THE USE OF ELECTRONIC PATIENT CARE REPORTING (ePCR) to collect data on patient care, operations and finances has become widespread in EMS, according to the results of a new national survey by NAEMT.

But actually putting that data to use in improving the quality of patient care, or to enhance practitioner and patient safety, still has a long way to go. While 79% of EMS managers said they used their data to assess agency performance and 61% reported using data to assess employee performance, many EMS practitioners and managers report that their agencies lack the resources, time and expertise to manage and analyze data.

Only about half (50%) said that they employ a data manager who is trained and responsible for overseeing agency data collection and conducting the analyses that would enable the data to be used more fully.

And data exchange – in which EMS both provides and receives patient information to and from other healthcare entities – is still in its earliest stages.

Nationwide, there are a few examples of EMS agencies participating in Health Information Exchanges (HIE) or other coordinated efforts to share patient information among multiple healthcare entities, with the goal of improving the quality and efficiency of healthcare. Yet most survey respondents reported significant barriers. Those included a lack of integration between software systems, perceived privacy concerns, and a lack of interest from other healthcare sectors in EMS data.

“This survey reveals that data collection, use and exchange in EMS is improving but we still have a lot of work to do,” said Matt Zavadsky, chair of NAEMT’s EMS Data Committee. “That work includes doing better to educate EMS practitioners about the importance of quality data collection to guide us in improving how we take care of our patients, and encouraging EMS agencies to allocate resources to managing and analyzing the data so it can be put to use demonstrating the value our profession brings to the patient and the healthcare system.”

THE DATA REVOLUTION IN HEALTHCARE

Over the past decade, the urgent need to control healthcare costs, along with improved health information technology, has led policy-makers and insurers to put increasing emphasis on the “meaningful use” of data. The goal is to demonstrate which healthcare services have value – and then to pay for those services, rather than simply paying for a series of services with no evidence that patient outcomes are improved.

Across the healthcare system, hospitals and physicians are increasingly required to report to the Centers for Medicare and Medicaid (CMS) and commercial insurers on their performance related to patient care and costs. Though there are many different kinds of arrangements for what is required and how it’s reimbursed, put simply, healthcare providers that perform well are rewarded, while those that fail to measure up are penalized.
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NAEMT News is the official quarterly publication of the NAEMT Foundation, a not-for-profit corporation of the National Association of Emergency Medical Technicians (NAEMT). NAEMT is the only national membership association for EMS practitioners, including Paramedics, EMTs, first responders and other professionals working in prehospital emergency medicine. Education, Membership and Advocacy are the three tenets of the NAEMT strategic plan.

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NAEMT
P.O. Box 1400
Clinton, MS 39060-1400
Via email: media@naemt.org
Membership information: membership@naemt.org
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URGENT AND EMERGENT CARE REMAIN CORE TO EMS

EMERGENCY CARE + EXPANDED SERVICES = VALUE

Healthcare is transforming. But EMS must offer expanded services.

Our nation’s healthcare system is transforming from one that rewards volume of care to one that rewards value, known as “Healthcare 3.0.”

EMS is uniquely positioned to support our nation’s healthcare transformation by assessing and navigating patients to the right care, in the right place, at the right time.

Let’s move our profession to EMS 3.0.

Outcomes and performance data

Emergency and critical care transport
24/7 emergency medical dispatch (911)
Rapid response, medical assessment and treatment
Urgent cardiac, stroke, trauma, mass casualty/disaster care

Nurse advice
Post-discharge follow up, preventive care
Chronic disease management and support
Alternative transportation or referral to community health or social services resources

Lowered costs
Better patient health

Patient-centered

Serving our nation’s EMS practitioners

EMS can contribute to our nation’s healthcare transformation by filling gaps in the care continuum with 24/7 medical resources that improve the patient care experience, improve population health, and reduce healthcare costs – this is “EMS 3.0.”
Be Proud of Our Accomplishments

I AM HONORED to be serving as NAEMT’s president during a time of great accomplishment for our association. Through your membership, you are supporting a tremendous body of work that is advancing the EMS profession and supporting quality improvement in patient care. Our accomplishments in the first half of 2016 are too numerous to include in this brief message, but let me share with you some of the highlights:

► **We have conducted surveys** on the collection, use and exchange of EMS data, and EMS mental health services to benchmark our industry’s current state on these issues and inform us on what steps we need to take to improve upon our current efforts. These surveys were developed by our EMS Data and EMS Workforce Committees. The findings reports on these surveys will be sent to all members in July and September.

► **We partnered with St. Louis University** to conduct a study on the usability of ePCR systems. The results of this study will be published in peer-reviewed journals and will be made available to our members to help our industry improve these systems and enhance our ability to maximize their use.

► **We are leading the dialog** on the transformation of our profession to EMS 3.0 by publishing articles in our newsletter, and other EMS media outlets, and producing learning tools to help EMS professionals and other healthcare stakeholders understand this transformation. On April 19, we held the EMS Transformation Summit in conjunction with EMS On the Hill Day. This event brought together the leading voices on this subject to help EMS professionals understand how EMS is transforming and how to be successful in the new healthcare environment. We are also partnering with other national EMS organizations to develop a collaborative approach to implementing this transformation.

► **Our Advocacy Committee has reviewed, analyzed and taken positions** on 37 federal bills impacting EMS. We chose to actively advocate for four of these bills through grassroots campaigns and at EMS On The Hill Day. Our efforts to date have resulted in 141 new co-sponsors for our bills, congressional committee hearings on two of them, and H.R. 1818, the Veteran EMT Transition Act, passed the House of Representatives on May 12 by an overwhelming vote of 415 to 1. The momentum needed to get this bill passed in the House is directly attributable to the efforts of our members. Congratulations to all of our NAEMT advocates and a special thanks to our NAEMT Advocacy Coordinators for leading this effort!

► **We published three new education courses** – the 2nd edition of Advanced Medical Life Support (AMLS) and EMS Safety, and the 3rd edition of Emergency Pediatric Care. Congratulations to our outstanding authors on the AMLS, EMS Safety and EPC Committees! These courses offer some of the very best in EMS continuing education.

► **Groups of NAEMT authors** are hard at work developing several new education courses – All Hazards Disaster Response, Advanced Geriatric Education for EMS, AMLS for EMTs, Critical Care Review, and Psychological Trauma in Emergency Patients. These courses are scheduled for release in 2017.

