



A MEMBER RESPONDS

Beth Adams, MA, RN, NREMT-P
Professional Member At Large
National Association of EMS Physicians

Dear Ms. Adams:

I read your recent article on quality and customer service (*NAEMSP News May/June 2004*) with a great deal of interest and curiosity. I would like to offer perspective which I encounter daily. This perspective, many feel, will have to come to the forefront of our future planning for healthcare and customer service. This perspective will have to be factored into third party payment policies if our system as we know it is to survive. Hospitals and providers will have to deal with this perspective as an ever bigger part of our healthcare delivery and, as a result, customer satisfaction will be affected.

In order to shape the perspective, let me state some facts.

- As much as 25% of emergency transports and ED visits in some communities are unnecessary even using the prudent lay person's definition of emergency. My group recently audited ED visits in a 25,000 visit/year facility and 12% were for convenience (i.e. patient could not get to his physician for a routine office visit).
- Increasing numbers of patients have a perspective that the best insurance is Medicaid because it pays for everything and does not cost anything. In a recent study of uninsured patients it was estimated as much as 15-35% of the uninsured are employed at a level to provide private health insurance.
- The public perspective of the federal laws (EMTALA, etc.) is that "they have to treat us". Yet several academic institutions have initiated screening patients and, if no emergency is determined, they have to make a payment before being seen.
- Chronic ED visit abuse (CEVA) is a long standing problem that is taking on new extreme financial status. In my base town of Fort Wayne, each hospital system reported increasing proportion of uncompensated care over past years representing as much as 10% of total revenues.
- Medical ethicists are struggling with the right to deny care (for non-compliance, abuse, etc.) versus the right to care. The most striking case I am aware of is the 58 year-old noncompliant dialysis patient who has been terminated from all three local dialysis centers for abusing the systems and noncompliance to treatment. He has not made an effort to change or seek care elsewhere. Every time he is fluid overloaded or short of breath he calls 911 and goes to the local emergency room.

If one collates the above facts, the perspective would summarize as ever increasing portion of patients are abusing the system at a cost that is just now being realized. Since many of these patients fall under the Medicaid umbrella, the very society that is urging financial responsibility is financing the abuse. Many healthcare professionals are brainstorming as to how to deal with this population of health care consumers.

So if we use your definition of quality (meets the needs and exceeds the expectation of those served), how do we stack up to this population of patients when we limit or deny care because of their abuse or noncompliance?

If we do not take a position with this population, how long will our system survive? And then how do we define customer service? Many of today's physicians try to curtail after hour care because of

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Technology and EMS

The development of new technology has been accelerating and seems to have no bounds. A visit to any electronics store will reveal a bewildering array of new gadgets typically designed to entertain or inform us in one way or another. Much of the same technology is being used to build tools that have the potential to benefit EMS systems and improve patient care. Typically these tools help us to communicate or

to generate, share, and use information more effectively. Clearly this has the potential to improve the bottom line for us which is patient outcome. Given the plethora of new devices and services that are being developed or marketed, how do we determine which are likely to be of benefit and which are likely to be of such benefit that public funding to assist in development and evaluation is warranted?

To make matters more complicated, there is a myriad of national organizations and associations that evaluate one aspect or another of these new technologies, usually related to their special field of interest. There has historically been relatively little coordination between them. ComCARE (<http://www.comcare.org>), to their credit, has made valiant strides in its attempts to improve this coordination and has been a strong advocate for improved communications and information

services. ComCARE has maintained a close and supportive relationship with NAEMSP since its inception. Our past president Rick Hunt was vice chair of the ComCARE Board until recently and I currently serve on the ComCARE Board. ITS America (<http://www.itsa.org>) is another organization that has been doing some good work in this area and has a medical focus group to address the intelligent transportation systems/medical interface. We are in the process of appointing a liaison to that group which is currently chaired by one of our longstanding members Jack Allison. Former NAEMSP board member Greg Mears has been doing outstanding work with the NEMSIS project to define EMS data elements and to develop a national EMS information system. NAEMSP member and past administrator of NHTSA Ricardo Martinez is tireless in his efforts to address the technology and EMS interface. Ricardo is currently Vice Chairman of the Board of Directors for ITS America. We have many other members too numerous to include in this article working on this critical interface as well.

What these relationships suggest is that NAEMSP and our members are already heavily involved in addressing many of the challenges we face in the technology arena. We also have the unique opportunity to help bridge many of these groups through our membership as we attempt to develop a more coordinated and coherent approach to addressing these challenges. Our diverse membership gives us great resources to draw from as well as the ability to reach many sectors of the EMS and public safety community.

To take advantage of this opportunity, in the near future, I will be appointing a multidisciplinary ad hoc committee to further define and develop the role that NAEMSP can play in supporting other national organizations and the Federal Government in addressing issues related to the technology and emergency medical services interface.

If you are interested in working on this project, please email me at bod-naemsp@goamp.com. *

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."

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.

NAEMSP News, Cai Glushak, MD, Editor; (773) 702-9502; Fax: (773) 702-7182;
Email: cglushak@medicine.bsd.uchicago.edu

Jerrie Lynn Kind, NAEMSP Staff Contact; Email: jlkind@goAMP.com

Copy Deadline: November/December issue: October 1, 2004

January 9-12, 2005 National EMS Medical Directors Course – Registration Required

Tuesday January 11**Pre-Conference Sessions – Registration Required**

1:00 pm – 5:00 pm EMS-C Pediatric Research Conference

Wednesday January 12**Pre-Conference Sessions – Registration Required**

8:00 am – 5:00 pm EMS-C Pediatric Research Conference (continued)

8:00 am – 5:00 pm Incident Command System (ICS)

8:00 am – 5:00 pm CONTOMS Medical Direction

8:00 am – 5:00 pm Legal Aspects of EMS System Management

6:00 pm – 7:30 pm New Member Reception

Thursday January 13

8:00 am -12:00 noon EMS-C Pediatric Research Conference (continued)

8:15 am – 8:30 pm Welcome & Introduction

8:30 am – 9:30 am CJ Shanaberger Memorial Lecture and Keynote Address: OPALS – All We Now Know!

9:30 am – 10:15 am Refreshment Break in the Exhibit Hall

10:15 am – 11:00 am EMS Scope of Practice...and other perspectives

11:00 am – 12:00 noon Point and Counterpoint: EMS Scope of Practice...Is More Good or is Less More?

