.

Communications Committee and Technology Task Force

Cai Glushak, MD; Greg Mears, MD

6:30 p.m. – 8:30 p.m.

Opening Reception

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Friday, January 14

- 7:00 a.m. – 4:30 p.m. **REGISTRATION**
- 7:00 a.m. – 8:00 a.m. Advocates for EMS Member Breakfast
(additional fee)
- 7:00 a.m. – 8:00 a.m. Committee Meetings
(All attendees are welcome and encouraged to attend committee meetings)
 - ❖ **Air Medical Services Task Force**
Stephen Thomas, MD, MPH
 - ❖ **Research Committee**
Jane Brice, MD, MPH
 - ❖ **EMS Fellows and Fellowship Graduates Task Force**
Kathy Rinnert, MD
 - ❖ **ACEP-EMS Committee**
Rick Murray/Robert O'Connor, MD, MPH
- 7:00 a.m. – 9:00 a.m. **CONTINENTAL BREAKFAST IN EXHIBIT HALL**
- 8:00 a.m. – 8:30 a.m. **Research Oral Abstracts #2**
- 8:30 a.m. – 9:30 a.m. **CJ Shanaberger Memorial Lecture and Keynote Address: OPALS – All We Now Know!** – Daniel Spaite, MD
- 9:30 a.m. – 10:30 a.m. **Pediatric Literature Update: Stuff You Should Want to Know** – Peter Glaeser, MD
- 10:30 a.m. – 11:00 a.m. Refreshment Break in the Exhibit Hall
- 11:00 a.m. – 12:00 noon **Simulation Training: Better than See One, Do One** – Joseph Scott, MD
- 12:00 noon – 12:45 p.m. **Research Oral Abstracts #3**
- 12:45 p.m. – 1:45 p.m. Lunch (On Your Own)
Lunch Option: Brown Bag with the Board

CONCURRENT SESSIONS

Concurrent Session #1

- 1:45 p.m. – 2:30 p.m. **Disaster Preparedness...Big Rig Style**
Thomas Blackwell, MD
— OR —
- 1:45 p.m. – 2:30 p.m. **Resuscitation: Too Much Air is Bad?**
Tom Aufderheide, MD
- 2:30 p.m. – 3:00 p.m. Refreshment Break in the Exhibit Hall

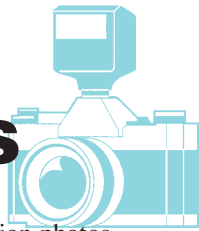
Concurrent Session #2

- 3:00 p.m. – 4:30 p.m. **Ventilation, CPAP and Monitoring: State-of-The-Art** – Raymond Fowler, MD and Stewart Martin, MD
— OR —
- 3:00 p.m. – 3:45 p.m. **Disaster Response: Learning to Prepare for the Next One** – James Sideras, RN, BSN
- 3:45 p.m. – 4:30 p.m. **Geographic Information Systems: Information You Can Use**
David Edwards, MBA, EMT-P
- 4:30 p.m. – 5:30 p.m. **Research Oral Abstracts #4**
- 5:00 p.m. – 6:00 p.m. **Pediatric Ad Hoc Committee Meeting**
Kathleen Brown, MD
- 5:30 p.m. – 6:30 p.m. **Research Poster Session #2**
- 7:00 p.m. **Evening Social Event**

