Zero Preventable Trauma Deaths
National Report Urges Changes to Trauma Care Systems to Improve Survival Rates

An estimated 30,000 Americans die each year from traumatic injuries that they might have survived with better emergency care, according to a recent report from the National Academies of Sciences, Engineering, and Medicine.

To improve those statistics, the report urges integrating military and civilian trauma care systems to share the latest knowledge and best practices from both sectors. Calling on the White House to lead the effort, the report also advises the U.S. Department of Defense (DoD), the U.S. Department of Health and Human Services (HHS) and all government and civilian stakeholders to collaborate on developing a national trauma care system to reduce geographic disparities in the quality of care.

“Our goal is to have a national trauma healthcare system, including both military and civilian trauma care systems, that is trained, equipped and resourced to provide a high quality of care everywhere, instead of there being variations depending on where you are,” said Dr. Doug Kupas, a member of the committee that wrote the report. “The focus is on attaining zero preventable deaths from injury.”

The report, "A National Trauma Care System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury," was released in June and developed by a committee of leading trauma experts at the request of sponsors from both the military and civilian sectors, including NAEMT. Kupas, who represented the National Association of EMS Physicians (NAEMSP) on the committee, is an associate professor of emergency medicine at Geisinger Health System in Danville, Pa.

While the recommendations cover all components of trauma care – from bystanders to surgeons to rehab – EMS figures prominently. Several of the recommendations could have significant implications for the future of the profession. The report urges Congress and HHS to implement policy changes and payment reforms to ensure thatprehospital care is included as a seamless component of healthcare delivery, rather than being viewed and paid as merely transportation providers.
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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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To help all of our members understand our advocacy plans for this year, I thought I would provide you with some historical background on our activities over the last five years. In 2011, the original “Field EMS Bill” was introduced in Congress. This bill was an initiative of Advocates for EMS, a coalition of several national EMS organizations, including NAEMT. The coalition was interested in seeing comprehensive legislation pass that would address the recommendations of the Institute of Medicine’s (IOM) landmark 2006 Report Emergency Medical Services: At the Crossroads. The report identified systemic problems that undermine the ability of EMS to provide quality care to all patients in need.

In 2013, with the support of all of the organizational members of Advocates for EMS, NAEMT took the lead to support passage of this legislation.

During the five-year period in which NAEMT advocated for passage of the Field EMS Bill, we were able to significantly advance the understanding of members of Congress and congressional staff on the challenges faced by EMS in providing quality care to our patients, and we garnered a great deal of bipartisan support from many congressional leaders for passage of the bill.

While great efforts were made to obtain support for this legislation from all sectors of EMS, the Field EMS Bill never received support from major sectors of our profession, and some sectors actively advocated in opposition to the bill’s passage. Their opposition was not rooted in the bill’s intent, but rather in the approach that the bill took to addressing the issues cited in the 2006 IOM Report.

In 2016, NAEMT’s Advocacy Committee carefully reviewed the progress which had been made on the Field EMS Bill, and considered the ongoing challenges to securing its passage. The committee recommended to the Board that NAEMT modify its approach to this legislative initiative. The Board considered the committee’s recommendation and agreed that a new approach was needed. Recognizing the difficulty of getting any federal legislation passed by Congress, the Board committed to revising the original bill so that it could be supported by all sectors of EMS.

I am very pleased to share with you that we are hard at work on making this commitment a reality. A new bill is now being drafted that will:
- Strengthen EMS as a critical component of our nation’s emergency response and healthcare systems.
- Develop the EMS workforce.
- Improve EMS integration in all federal emergency, disaster and healthcare plans and programs.
- Support quality improvement in all aspects of EMS patient care.

We are working with national EMS organizations representing all sectors of our profession – including county and municipal agencies, fire departments, hospital-based ambulance services, and private companies; and all EMS professionals – practitioners, managers, educators, and medical directors, to ensure that our industry is aligned on the provisions of our new bill when we seek the support of congressional leaders for its passage.

By the time this issue of NAEMT News is published, we hope that our new EMS bill has been introduced in Congress. We will keep all members fully updated and will provide you with a copy of the bill, and a section by section breakdown, as soon as it becomes available.

With a new Congress and new White House Administration come new opportunities and challenges for our profession. We would greatly appreciate your active involvement in our advocacy initiatives this year to ensure that our federal government provides adequate and appropriate support for the service that we provide to our patients, communities, states and nation. Whether you send emails or letters to your members of Congress, visit the offices of your congressional leaders in your communities, or represent your agency and your state at EMS On The Hill Day, every action helps our effort.

Thank you for your continued support of NAEMT!
Data is crucial to fulfilling EMS’s role as an essential, fully integrated, value- and outcomes-based component of the healthcare continuum, according to a new NAEMT National EMS Data Vision Statement.

To achieve that, EMS must collect, use, analyze and exchange data to support this role. “EMS has a responsibility to make evidence-based decisions, analyze those decisions and use data in a timely manner to continually make improvements,” according to the statement released by the NAEMT Board of Directors. “Quality data is at the core of this process.”

**IMPORTANCE OF DATA GROWING**

Throughout healthcare, data on performance and patient outcomes is increasingly relied on for decision-making and payments from insurers and Medicare. Data can reveal the effectiveness of treatments, whether safe practices are followed and whether healthcare dollars are spent wisely.