12:00 noon -1:00 pm Lunch

1:00 pm – 1:45 pm President's Address and Business Meeting

Concurrent Sessions

1:45 pm – 2:30 pm Disaster Preparedness...Big Rig Style

1:45 pm – 2:30 pm Resuscitation: Too Much Air is Bad

2:30 pm – 3:00 pm Refreshment Break in the Exhibit Hall

3:00 pm – 3:45 pm Disaster Response: Learning to Prepare for The Next One

3:00 pm – 4:30 pm Ventilation, CPAP and Monitoring: State-of-The-Art

3:45 pm – 4:30 pm Geographic Information Systems: Information You Can Use

4:30 pm – 5:00 pm Research Oral Abstracts #1

5:00 pm – 6:00 pm Research Poster Session # 1

6:30 pm – 8:30 pm Opening Reception

Friday January 14

8:00 am – 8:30 am Research Oral Abstracts #2

8:30 am – 9:30 am *USA Today*...Beyond the Story

9:30 am – 10:30 am Pediatric Literature Update: Stuff You Should Want to Know

10:30 am – 11:00 am Refreshment Break in the Exhibit Hall

11:00 am – 12:00 noon Research Oral Abstracts #3

12:00 noon – 1:00 pm Lunch
Lunch Option: Brown Bag with the Board

1:00 pm – 2:00 pm A Lesson from Aviation: Pennsylvania Error Reporting System

2:00 pm – 3:00 pm From the Flight Deck to the Field: Crew Resource Management

3:00 pm – 3:30 pm Refreshment Break in the Exhibit Hall

3:30 pm – 4:30 pm Simulation Training: Better than See One, Do One

4:30 pm – 5:30 pm Research Oral Abstracts # 4

5:30 pm – 6:30 pm Research Poster Session # 2

7:00 pm Evening Social Event

Saturday January 15

7:30 am – 8:30 am Research Oral Abstracts # 5

8:30 am – 9:15 am CPR: New Knowledge About Mechanistic Issues

9:15 am – 10:15 am Prehospital Acute Cardiac Care: State-of-the-Art

10:15 am – 10:30 am Refreshment Break in the Foyer

10:30 am – 11:15 am National Highway Traffic Safety Administration: Why? What Now? So What?

11:15 am – 12:00 noon Bombing in Madrid: Analysis of Response

12:00 noon – 1:30 pm Awards Luncheon

1:30 pm – 2:30 pm South Africa: EMS in a Hostile Environment

2:30 pm – 3:30 pm Sidebar: Ask the Attorneys

3:30 pm – 3:45 pm Break

3:45 pm – 5:15 pm EMS System Showcase

5:15 pm – 6:00 pm EMED Health: EMS Engaged in Health Surveillance and Promotion

6:00 pm Closing Reception *

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 22, 2004 to Jerrie Lynn Kind at jlkind@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 12, 2004.

Research Committee Working For You!

Jane Brice, MD, MPH and E. Brooke Lerner, PhD, NREMT-P

NAEMSP's Research Committee is hard at work sorting through all the abstracts you have submitted for the 2005 Annual Meeting. Using our on-line vendor, a group of committee members are reviewing the abstracts and will soon be sending out acceptance letters for the meeting. This year we are again offering awards for Best Scientific Contribution, Best Poster Presentation, Best Resident/Fellow Presentation, and Best Professional Member Presentation. In addition to these awards, we will also be looking for the Best Pediatric Presentation and the Best Cardiac Arrest Presentation.



Board of Directors

Elections

**For Terms
January 15, 2005 –
Annual Meeting
January, 2007**

The NAEMSP Nominating Committee, chaired by Immediate Past President, Richard Hunt, MD, FACEP, is pleased to present you with the following exceptional candidates for the open positions on the NAEMSP Board of Directors.

Candidate biographies are included on the following pages. The NAEMSP Board of Directors candidate slate is as follows:

President Elect:

Dr. David Cone

Secretary/Treasurer

(vote for one):

Dr. Theodore Delbridge

Dr. Robert Domeier

Physician Member-at-Large

(vote for two):

Dr. Eileen Baker

Dr. Sandy Bogucki

Dr. Ritu Sahni

Dr. Russell MacDonald

Professional Member-at-Large

(vote for one):

Brooke Lerner, PhD

Gregg Lord, AS, BA(c), NREMT-P

James Sideras, RN, BSN, EMT-B

The candidates listed above are members in good standing with NAEMSP and have agreed to serve the membership and the best interests of the association if elected.

In the case of a tie in voting, a subsequent election will be held for those candidates involved in the tie. If a tie results after two elections, the NAEMSP Board of Directors shall determine the winner by a simple majority vote of the members of the Board.

IMPORTANT! The NAEMSP election will be conducted on-line this year. Each eligible voting member with an active email in the NAEMSP database will receive email instructions and a link to the election website with a unique identifier. Each member may only cast one collective vote.

Members who do not have active emails in the NAEMSP database, and members with bad email addresses, will receive a postcard to the mailing address we have on file. The postcard will give you detailed instructions on how to access the voting website.

The voting will close at 5:00 p.m. CST on Friday, October 15, 2004. No votes will be accepted after this time. If you have any questions, or did not get notification to vote via email or postcard by October 1st, contact Jerrie Lynn Kind, NAEMSP Association Manager at jlkind@goamp.com or (913) 495-4414.

Voting is open to all physician, professional, international, resident and fellow members of the NAEMSP in good standing. Medical students and honorary members are not eligible to vote.

Thank you for taking time to place your vote for the NAEMSP Board of Directors.

STATEMENTS FROM THE CANDIDATES

President-Elect



David C. Cone, MD

Current Position

Associate Professor of Emergency Medicine and Public Health Chief
Division of EMS, Section of Emergency Medicine
Yale University School of Medicine
New Haven, Connecticut

Candidate Statement

It is a great honor to be nominated for the position of President-Elect. I have greatly enjoyed serving on the Board of Directors as an At-Large member and then as Secretary-Treasurer for the past few years, and I hope to be able to continue guiding the Association forward as President-Elect.

I began my EMS career in 1984, when I completed my first EMT-A course. I then served as a volunteer EMT for my town's BLS ambulance service during college and medical school. Following medical school at Columbia University, where both emergency medicine and EMS were virtually unknown, I was fortunate to complete my EM residency and an EMS fellowship at the Medical College of Pennsylvania, where EMS had been recognized as an academic subspecialty for many years. I moved to New Haven, CT in 1999 to take on the EMS direction role at Yale, where I now serve as medical director for a twelve-town EMS region, and as fellowship director for a program that is training its fifth EMS fellow this year. I continue my field involvement as a volunteer firefighter for my town's fire company, and as service chief of New Haven's physician response team. I have also taken on a faculty position at Yale's public health school, where I direct a course in public health management of disasters.