► **Our PHTLS Committee just completed** the development of the 2016 World Trauma Symposium program that will be held October 4 in New Orleans in conjunction with EMS World. Once again, the Symposium will present the latest evidence and innovation in trauma care through lectures, case studies and debates presented by global thought leaders in trauma medicine.

► **We are in the process of interviewing, selecting and training** a new team of NAEMT Education Coordinators and NAEMT Membership Coordinators. These new coordinators will help our association promote and encourage active engagement in NAEMT programs.

What can you expect from your professional association in the second half of the year? A new report on the state of EMS preparedness, a new position statement on diversity, a new white paper on the role of patient safety organizations in promoting quality improvement in EMS, a new scholarship program to attend the Institute of Healthcare Improvement’s Open College, and of course NAEMT’s annual meeting held in conjunction with EMS World Expo October 3-7, plus much more. I hope you are as proud of NAEMT as I am. I hope you will wear your NAEMT lapel pin to show your colleagues that you are a proud member of an EMS professional association that is making a difference for our profession and the patients we serve. And, I thank you, sincerely, for your continued support of NAEMT.
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- State-of-the-art technology, products and services from 350+ exhibitors
- Hands-on workshops and interactive learning opportunities with the most advanced simulators
- More global networking opportunities than any other national conference
- Co-located events including the World Trauma Symposium and NAEMT Annual Meeting and Awards Presentation

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NAEMT NEWS SUMMER 2016

NAEMT National Survey... CONTINUED FROM COVER

CHANGES AHEAD FOR EMS

Thus far, EMS is not yet required to report on measures of performance or costs. EMS is still paid a fee-for-service (or fee-for-transport). But many in EMS believe that changes in reporting requirements and reimbursement are coming soon.

Several government reports in the past few years have shone a spotlight on the costs associated with fraud in non-emergency ambulance transports, while high profile medical journal articles have criticized the reimbursement system that financially incentivizes EMS for taking people to the emergency department, where they receive high cost care, even when it may be obvious that those patients may be better served elsewhere, such as in the home or by their primary care doctor.

At the national level, organizations including NAEMT and large ambulance services have advocated for EMS to begin reporting on measures of cost and performance in exchange for reimbursement incentives that would enable EMS to remain financially viable and continue to innovate through programs such as mobile integrated healthcare and community paramedicine (MIH-CP) in the years to come.

ABOUT THE SURVEY

With so much at stake for the EMS profession, in late 2015, the EMS Data Committee created a survey to provide a snapshot of the state of data in EMS today. The goal is to better understand how the EMS industry can ensure that data can be collected, analyzed, used and exchanged to demonstrate value to payers and improve the quality of care.

More than 2,400 EMTs, paramedics, EMS managers and medical directors from all 50 states responded. Here are some highlights.

KEY FINDINGS: DATA COLLECTION

About three-fourths (73%) of respondents reported using electronic means to collect information on clinical processes, making it much more feasible than ever for EMS to collect vast amounts of data from the field.

- 61% said they also electronically collect data on outcomes.
- Only 15% reported they still collect data on clinical processes manually (pen and paper), while 22% said they collect data on clinical outcomes manually.

Yet the majority (58%) of respondents report challenges in data collection.

KEY FINDINGS: DATA MANAGEMENT AND USE

To put data to work to improve operations and patient care, EMS agencies must analyze the data, which can yield insights that can be used to guide decisions. But EMS practitioners report significant challenges in managing their data.

- 29% said their agency had sufficient resources to manage their data.
- 43% said their agency had insufficient resources to manage their data.
- 31% said their agency had sufficient resources to analyze and use data in performance improvement.
- 41% reported insufficient resources to analyze and use data.

The survey answers given by managers were analyzed separately from those given by EMTs and paramedics to determine if there were significant differences. Managers were more likely than EMTs and paramedics to report having challenges in using data, with about half (48%) citing a variety of barriers to using data in improving patient care or operational performance.

RESPONDENTS REPORT CHALLENGES IN DATA COLLECTION

Other: lack of ‘buy in,’ hospital non-participation.

Limited funding inhibits ability to collect quality data

Difficulty securing personnel with the skills needed

Inadequately trained staff

Systems currently in use for data collection are difficult to use

Concerns about system security, privacy protections

20%

35%

44%

44%

48%

18%
DATA EMS AGENCIES COLLECT ELECTRONICALLY

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical process</td>
<td>73%</td>
</tr>
<tr>
<td>Patient demographics</td>
<td>72%</td>
</tr>
<tr>
<td>Operational outcomes</td>
<td>71%</td>
</tr>
<tr>
<td>Performance compliance/improvement</td>
<td>64%</td>
</tr>
<tr>
<td>Payment/reimbursement data</td>
<td>63%</td>
</tr>
<tr>
<td>Clinical outcome</td>
<td>61%</td>
</tr>
<tr>
<td>Cost data</td>
<td>54%</td>
</tr>
<tr>
<td>Patient safety data</td>
<td>44%</td>
</tr>
<tr>
<td>EMS practitioner/ambulance safety data</td>
<td>43%</td>
</tr>
<tr>
<td>Operational process</td>
<td>43%</td>
</tr>
</tbody>
</table>

CHALLENGES IN DATA USE

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Too busy handling day-to-day operations</td>
<td>67%</td>
</tr>
<tr>
<td>Lack of expertise to analyze data collected</td>
<td>47%</td>
</tr>
<tr>
<td>Limited funding inhibits ability to implement quality improvements based on the results of the analysis</td>
<td>47%</td>
</tr>
<tr>
<td>Limited funding inhibits ability to effectively analyze the data collected</td>
<td>44%</td>
</tr>
<tr>
<td>Lack of corporate interest in analyzing the data</td>
<td>32%</td>
</tr>
</tbody>
</table>

KEY FINDINGS: DATA EXCHANGE

In a sophisticated data exchange system, EMS agencies would have access to relevant portions of a patient’s most recent medical history, medications, allergies, and DNR status. EMS could electronically share the information with the hospital prior to arrival to help expedite, or tailor care specific to that patient. The EMS ePCR would also automatically migrate into the patient’s electronic health record, while diagnoses and disposition information would be pushed to a patient’s EMS ePCR for feedback, education, research and process improvement.

EMS has a long way to go to make that happen. The survey found 45% of EMS agencies exchange no data with other healthcare providers. While 55% said they do exchange data, for the majority of those, the exchange is mostly still one-way – EMS provides data to other healthcare providers, but gets little data back.