Saturday, January 15

- 7:00 a.m. – 8:00 a.m. Committee Meetings
(All attendees are welcome and encouraged to attend committee meetings)
 - ❖ **Future Funding Task Force**
David Cone, MD
 - ❖ **Membership Committee**
Keith Wesley, MD
 - ❖ **Program Committee**
Theodore Delbridge, MD, MPH
 - ❖ **Wellness Ad Hoc Committee**
Anthony Ng, MD
 - ❖ **Public Health Ad Hoc Committee**
Joseph Sabato, MD
 - ❖ **Operational EMS Task Force Sub-Groups**
Jon Krohmer, MD, *Fire Ground; Tactical EMS; Technical Rescue/Urban Search and Rescue; Terrorism & Hazardous Materials*
- 7:00 a.m. – 9:00 a.m. **CONTINENTAL BREAKFAST**
- 7:30 a.m. – 12:00 noon;
1:30 p.m. – 5:30 p.m. **REGISTRATION**
- 7:30 a.m. – 8:30 a.m. **Research Oral Abstracts #5**
- 8:30 a.m. – 9:15 a.m. **Blood Flow is Good: What Makes Blood Flow? New Understandings of CPR**
Henry Halperin, MD, MA
- 9:15 a.m. – 10:15 a.m. **Prehospital Acute Cardiac Care: State-of-the-Art**
Joseph Ornato, MD
- 10:15 a.m. – 10:30 a.m. Refreshment Break in Foyer
- 10:30 a.m. – 11:15 a.m. **National Highway Traffic Safety Administration: Why? What Now? So What?**
Drew Dawson
- 11:15 a.m. – 12:00 noon **March 11 Madrid Terrorist Bombings – An Analytical Report**
Alfredo Serrano Moraza
- 12:00 noon – 1:30 p.m. Awards Luncheon
- 1:30 p.m. – 2:30 p.m. **Providing EMS in a Hostile Environment: The South African Experience**
Charl van Loggerenberg, MD
- 2:30 p.m. – 3:30 p.m. **Sidebar: Ask the Attorneys**
W. Ann Maggiore, JD;
Spencer Hall, MD, JD;
Lair D. Haugh, JD
- 3:30 p.m. – 3:45 p.m. Refreshment Break
- 3:45 p.m. – 5:15 p.m. **EMS System Showcase**
Darren Walter and additional guests
- 5:15 p.m. – 6:00 p.m. **EMED Health: EMS Proactively Improving Health in the Community**
Daniel Swayze, MBA and Paul M. Paris, MD
- 6:00 p.m. **Closing Reception** *(sponsored by members of the Board of Directors)*

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!

Once again, NAEMSP will sponsor a photo contest at the 2005 annual meeting in Naples, 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 30, 2004, to:
Dr. Ted Delbridge, Department of Emergency Medicine
UPMC-Presbyterian CL-06, 200 Lothrop Street,
Pittsburgh, PA 15213.**



Board of Directors Elections Elections Go Electronic!

We had great success and an improved rate of return on our election this year! Instead of paper ballots, our NAEMSP Board of Directors elections were conducted through an on-line web provider, www.campus-vote.com. Each member with an active email address was sent an initial email invitation detailing the voting procedures. Members without valid email addresses were mailed a postcard with the on-line voting details. Reminders were sent via email as well. The voting polls were open from September 15 – October 15 and we have had a great number of positive comments from members about the process.

Your newly elected 2005 – 2007 Board of Directors are:

President-Elect

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Accepted 2005 Annual Meeting RESEARCH ABSTRACTS

Following are accepted abstracts for the oral and poster presentations at the National Association of EMS Physicians 2005 Annual Meeting, January 13 – 15, 2005 in Naples, Florida.