I have been fortunate to have the support of department chairs who recognize the importance of NAEMSP, allowing me to dedicate substantial portions of my academic time to the association. In addition to service on the Board, my work at NAEMSP has focused primarily on the journal, as Deputy Editor, and the research workshop, as a founding member of the faculty. I have also had the opportunity to develop position statements, to edit the annual report, and, as chair of the Membership Committee, to work on meeting the needs of the association's members.

NAEMSP continues to have a number of critical missions, including advancing the science of EMS, serving as a resource and advocate for field providers and medical directors, and, through the newly formed Advocates for EMS, evaluating and guiding public policy and legislation. I feel that my experience on the Board and with other association activities will enable me to continue to advance these missions as President-Elect. I thank you for your support. *

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Secretary/Treasurer



**Theodore R. Delbridge,
MD, MPH**

Current Position

Director of Emergency Services
University of Pittsburgh
Medical Center – Presbyterian

Candidate Statement

I am honored to have been nominated for election to secretary/treasurer of our organization. I believe it is an important position, with the capacity to influence NAEMSP's future and members' satisfaction. My participation within NAEMSP over the past 13 years has provided me with perspective that I believe would prove valuable as secretary/treasurer.

Like many of us, my passion for EMS has been long-lived. Over the past 25 years I have served as a field provider in several different EMS systems. I have been a flight physician for an air-medical program, STAT MedEvac, and eventually its medical director. I continue to be the senior medical advisor. I am also an assistant medical director for Pittsburgh EMS. I completed an EMS fellowship, and currently direct the EMS fellowship program at the University of Pittsburgh. Thus, like so many NAEMSP members, I have continually sought ways to quench my desire for active involvement in EMS.

Over the past several years, part of my pursuit to delve deep into the matters of EMS has included participation in the affairs of NAEMSP. Here, I have met luminaries, networked with others, and learned extensively. Along the way I have served as chair of the standards and practices committee, coordinating efforts to formulate and distribute the association's positions on various important issues. In that role I advocated for the inclusion of position paper development forums at our annual meetings. These member participation discussions have helped many contribute to the creation of the organization's position papers. I previously served as an at-large member of the board of directors, participating in efforts and decisions to improve our journal and secure the finest in association management. Currently, I am the chair of the program committee. For the meeting upcoming in January, we are working to create the finest educational and networking sessions yet. I have even convinced the members of the board of directors to personally (i.e., out of their pockets) fund a refreshment break! They are to be commended for their commitment to your organization. Mostly, they and I recognize the importance of the positions we occupy and various ways to work to improve awareness of EMS issues in our nation, make EMS better, and increase satisfaction of our members.

I think that my professional experiences and my knowledge of NAEMSP would serve our members and me well as secretary/treasurer. I would be committed to the task. I would work to ensure that NAEMSP fulfills its fiduciary responsibilities as a recipient of your valuable dues and conference dollars, and as a shepherd of our nation's EMS system. There is no doubt that, because of your membership, NAEMSP holds a respected place at the table of discussants of EMS issues in the country. We must work to maintain that prominence and to be sure that our organization serves each of us as best it can. Part of that entails ongoing fiscal responsibility and promotion our organization as representing experts (you) in the field of EMS. These would be among my goals as secretary/treasurer.

Thank you for your indulgence. Thank you for your consideration. Thank you for your ongoing support of NAEMSP. *



**Robert M. Domeier, MD,
FACEP**

Current Position

Clinical Instructor, University of Michigan
EMS Medical Director, Washtenaw/Livingston
Medical Control Authority
Medical Director, Midwest Medflight


Candidate Statement

I would like to thank the NAEMSP nominations committee for selecting me as one of this year's candidates for the office of secretary-treasurer. I have accepted this nomination in order to serve and strengthen NAEMSP, an organization with an important mission that has given me a lot of professional fulfillment over the years. I provide the following brief history of my involvement in EMS and my service to NAEMSP which supports my candidacy for the position of secretary-treasurer.

I trained in Emergency Medicine at Detroit Receiving Hospital completing my residency in 1987. During my residency I received experience in EMS by working as a flight physician with the Detroit Medical Center Sky Team, a helicopter aeromedical program based at Detroit Receiving Hospital. After completing residency I joined the faculty of Saint Joseph Mercy Hospital in Ann Arbor Michigan. My interest in EMS grew and I became the medical director of a large EMS system in Southeastern Michigan. I continued to fly with Midwest Medflight based at Saint Joseph Mercy Hospital becoming the director for this service in 1996.

My interest in EMS research began with a project using specially trained paramedics to improve the care of patients during interfacility transport. Our MICU medic program, which was started in 1990, became the standard for the State of Michigan. I have continued to do EMS clinically based research looking at EMS indications for spine immobilization, RSI training programs, cardiac arrest care and EMS pain management. This research has led to improvements in patient care protocols has given our providers better evaluation and treatment tools.

I have served on the NAEMSP board of directors since 1998 first as the chair of the Standards and Clinical Practice Committee (S & P) and then as a member-at-large until January 2004. While chair of S & P, I oversaw the development of a number of position papers for the organization. I have continued to support the activities of the S & P helping to develop a system of periodic review for NAEMSP's numerous positions papers. I have represented NAEMSP as a member of the NHTSA EMS Core Content and Critical Care Interfacility Transport task forces and served as a Commissioner for the Commission on Accreditation of Ambulance Services. Most recently I have served as the NAEMSP representative to a CDC focus group working to develop improved EMS protocols for the treatment of asthma. I also am involved with S & P and the Research Committee.

The NAEMSP of the future offers both opportunity and responsibility. We must strive to improve the readiness of EMS for the challenges of both routine patient care and potential terrorist pressures. NAEMSP has the opportunity to be a leader in assuring that preparedness. Through initiatives that vary from advocacy of domestic preparedness, supporting automatic crash notification initiatives and increased research to improve our knowledge that supports the evaluation and treatment of patients, NAEMSP is preparing to shape the future of EMS in this country. Leading by example in our local systems, 

and through our position papers and writings in our premier journal Prehospital Emergency Care, we are being look to as leaders in EMS both in the US and around the world.

These responsibilities are increasing the demand for officer and board of director time and representation to other national EMS and related organizations. Each of us as individual members can play a role in that future. Our members, both physician and professional have frequently stepped up to fill these roles. The NAEMSP of the future will have

more members in positions of responsibility and will look to its members for ideas and leadership.