Obstacles cited include: lack of integration with other healthcare information systems (85%), perceived HIPAA regulations issues/privacy concerns (59%), lack of interest from other healthcare sectors in EMS data (50), and lack of integration with the National EMS Information System (NEMSIS).

IN CONCLUSION

To fully realize EMS’s potential as an integrated component of the healthcare continuum, EMS must continue to work toward developing better systems of data collection and exchange, Zavadsky said.

But EMS can’t do it alone. Hospitals and other healthcare providers are much further along than EMS in analyzing and exchanging data in part because they have received sizeable grants and reimbursement incentives to make the meaningful use of data a reality. “To date, almost none of the billions of dollars of funding that has flowed from the federal government to build America’s health information technology infrastructure has been allocated to EMS,” Zavadsky said. “That has to change, and NAEMT along with other national EMS organizations are advocating for that to happen.”

In addition to this survey, NAEMT has also sponsored research examining how EMS practitioners use and interact with ePCR technology. The results of the study, being conducted by St. Louis University, will be published later this year. The goal of both surveys is to have the information needed for the EMS profession to come together to articulate a clear vision and strategy for what the future of EMS data collection, analysis and exchange should be.

“Collaboration is key. National EMS associations, leading EMS agencies and other stakeholders must then work together to make it a reality,” Zavadsky said.

WHAT GROUPS DOES EMS EXCHANGE DATA WITH?

According to the survey, agencies that report exchanging data share their data with several different types of agencies and organizations.

- **66%** Other healthcare providers
- **54%** Insurance companies
- **47%** Centers for Medicare and Medicaid Services
- **47%** State public health department providers
- **33%** Local government or other local agencies
HEALTHCARE PROVIDERS ARE STARTING to make progress on routinely sharing patient data between care settings, although plenty of challenges remain regarding the interoperability of different software systems.

One sector that has been excluded from the health information exchange ecosystem, however, is EMS. Even though many EMS agencies have adopted electronic patient care reporting (ePCR) software, those systems use different data standards than the electronic health records (EHRs) used by hospitals, making interoperability difficult.

So what happens today when paramedics transport patients to the hospital and hand them off to emergency department staff?

“In the current scheme, they print out or photocopy their run sheet recorded in the field,” said Dan Smiley, chief deputy director at California’s Emergency Medical Services Authority (EMSA). “Even if it is done on an ePCR, they will print out a version and hand it off. The capability of hospitals using EHRs to work with a paper record is limited. It is not searchable, and there is no way of linking that data. It is not interoperable.”

EMS AGENTS WANT PATIENT OUTCOMES, DISCHARGE DATA

In a 2013 survey conducted for EMSA by Lumetra Healthcare Solutions, California EMS agencies were asked if their ePCR currently interfaces to hospital EHRs. A majority of agencies (94 percent) indicated that the ePCR does not interface with hospital systems. When asked if the hospital EHR data interfaces with providers in the field, all agencies replied that they did not receive data from the hospitals.

EMS agencies and hospital emergency departments would like patient information to flow in both directions to speed diagnoses and improve care and efficiency. With a $2.75 million, two-year grant from the federal Office of the National Coordinator for Health Information Technology (ONC), California EMSA is getting ready to set up pilot projects with regional health information exchanges (HIEs) and EMS agencies to work on both day-to-day patient handoffs as well as how data about displaced patients could be accessed during an emergency such as an earthquake.

Smiley said the goal is to make EMS a full participant in the electronic exchange of health information, with the capability to:

- Search a patient’s health record for problems, medications, allergies and end-of-life decisions to enhance clinical decision-making in the field;
- Alert the receiving hospital about the patient’s status directly onto a dashboard in the emergency department to provide decision support;
- File the EMS patient care report data directly into the patient’s electronic health record for a better longitudinal patient record; and
- Reconcile the electronic health record information including diagnoses and disposition back into the EMS patient care report for use in improving the EMS system.

Partnering with California’s regional HIEs makes sense because they already play a role in transmitting data from one setting to another, according to Smiley. “Right now that is the only hub we have, the only infrastructure to be able to search multiple sources of information,” he said. When paramedics see a patient, they don’t know at which hospitals the patient has been seen before. “So the HIE is the only place we can go to query and return information from a multi-site search. If we only had one ambulance provider and one hospital in a small town, that model might be different, but most larger systems in California have multiple ambulance providers and multiple hospitals, so we need to have a hub.”

“We are hoping to achieve bi-directional exchange of information in a pre-hospital
setting, but the whole idea has some problems associated with it,” said Robert “Rim” Cothren, executive director of the California Association of HIEs, which is working with EMSA on the project.

DETERMINING WHAT INFORMATION EMS NEEDS

First, Cothren said, the data standards used in ePCRs are not a direct match for the standards used in hospitals. “There is very little overlap between standards used in ePCRs and EHRs. That translation is going to be a problem we haven’t even started to address yet.”

Second, Cothren asked, how do you ensure you have the correct patient if the only information you have is a 911 call and an address? One of the big challenges is patient matching: how to identify the patient and where to find records associated with that person.

Another challenge is making sure paramedics aren’t flooded with too much information in clinical documents containing the patient’s entire record. “The truth is they need to know very little – perhaps a problem list, allergies and medications,” Cothren said. “They don’t need a family history or most recent labs. They do not want a barrage of information.”

Cothren agrees with Smiley that the HIE is a natural fit as an intermediary between EMS and hospitals. First, it has the same footprint as EMS – both are regional services. “HIEs integrate data between a broad set of stakeholders,” he added, “and this is merely another stakeholder managing a patient in a different part of the care life cycle. But the first thing to do is develop trust among the community. That is in the sweet spot of what HIEs do.”

PROGRESS UNDERWAY

Although data sharing between EMS agencies and hospitals is far from commonplace, there has been progress made in a few cities and states. South Metro Fire Rescue Authority in Colorado’s Douglas and Arapahoe counties has joined the state HIE, CORHIO, to enable its paramedics to receive real-time hospital and lab information via a Web portal.

In 2010, the Rochester Regional Health Information Organization in western New York started integrating EMS data into its exchange to improve care coordination. Research there showed that in 25 percent of EMS calls, patients are not transported anywhere. “Primary care doctors have no idea what kind of care is going on in the community in those cases,” said Jill Eisenstein, the organization’s interim executive director. So the HIE connected electronic pre-hospital care documents from two vendors to the HIE.