In 2014, NAEMT formed the EMS Data Committee to explore issues related to data in EMS. Under the guidance of the committee, in 2016, NAEMT published a national survey on data use, collection and exchange in EMS. The results revealed what data EMS collects, how agencies put data to use in assessing the quality of patient care and improving operations, and who EMS shares the information with.

Also in 2016, NAEMT commissioned Dr. Alex Garza of St. Louis University College for Public Health and Social Justice to conduct a survey and research exploring how EMS practitioners interface with the software systems they use on the job.

The results of both surveys were shared widely with the EMS profession and stakeholders, and were used by the committee to create the vision statement. (View both at naemt.org)

**DESCRIBING THE FUTURE OF EMS DATA**

According to the statement, for EMS to make the fullest use of data, several things must happen.

1. EMS personnel need to recognize that data is essential to proving that EMS brings value to patients and healthcare. “We must focus on education, clinically and operationally, so that EMS professionals look to data for decision support and learn to integrate data into their daily professional routine,” explained Dr. Greg Mears, a committee member and medical director for Zoll.

The EMS industry must also hire and develop EMS personnel with technical expertise in data collection, reporting and analysis.

2. EMS should adopt industry-wide key performance indicators (KPIs) to measure quality and performance, which can then demonstrate value to payers and communities. “EMS has spent considerable thought and time developing key performance measures,” Mears said. “Externally, KPIs allow EMS to be transparent to its patients, community and payers. Internally, KPIs serve as an objective ongoing evaluation tool for growth and quality.”

3. Technology to support EMS data must include universal access to mobile broad-band connectivity; secure data transmission and storage to protect patient privacy; and real-time, bi-directional data exchange with healthcare providers and payers. A bi-directional exchange of information with other healthcare providers would allow EMS to:

   - Access portions of a patient’s current electronic health record from the field, including health problems, medications, allergies, and end-of-life decisions.
   - Electronically share patient information with the receiving hospital to provide decision-making support on scene.
   - Transmit the ePCR and other EMS created healthcare information directly into the patient’s electronic health record for better and more efficient documentation.
   - Receive information such as diagnoses, procedures performed and outcomes for EMS quality improvement.

To achieve this vision, EMS should receive a portion of federal health information technology (HIT) funds that have helped other healthcare entities, such as hospitals, enhance their HIT capabilities.

4. EMS should build relationships with the wider healthcare community, such as hospital networks, home health, primary care networks and outpatient care centers, to educate them about why data exchange with EMS is important.

“For EMS, as with healthcare in general, to reach its potential, data and information must be available, accessible, and meaningful,” Mears said. “This requires electronic health record systems and medical devices to be interoperable, exchanging data (bi-directionally) as needed in real-time. The use of data and health information exchange should be so well integrated into our operations and clinical care that it becomes instinctive or second nature.”

*The American Ambulance Association and the Academy of International Mobile Healthcare Integration participated in the development of this statement and endorsed the published statement.*
Politics, medicine and money are driving major changes in healthcare, including EMS.

There’s growing consensus among stakeholders at all levels that policy changes and payment reforms are needed to ensure that prehospital care is included as a seamless component of healthcare delivery, instead of being viewed and reimbursed as merely transportation suppliers.

Within EMS, mobile integrated healthcare and community paramedicine (MIH-CP) continue to develop, evolve and demonstrate success, making more partners interested in working with EMS on these innovative initiatives.

But how can EMS ensure that the EMS 3.0 transformation continues?

What impact will the dramatic shifts in Washington, D.C. have on EMS policy and payment reform? What can individual agencies do to get ready for the changes and ensure they’re in a position to thrive?

Please join us at the EMS 3.0 Transformation Summit to hear national leaders discuss the latest forces impacting EMS, and essential tactics for successfully navigating these changes. Speakers will include experts from within EMS as well as the wider healthcare arena and top universities. The event will also feature a presentation by a Congressional leader on what to expect from the White House and Congress this year.

Discussions will include:

- Program Evaluation, Research and Publication of Outcomes Measures, with Cynthia Wides of UCSF and Walt Stoy of University of Pittsburgh.
- Economic Models, Payment Reform and ROI, with Chief John Sinclair of IAFC and Stacy Elmer of Kaiser Permanente.
- Education Systems, Certification & Credentialing, Continuing Education, with John Clark of the International Board of Specialty Certification.
NAEMT Legislative Priorities for 2017 to Include Support for Payment Reform, Strengthening Patient Care

With the new Congress in place and EMS On The Hill Day approaching, the NAEMT Board of Directors has been working to identify our association’s legislative priorities for this year.

At the end of 2016, all pending federal legislation expired. Bills that did not pass into law during the last congressional session, as well as any new legislation, must be introduced in the new Congress.

Several of the specific bills NAEMT will support through advocacy are not yet available. But legislation addressing EMS issues are expected to be introduced soon. We will update you as soon as more information on specific legislation becomes available!

**Payment reform** – The temporary Medicare ambulance fee increases (commonly referred to as “extenders”) expire at the end of the year. It’s vital for Congress to make these increases permanent, or at the very least approve another long-term extension.

Nearly a decade ago, Congress authorized extenders to help keep EMS viable in underserved areas, such as rural regions or areas with high numbers of uninsured or underinsured patients. The payments include a 2% bonus for ground ambulance providers in urban areas, 3% in rural areas and 22.6% in super-rural areas. Those extenders have been reauthorized several times, but are set to expire at the end of 2017. The loss of the extenders will be a major financial blow for many of our nation’s ambulance providers and must be prevented!