- 1. DOES IO EQUAL IV?**
Larry J. Miller, John G. Kuhn, Daniel D. Von Hoff,
University of Texas Health Science Center, San Antonio, Texas
- 2. THE NATURE OF ADULT AND PEDIATRIC ADVERSE EVENTS AND NEAR MISSES IN EMS**
Rollin J. Fairbanks, Crista N. Crittenden, Kevin G. O'Gara, Matthew A. Wilson, Elliot C. Pennington, Manish N. Shah,
University of Rochester School of Medicine, Rochester, New York
- 3. THE CHANGING INCIDENCE OF VENTRICULAR FIBRILLATION AND CARDIAC ARREST IN MILWAUKEE COUNTY (1992-2002)**
Mark S. Polentini, Ronald G. Pirrallo, William McGill,
Medical College of Wisconsin Emergency Medicine Residency, Wauwatosa, Wisconsin
- 4. A RANDOMIZED CONTROLLED TRIAL COMPARING SAFETY AND EFFICACY OF RECTILINEAR BIPHASIC VERSUS MONOPHASIC DEFIBRILLATORS IN OUT OF HOSPITAL CARDIAC ARREST: 'ORBIT'**
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Sunnybrook & Women's, University of Toronto, Toronto, Ontario
- 5. CLINICAL EVALUATION OF AN INSPIRATORY IMPEDANCE THRESHOLD DEVICE DURING STANDARD CARDIOPULMONARY RESUSCITATION**
Tom P. Aufderheide, Ronald G. Pirrallo, Terry Arend Provo, Keith G. Lurie,
Medical College of Wisconsin, Milwaukee, Wisconsin
- 6. IMPROVEMENT IN FIELD RETURN OF SPONTANEOUS CIRCULATION USING CIRCUMFERENTIAL CHEST COMPRESSION CARDIOPULMONARY RESUSCITATION**
Joseph P. Ornato, Mary Ann Peberdy, David P. Edwards, Harinder Dhindsa, Jerry L. Overton,
Richmond Ambulance Authority, Richmond, Virginia
- 7. VALIDATION OF A PREDICTIVE MODEL FOR PLACEMENT OF AUTOMATED EXTERNAL DEFIBRILLATORS IN RURAL AMERICA**
N. Clay Mann, Greg Mears, J. Michael Dean, Dagan Wright, Michael Schnyder,
University of Utah School of Medicine, Salt Lake City, Utah
- 8. DIFFERENTIAL EFFECTS OF PREHOSPITAL INTERVENTIONS ON SHORT AND LONG-TERM SURVIVAL AFTER CARDIAC ARREST**
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University of Pittsburgh, Pittsburgh, Pennsylvania
- 9. A RANDOMIZED CONTROLLED COMPARISON OF CARDIOPULMONARY RESUSCITATION PERFORMED ON THE FLOOR AND ON A MOVING AMBULANCE STRETCHER**
Douglas C. Vogel, John Kim, Guy Guimond, David P. Hostler, Henry E. Wang, James J. Menegazzi,
University of Pittsburgh, Pittsburgh, Pennsylvania
- 10. DERIVATION OF A TERMINATION-OF-RESUSCITATION GUIDELINE FOR EMERGENCY MEDICAL TECHNICIAN-PARAMEDICS AND COMPARISON WITH A PUBLISHED EMERGENCY MEDICAL TECHNICIAN-DEFIBRILATOR GUIDELINE.**
Laurie J. Morrison, Marian J. Vermeulen, Alexander Kiss, Lisa Nesbitt, Ian G. Steill, P. Richard Verbeek,
Sunnybrook & Women's, University of Toronto, Toronto, Ontario
- 11. PARAMEDIC STUDENT ENDOTRACHEAL INTUBATION SKILL IS ASSOCIATED WITH VOLUME OF PROCEDURAL EXPERIENCE**
Henry E. Wang, S. Robert Seitz, David Hostler,
University of Pittsburgh, Pittsburgh, Pennsylvania
- 12. ARE PARAMEDIC STUDENTS MEETING THE CLINICAL EXPERIENCE RECOMMENDATIONS FROM THE CURRENT NATIONAL STANDARD CURRICULUM?**
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- 13. CHARACTERISTICS OF AMBULANCE CRASHES COMPARED WITH MOTOR VEHICLE CRASHES INVOLVING SIMILAR-SIZED VEHICLES**
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- 14. MANAGING RISK AND REDUCING CRASHES: IMPLEMENTING A DRIVER PERFORMANCE MEASURING DEVICE IN GROUND AMBULANCES**
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- 17. PREHOSPITAL ANALGESIA USE IN ADULTS AND CHILDREN**
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- 18. EVALUATION OF A SYSTEM OF NON-TRANSPORT FOR PEDIATRIC PATIENTS REQUESTING EMS SERVICES**
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- 27. INCORPORATION OF THE LARYNGEAL MASK AIRWAY INTO A PRE-HOSPITAL AIRWAY MANAGEMENT PROTOCOL: THE KENTUCKY LMA PILOT PROJECT REPORT**
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96. SHOULD TRANSCUTANEOUS CARDIAC PACING (TCP) BE PERFORMED IN AN URBAN EMERGENCY MEDICAL SERVICES (EMS) SYSTEM?
William R. Smith, Jonathan M. Rubin, *St. John's Hospital, Jackson, WY – Medical College of Wisconsin, Jackson, Wyoming*