Perhaps the most progress has been made in San Diego. For the past six years stakeholders there have been working on prehospital communication and the development of an EMS hub hosted by the San Diego Health Connect HIE. Built with help from federal grant funding, the EMS Hub is a standalone, cloud-based system that collects 911, computer-aided dispatch and ePCR data from all the agencies that transport patients and combines those sources under a single presentation. “Then we had to figure out which situations and use cases it is appropriate for in real-time to forward ePCR data from an ambulance en route to the emergency department,” explained San Diego Health Connect Executive Director Daniel Chavez.

MedStar Mobile Healthcare in Fort Worth, Texas, is just starting to deploy a healthcare integration engine called Infor Cloverleaf that helps exchange ePCR data with emergency departments. Paul Trusty, MedStar’s IT manager, said that MedStar couldn’t count on an HIE to play the middleman. “One of the challenges with HIEs in this area is the number of them,” he said. Almost every hospital chain has its own private HIE, and there is one sponsored by the state. “It ends up that even with the promise of HIE, the data is not all in one place; it is scattered everywhere.”

CONNECTING EMS AND HOSPITALS DURING DISASTERS

Another use case that California EMSA is addressing with the ONC grant involves connecting first responders, doctors and nurses to patient records in an emergency.

Scott Afzal, director of health information systems at Audacious Inquiry, a Baltimore-based health policy and technology firm, was asked by ONC to make recommendations about how health information could be better shared in disaster response. His team targeted two geographic areas that are vulnerable to a high number of natural disasters: California and the Gulf Coast.

Afzal said one lesson from Hurricane Katrina also informed their thinking. The e-prescribing network provider Surescripts enabled responders to use its medical history query function on an emergency basis to look up which medications people were on. “That was a valuable service focused on an important data type,” he said. “It was set up ad hoc on the fly with no planning. With some planning, we could figure out how you might credential first responders and volunteers for access to this information and re-establish connectivity to sources of information and workflow.” That is what the California team is now pursuing. It’s building some disaster response infrastructure to pilot and validate the efficacy for broader use around the country.

The pilot project is called PULSE (Patient Unified Lookup System for Emergencies). Smiley said the exact technology infrastructure they will use is still unclear. “We want to make sure any provider can go directly from their EHR and search for and find information in a systematic manner,” he said. “But in a disaster situation, in mobile field hospitals or care sites, where an EHR is not immediately available, then the pathway of a Web portal is probably the easiest methodology.”

EMSA already has an online system to authenticate credentials for disaster volunteers. “We want to make sure that all of our disaster health-care volunteers who need access to records in an emergency can get it,” Smiley said.
ON APRIL 20, EMERGENCY AND MOBILE HEALTHCARE PROFESSIONALS from around the country converged on Capitol Hill to meet with members of Congress and their staff for EMS On The Hill Day 2016.

During more than 250 meetings that started in the morning and stretched into the late afternoon, participants educated our nation's top elected officials about the vital role of EMS, and raised awareness of the challenges EMS practitioners face in providing quality patient care in their communities.

“To be in the Capitol, advocating for issues that are important to our profession is an experience I will carry with me my whole life,” said Kate Lambert, prehospital care coordinator for West Penn Hospital in Pittsburgh.

Specifically, participants asked members of Congress to support the Veteran EMT Support Act, which passed the House of Representatives on May 12 with a vote of 415 to 1. Other requests included asking House members to support a bill that would establish a National EMS Memorial and a bill that would ensure EMS can continue to give patients pain and anti-seizure medications in emergencies. Participants also continued to advocate for the Field EMS Bill, which would provide resources EMS needs to prepare for public health and mass casualty emergencies, and support innovations such as mobile integrated healthcare and community paramedicine (MIH-CP).

“The thing I like most about participating is feeling like I’m actually part of the process. It’s easy to complain about everything that’s wrong in EMS. It’s another thing entirely to take steps toward solving those problems,” said Shaun St. Germain, director of Maine Emergency Medical Services. “I left Congress feeling like I made important strides toward solving some of the issues we face. I’ve since heard back from the offices I visited and we continue to talk about things.”

Debbie Singleton, executive director of South Jefferson Rescue Squad, a volunteer service in Adams, N.Y., enjoyed networking with her EMS colleagues from around the nation.

“Sometimes we get accustomed to playing in our own little sand box. Meeting EMS providers from around the country allows us to understand, and sometimes obtain, solutions to problems – and to realize that we have many of the same issues,” Singleton said.

Troy Hagen, CEO of Care Ambulance in Orange, Calif., said his cross-country trip for EMS On The Hill Day was well worth it. “It’s inspiring and you feel more patriotic just participating in the process,” Hagen said. “If we are not there to tell the EMS story, they will never hear it and most likely don’t know what help we need.”
EMS On The Hill Day 2016

40 # OF STATES REPRESENTED, PLUS PUERTO RICO

258 TOTAL # OF MEETINGS WITH MEMBERS OF CONGRESS

171 EMS PARTICIPANTS
ALMOST 200 EMS LEADERS converged on Washington, D.C. to be transformed. To move from the old “you call, we haul” method of EMS (EMS 2.0) to a service delivery model that is a fully integrated part of the healthcare continuum.

The EMS Transformation Summit, held April 19, started with an overview of the changes occurring in healthcare that will continue to impact EMS, and a definition of the new term “EMS 3.0,” which refers to the concept that EMS is in its third transitional phase, and an acknowledgement that there will likely continue to be more changes leading to “EMS 4.0” and so on.

Here is a summary of the major insights offered by the Summit presenters:

EMS must demonstrate and provide tangible value to realize the opportunity in a new reimbursement landscape. EMS could provide significant value to the healthcare system by facilitating safe navigation to locations other than an ED, and an enhanced ED discharge option by providing follow-up visits to patients discharged from the ED.

Chris Crowley, Ph.D.
Program Manager, West Health Institute

Healthcare accrediting agencies look for evidence-based and quality assured clinical processes. A strong quality improvement infrastructure is needed for EMS to be partners in managing care for a patient population.

Leah Kaufman
External Relations Manager, National Committee on Quality Assurance (NCQA)

EMS systems excel at managing scarce resources, and healthcare is a scarce resource. We occupy a unique and specific space in the healthcare system. We can deliver healthcare within 60 minutes, 24 hours a day, virtually anywhere in the country. Our space is wherever we can create opportunity – all cards on the table.