I believe these responsibilities and opportunities will make our organization stronger. By moving forward to meet these challenges we will provide benefit to our members and patients. I will continue to contribute to the future of NAEMSP as a committee member and if the membership is willing I will work even more vigorously as your next secretary-treasurer. I thank you for your support. *

Physician Member-At-Large



Eileen Frances Baker, MD

Current Position

EMS Medical Director
Union Hospital
Dover, Ohio

Committee Participation

Participant in Program Committee, Tactical EMS Committee and International EMS Committee, 1999 to present.

Professional Experience

- Emergency Physician, EmergiMed, Inc., Union Hospital, Dover, Ohio, 2001 to present
- EMS Medical Director, Union Hospital, Dover, Ohio, 2002 to present
- Resident Physician, Emergency Medicine, Summa Health Systems/Northeastern Ohio Universities College of Medicine, 1998-2001
- Northeastern Ohio Universities College of Medicine, Non-tenure Track Faculty, 1998-2001
- Assistant Medical Director, Cuyahoga Falls, Ohio, Fire Department Emergency Medical Services, 1998-2001
- Medical Director, Summit County, Ohio, Dive Team, 1999 to present
- Emergency Medical Technician, Acme-Western Ambulance Service, Oakland, California, 1993-1994

Education

- Summa Health Systems/Northeastern Ohio Universities College of Medicine, Residency in Emergency Medicine, 1998-2001.
- University of Vermont, College of Medicine, Doctor of Medicine, May 17, 1998.
- University of California, Davis, Bachelor of Arts and Science in Physiology and Philosophy, with honors, March 25, 1993.
- Santa Rosa Junior College, Santa Rosa, California, 1987-1990.

Professional Activities

- Councilor, American College of Emergency Physicians, Ohio Chapter, 2004 to present
- Committee Member, American College of Emergency Physicians, Ohio Chapter, 2004 to present
- Member, Ohio State Trauma Regional Advisory Subcommittee, 2004 to present
- Chair, Regional Physician Advisory Board, Region VII, Ohio, 2004 to present; member 2002 to present

- Member at Large, American College of Emergency Physicians, Emergency Medical Services Committee, 2000-2001
- Emergency Medicine Residents Association Representative to the American College of Emergency Physicians, Emergency Medical Services Committee, 1998-2000
- Emergency Medicine Residents Association Representative to the American College of Emergency Physicians EMS Section, 1999-2000

Personal Statement

I would like to thank the NAEMSP Nominating Committee for considering my candidacy for the position of Member-at-Large on the Board of Directors. I have been a member since 1999, having joined during my residency at Summa Health System in Akron, Ohio.

My involvement in EMS began over 14 years ago, and I worked as an EMT-B in Oakland, California, after graduating from UC Davis. While in medical school at the University of Vermont, I assisted on research projects with the Vermont State EMS Medical Office.

My enthusiasm for EMS flourished during my residency in Emergency Medicine, where I served as Assistant Medical Director for the Cuyahoga Falls Fire Department, receiving citations from the Fire Department and the IAFF. During my training, I was certified in public safety SCUBA diving, and I still enjoy active involvement and training with area dive teams. I was also fortunate to train with a number of tactical (SWAT) teams and completed the Tactical Medical Director's course through NAEMSP. In addition, I served on National ACEP's EMS Committee as EMRA Representative and Member at Large for a total of three years, during my residency.

In 2001, I completed the National EMS Medical Director's Course and later that year was afforded the opportunity to coauthor the chapter on Medical Oversight in the course textbook, Prehospital Systems and Medical Oversight, Third Edition. I have been an active participant in NAEMSP's Program Committee, Tactical EMS Committee and International EMS Committee since 1999.

Presently, I am the EMS Medical Director for a diverse service population, overseeing more than 20 agencies: paid and volunteer ambulances, fire-based and private services, and rural and suburban squads. As the Chair of the Regional Physicians Advisory Board for Ohio Region VII, I am undertaking an ambitious project to provide a traveling airway symposium for EMS providers in our Region. Paramedics and citizens of Tuscarawas County benefit from some of the most advanced EMS protocols in the nation, under my direction.

I bring to the Board my enthusiasm for EMS, my experience with a variety of EMS systems across the United States and a fresh perspective to serve as your Member-at-Large to the NAEMSP Board of directors. Thank you for your consideration. *

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Sandy Bogucki, MD, PhD

Current Position

Associate Professor
Yale University

Board Participation

- Member, Board of Visitors, National Fire Academy, 2003-present
- Member, Medical Advisory Board, John P Redmond Foundation Int'l Assoc of Fire Fighters, 2002-present
- Member, Board of Directors, National Assoc of EMS Physicians, 2002-present
- Member, Executive Board, National Fire Protection Assoc Fire Service Section, 2002-present
- Member, Board of Visitors, US Navy Office of Naval Research, 2002-2003
- Member, Board of Directors, National Registry of EMT, 1996-present; currently Vice President
- Member, Editorial Board of Prehospital Emergency Care, 1996-present

Committee Participation

- Member, Dept Homeland Security; Committee to Establish Performance Standards for Handheld Assays for Baccillus anthracis, 2002-present
- Chair, National Fire Protection Assoc (NFPA) 1582 Task Group
- Biomedical Technology Area Review and Assessment (TARA) Panel for US Dept of Defense
- NAEMSP Committee on Operational EMS, 1999-present
- Interagency Board for Equipment Standardization and Interoperability, 1999-present
- Biomedical Technology Area Review and Assessment (TARA) Panel for US Dept of Defense, 1997-present CT EMS Medical Advisory Committee (statewide medical direction), 1998-2001
- NFPA 1500 Committee (FD Occupational Safety & Health), 1996-present
- NAEMSP representative to Federal Interagency Committee on EMS, 1995-present

Professional Experience

- Associate Professor, Section of Emergency Medicine, Dept of Surgery, Yale University School of Medicine, New Haven, CT, 1998-present
- Medical Director, Connecticut State Fire Academy, Windsor Locks, CT, 1997-2000
- Associate Medical Director, New Haven Fire Dept, New Haven, CT, 1996-2004
- 1994-present Fire Surgeon, Branford Fire Dept, Branford, CT 1994-present Contract Faculty and EMS-HAZMAT Course Developer, National Fire Academy, Emmitsburg, MD
- Medical Advisor, Guilford Fire Dept EMS, Guilford, CT, 1994-2000
- EMS Assoc. Medical Director, Branford Fire Dept, Branford, CT, 1993-present
- Assistant Professor, Section of Emergency Medicine, Dept of Surgery, Yale University School of Medicine, New Haven, CT, 1991-1998

Personal Statement

I'm a member of the Emergency Medicine faculty at Yale, and Associate EMS Medical Director of the Branford Fire Department. My educational background includes a Master's degree from Tulane's School of Public Health and Tropical Medicine and a PhD in Microbiology from Texas A&M. From there I went to Yale as a research fellow, and in the ensuing 25 years have attended medical school, trained in Internal Medicine and Infectious Disease, and joined the Emergency Medicine faculty, where I hold the rank of Associate Professor.

