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Summer 2012

A Just Culture for EMS by Mark Alexander can improve safety

ith the new emphasis on EMS practitioner and patient safety now emerging within our profession, EMS agencies are exploring new approaches to enhancing EMS safety for all stakeholders – practitioners, patients, agencies, and the public at large. The concept of "Just Culture" within EMS is at the forefront of this movement. A Just Culture can be defined as a culture that recognizes that competent professionals make mistakes and acknowledges that even competent professionals will develop unhealthy norms, such as shortcuts or routine rule violations – but has zero tolerance for reckless behavior.

In 2009, the Missouri Ambulance Association and the Missouri Center for Patient Safety embarked upon a partnership to bring the state's EMS industry under the protective umbrella of its Patient Safety Organization. The goal for this partnership was to achieve peer review protection for EMS quality improvement activities and to



create a culture of open reporting of adverse event data. Bolstered by a grant received from the Missouri Foundation for Health, a group of EMS professionals from across the state, along with staff from the Missouri Center for Patient

Safety, began developing the tools necessary to collect this data.

The group acknowledged that the current culture in EMS was not conducive to open reporting. Historically, EMS professionals had been punished for making mistakes. We chose to partner with Outcome Ingenuity,

the creators of the Just Culture program, as our avenue to address our culture issues and create the open reporting environment necessary to enhance safety in EMS.

Systems, not outcome, evaluated

The Just Culture program focuses on managing risk by evaluating the systems – policies, procedures, protocols – designed to produce an outcome, and not on the outcome itself. It instead focuses on the behavioral choices of the people that function within the systems. We realize that humans are imperfect and as such will make mistakes. Yet, when a mistake results in an adverse event, our tendency is to punish the behavior; the worse the outcome, the worse the punishment. In so doing, we drive the individuals to hide or cover up the behaviors that resulted in the event. In short, we only learn of the events when they cannot be hidden.

In the Just Culture program, behaviors are separated into three categories: 1. "human error"; 2. "at risk behavior"; and 3. "reckless behavior". We console the "human error", we coach the "at risk behavior" and we punish the "reckless behavior". This creates a foundation of consistency for the evaluation of human behaviors and instills a sense of confidence in the individuals who are involved with the behaviors. This in turn makes it more likely that they will "raise their hand" and notify us when mistakes occur. Since mistakes do not always result in an adverse event, acknowledgement of a mistake allows us to take action before an event occurs.

A culture of learning

Consider the crew who inadvertently runs a red light. If there is no accident, and no ticket issued for the infraction, do you learn from the behavior?

Do you even find

Continued > > 15

INSIDE

10

Lt. Col. Robert Mabry, MD, will headline Frame lecture

11

Why YOU should attend the World Trauma Symposium

13

2012 NAEMT elections are fast approaching!

19

NAEMT, collaborators, help address EMS drug shortage

Thank you to our corporate partners

Without the support of our corporate partners, NAEMT could not carry out our critical mission of representing and serving EMS practitioners on a national level. NAEMT thanks our corporate partners for their continued support. We welcome **Distance CME** as our newest corporate partner.

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Our focus is on the safety and wellness of EMS practitioners

At the 2010 NAEMT General Membership Meeting held in Dallas, Texas, on September 28, 2010, then President Patrick Moore provided me an opportunity to share with the members

my vision and goals for our association during my term. I announced that my presidency would focus on the safety and wellness of EMS practitioners. I noted that our profession is inherently dangerous because we respond to calls for help where all of the factors on the scene may not be known. These are the unavoidable risks of our job – but many serious injuries and deaths of EMS practitioners that occur are avoidable and are the result of unsafe practices. I also noted that while it is not easy to change our way of caring for patients, change is needed if we are going to protect ourselves and our patients



Connie A. Meyer

NAEMT addresses safety and wellness

from harm.