In addition to the extenders, further reform in the ambulance fee schedule is needed. The first step in this process is for ambulance services to be treated as providers of healthcare services rather than only suppliers of medical transportation. In addition, our industry will need the cost data necessary for Congress and the Centers for Medicare and Medicaid Services (CMS) to make data-driven decisions regarding the reform.

NAEMT is participating in a national coalition led by the American Ambulance Association to introduce a bill that addresses Medicare payment relief for ambulance services and secures provider status for ambulance services.

**Emergency Medication Access** – In January 2017, the Protecting Patient Access to Emergency Medicine Act (H.R. 204) passed the House with overwhelming bipartisan support, 404 to 0.

The bill allows EMS to continue to use standing orders to administer emergency medications, such as pain and anti-seizure medications.

This safe and well-established practice is in jeopardy due to stricter enforcement of DEA regulations, and threatens patients’ access to life-saving medications in the field. During the last Congress, NAEMT had advocated for a similar bill, which also passed the House with unanimous support.

With widespread support for this bill throughout Congress and the EMS community’s continued advocacy efforts, we are confident that it will continue to progress toward enactment in 2017!

**Trauma care** – The National Academies of Sciences, Engineering, and Medicine recently released a report calling for improvements to the nation’s trauma systems and support for trauma care in the United States. Key recommendations include better integration of military and civilian trauma systems so that best practices from both can be shared. The report also makes specific recommendations related to EMS, including reimbursing EMS as a healthcare provider. (See Cover article, “Zero Preventable Trauma Deaths.”)

NAEMT is working with Congressional leaders and national emergency medicine and trauma organizations to ensure that bills to enhance and strengthen the nation’s trauma system include EMS.

**Strengthening EMS** – NAEMT, in collaboration with other national EMS organizations, is working with our Congressional champions to introduce a bill to develop, integrate and improve the quality of EMS in our nation. We look forward to sharing the exciting details with you soon! (See President’s Message, Page 4.)
"We applaud the recommendations made by the trauma care experts in this report, and support their conclusion that reimbursement reform is necessary for EMS to fully realize its potential in a national trauma care system," said NAEMT President Dennis Rowe.

ADVANCES IN BATTLEFIELD MEDICINE

Historically, some of the greatest advances in trauma care have been made during wartime. Ten years of data on traumatic injuries from the wars in Iraq and Afghanistan showed that 1,000 soldiers who died between 2001 and 2011 could have been saved with better treatment.

Yet the numbers show much was learned. The percentage of wounded service members who died of their injuries in Afghanistan decreased by nearly 50% between 2005 and 2013. Some of that can be attributed to a shift that occurred around 2005 establishing tourniquets as a first-line treatment for severe extremity bleeding instead of a treatment of last resort, Kupas said. Other deaths were prevented through more sophisticated trauma treatments and techniques implemented by surgical teams, such as new blood-transfusion products.

“A colonel once said it best: if you're going to be wounded at war, you don't want to be wounded in the beginning of war. You want to be wounded at the end,” Kupas said. “Everything has to ramp up. Over time, the field medics gain more experience. Surgeons and other medical personnel know more and are able to provide better care for combat wounds than when they were first taken out of their civilian practice.”

But even in the military, there isn't yet consistency in the application of the latest techniques across all U.S. forces. In part, that's because the military has no single military medical command – instead, those responsibilities are divided among commanders in different branches of the military and regions of the world. On the front lines, combat commanders with little or no medical training are in charge of medical personnel, leading to differences in practices and policies, according to the report.

TRAUMA: LEADING CAUSE OF DEATH

On the civilian side, trauma is a significant public health problem. Trauma is the leading cause of death for Americans aged 45 and younger, leading to 147,790 deaths in 2014. A review of published studies by the committee found that about one in five of those injured could potentially have survived had they received better care.

Trauma injuries occur due to a wide range of events, from car wrecks to stab wounds to falls. Shooting rampages, such as the attacks in the Orlando nightclub and in San Bernardino, Calif., give the issue greater urgency. As in the military, there are disparities throughout civilian trauma care. Death rates from trauma vary among regions, between hospitals that aren't designated trauma centers and those staffed and equipped as trauma centers. Survival rates also vary among hospitals designated as trauma centers. While some states have statewide EMS trauma protocols, in other states protocols are determined agency by agency.

“The greatest opportunity to save lives after injury is in the prehospital setting,” the report noted. Yet “EMS is a disjointed set of systems across the nation with differing standards of care and few universal protocols.”

The quality of trauma care, from the time of the accident through hospital care and discharge, varies greatly depending on when and where an individual is injured, placing lives unnecessarily at risk, according to the report.

“Both the military and civilian sectors have made impressive progress and important innovations in trauma care, but there are serious limitations in the diffusion of those gains from location to location,” Committee Chair Donald Berwick, president emeritus of the Institute for Healthcare Improvement, said in a statement. “Even as the successes have saved many lives, the disparities have cost many lives.”

Advances in the military sector can be lost over time. When wars wind down, military trauma teams see few combat wounds, making it difficult to gain experience and keep skills sharp. The report proposes that between wars, military trauma teams spend time in the top civilian trauma centers, and that military hospitals double as civilian trauma centers. This would ensure that civilians benefit from lessons learned on the battlefield, and would keep military trauma teams prepared for the next conflict. “It’s a two-way street,” Kupas explained.
Dr. Frank Butler, chair of the DoD’s Committee on Tactical Combat Casualty Care (Co-TCCC) and military medicine advisor for NAEMT’s Prehospital Trauma (PHT) Committee, urged cooperation and sharing best practices between military and civilian prehospital practitioners as well.