I've been honored to serve my first term as a member-at-large on the NAEMSP Board of Directors beginning in January, 2003. It has been remarkable to observe how the distinguished representation of all aspects of the EMS professions by the senior leadership of our organization has continued the rapid increase in prominence NAEMSP enjoys at both national and international levels. This has resulted in a virtually endless stream of requests for NAEMSP involvement in high impact, high priority projects.

It has been a great privilege to represent the points of view I espoused prior to the 2002 elections. I believe the Board has acted positively in these regards, with proposals to re-apportion the leadership positions so that most are elected by the members rather than appointed. Policies to improve communications and responsiveness among the Board, the committees, and all members have also been developed and implemented during this short period. It would be an honor to serve a second term representing NAEMSP's members on the Board of Directors if I am re-elected. *



Russell D. MacDonald, MD, MPH, FRCPC

Current Position

Medical Director, Central Region
Ontario Air Ambulance Base Hospital Program
Toronto, Ontario

Committee Participation

- 2004-present, Research Committee
- 2004-present, Air Medical Committee

Professional Experience

- Assistant Professor, Division of Emergency Medicine, University of Toronto; Toronto, Canada, Jan 2003 to present
- Attending Staff, Emergency Department, Sunnybrook and Women's College Health Sciences Centre, Toronto, Canada, Sept 2002 to present
- Medical Director, Central Region, Ontario Air Ambulance Base Hospital Program; Toronto, Canada, Sept 2002 to present
- Provincial Medical Director, Emergency Services Branch, Manitoba Health; Winnipeg, Canada, May 2000 to April 2003
- Assistant Professor, Division of Emergency Medicine, University of Manitoba; Winnipeg, Canada, July 2000 to June 2003
- Attending Staff, Emergency Department, Boston Medical Center, Boston, Massachusetts, July 1997 to June 1999
- Assistant Professor, Department of Emergency Medicine, Boston University, Boston, Massachusetts, July 1998 to June 1999



Education

- Fellowship, Emergency Medical Services, Boston EMS, Boston, Massachusetts, USA, June 1999
- Master of Public Health (MPH), Boston University, Boston, Massachusetts, USA, May 1999
- Specialty Certification in Emergency Medicine (FRCPC), Royal College of Physicians and Surgeons of Canada, June 1997
- Certification in Family Medicine (CCFP), College of Family Physicians of Canada, June 1993
- Doctor of Medicine (MD), Queens University, Kingston, Ontario, Canada, May 1991
- Bachelor of Science (Honours), Bishops University; Lennoxville, Quebec, Canada, May 1987

Personal Statement

I would like to thank the NAEMSP Board of Directors for the nomination as a Physician Member-at-Large. I believe this organization plays a leadership role in the medical direction of emergency medical services in the United States and internationally. It is my goal to provide international input and assist the Board with transport medicine issues.

I completed medical school at Queen's University (Kingston, Ontario, Canada) in 1991, and stayed to complete their Family Medicine residency program in 1993 and Emergency Medicine residency program in 1996. During the EM residency program, I became very interested in EMS. At the time, the local EMS service was training its first ALS paramedics, and the region introduced an air ambulance program. I was involved in teaching the paramedics and I chose an aeromedical topic as my resident research project. My interest in EMS grew, and I applied to EMS Fellowship programs in the US. I was accepted into the EMS Fellowship program at Boston University, where I completed the program and a Master of Public Health degree in 1999.

I returned to Canada as Provincial Medical Director of the Emergency Services Branch for the Government of Manitoba. This position, similar to State Medical Director, was a good mix of medical and administrative responsibilities. During my three years in the position, we established provincial standards of care and treatment protocols, and a continuing education program accessible to all paramedics. We were also successful in lobbying government to fund a provincial trunked radio system and replace the entire land ambulance fleet (all 160 of them!) over five years. As an added bonus, I flew as a flight physician with the Branch's critical care air ambulance. Although I thoroughly enjoyed working in government, I missed a stimulating and progressive academic environment.

In 2002, I moved to Toronto to take a Medical Director position with the Ontario Air Ambulance Program, and attending staff position at Sunnybrook and Women's College Health Sciences Centre. The hospital is Canada's busiest trauma centre and "home" to North America's largest and busiest air ambulance program. The position also includes a faculty appointment in the Division of Emergency Medicine at the University of Toronto. The University of Toronto has a critical mass of physicians heavily involved in EMS, as medical directors, researchers, and educators. My current EMS medical director's role includes setting policies and procedures, input for a paramedic education program, and oversight of a growing transport medicine research program. I also oversee the University's EMS Fellowship program, the first such program outside the US.

I first attended an NAEMSP conference in 1997 but never had the opportunity to become more involved with the organization. When the Physician Member-at-Large position became available, I knew this was my opportunity to serve my EMS colleagues. As your representa-

tion, I will draw on my EMS experience in the US and Canada to provide the Board with a unique perspective that complements its existing strengths. I hope you will cast your vote for me. Thank you. *



Ritu Sahni, MD, MPH

Current Position

Assistant Professor of
Emergency Medicine
Oregon Health & Sciences University
Portland, Oregon

Board Participation

- NAEMSP Board of Directors – Chair, Standards and Clinical Practices Committee two terms, January 2001-January 2005

Committee Participation

- Air Medical Services Task Force, National Association of EMS Physicians, 2000-present
- Standards and Clinical Practices Committee, National Association of EMS Physicians, 1996-present (Chair, 2001-present)
- Research Committee, National Association of EMS Physicians, 1996-1999
- EMS Fellowship Task Force, National Association of EMS Physicians, 1996-present