AEDs are now OTC:

Does this change [REDACTED] the playing field?

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that OTC status will lead to inappropriate purchasing, yet the prescription requirement did nothing to prevent such purchases. As a group of thought leaders in EMS, we need to integrate AEDs into existing EMS systems, especially now that they are widely available. We need to work with private industry and local government to secure funding and commit to training. Here are some of my thoughts on public access CPR and AEDs.

1. The public needs to be trained in CPR and AED operation. Bystanders, whether performing CPR, or using an AED, will be the most effective first responders for treating cardiac arrest. Bystander training is the only means of reducing response times so that survival from cardiac arrest is optimized. This training should be viewed by our citizens as part of their civic duty.
2. School children should receive CPR and AED training. In time, both would become second nature much as the competent use of a computer has achieved widespread acceptance.
3. Cardiac arrest should become a reportable disease, with data collected by state health departments and reported regionally and nationally.
4. An evidence-based deployment strategy needs to be used to identify types of sites where AED deployment can most positively affect survival. Phenomenal success has been achieved when AEDs have been deployed in airports and casinos, what about exercise facilities, golf courses, shopping malls, and other locations?
5. Regulations should be developed that require clearly identified public access to AEDs, much like fire extinguishers and fire exits. Universal placards and signage would help bystanders identify AED location at a glance. Anyone trained in CPR and AED would be able to quickly locate and use the device. Access to 911 and voice prompted CPR instruction could then be automated. Unless trained bystanders can find the AED and activate EMS, deployment would be for naught.
6. EMS needs to lead these efforts through advocacy and increasing public awareness. After 911 access, EMS needs to continue to provide expert assessment, stabilization, and transport. Following a successful resuscitation due to bystander CPR and AED use, EMS personnel need to identify and treat the underlying cause, while providing transport to a center capable of rendering definitive care.

Is EMS abrogating their responsibility? Absolutely not! In any time – critical emergency, what happens during the initial few minutes counts the most. EMS cannot be on every street corner, in every gathering place, or in every home, yet the public is already there. Now that AEDs are available over the counter, let's make sure that CPR training for the public becomes 'over the counter' as well. Since over three-fourths of cardiac arrests occur in the home, CPR and AED training would seem desirable since effort would most likely be used to help a friend or family member. Citizens need to be willing and learn how to

perform CPR and operate an AED. Paramedics need to arrive shortly thereafter, probably within minutes, to provide more definitive assessment and stabilization. All of these elements need to be integrated into a coordinated response to cases of out-of-hospital cardiac arrest. Only then will we have first responders and an EMS system capable of arriving soon enough to make a difference in survival from out-of-hospital cardiac arrest. *

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Welcomes New Members

Ronald Brown, MD Derek Cooney, MD Paul Cowan, DO Allen Craig George Fox, EMT-P Michael Ghim, MD William Gilmore, MD, EMT-P Robert Kaale, MD Kevin King, MD Robin Lau, EMT Adam Lebowitz Debra Lee, MD Dorothy Lemecha, DO Robert Levy, MD	Mark Liao, NREMT-B Richard Lindquist John Maguire, MD Ira Nemeth, MD Robert Philip, MPH, NREMT-P Joseph Portereiko, DO Joe Raade Tim Root, MD Tracey Smart, DO Jeffrey Smith Elizabeth Temin, MD Chad Torstenson, MD Donnie Woodyard, CCEMTP Allen Yee, MD, FAAEM
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New EMS Fellowship Opportunity in New Jersey!