Jonathan Washko
Assistant Vice President, Northwell Health, Center for EMS

Over the next five to seven years there will be new EMS jobs requiring leadership and management skills that do not exist today, and EMS leaders are not prepared for the complexities of these new positions. Advanced degrees, new competencies and skills will be needed.

John G. Self
Healthcare Executive Recruiter, President, John G. Self Partners, Inc.

EMS systems in the United Kingdom and elsewhere have a unique relationship with the payer. In a socialized healthcare system, financial incentives are aligned. Paramedics, and especially the paramedics trained with enhanced practitioner skills, are regarded as exceptionally valuable. The difference is the level of education. Paramedics in other countries have years of formal education and have been trained to fill a special role in the healthcare system.

U.S. EMS providers should decide if they are truly committed to enhancing the education of our EMTs and paramedics.

Rob Lawrence
Chief Operating Officer, Richmond Ambulance Authority

EMS 2.0 required more management than leadership. EMS 3.0 requires a new approach to lead a new generation of practitioners. This is a skill set we might not yet have, but need to learn and cultivate.

Aarron Reinert
Executive Director, Lake Region EMS

To assure the success of an evolving EMS program, an engaged and accessible medical director should be an ambassador for the EMS program with other community health stakeholders. The medical director should also have an interest/background in primary care, community health or public health, assist in new program development and implementation, and set entry criteria and appropriate curriculum for providers participating in innovative care models.

Kevin G. Munjal, M.D., MPH
Assistant Professor, Emergency Medicine, Health Evidence & Policy and Associate Medical Director of Prehospital Care, Mount Sinai Health System

State EMS regulators must find a balance between allowing innovation and promoting system development with their responsibility to assure public safety, system stability and good stewardship.

If we over regulate, not only will we stifle innovation, but the increased burden on providers may drive them out of EMS.

Wayne Denny
Bureau Chief, Idaho Bureau of EMS & Preparedness

The Summit closed with five action steps to help drive the EMS 3.0 transformation:

1. Learn – Educate yourself and your workforce. Prepare tomorrow’s leaders.

2. Communicate – Find out what your stakeholders really want from you and how can you bring them value.

3. Engage and Advocate – Work with your regulatory and legislative partners to advocate for an environment for innovation.

4. Try something new – Don’t be afraid to fail. It’s the only way we learn.

5. Keep the conversation going – Attend conferences, join associations. This is your chosen profession. Act like it’s for keeps!
EMS Advocates of the Year

CONGRATULATIONS TO MARK BABSON OF IDAHO AND LEROY GARCIA OF COLORADO, the 2016 EMS Advocates of the Year Award recipients!

Babson, a community paramedic with Ada County Paramedics, was instrumental in getting a bill passed that recognizes community paramedics as a distinct healthcare provider, paving the way for EMS to be reimbursed for transporting patients to locations other than the emergency department. Babson engaged legislators, community leaders, state officials and hospital administrators in the effort to get this legislation passed.

Babson is currently working with the state to develop community paramedic program performance measures. He also provides EMS educational tours to local and state leaders, allowing them to experience a staged 911 call from dispatch through the cardiac catheterization lab. “He is a very caring and dynamic individual who loves what he does,” wrote Shawn Rayne, deputy chief of Ada County Paramedics, in Babson’s nomination.

Garcia is a state Senator, EMS educator and a paramedic for American Medical Response. Garcia has used his awareness of the challenges in EMS to become a champion of EMS issues in the state legislature.

In 2013, Garcia’s first bill after being elected to the Colorado House of Representatives established Colorado’s critical care paramedic program, including creating a critical care paramedic certification and instructing the state health department to create rules for critical care transport. The bill passed unanimously with bipartisan support.

Soon thereafter, he was elected to the Colorado state Senate. As Senator, Garcia sponsored a bill to provide emergency responders with additional protection from testifying about information learned when providing peer support. He also sponsored a bill that created Fire Corps training for veterans, and co-sponsored a bill that enhances penalties for assaults on EMS practitioners. This year, he is sponsoring a bill that will further community paramedicine in the state by authorizing the state health department to establish minimum standards for community paramedicine and create a community paramedic certification. “He strives to provide exceptional care and actively shares his experiences with others. His front line experience provides him a firsthand view of challenges facing paramedics, EMTs and even agencies as we work to achieve our mission,” wrote Timothy Dienst, CEO of Ute Pass Regional Health Service District, in Garcia’s nomination.

Sen. Bill Cassidy Recipient of EMS Legislator of the Year Award

SEN. BILL CASSIDY (R-LA.) is this year’s recipient of the EMS Legislator of the Year Award, which recognizes a member of Congress who demonstrates an outstanding commitment and support of high-quality EMS.

Cassidy, a physician, co-founded a clinic for the working uninsured; created a private-public partnership to vaccinate against Hepatitis B; and led a team of volunteers to turn an abandoned store into a surge hospital to care for Hurricane Katrina evacuees. Elected to the Senate in 2014, he introduced the Veteran EMT Support Act of 2015 in the Senate.

“Sen. Cassidy has the respect and gratitude of both emergency medical practitioners and military medics,” said NAEMT President Conrad T. “Chuck” Kearns. “Recognizing the training of military veterans and making it easier for them to enter the EMS workforce upon their return home is patriotic and will go a long way in addressing future shortages in EMS.”

Since receiving the award, Sen. Cassidy has also introduced S. 2932, the Senate companion bill to H.R. 4365, the Protecting Patient Access to Emergency Medications Act of 2016.
EMS 3.0

EMS can contribute to our nation's healthcare transformation by filling gaps in the care continuum with 24/7 medical resources that improve the patient care experience, improve population health, and reduce healthcare costs – this is “EMS 3.0.”

HEALTHCARE IS TRANSFORMING
Our nation’s healthcare system is transforming from one that rewards volume of care to one that rewards value, known as “Healthcare 3.0.”

Outcomes and performance data

URGENT AND EMERGENT CARE REMAIN CORE TO EMS

24/7 emergency medical dispatch (911)
Rapid response, medical assessment and treatment
Urgent cardiac, stroke, trauma, mass casualty/disaster care
Emergency and critical care transport

BUT EMS MUST OFFER EXPANDED SERVICES

Nurse advice
Post-discharge follow up, preventive care
Chronic disease management and support
Alternative transportation or referral to community health or social services resources

EMERGENCY CARE + EXPANDED SERVICES = VALUE
EMS is uniquely positioned to support our nation’s healthcare transformation by assessing and navigating patients to the right care, in the right place, at the right time. Let’s move our profession to EMS 3.0.