Professional Experience

- Assistant Professor, OHSU Dept of Emergency Medicine, July 2002-present
- Medical Director, OHSU Emergency Communication & Transfer Center, September 2002-present
- Medical Director, LifeFlight Network, Portland, OR, July 2002-July 2004
- Medical Director, EastCare, Greenville, NC, December 1998-June 2002
- Assistant Medical Director, EastCare, Greenville, NC, July 1998-December 1998
- Assistant Professor, East Carolina University, Dept of Emergency Medicine, July 1998-June 2002
- Associate Medical Director, Center for Emergency Medicine, Paramedic Education Program, University of Pittsburgh, July 1997-June 1998
- Instructor, University of Pittsburgh, Department of Emergency Medicine, July 1996-June 1998

Personal Statement

I would like to thank the nominating committee for giving me the opportunity to run for the NAEMSP Board of Directors. For the past four years, I have served the membership of NAEMSP as Chair of the Standards and Clinical Practices Committee. During my tenure as Chair of this committee, NAEMSP has published over 10 position papers. Some of the key papers produced during this time were:

- Guidelines for Air Medical Dispatch
- Voluntary Guidelines for Out-of-Hospital Practices
- Prehospital Triage of Chest Pain Patients
- Medical Direction for Air Medical Transport Programs.
- Guidelines for Withholding or Termination of Resuscitation in Prehospital Traumatic Cardiopulmonary Arrest

continued on page 10

- Unsolicited Medical Personnel Volunteering at Disaster Scenes
- Considerations in Establishing EMS Response Time Goals
- The Use Of Automated External Defibrillators In Children
- Recommended Guidelines for Uniform Reporting of Data from Out-of-Hospital Airway Management: Position Statement of the National Association of EMS Physicians

I now ask for your vote to the elected position of Member-at-Large. I believe that our Association is currently in a strong position. Our educational meetings are outstanding; Prehospital Emergency Care is full of great content; through Advocates for EMS we are providing the nation with our expertise; and we are in good standing financially. As an elected Board member, I plan to work with the rest of the Board to continue to build on this foundation. In particular, further priorities that I hope to address are:

- The Board continuing to work on being more accessible to the membership.
- The Board continuing to keep a steady stream of grant projects into the association.
- The Board concentrating on building future leaders for NAEMSP and the EMS community as a whole.
- The Association continuing to work toward new and innovative ways to serve the membership.
- Maintaining the outstanding quality of the conference.
- NAEMSP continuing to provide leadership in the EMS community through advocacy and participation in the political process.

Thank you once again for allowing me to serve as Chair of Standards and Clinical Practices and I look forward to continuing to serve as Board Member-At-Large. *

Professional Member-At-Large



E. Brooke Lerner, PhD

Current Position

Assistant Professor
Department of Emergency Medicine
and Department of Community
and Preventive Medicine
University of Rochester

Qualifications

Brooke has been a member of NAEMSP for 6 years and has been involved in EMS for 13 years. She has served on the research committee for the past 6 years and is currently co-chair. Brooke is on the editorial board for Prehospital Emergency Care and was a guest editor for its first supplement, "Research in Prehospital Care". She has served as faculty for the EMS Research Workshop since 2001 and served as coordinator in 2002 and 2003. She is on the Steering Committee and serves as faculty for the current Pediatric EMS Research Workshop that is sponsored by EMS-C. Lastly, she was the Co-Principal Investigator for the "Linkages of Acute Care and EMS to State and Local Injury Prevention Interactive Information Systems for Responding to Acts of Terrorism" grant awarded to NAEMSP by the CDC.

Professional Experience

- 2002-present, Department of Emergency Medicine and Department of Community and Preventive Medicine, University of Rochester, Assistant Professor and Research Director
- 2001-present, Erie County Department of Health, Clinical Consultant
- 1994-2002, Department of Emergency Medicine, State University of New York at Buffalo, Research Assistant Professor
- 1996-1998, Erie County Community College, Emergency Medical Technician Instructor
- 1995-1998, Western New York Emergency Medical Services Training Institute, Instructor
- 1992-1994, LaSalle Ambulance Service Emergency Medical Technician-Paramedic

Education

- PhD, Epidemiology, State University of New York at Buffalo
- MS, Epidemiology and Community Health, State University of New York at Buffalo
- EMT-P, Western New York Emergency Medical Training Institute
- BA, Psychology and Communication, State University of New York at Buffalo

Select Professional Activities:

- Committee Member – American Heart Association, Emergency Cardiac Care – Basic Life Support – Sub-committee
- Committee Member – Society for Academic Emergency Medicine Grants Committee
- Medical Advisory Board – Brain Trauma Foundation
- Associate – National Center for Early Defibrillation Advisory Board

Personal Statement

My EMS career began when I obtained my EMT certification as a junior in college. Working for a commercial ambulance service in the City of Buffalo, obtaining my paramedic certification, and collaborating on an EMS research project, made me realize that I loved EMS and I began to explore possible career opportunities. I realized the power of EMS to impact people's lives and the tremendous need for research to support and develop appropriate decision making in terms of patient care, provider education, and system development.

While working full time as a research assistant in the Department of Emergency Medicine, I obtained my MS and PhD in epidemiology at the State University of New York at Buffalo. I have spent over a decade conducting EMS research, publishing over 30 articles in peer-reviewed journals. I am excited by the changes and opportunities that have developed during that time.

In 1999, I became a member of NAEMSP when I attended my first meeting. I went to the new member reception and was shown such a warm welcome that by the end of the reception I was a member of the research committee. Since then I have participated on the research committee and I am now co-chair. I have served on two grants for NAEMSP and have been both faculty and co-director for the pre-conference EMS Research Workshop. I am also on the editorial board for Prehospital Emergency Care. *



NAEMSP's mission statement clearly recognizes that professional members are an important part of this organization and if elected, I will do my best to continue the legacy of Keith Neely and Beth Adams by welcoming professional members and encouraging them to get involved.



Gregg Lord, AS, BA(c), NREMT

Current Position

EMS Coordinator
Cherokee County Fire Department
in Cherokee County, Georgia

Qualifications

Mr. Lord has been active on both local and state EMS Advisory Boards and assisted in the development of a broad local standing order system to improve delivery of care. He was a strong advocate for developing a full time medical director for the EMS system and leveraging that to include first responding agencies thereby creating a continuum of medical oversight. He was a lead developer of Medication Assisted Intubation Project (paralytics) in the Commonwealth of Massachusetts.

Committee Experience

- 2003-04 NAEMSP Rural Health Care Committee
- Gregg is a member of several professional organizations including NAEMT, NREMT, NAEMSP, GAEMT, and AHA. .