Morristown Memorial Hospital/Atlantic Health System
Fellowship Director Mark A. Merlin D.O. EMT-P FACEP

Contact: Teresa Kleiza, Administrator

Teresa.Kleiza@ahsys.org

(973) 971-8919

Prehospital 911 Responses, Disaster Medicine,
Paramedic Education

Trauma Services, EMS Research, Pediatric EMS
Education, Staff Attending Privileges



Department of Emergency Medicine

EMS Fellowship

The Department of Emergency Medicine (DEM) at the Oregon Health & Science University (OHSU) offers one-year or two-year fellowships in Emergency Medical Services (EMS). OHSU is a Level I trauma center and base station hospital whose faculty is actively involved in ground and air medical EMS in the three counties surrounding Portland, Oregon. OHSU is a qualified host for the SAEM/Medtronic Physio-Control Fellowship in EMS. A formal didactic curriculum through the OHSU School of Public Health offers individuals the opportunity to earn an MPH degree during the two-year fellowship. Opportunities also exist to combine the clinical and administrative fellowship experience with degree or diploma programs in clinical research, healthy policy, epidemiology, informatics or business administration. Please contact Mohamud Daya, MD, MS EMS Fellowship Director at OHSU Emergency Medicine, CDW-EM, 3181 SW Sam Jackson Park Road, Portland, OR 972391-3098, phone: (503) 494-7248, email: dayam@ohsu.edu

University of North Carolina at Chapel Hill

EMS Fellowship

A two-year fellowship in Emergency Medical Services. Facilities include a Level I Trauma Center, state-of-the-art Emergency Department with 65,000 annual visits, active aeromedical program with two BK-117 helicopters and four ground transport units, novel county-based EMS service, and Emergency Medicine residency. The fellow will obtain a Master's degree while being exposed to county and state systems management and research. The University of North Carolina is an Equal Opportunity Employer and welcomes candidates from diverse backgrounds. The applicant must have a MD/DO medicine (or have similar experience). Send written inquiries to: Jane Brice, MD, MPH, University of North Carolina-Chapel Hill, Department of Emergency Medicine, CB#7594, Chapel Hill, NC 27599-7594 to receive additional information.

Many Thanks!

The Executive Office wants to formally thank the 2002-2004 Board of Directors for their continued commitment and support. Rotating off the Board in January will be Dr. Cai Glushak from Chicago. Dr. Glushak will continue to serve NAEMSP as newsletter editor and communications chair and will also be working very closely with the Board on several extracurricular activities. We'll certainly miss Dr. Robert Bass as current President of NAEMSP and look forward to seeing him for the next two years as Past President. **Thank you Dr. Glushak and Dr. Bass!**

Get Involved!

Are you interested in becoming involved in NAEMSP? Committee and task force participation is an excellent way to do this. Our experience is that individuals who get actively involved in their professional association have a higher degree of job satisfaction, remain on the leading edge of their practice, and are motivated to perform at higher levels than those who are not involved. If you are interested in being more involved with a committee, or becoming a committee chair, please contact Monica Frihart, staff liaison to the Membership Committee at mfrihart@goAMP.com or contact Jerrie Lynn Kind, Association Manager at jlkind@goAMP.com.

2005 Annual Meeting: January 13-15, 2005. The Registry Hotel, Naples, Florida

Planning continues for the 2005 annual meeting, to be held at the beautiful Registry Hotel in Naples, Florida. Don't miss this opportunity to network and learn the newest practice advances in EMS with your NAEMSP colleagues. See pages 7-8 for the most up-to-date educational program. The Preliminary Program, including expanded presentation descriptions and registration form, is available on the NAEMSP website at www.naemsp.org. **Hard copy registration forms are due postmarked no later than December 23, on-line registration will be open until January 5, 2005.**

We also encourage you to provide input as future program committees plan their activities that shape our organization. If you have any questions or comments about the program, contact Program Committee Chair, Dr. Ted Delbridge at delbridget@msx.upmc.edu, or the NAEMSP Executive Office at (800) 228-3677.