“If a combat casualty lives long enough to reach the care of a surgeon, the odds are overwhelming that he or she will survive,” Butler said. “The greatest opportunity to improve combat casualty care lies in the prehospital phase of care, because that is where most combat fatalities occur.”

RECOMMENDATIONS FOR EMS

Recommendations related to EMS are woven throughout the 400-page report. One with potentially far-reaching implications is a recommendation to modify CMS’s ambulance fee schedule to reimburse EMS for patient care, rather than transport only.

“The implications are huge,” Kupas said. “Adequate funding at that level will allow EMS to develop and be ready to provide trauma treatment that’s needed to save lives. At the same time, seeing EMS as a true healthcare provider rather than a transportation provider would help in the development of community paramedicine and mobile integrated healthcare.”

While it’s unrealistic to expect identical resources to be available in remote or very rural areas compared to the heart of a major city, much work needs to be done on reducing disparities, Kupas added.

One example: Tourniquets are not expensive and have been proven effective again and again. Yet not all EMS practitioners are issued tourniquets, and many places don’t have protocols establishing tourniquets as a first-line treatment for severe extremity bleeding.

“Where you get injured shouldn’t determine whether you live or die, on the battlefield or in the civilian world,” Kupas said. “Yes, there is a big difference if you’re in the middle of Wyoming versus downtown Baltimore right by Maryland Shock Trauma. But there needs to be best care guidelines that are applied across the board.”

The report was sponsored by numerous federal agencies and national organizations, including: NAEMT, NAEMSP, American College of Emergency Physicians, American College of Surgeons, Trauma Center Association of America, DoD, U.S. Department of Homeland Security, and the U.S. Department of Transportation. Dr. Norman McSwain served as a member of the committee that wrote the report until his death in 2015.

The National Academies of Sciences, Engineering, and Medicine are private, nonprofit institutions that provide independent, objective analysis and public policy recommendations.

NAEMT Advances Military/Civilian Trauma Care Cooperation

NAEMT is at the forefront of efforts to improve trauma care readiness, education and collaboration in both the civilian and military sectors.

- Tactical Combat Casualty Care (TCCC), a course provided by NAEMT through a partnership with the DoD and the American College of Surgeons’ Committee on Trauma, provides combat medics, corpsmen, and pararescuemen with the tools they need to save lives on the battlefield. The partnership allows the civilian and the military sectors to work together seamlessly to share advances in prehospital trauma care.
- NAEMT is a partner in the White House/Department of Homeland Security’s “Stop the Bleed” Campaign.
- NAEMT partners with the American College of Surgeons on Bleeding Control for the Injured (B-Con), a 2.5-hour course that teaches members of the public to take action to stop severe bleeding.
- NAEMT submitted comment to the Senate committee considering the 2017 National Defense Authorization Act, requesting that all military medical personnel receive standardized medical training consistent with TCCC.
From the devastating wildfires in Tennessee to the catastrophic flooding in Louisiana, EMS practitioners answered the call for help in their communities’ time of need. Last year, EMS professionals responded to some of the most difficult scenes imaginable – the school bus crash in Chattanooga that killed six elementary school children, and the California tour bus crash that left 13 dead and injured dozens.

For the skill and compassion that EMS professionals bring to their work, and for the sacrifices they make to be there to alleviate others’ pain and suffering, NAEMT is proud to continue its partnership with the American College of Emergency Physicians (ACEP) on the EMS Strong campaign.

The campaign seeks to recognize, unify and inspire the men and women of EMS, and to encourage the celebration of National EMS Week (May 21-27). This year’s EMS Strong theme is “Always in Service,” an acknowledgement that EMS professionals serve, morning and night, in extreme weather, no matter the circumstances, for their communities.

“EMS professionals provide service and compassion to their communities every minute of every day, and that’s what this year’s theme pays tribute to,” said ACEP President Dr. Rebecca Parker. “It’s an exciting time in EMS – from research and innovations to new approaches in patient care and safety. We are proud to recognize EMS professionals and their commitment to serving others.”

The campaign’s website emstrong.org provides stories and profiles about EMS personnel, as well as EMS Week ideas and suggested activities. You can also download a copy of the EMS Week Guide.

“EMS Strong is a philosophy that guides our profession through the daily challenges and often, severe conditions we face,” said NAEMT President Dennis Rowe. “Those who wear the Star of Life proudly promote the health of the public, reduce injuries, save lives, and serve our communities every day.”

EMS Week was established in 1973 by President Gerald Ford.

Welcome New Advocacy Coordinators!

- Allison Knox of Virginia
- Bruce Hoffman of Connecticut
- Jeff Dumermuth of Iowa

EMS Strong for Our Patients, Our Communities and Each Other

NAEMT and ACEP asked NAEMT President Dennis Rowe to share what EMS Strong means to him.

EMS Strong exemplifies the dedication of our profession to develop and hone our knowledge and skills to provide the best possible care to our patients.

EMS Strong reflects the bravery and selfless dedication of those in our profession who risk danger when entering unstable environments to save lives in our communities.

EMS Strong is a philosophy that guides our profession through the daily challenges and often severe conditions we face. It reinforces the need for our physical and mental wellbeing, and gives us the strength to support the wellbeing of our colleagues.