Professional Experience

Gregg Lord began his career in EMS over 25 years ago and has worked in both rural and urban EMS. He became a paramedic in the early 80's and promoted through the ranks to become EMS Operations Chief at Worcester Emergency Medical Services, Worcester, Massachusetts.

During his tenure in Worcester he was instrumental in the growth of the department from 24 EMTs to 75 Paramedics operating 25,000 emergency responses per year to nearly 300,000 people over 120 square miles.

Education

- 2004, BA(c) Rineheart College, GA
- 1999, AS Quinsigamond College, MA
- 1982, ALS Training (Paramedic) Northeastern University, Boston, MA
- 1983-current – NREMT

Professional Activities

Mr. Lord has spoken both nationally and internationally on EMS systems management, EMS leadership, and long-term EMS operations at high impact incidents. He is an Instructor for various agencies and institutions including Institute for International Disaster Emergency Medicine, Texas A&M University, U.S. Department of Justice, University of Massachusetts Medical Center, Appalachian Technical College, and the Georgia Public Safety Training Center.

Personal Statement

I would like your support for my candidacy to join the Board of Directors of NAEMSP. This organization serves a vital role in the national process that can create consistent, high quality, pre-hospital care to the communities of the United States. If we are to be successful, each day we must ask ourselves several questions. Are we doing everything possible to forward the mission? Are we providing support as medical directors and administrators to insure the success of the mission? Are we improving the profession that is emergency medical services?

For twenty-five years, it has been my privilege to serve this profession. During that time, I have had many mentors. They have all had three things in common; they valued the mission, supported that mission, and most of all supported the providers of that mission. I started my career in the rural environs of Maine and because of a physician mentor; I continued my education and became a paramedic. Early in my career, I began to understand the intricate relationship that must exist between pre-hospital care and physicians in Emergency Medicine. This relationship is the foundation by which we create excellence in Emergency Medicine.

After becoming a paramedic in the early 80's I promoted through the ranks to become EMS Operations Chief of Worcester Emergency Medical Services/UMass Memorial Healthcare, Worcester, Massachusetts until my retirement three years ago. In my capacity at Worcester, I was part of a progressive EMS system. Over the years, we improved patient care through many initiatives but the most important was the strong relationship built between our Medical Director and our paramedics.

For me staying out of EMS was not an option. I am currently managing a start up EMS system within Cherokee County Fire Department in Cherokee County, Georgia. This system was like many in the country, it was a fire department wanting to change focus and integrate transport services into the department. This has been accomplished during the past two years. The department currently has 200 EMTs and Paramedics and serves 500 square miles in both urban and rural environment.

I currently am active in state and national associations including Vice President of Georgia EMS Professionals-Educators Division and NAEMT-Administrator Division Secretary. I have spoken both nationally and internationally on EMS systems management, EMS leadership, and long-term EMS operations at high impact incidents. I am an adjunct instructor for various agencies and institutions including The George Washington University, Texas A&M University, Appalachian Technical College, and the Georgia Public Safety Training Center.

The Emergency Medical Services System is more than pre-hospital care; it is an integrated, multi-faceted, multi-discipline profession that requires cohesive strategic planning and operations to meet the challenges of our future. I bring to NAEMSP the experience and perspective of these multiple roles and disciplines. I believe I can provide a voice that reflects the pre-hospital constituents and forge relationships that will lead to a more effective Emergency Medical Services System. I hope you will vote for me. Thank you. *

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**James Sideras,
RN, MS, EMTB**

Current Position
Battalion Chief of
Emergency Medical Services
Sioux Falls Fire Rescue
Sioux Falls, South Dakota

Committee Experience

- Quality Improvement 2003-current
- Operational EMS 2003-current

Professional Experience

- Battalion Chief of EMS, Sioux Falls Fire Rescue, Sioux Falls, SD 1998-present
- Fire Lieutenant, Sioux Falls Fire Rescue, Sioux Falls, SD 1983-1998
- Registered Nurse, Avera McKennan Hospital & University Health Center Sioux Falls, SD 1996-1998
- Registered Nurse, Sioux Valley Hospital and USD School of Medicine, Sioux Falls, SD 1993-1996

Education

- South Dakota State University, Masters of Science Nursing, 2004
- Cornell University, Executive Human Resources Studies Program, 2002
- South Dakota State University, Bachelors of Science Nursing, 1997
- University of South Dakota, Associates of Science Nursing, 1994

Professional Activities

- Member NAEMSP
- Member Sigma Theta Tau, International Honors Society for Nursing
- Member SD EMT Association

Personal Statement

I am honored to have my name placed on the ballot for the Professional Member-at-Large. NAEMSP's role and mission are essential as EMS continues to change and evolve. As an organization dedicated to providing leadership in out-of-hospital care, my background offers a unique and different perspective to NAEMSP's mission.

My career in EMS has spanned most of my life. Starting as a volunteer on a rural rescue team in 1980 set my future career path. In 1983, I became a member of Sioux Falls Fire Rescue, a 170-person fire department. I currently serve as the EMS Battalion Chief and have watched EMS garner the majority of our emergency responses. My role offers a very unique opportunity to not only develop ideas, but also to see them through implementation on the streets.

As examples of implementation, I have been able to realize several successful programs such as our local public access defibrillator program, numbering over 250. Certifying our staff to the EMT and Basic Trauma Life Support levels, 12-lead ECGs, and a system-wide triage training program – Triage Tuesday, are but to name a few. My position has also allowed me the opportunity to face the daunting task of being in charge of medical operations for

a mass casualty incident. Balancing the needs of a department, a community, and over 90 patients taught me first hand how valuable preplanning can be.

Throughout my educational career, EMS has been the common thread. I finished my Bachelors of Science Nursing degree in 1997 and Masters of Science in Nursing degree in 2004, from South Dakota State University. Recognizing early that personnel issues are important to EMS operations, I completed the Executive Human Resources Studies Program from Cornell University in 2002 to better understand those demands. I am currently in the Executive Fire Officer program, a four-year course through the National Fire Academy. I currently serve as a Registered Nurse in the Army National Guard, with an extensive background as a combat medic.

EMS is one of the most dynamic and evolving areas of medicine. EMS is more than lights and tubes as our impact now transcends medicine. The global perspective includes analyzing how increased usage affects insurance rates, quality of life issues, injury prevention development, and the role regarding national and global responsibility in light of terror. The future involves an integration of EMS issues and the interactions with other professions to develop a comprehensive view of our role. This includes the EMS Agenda for the Future as a framework to build upon.