Better patient health
Lowered costs
Our nation’s healthcare system is undergoing rapid change, transforming from a fee-for-service model to a patient-centered, value and outcomes-based model, known as “Healthcare 3.0.” NAEMT has created this infographic to help explain the EMS role in the healthcare transformation.

Please share this infographic widely with your EMS colleagues and others in your community!

Find the EMS 3.0 infographic at naemt.org, under “Featured Resources.”
STOP THE MADNESS, an NAEMT advocacy campaign to enable EMS to continue to administer controlled substances, has members participating from across the country and is having a big impact on Capitol Hill.

Currently, it’s typical practice for EMS to use “standing orders” from a medical director to administer controlled substances, including some pain and anti-seizure medications. But that practice is now in jeopardy due to enforcement of DEA regulations that put stringent controls on how these drugs can be distributed and prescribed.

H.R. 4365, the Protecting Patient Access to Emergency Medications Act of 2016, will ensure EMS agencies can continue using standing orders from medical directors to administer these medications.

The legislation has broad support in EMS and emergency medicine, including the American College of Emergency Physicians (ACEP), the National Association of EMS Physicians (NAEMSP), the National Association of State EMS Officials, the International Association of Fire Fighters (IAFF), Trauma Centers Association of America, the National Association of Police Organizations (NAPO), and over a dozen other national EMS and public safety associations.

NAEMT was one of the early supporters of this legislation.

Since March 7, NAEMT members and other EMS professionals have sent nearly 2,700 messages to members of Congress asking them to make sure EMS patients can get the medications they need to alleviate pain and seizures.

The message from the EMS community is being heard. H.R. 4365 has 77 co-sponsors. And on May 16, Sen. Bill Cassidy (R-La.) introduced S. 2932, the companion bill to H.R. 4365.

Please take a moment and educate your members of Congress about the need for standing orders in EMS by participating in the Stop the Madness online campaign. Access the campaign via naemt.org, choose the “Online Legislative Service” link under “Quick Links”.

NAEMT Members receive 25% OFF your purchase of EMS materials at www.jblearning.com

Use Coupon Code: 25NNEWS
Offer expires: 8/31/16

Connect with us on Facebook for the latest updates and offers! www.fb.com/JBLFireandEMS
Call for Candidates for the 2017 NAEMT Board

NAEMT is seeking candidates for open positions on the NAEMT Board of Directors. Open positions for the 2017-2018 term include:

- President-elect
- Secretary
- Treasurer
- One Director in each Region I, II, III and IV
- One At-Large Director

Directors serve two-year terms that begin Jan. 1. To qualify to run for a Region Director or At-Large position, you must be an active NAEMT member and meet other eligibility criteria. Region Directors also must live in the region they represent.

NAEMT depends on the contributions of our volunteer leaders

Serving on the Board provides a tremendous opportunity to help steer the course of your association, work with other EMS leaders from across the country, play a key role in influencing issues of importance in EMS and represent the interests of our nation’s EMS practitioners.

Serving on the Board is also a big responsibility. Board members are expected to participate in monthly meetings most often held via conference call, participate on committees and working groups, represent the association at EMS events and conferences as assigned, and attend the NAEMT Annual Meeting, held in conjunction with EMS World Expo. Board members are responsible for the general management and oversight of the affairs of the association, including its finances, staffing, programs and positions.

What is the process to become a candidate?

Any active member interested in becoming a candidate should visit naemt.org. Under the “About Us” tab, select “Our Leadership” to learn more about elections, who is eligible to serve as a Director, materials to be submitted and more about the role and responsibilities of Directors.

Candidacy submissions will be accepted from July 15 through Aug. 15, 2016, so don’t delay!

Election timeline

Oct. 1 to 28 – Candidate information is posted online along with candidate’s responses to a series of questions posed by the Candidacy and Elections Committee.

Oct. 15 to 28 – Voting is open online.

To ensure that you receive information about online voting, please make sure we have your current email address by logging in to your member profile on naemt.org. (Paper ballots are available by written request to NAEMT no later than Oct. 1.)

Please cast your vote!

We strongly encourage all active NAEMT members to vote for the candidates they believe are best qualified to lead our association. This is your association – you choose who leads!

Welcome new NAEMT agency members!

NAEMT warmly welcomes our five new agency members!

- Mobile Fire Rescue, Mobile, Ala.
- Rutherford County EMS, Murfreesboro, Tenn.
- Brick Township Police EMS, Chambers, N.J.
- Prompt Ambulance Service, Highland, Ind.
- Williston Fire Department, Williston, N.D.
Please Join Us for the NAEMT Annual Meeting at EMS World Expo

IT’S THE LARGEST TRADE SHOW AND EDUCATION EVENT for EMS professionals in North America – combined with the annual meeting of the most dynamic national EMS association in the world.

We warmly invite you to join us at NAEMT’s Annual Meeting, held in conjunction with EMS World Expo, Oct. 3 to 7, at the New Orleans Convention Center. The Big Easy is the perfect setting for enjoying old friends, building new relationships and becoming more involved in your professional association.

Thank you to our sponsors for supporting the following:
- OnStar & EMS World – Affiliate Advisory Council Luncheon, Board Dinner
- JBL & Markel – Precons
- JBL – NAEMT Faculty Meeting
- NREMT – Member Reception

NAEMT MEMBERS RECEIVE A $125 EMS WORLD EXPO DISCOUNT

Just enter your NAEMT membership number after selecting the “Three-Day Core Program NAEMT Member Rate” on the EMS World Expo (emsworthexpo.com) registration form.

Need to renew your membership? Go to the Members section of naemt.org and click the “Renew Now” link. Forgot your member number? Call NAEMT at (601) 924-7744.

While in New Orleans, we encourage all NAEMT members to:

Drop in on Committee Meetings – NAEMT committees hold in-person meetings, which usually last an hour or so. NAEMT members are welcome to attend whichever committee meetings they’re interested in – Advocacy, Education, EMS Data, EMS Preparedness, EMS Workforce, Membership, Military Relations and MIH-CP – to learn more about what your association is doing to represent and advocate for our profession. Committee meetings are held at various times throughout the four-day event. Click “Annual Meeting” under “Quick Links” on naemt.org to view the schedule.