EMS Strong is a bond that unites all of us in the EMS profession on land, in the air and out at sea. It is a bridge of passion, experience and innovation between practitioners, agencies and states that is advancing the science and transforming the practice of EMS.

Those who wear the Star proudly conserve life, promote health, and personify the meaning of EMS Strong. NAEMT is honored to support you!
Voices From the Field

EMS On The Hill Day is coming up! On April 25, hundreds of EMS professionals will arrive on Capitol Hill to educate members of Congress about the vital role of EMS in our nation's communities. We asked a few of last year's participants what makes the event meaningful to them. Here's what they had to say.

"Walking the halls of Congress was one of the best experiences I have ever had. A person might think it will be intimidating, but it's not. It's inspiring." - Mark Babson, Paramedic, Ada County Paramedics, Idaho

"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." - Kate Lambert, Prehospital Care Coordinator, West Penn Hospital, Pittsburgh, Pa.

"It's inspiring and you feel more patriotic just participating in the process. If we're not there to tell the EMS story, they will never hear it and most likely don't know what help we need." - Troy Hagen, CEO of Care Ambulance, Orange, Calif.

Welcome New NAEMT Agency Members!

NAEMT warmly welcomes our new agency members.

- Emergency Resource Management of Portland, Connecticut
- Integris Emergency Services of Miami, Oklahoma (above)
- Davie County EMS of Mocksville, North Carolina
- North East Mobile Health Services of Scarborough, Maine
- Cole County EMS of Jefferson City, Missouri
- Twin Arrows Casino Resort of Flagstaff, Arizona
- American Safety Programs & Training of North Providence, Rhode Island

COMING IN MAY!

Advanced Geriatric Education for Emergency Medical Services

Delve into the complexities of assessing, treating and transporting older adults – including those utilizing medical devices – through realistic scenarios and critical thinking sessions.

This groundbreaking course:
- Provides 8 hours of CAPCE credit
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- Is designed for EMS practitioners at all levels
- Enhances competence, confidence and compassion of EMS practitioners

Current AMLS and PHTLS instructors can become Advanced GEMS instructors by taking the 2-hour online Advanced GEMS instructor orientation.

Learn more – education@naemt.org
Recruiting New NAEMT Members is a Job for All of Us

We've said it many times before: Our members are our greatest strength. Those aren't just words. The willingness of members to share their ideas, offer up their expertise and volunteer their time gives the association its energy, its vibrancy and its ability to get things done on behalf of EMS patients and the EMS workforce.

There's also strength simply in our numbers. When NAEMT leaders walk into a federal meeting, or speak with members of Congress, or submit comment on pending legislation, being able to say that there are 55,000 EMS professionals standing with us gives our activities more weight, and helps ensure our concerns get heard.

The more members we have, the stronger our voice becomes! Every NAEMT member has a role in helping the association encourage more of our colleagues to join us in our mission to advance EMS for our patients and our workforce.

Whether it's taking a moment to renew your membership before it lapses or helping us spread the word about the benefits of membership, the power to strengthen your association and build its influence is with you!
Why should EMS professionals be members of NAEMT?

No matter the profession, people should consider becoming a member of a professional organization that represents them. This is especially true in EMS and emergency services. We are ever changing and evolving, and having an organization like NAEMT that stays on top of industry trends, issues, and advocacy is tremendously important. Not everyone can travel, regularly meet with legislators and industry experts, but membership in NAEMT allows members’ voices to be heard to those very people.

What can NAEMT members do to encourage their colleagues to join?

They can give their colleagues the tools to do it. Send them the electronic link (see naemt.org, ‘Join NAEMT’ link at the top of the page). Or print the form off, sit down and help them fill it out.

Another thing to do is to encourage your director/chief to consider an agency membership to get all of their colleagues involved. My other advice is to take advantage of the membership benefits and encourage friends that way by letting them know about the great deals and discounts. There is such a vast array of benefits that anyone can find something that will indeed “pay” for their membership.

Which member benefits do you use the most?

I use the Hertz rental car discount for both work and personal use at least once a month. I also appreciate the security of having the Accidental Death & Dismemberment insurance. I know lots of people who use the 5.11 Tactical discounts and love it. There are so many great benefits for individuals and for agencies. Members just need to remember to use them!

Why is continuing to boost the number of NAEMT members important?

There is strength in numbers and numbers are powerful. When NAEMT goes in a meeting with other professional organizations or congressional staff, being able to say we have 55,000 members is a powerful statement.

Can you give us your best recruiting pitch for NAEMT membership?

I have been an NAEMT member for a long time and am very proud to be one. My pride comes from seeing how far we’ve come in all of our professional development activities. We have and continue to accomplish a lot and do great work. We are changing the EMS profession with what we do and who we are.

What can NAEMT members do to get more involved with recruiting and retaining members?

Please consider applying to become a Membership Coordinator! Membership Coordinators participate in outreach, recruitment, and retention activities in their respective states. Activities include presenting or discussing the benefits of NAEMT membership at local or state EMS-related events, getting to know your state EMS office officials, and serving as a positive ambassador for NAEMT. We’re always looking for new, energetic people to serve!

Membership Coordinators Needed

To get the word out about NAEMT and encourage more EMS professionals to join us in our mission, NAEMT is seeking members to become NAEMT Membership Coordinators. Membership Coordinators will be appointed in all 50 states, Washington, D.C. and Puerto Rico. Their role is to build support for NAEMT initiatives and enhance outreach, recruitment, and retention efforts.