Membership Recruitment

Don't forget to tell your colleagues what membership in NAEMSP can do for them. We need you to help us grow! Call the NAEMSP Executive Office at (800) 228-3677, ext. 4448, or e-mail us at info-naemsp@goAMP.com for membership brochures. Alternatively, let us know to whom we should send a membership brochure on your behalf and we'll take care of it!

Updated Emails Needed

As we move forward into the electronic age, it is very important for us to have a correct e-mail address for you. The NAEMSP Executive Office conducted on-line nominations and elections this year and

also sends several broadcast emails informing members of important time sensitive information and we do not want you excluded! **PLEASE** take the time to send your e-mail address to us at info-naemsp@goamp.com. Also, if you haven't visited the website lately, do you know what you are missing? Come visit www.naemsp.org and find out what updates have been made and what resources are available!

List Serve Opportunities and the NAEMSP Website

Did you know that NAEMSP offers two list serve opportunities? On our membership only list serve, NAEMSP-L, we have had very lively discussions and would love you to participate. If you would like to participate, log into the MEMBERS ONLY section of our website at www.naemsp.org and sign yourself up. An alternate list, EMS-L, is a public list open to all interested parties and is accessible on the main page of the NAEMSP website. If you haven't visited the website lately, do you know what you are missing? Come visit and find out what updates have been made and what resources are available!

Membership Renewal On-Line

NAEMSP is pleased to continue on-line membership renewal as a benefit to our membership. To renew your membership, simply log on to the website at www.naemsp.org and click the link, "Membership Renewal".

Reminder: Nominate Your Fellow for the NAEMSP 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, 2001 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. 4448, or by e-mailing 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.

During our January 2005 annual meeting, 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 or on-line at www.naemsp.org/fellowshipawardnomform2005.pdf. **Hurry!** The submission deadline for the January 2005 awards is **November 30, 2004. ***

EMS Calendar

The deadline for EMS Calendar submissions for March/April 2005 issue of *NAEMSP News* is February 1, 2005.

December 2-4, 2004: Trauma 2004: Old Problems, New Solutions; Advocate Health Care; Chicago Committee on Trauma and Chicago Trauma Society; Chicago, Illinois. Contact: (630) 275-3553, www.advocatehealth.com/trauma

December 10-11, 2004: Advances in Trauma, American College of Surgeons, Region VII, Kansas City, MO; (573) 446-1039

January 13 – 15, 2005: NAEMSP Annual Meeting. Location: The Registry Resort & Club, Naples, FL. Contact: www.naemsp.org or info@naemsp.org. View Info on Meeting.

February 1, 2005: Plan to attend the State-of-the-Art Stroke Nursing Symposium, New Orleans, Louisiana

February 3-6, 2005: 26th Annual International Disaster Management Conference; Emergency Medicine Learning & Resource Center; Orlando, FL; (800) 766-6335; www.emlrc.org

February 2-4, 2005: American Stroke Association <http://strokeconference.americanheart.org/portal/strokeconference/sc/>

February 17-20, 2005: AAA Winter Healthcare Reimbursement and Professional Education

March 21-23, 2005: Trauma 2005, Maximizing Outcomes, Minimizing Errors, Baylor College of Medicine; Las Vegas; (713) 798-4557; www.trauma-criticalcare.com

June 26-30, 2005: International Interdisciplinary Conference on Emergencies. Location: Palais des congrès, Montreal, QC. Contact: www.iice2005montreal.com or info@iice2005montreal.com

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

**Don't Miss the
NAEMSP National EMS Medical
Directors' Course and Practicum**

Sunday – Wednesday, January 9-12, 2005

See the NAEMSP website and the 2005 Preliminary Program for more details and registration information! www.naemsp.org

you@you.com

do we have your correct email address?

If not,
email info-naemsp@GOAMP.com.

Thank
you!



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