Attend the NAEMT General Membership Meeting and Awards Presentation – The General Membership Meeting and Awards Presentation brings our association family together for a recap from President Conrad “Chuck” Kears on the programs, activities and successes of our association, and our goals for the coming year. This meeting is a forum to recognize the valuable work that our volunteer leaders serving on our Board, committees and as program coordinators provide; thank our corporate partners; and honor the outstanding efforts of EMS professionals with the presentation of the National EMS Awards of Excellence. Tues., Oct. 4, 5:30 p.m. to 6:45 p.m.

Celebrate at the NAEMT Member Reception – Jazz it up at the NAEMT member reception immediately following the awards presentation. Join us for refreshments and hors d’oeuvres, catch up with old friends, mingle with NAEMT leadership and meet EMS colleagues from around the world. Tues., Oct. 4, 6:45 p.m. to 8:30 p.m.

Attend the NAEMT Faculty Meeting and Reception – All NAEMT instructors are invited to attend the fourth annual gathering of NAEMT Faculty. The meeting will include NAEMT education program updates, recognition of outstanding faculty achievements, and an open forum. Reception immediately following. Wed., Oct. 5, 2 p.m. to 6 p.m.
Announcing New Member Benefits!

WE ARE PLEASED TO OFFER TWO NEW MEMBER BENEFITS.

20% OR MORE DISCOUNT ON WORLDPOINT EC2 TRAINING KITS

EC2 Training Kits contain first-aid items such as tourniquets, gauze and an emergency blanket for students taking part in hands-on scenarios and skills stations as part of trauma courses. Visit worldpoint.com for more information.

TUITION DISCOUNT FROM COLUMBIA SOUTHERN UNIVERSITY

Columbia Southern University is an online university founded in 1993 and based in Orange Beach, Ala. The university’s mission is to provide distance learning to non-traditional students. It is accredited by the Distance Education Accrediting Commission.

Full NAEMT members receive a 15% tuition discount on all classes and a waiver of application fee.

Students can pursue associate, bachelor’s, master’s or doctoral degree programs in a wide range of majors, including business, criminal justice, fire science, information technology and many more. There are also a variety of certificate programs available, in programs such as fire science, healthcare management, and public administration. Visit columbiaisontherun.edu to learn more.

We will also be offering an exclusive scholarship opportunity for full NAEMT members at Columbia Southern University. Full members can apply for a scholarship of up to $12,600. Applications will be accepted Sept. 1- Oct. 31, 2016.

EMS CAREER CENTER

Please also visit NAEMT’s new EMS Career Center at emscareers.naemt.org, where you’ll find job listings nationwide for EMS and healthcare positions. Browse jobs, or sign up to apply for jobs, create job alerts or post your profile at no charge.
THE EMS WORLD EXPO preconference line-up features a selection of NAEMT continuing education courses developed by nationally recognized teams of EMS physicians, educators, practitioners and other experts.

This year, we invite EMS practitioners to join us in field testing two exciting new NAEMT courses – All Hazards Disaster Response and Geriatric Education for EMS Advanced.

ONE-DAY WORKSHOPS

- **All Hazards Disaster Response Beta Course** – All Hazards Disaster Response empowers all prehospital practitioners with the knowledge and skills to manage patients immediately following a disaster or mass casualty event. Focusing on team-based strategies, the course features interactive learning modules and realistic scenarios, including a large-scale mass casualty event. 8 hours of CECBEMS approved credit. Mon., Oct. 3, 8 a.m. to 5 p.m. Waiting list only.

- **Geriatric Education for EMS (GEMS) Advanced Beta Course** – Building on NAEMT’s GEMS core course, the GEMS Advanced provides EMS practitioners with enhanced skills and knowledge to take care of geriatric patients’ unique medical, social, and environmental challenges. This interactive, immersive educational format focuses on integrating critical thinking into real-world applications. An 8-hour course for both EMTs and paramedics, GEMS Advanced highlights skills such as the transport of patients with tracheostomies, feeding tubes, PICC lines, home ventilators, LVADs, and more. 8 hours of CECBEMS approved credit. Tues., Oct. 4, 8 a.m. to 5 p.m.

TWO-DAY WORKSHOPS

- **Advanced Medical Life Support (AMLS)** – AMLS is the leading course for prehospital practitioners in the advanced assessment and treatment of commonly encountered medical conditions. Endorsed by the National Association of EMS Physicians, the course emphasizes the use of the AMLS Assessment Pathway, a systematic assessment tool that teaches EMS practitioners at all levels to use critical thinking to diagnose medical patients with urgent accuracy. 16 hours of CECBEMS approved credit. Mon. and Tues., Oct. 3 and 4, 8 a.m. to 5 p.m.

- **Tactical Emergency Casualty Care (TECC)** – TECC takes the lessons learned from the TCCC (Tactical Combat Casualty Care) military program and adapts them to scenarios civilian EMTs and paramedics may face, such as active shooters, mass casualty events and providing medical support in austere environments. This dynamic learning experience features realistic mass casualty scenarios. 16 hours of CECBEMS approved credit. Mon. and Tues., Oct. 3 and 4, 8 a.m. to 5 p.m.
FOR THE FIFTH YEAR, the World Trauma Symposium returns to EMS World Expo. This year’s event will showcase cutting-edge thinking on trauma care, the real-world experiences of those on the frontlines of trauma care, and practical advice that EMS practitioners can take home and apply in their own communities.

Participants in the daylong event will leave energized and inspired, with an enhanced knowledge of the most up-to-date, evidence-based research on trauma care, and compelling insights from nationally recognized surgeons, emergency medicine physicians and EMS clinicians.

SPEAKERS INCLUDE:

- **Dr. Eric Campion**, an assistant professor of surgery at University of Colorado School of Medicine and Trauma, who will discuss the response to the crash of Asiana 214 on final approach to San Francisco International Airport.

- **Dr. Margaret Moore**, an assistant professor of clinical surgery at Tulane University, who will give a trauma surgeon’s perspective on Tactical Combat Casualty Care.

- **Dr. Howard Kim**, an emergency medicine physician at Northwestern University School of Medicine, will offer insights on how the legalization of marijuana has impacted emergency department visits and trauma care.

- **Paramedic Jeff McMullen**, a health and safety specialist for the inspection team at the Organization for the Prohibition of Chemical Weapons, will cover the EMS role in handling chemical weapons.