Membership Coordinators get together for monthly conference calls to share ideas. It’s a great way to get to know your EMS colleagues from around the nation and become more involved with your association!

To be considered, you must be an active NAEMT member for at least two years. Send your resume and a brief letter outlining your experience and why you’re applying for the position to: membershipnetwork@naemt.org
This summer, Dr. Jon Krohmer was appointed director of the National Highway Traffic Safety Administration’s (NHTSA) Office of EMS. He took over the position from Drew Dawson, who had held the position for 12 years.

Dr. Krohmer got his start in EMS while growing up in Michigan. Inspired by the TV show *Emergency!*, he became a volunteer EMT for a local rescue quad. His experiences led him to become an emergency physician, and an EMS medical director, including overseeing the Kent County Office of Emergency Services in Michigan for nearly 20 years.

He is a former president of the National Association of EMS Physicians (NAEMSP), and EMS Committee Chair for ACEP, and continues to serve as medical director for a county EMS service in rural Maryland.

Other previous roles include deputy assistant secretary for the Department of Homeland Security’s (DHS) Office of Health Affairs, deputy chief medical officer for DHS and director for Immigration and Customs Enforcement’s (ICE) Health Services Corps.

Krohmer spoke with *NAEMT News* about what drives his passion for EMS, his plans for NHTSA’s Office of EMS, and where he sees EMS headed.

**Q&A with Dr. Jon Krohmer, M.D.**

**Director of NHTSA’s Office of EMS**

**You have served as an EMS Medical Director for many years. What makes a good one?**

A number of years ago, when my wife realized my passion for EMS, she coined it the ‘EMS blood type.’ A good medical director has to have the EMS blood type. It’s a passion for EMS, a passion for taking care of patients outside the hospital, and a passion for working with all of those involved in an EMS system – field providers, educators, administrative and operational leadership.

A good medical director is also someone who is appropriately trained for that role. New EMS medical directors benefit from subspecialty EMS training. As EMS systems have become much more sophisticated, fellowship training for EMS physicians has become more important.

Medical directors should also be willing to be involved in all aspects of EMS, from field care through administrative activities. They need to understand the uniqueness of taking care of patients in the field and spend time in the field.

**What does the Office of Health Affairs at DHS do?**

The Office of Health Affairs also focuses on operational and occupational health issues within DHS. There are over 3,500 EMTs and paramedics that work within DHS. Initially, there was no unified medical oversight. So we initiated the development of an EMS system within DHS that had common protocols, educational standards, credentialing and quality improvement activities.

DHS is primarily a law enforcement agency. But EMTs and paramedics provide patient care to support those activities. Many DHS components have EMTs. Specialized medics do search and rescue missions and are part of special response teams. The Coast Guard has EMTs. There are tactical medics that work with the Secret Service, and all Secret Service officers have some EMS training.

**You also spent five years as director of the Health Services Corps at ICE. What did you do in this role?**

The healthcare mission is extremely critical to the immigration mission. On any given day, we had an average of 34,000 people in immigration detention. We were responsible for ensuring timely and appropriate healthcare for individuals who are in detention.

Everyone in detention received a physical exam and a health assessment. Many had chronic conditions that had never been treated. For some folks, it was often the first time they had ever seen a healthcare provider. Some had fled physical violence, gang violence or domestic violence. We had 1,200 federal
public health service officers and contract medical staff, including physicians, psychologists, clinical social workers and psychiatrists, whose responsibility was ensuring their day-to-day health.

**Are there any aspects of providing medical care to detainees that applies to the job of an EMS practitioner?**

It applies to EMS very, very well. EMS personnel are faced with a lot of similar health issues in their patients. EMS sees a lot of our immigrant population. Some folks haven't received healthcare on a regular basis. There are some folks who are inherently distrustful of healthcare providers, including EMS. We're seeing people at a very stressful time in their lives.

Working for ICE also reinforced for me how important it is to remember to look at things from the patient's perspective, and the importance of the compassion that healthcare providers can exhibit to their patients.

**What changes do you see on the horizon for EMS in the years and decades to come?**

Not necessarily having to transport to an emergency department. Folks are looking at how can we identify as early as the call to 911 how to dispatch the appropriate services, and then once we get on the scene and do the assessment, identifying patients who have to go to ED vs. folks that could be taken to primary care physicians.

There are also challenges in the financial arena, in identifying how we can continue to pay for high quality healthcare, which is what we all think EMS provides. We need to work on continuing to bring all of the players together on that.

**What are your goals for the Office of EMS in the coming years?**

Data, particularly as it relates to trauma care, is a big one. We're tasked with identifying ways to interface the National EMS Data Base with the National Trauma Data Base that the American College of Surgeons Committee on Trauma maintains. That will allow us to share information so we have better and more reliable data on victims of trauma. The reason this is so critical is because having reliable data is the only way we can define, validate and analyze what we do.

We're also working with the Office of the National Coordinator (ONC) to make sure EMS is included as part of discussions and planning activities around Health Information Exchanges (HIEs). The ONC is responsible for the development of HIEs, which allow health information to be shared among providers to improve the quality of care, enhance patient safety and to ensure healthcare dollars are spent efficiently. Our goal is to have a bidirectional flow of information, from EMS to hospitals and other healthcare providers, and the other way around.