As a relative newcomer to NAEMSP, having joined in 2000, my goal is to be an active member. I have attended three of the last four conferences and will be a presenter at the 2005 conference. I serve on the Quality Improvement Committee and Operational EMS Committee.

As your board member, I will strive to make myself available to you (with email and pagers it is hard to hide). Your needs and input are important to me and my goals are to represent the needs of NAEMSP as well as its members. Thank you for your support. *

IMPORTANT! The NAEMSP election will be conducted on-line this year. Each eligible voting member with an active email in the NAEMSP database will receive email instructions and a link to the election website with a unique identifier. Each member may only cast one collective vote.

Members who do not have active emails in the NAEMSP database, and members with bad email addresses, will receive a postcard to the mailing address we have on file. The postcard will give you detailed instructions on how to access the voting website.

The voting will close at 5:00 p.m. CST on Friday, October 15, 2004. No votes will be accepted after this time. If you have any questions, or did not get notification to vote via email or postcard by October 1st, contact Jerrie Lynn Kind, NAEMSP Association Manager at jlkind@goamp.com or (913) 495-4414.

Voting is open to all physician, professional, international, resident and fellow members of the NAEMSP in good standing. Medical students and honorary members are not eligible to vote.

Thank you for taking time to place your vote for the NAEMSP Board of Directors.

A MEMBER RESPONDS

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what has become "life style" and liability issues. The natural consequence is a response of "go to the emergency room". How will we fair with our physician customers when we tell them they will lose money per patient for every patient seem unnecessarily in the ED (as one HMO has done)? How will nursing deal with customers' expectations (which is bedside care) when most nurses are overworked, understaffed, overstressed and underpaid? And finally, how does evidence based practice interface with the patient's view of quality?

In short, is quality only defined by the needs and expectations of those served? Or is it a middle road between the expectations of our patients and the evidence based science paved with the common sense of our societies' morays?

I agree with you entirely that treatment of our external customers reflects treatment of our internal customers, that trust begets quality, and that interpersonal skills are vital to our professions. These beliefs will serve us well for approximately 80% of our customers. The 20% that I just cited are the toughies. How does our system accommodate quality for this 20% and can we?

Sincerely,
James R. Stone, MD, MSA
FACS, FCCP, FCCM, FACFE
Principal/Senior Consultant
Stonaire Consulting

Author's Response:

Thank you for taking the time to respond to my recent *NAEMSP News* column. Your points are well taken. I agree that we would be well served to balance customer expectations with good science and common sense, particularly if coupled with comprehensive public education efforts re: system access and utilization. Admittedly, the noncompliant patient or EMS/ED abuser is probably not likely to be receptive or responsive to such efforts, but increasing community awareness of system capabilities in the general population would be beneficial. *

Beth Adams

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:
info-naemsp@goamp.com

Executive Director: Dede Gish-Panjada, MBA

Association Manager: Jerrie Lynn Kind

Meeting Manager: Joyce K. Miller, CMP

Grants Project Director: Michael P. Flanagan, CAE

Association Assistant: Monica Frihart

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 12, 2004, to: Dr. Ted Delbridge, Department of Emergency Medicine UPMC-Presbyterian CL-06, 200 Lothrop Street, Pittsburgh, PA 15213.



Laura Bultman, MD
Victoria Carroll, MD
William Chung, MD, FAAEM
Anthony DeMond
Andrew Dennis, DO
Rosemarie Fernandez, MD
Mark Fryou, EMT-P
P.G. Guppy, MD (AM), DHM, PhD
Sheila Holinger Steer, MD, FACEP
Marc Houston, DO

Edwin Huellstrouk, EMT-P
Joshua Kuglar, MD, FAAEM
Thomas Lemke, MD, FACEP
Louis Molino, CET/FF/NREMT-B.FSI/E
Arnold Mundo, MD
Cathal O'Donnell
Kevin Omilusik, MD
Richard Paley, MD
David Reiley, MD
Jim Rinehart, BS, EMT-P, I/C

**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.



**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!



**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

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, 2004 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 page 3 for the most up-to-date educational program. The Preliminary Program, including speaker names and registration form, will be available soon on the NAEMSP website at www.naemsp.org.

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 email 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!

Update Emails Needed

As we move forward into the electronic age, it is very important for us to have a correct email address for you. The NAEMSP Executive Office is conducting 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 email 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 emailing 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 2005 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 or on-line at www.naemsp.org/fellowshipawardnomform2005.pdf. **Hurry!** The submission deadline for the January 2005 awards is **November 12, 2004. ***



EMS Calendar

The deadline for EMS Calendar submissions for November/December 2004 issue of *NAEMSP News* is December 1, 2004.

September 27-29, 2004: Conference: Technologies for Public Safety in Critical Incident Response, Hyatt Regency, New Orleans, Attendee Registration Jen Telander, (888) 475-1919; jtelander@ctc.org

September 29 – October 2, 2004: ENA Scientific Assembly. Location: San Diego, CA. Contact: www.ena.org.

September 30 – October 3, 2004: Citizen CPR Foundation. Location: New Orleans, LA. Contact: <http://www.citizencpr.org/eccu-2004.html>.

October 9-13, 2004: American Academy of Pediatrics Annual Meeting. Location: San Francisco, CA. Contact: <https://s12.a2zinc.net/clients/aap/aap2004/>.

October 17-20, 2004: American College of Emergency Physicians Annual Meeting. Location: San Francisco, CA. Contact: (800) 798-1822 or www.acep.org.

October 19-23, 2004: EMS Expo. Location: Atlanta, GA. Contact: (877) EMS-EXPO or www.emsmagazine.com.

October 25-27, 2004: The 2004 Air Medical Transport Conference (AMTC), Cincinnati, OH. Contact: Blair Kelly, Communications & Marketing Manager, Association of Air Medical Services, (703) 836-8732; Fax: (703) 836-8920.

October 28-30, 2004: Basic Trauma Life Support International Conference. Location: Oak Brook, IL. Contact: (800) 495-BTLS or www.btls.org.

November 5-6, 2004: 2nd Resuscitation Science Symposium (ReSS) New Orleans, LA. Sponsored by the American Heart Association and the National Heart, Lung and Blood Institute (NHLBI). www.scientificsessions.org.

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

February 1, 2005: Plan to attend the State-of-the-Art Stroke Nursing Symposium <http://strokeconference.americanheart.org/portal/strokeconference/sc/nursingsymposium2005> New Orleans, Louisiana.

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

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

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