Hosted by NAEMT’s Prehospital Trauma Life Support (PHTLS) Committee and EMS World Expo, this year’s program will include presentations, panel discussions, case studies, lunch and networking opportunities. Participants receive 8 hours of CECBEMS-accredited CE, CME or nursing CE credit. Visit worldtraumasymposium.com for information and to register.
Modernizing NAEMT’s Education Structure
By Dennis Rowe, NAEMT President-Elect

AS NAEMT PRESIDENT CHUCK KEARNS noted in the Winter issue of NAEMT News, NAEMT “must continually change to meet the evolving needs of the EMS profession and the healthcare environment in which we operate...We must use [our] achievements as a foundation to meet our profession’s challenges today and on the horizon. There is no way we can achieve that goal without continual change.”

While President Kearns’s statement was focused on all aspects of NAEMT activities, it is certainly relevant for our education programs. NAEMT first ventured into EMS education with the establishment of our PHTLS program in 1984. Soon thereafter, a committee structure was established to support PHTLS, followed by networks of state coordinators in the United States and national coordinators in other countries. This structure seemed to work well as our programs continued to grow and new programs were introduced.

However, by 2014, it became clear that the structure NAEMT had been using since the mid-1980’s needed to be modernized to respond to changes in how EMS education is developed and delivered, demographic and generational changes in the EMS profession, and the tremendous growth of our programs.

In early 2015, the NAEMT Board of Directors authorized a study of NAEMT’s education structure. The results confirmed the need to modernize the policies governing our education programs, as well as the structure of our education committees and network of coordinators. By the end of 2015, a proposal was presented and approved by the Board to modernize NAEMT’s education structure by:

- Streamlining our committees so they can absorb and support new programs as they are developed, promote cross “pollination” of ideas between our programs, and encourage collaboration on curriculum development;
- Creating a more integrated network in the field that supports and enhances the work of EMS training centers conducting our courses, and promotes the adoption of our courses by all EMS stakeholder groups;
- Utilizing a more diverse group of EMS educators, medical directors and clinicians to develop and field test our programs to ensure their relevancy and accuracy; and
- Reviewing and revising the policies that guide our education programs to ensure they reflect today’s EMS education environment, and do not inhibit EMS practitioners from being able to access our courses.

Since the plan was adopted, the modernization process has begun and progress has been made. We truly appreciate the patience of our exceptional NAEMT faculty in the United States and across the globe as we work through this process.

When the plan is in place, what do we hope to achieve? Well, when implementing change, we will certainly learn things in the process that we did not expect. However, here is what we are striving for:

Increasing accessibility of our courses. NAEMT will work with any and all reputable EMS training centers which possess appropriate training facilities and experienced EMS faculty, maintain affiliation with an emergency medical institution in their country, and are committed to developing and sustaining a quality EMS training program at their center. We must strive to give all EMS practitioners access to our courses.

Offering outstanding customer service to all NAEMT education stakeholders. NAEMT will strive to provide the best customer service we can to EMS training centers that offer our courses; to the faculty who teach our courses; and to EMS and other prehospital practitioners who take our courses.

Offering the global standard in EMS continuing education content. This is the mission of NAEMT education: to improve patient care through high quality, cost effective, evidence-based education that strengthens and enhances the knowledge and skills of EMS practitioners. We are committed to bringing together the best teams of EMS educators, medical directors and clinicians to develop EMS education that incorporates the latest evidence and innovations in teaching, and emphasizes critical thinking skills to obtain the best outcomes for patients.

As great as NAEMT education is now, I believe that the best is yet to come.

I encourage each of our members to make full use of the NAEMT education vouchers that give you up to $15 off on any NAEMT education program. I appreciate the support of our global NAEMT faculty for teaching our great courses. And, I humbly thank those members of NAEMT serving as authors for our education programs for sharing their expertise on behalf of the patients we serve.
New Network of Education Coordinators To Support NAEMT Education Programs

TO SUPPORT THE GROWTH of our education programs in the United States, a new network of state and regional NAEMT Education Coordinators has been established.

NAEMT State Education Coordinators are being appointed in each state and Puerto Rico to build awareness and support for NAEMT education within state EMS offices, EMS training centers, and EMS agencies in their respective states. (Most states will have one coordinator per state; a handful of populous states will have 2 per state).

These volunteer leaders will also work closely with NAEMT headquarters to ensure that NAEMT courses in the state are conducted in a quality manner and in compliance with NAEMT policies.

Regional Education Coordinators, who will oversee the work of the State Education Coordinators, have already been appointed in each of the four NAEMT regions: Peter Laitinen (Region I), John Loney (Region II), Lee Richardson (Region III) and Geri Smith (Region IV).

“We truly appreciate these individuals who have stepped up to help us in the important work of making sure that more EMS practitioners have access to high-quality continuing education,” said Dennis Rowe, NAEMT President-Elect. “NAEMT courses are created by teams of multidisciplinary experts and are field tested to ensure students receive the best, most up-to-date, evidence-based and interactive learning experience.”

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<td>AL</td>
<td>Scott Vanderkooi</td>
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<td>Ray Smith and Justin Schindler</td>
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<td>Macara Trusty and John Phelps</td>
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<td>Cathy Cockrell</td>
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<td>PR</td>
<td>Gustavo Flores</td>
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*As of 6/27/2016

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AMLS: ESSENTIAL TRAINING FOR RAPID AND ACCURATE PATIENT ASSESSMENT...

NEW! AMLS 2nd Edition Course

- Developed by national experts
- Latest critical-thinking skills
- Scenarios for both BLS and ALS providers
- Recognize, assess and manage common medical crises
- Endorsed by the National Association of EMS Physicians
- Provides 16 hours of CECBEMS credit

LEARN MORE AT NAEMT.ORG/EDUCATION
MAYBE WE’VE TALKED on the phone, or by email. But nothing can replace getting to know someone face to face! If you’re attending one of the events listed below, please stop by the NAEMT booth and say “hi.”

Pick up goodies like NAEMT pens, plus copies of the latest NAEMT publications. Bring your colleagues and allow us to introduce them to the many benefits of NAEMT membership. We look forward to meeting you!

**Pinnacle**
July 20-21, San Antonio, Texas

**NAEMSE Annual Educational Symposium**
August 1-6, Fort Worth, Texas

**Kansas EMS Association Conference**
August 12-13, Mulvane, Kan.

**EMS World Expo**
October 5-7, New Orleans, La.

**Mississippians for EMS (MEMS) Conference**
October 16-18, Biloxi, Miss.

**The Summit**
November 3-5, Provo, Utah

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