NHTSA also sponsored the EMS Compass Program, which established performance measure for EMS. The project itself is coming to an end, but we're working very aggressively with the EMS community, including NAEMT, to figure out how to identify a mechanism for sustaining those activities to continue to move performance measurement and quality improvement activities into the future. The goal is to identify what could be a 'Switzerland' for EMS data – an organization that is independent and neutral enough to coordinate those activities.

**What other major issues are facing EMS?**

We need to be very deliberate in addressing wellness issues for our own personnel. We've always been of the perspective that we're EMS. We're tough. Suck it up and move on. We have to acknowledge the fact that individuals working in EMS are, on a regular basis, seeing some potentially horrendous and upsetting issues. We've got to really spend some time focusing on wellness and specifically addressing those issues.

**The EMS Agenda for the Future is undergoing a revision. Why is there a need for an updated document?**

We've evolved very significantly in the 20 years since the last Agenda for the Future was published in 1996. With all of the discussions going on in healthcare, we are at a pivotal point to again define how we fit into the public health, healthcare and the public safety communities. The 1996 agenda talked about EMS being at the intersection of public health, healthcare and public safety, but we are evolving more and more in the public health and healthcare sides.

When I think about what EMS is going to be like in 15 or 20 years, there are a whole bunch of cool things I think we're going to end up seeing. There have already been national news articles about drones supplying AEDs, blood and medical equipment. Technology is changing so fast, and will continue to change how EMS is delivered and what it can do. It's very exciting.
Nationally Recognized Physicians Join NAEMT’s Prehospital Trauma Committee

NAEMT is pleased to announce that four nationally recognized physicians have joined NAEMT’s Prehospital Trauma Committee (PHT). The physicians – Drs. Faizan Arshad, Alexander Eastman, J.C. Pitteloud and Andrew Pollak – are committed to ensuring that EMS professionals receive the best in trauma education.

The PHT committee is responsible for developing curriculum for all NAEMT trauma courses, including Prehospital Trauma Life Support (PHTLS), Tactical Emergency Casualty Care (TECC), Law Enforcement and First Response-Tactical Casualty Care (LEFR-TCC) and other tactical courses.

The physicians join Dr. Lance Stuke, PHTLS medical director, and Dr. Frank Butler, military medical advisor, on the committee, which also includes talented EMS practitioners and educators dedicated to creating evidence-based, engaging curriculum that continues the tradition started by the late Dr. Norman McSwain, founder of NAEMT’s PHTLS.

**Faizan Arshad, MD**
*PHT At-Large Member*

Dr. Faizan Arshad is an emergency medicine specialist, author, presenter and researcher. He is affiliated with Newark Beth Israel Medical Center and MidHudson Regional Medical Center. He has also worked as an instructor in a variety of settings and as an EMS medical director, among other positions, at the Fire Department of New York City during his doctoral training. He completed his residency at Yale New Haven Hospital School of Medicine with a concentration in EMS, global and public health.

Faizan graduated with honors from Northwestern University Medical School and Feinberg School of Medicine. He has received numerous awards, including the EMS Connections 2014 EMS Physician of the Year Award and a Golden Probe Award, recognizing distinction in ultrasonography. He is a frequent lecturer and presenter on emergency medical scenarios, surgical techniques and EMS practitioner refreshers. Arshad also serves as the lead author on NAEMT’s new All Hazards Disaster Response course.

**Alexander Eastman, MD, MPH, FACS**
*Tactical Medical Director*

Dr. Alex Eastman is an assistant professor and trauma surgeon in the Division of Burns, Trauma and Critical Care at UT Southwestern Medical Center and the medical director and chief of Rees-Jones Trauma Center at Parkland Memorial Hospital. A graduate with distinction of George Washington University School of Medicine, he completed his general surgery and two fellowships at UTSouthwest Parkland Memorial Hospital. He is board certified in general surgery and surgical critical care, as well as EMS. He has a master’s in public health degree from University of Texas Health Science Center–Houston.

Eastman is a Dallas Police Department lieutenant, lead medical officer for DPD SWAT and the deputy medical director for the department. In addition, he was appointed as senior medical advisor to the U.S. Department of Homeland Security and serves as a special deputy U.S. Marshal on the North Texas Fugitive Task Force. He represents all these agencies on the U.S. Attorney General’s Office Safety and Wellness Group. A former firefighter/rescuer in Montgomery County, Md., he is also medical advisor to the Major Cities Chiefs Association. He was awarded the 2015 Officer of the Year from the Dallas Police Department.

**J.C. Pitteloud, MD, DEAA**
*PHT At-Large Member*

J.C. Pitteloud received his medical degree from Zurich University and completed an anesthesiology residency in Geneva and Lausanne. He served as a flight physician for REGA Swiss Air rescue and Air Glaciers rescue flight in the Swiss Alps, while acting as an anesthesiologist and EMS physician in Valais County Trauma Center and as medical advisor for Edelweiss SWAT Team.

He is a lecturer at Zurich University, Geneva Paramedic School, Medi Bern Paramedic school and for the Swiss military. He has taught in Lebanon, Brazil and Mexico. He is currently National Coordinator for NAEMT Switzerland Prehospital Education, and taught ATLS, TCCC and PHTLS for almost 15 years.

Pitteloud is head of anesthesiology in Hjbe Hospital in Bern, Switzerland and chair of the Board for Acute Care Anesthesia of the Swiss Society of Anesthesiology (SGAR).

**Andrew Pollak, MD**
*PHTLS Medical Editor*

Dr. Andrew Pollak is a professor and chair of the department of orthopaedics at University of Maryland School of Medicine, and chief of orthopaedics for University of Maryland Medical System. He previously served as chief of orthopaedics at the University of Maryland R. Adams Cowley Shock Trauma Center, where he has worked since 1994.

He received his medical degree from Northwestern University and completed an orthopaedic surgery residency at Case Western Reserve University/University Hospitals of Cleveland, and a fellowship in orthopaedic trauma at the University of California Davis Medical Center. He has been involved in prehospital emergency care since 1981, including serving as a volunteer firefighter/EMT, EMS flight physician and fire surgeon. He currently serves as medical director of the Baltimore County Fire Department, special deputy U.S. Marshal and editor of the AAOS EMS Orange Book Series.
Recert Redefines EMS Online Continuing Education

New service will offer interactive, video-game inspired curriculum and a personalized recertification roadmap for individuals, agencies

Hectic schedules can make it difficult for EMS practitioners to find the time for continuing education courses. A new service offered by NAEMT and the Jones & Bartlett Learning Public Safety Group will make it easier to meet the requirements for recertification, while helping practitioners expand their knowledge and retain critical skills.

Recert is an innovative online continuing education platform that offers high-quality, interactive courses in a user-friendly system that tracks progress toward meeting recertification requirements. Recert is scheduled to launch this June.

“Recert will provide EMS practitioners with the most compelling, engaging, and informative online learning opportunities available anywhere,” said Cory Richter, NAEMT board member and one of NAEMT’s representatives to the Recert Editorial Advisory Board. “EMS practitioners can use Recert to meet much of their continuing education requirements at a time and place that’s convenient for them.”

Recert was developed with changing educational needs and requirements for EMS professionals in mind. NREMT’s National Continuing Competency Program (NCCP) accepts more online hours for recertification than ever before, leading to a growing demand for quality online education. Paramedics can now take 35 of 60 continuing education hours online, while EMTs can take 24 of 40.

Most courses offered on Recert will be 1- to 2-hour modules, with an emphasis on interactive, media-rich, scenario-based learning, including several AMLS modules inspired by video game design. All courses on Recert can be completed on mobile or desktop devices. Some of the core content on Recert will be adapted from NAEMT, American Academy of Pediatrics, and American College of Emergency Physicians education courses, as well as from articles, videos, and other learning materials.

“There is a paradigm shift in the approach our nation is taking to CE requirements for EMS practitioners. Recert is designed to make meeting those requirements more efficient, by increasing the accessibility of high-quality EMS education for all practitioners, no matter where they are,” said Kim Brophy, general manager of the Jones & Bartlett Learning Public Safety Group.

Recert course content covers a range of topics that can be used to meet national, state, and local/agency requirements, as well as individual areas of interest. EMS practitioners using Recert will be able to easily track all of their continuing education hours, from both online and instructor-led courses, as well as skills proficiency. The personalized learning plan will offer each user a recertification roadmap, suggesting appropriate courses and automatically tracking progress against national and state EMS license requirements.

All NAEMT full members will receive a 15% discount on Recert courses. Look for an email in the coming weeks announcing the launch of Recert.

RECERT FEATURES:
- Free tool to track recertification progress and compliance.
- Recert is backed by a powerful database that generates personalized learning plans to ensure compliance simply by entering your license type and recertification date.
- Personalized recertification roadmaps and dashboards based on national and state requirements for recertification, as well as the user’s strengths and weaknesses.
- Subscription or individual course pricing plans.
- Successful course completion data reported to accrediting body (CAPCE or state).
- Comprehensive dashboards that enable employers to track employee progress toward recertification.

SOLUTIONS FOR EVOLVING CONTINUING EDUCATION NEEDS

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NAEMT Education
Around the U.S. and World

NAEMT Education courses are taught across the U.S. and in over 50 countries, a number that continues to grow.

The All Hazards Disaster Response (AHDR) Beta Course offered in New Orleans was a great success! We received lots of good feedback and look forward to offering the first AHDR courses in 2017.

LEFR-TCC, PHTLS and Tactical Combat Casualty Care for Medical Personnel (TCCC-MP) were recently taught at a conference in Ukraine.

The Oklahoma County Sheriff’s Department recently offered Law Enforcement and First Response Tactical Casualty Care (LEFR-TCC) to SWAT officers. The SWAT officers participated in an active shooter scenario at Oklahoma University Medical Center, with medical students and faculty playing the injured.
More than 60 EMS instructors and others from the Red Cross, Columbian military, Diancecht (an EMS training center), the National Medical Federation of Columbia, and two universities took the first PHTLS course in Bogota, Columbia.

The inaugural TCCC course was recently held in Cyprus, an island nation in the eastern Mediterranean. NAEMT’s education partner in France assisted, and a team of EMS instructors from Lebanon attended. A truly international event!

EMS professionals in Jordan participating in the first PHTLS course held there!
Maybe we’ve talked on the phone, or by email. But nothing can replace getting to know someone face to face! Please stop by the NAEMT booth to say “hi” or pick up goodies like NAEMT pens. Bring your colleagues and allow us to introduce them to the many benefits of NAEMT membership. We look forward to meeting you!

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<tr>
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<tr>
<td>24 APR</td>
<td>EMS 3.0 Transformation Summit</td>
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<td>25 APR</td>
<td>EMS On The Hill Day <em>(Briefing April 24)</em></td>
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