Since taking office in January 2011, I have been working with the support of my fellow members of the NAEMT Board of Directors and members of our NAEMT committees to undertake projects that address our safety and wellness needs. In early 2011, our EMS Safety program launched at EMS Today in Baltimore. Since then, 352 courses have been held in 38 states, and we have taught over 1,860 students. Every EMS practitioner should take this course, as it provides fundamental safety training for our jobs. The success of this course would not have been possible without the leadership and dedication of our EMS Safety Program Committee, chaired by Glenn Luedtke and including vice-chair Taz Meyer and members Bruce Evans, Charlene Cobb, Mike Shelton, Mike Szczygiel and Scott Sholes.

Also in 2011, we embarked on a project to provide our EMS practitioners with a way to anonymously report near-miss and line of duty death information that could be collected and then used in the development of EMS policies and procedures, and for use in educating and preventing similar events from occurring in the future. We were fortunate to be able to partner on this project with the Center for Leadership, Innovation and Research in EMS, led by NAEMT member Gary Wingrove. A task force led by President-elect Don Lundy, and including Mark Heath, Jules Scadden and Jim Slattery, developed the near-miss and line of duty death online report forms. These were combined with an existing patient safety report form to become the EMS Event

Notification Tool (EVENT). To date, 18 national and state EMS organizations have become EVENT site partners, actively promoting the use of this tool. Visit the site at www.

emseventreport.org.

This past January, we launched a new project with the American Council on Exercise (ACE) on an EMS Fitness Project to help improve the health of EMS practitioners and reduce the amount and severity of injuries. The initiative will identify fitness requirements for EMTs and paramedics and develop suggested fitness guidelines that consider the variety of EMS delivery models and environments within which EMS operates. It is our hope

that these guidelines will be used by both EMS agencies and

practitioners to help improve fitness levels so we all can better do our jobs and avoid injury. Read more about this project on page 14.

NAEMT also is actively participating in the development of a strategy for a national EMS culture of safety. This project is funded through a grant from the National Highway Traffic Safety Administration (NHTSA). NAEMT's representative, Glenn Luedtke, serves as a member of the project's steering committee. Key

Many serious injuries and deaths of EMS practitioners are avoidable and are the result of unsafe practices.

elements of the strategy will include the advancement of "just culture" values (see the cover article for more about this concept), and coordinated support and resources for EMS agencies.

Although my term as president ends on December 31, 2012, NAEMT's focus on EMS health and safety will continue and grow. Don Lundy, as NAEMT's President in 2013-14, will lead our Board of Directors and NAEMT committees in carrying out current and new projects to protect the safety and well-being of our nation's EMS practitioners. The health and safety of our practitioners and the patients we serve will continue to be of paramount importance to NAEMT. Please share with us your ideas and thoughts on this critical EMS issue at info@naemt.org.

As always, stay safe out there.





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CONTENTS

CORPORATE PARTNERS

2 Thank you to our corporate partners

FROM THE PRESIDENT

3 Our focus is on the safety and wellness of EMS practitioners

EDUCATION

- 6 **Education news**
- 8 Why NAEMT courses are the BEST
- 10 Register for NAEMT preconference courses at EMS World Expo
- Lt. Col. Robert Mabry, MD, will headline 10 Frame lecture
- 11 Why YOU should attend the World Trauma Symposium
- Members save \$125 on EMS World Expo 11 2012 registration!

MEMBERSHIP

- 12 Legal matters: Transport destination decisions aren't always clear cut
- 13 2012 NAEMT elections are fast approaching!
- NAEMT works with ACE to improve 14 practitioner fitness
- Congratulations to our scholarship 14 winners
- 15 Stay ahead of the curve - access EMS resources through your member benefits
- 16 Attend the 2012 Annual Meeting!
- 17 We all can lead in getting the positive word out about EMS
- Back Revamped NAEMT web site launches

ADVOCACY

- 18 EMS professionals address key issues with legislators at EMS on the Hill Day
- 19 NAEMT, collaborators, help address EMS drug shortage crisis





Education news AMLS appoints state coordinators

WAEM!

The Advanced Medical Life Support (AMLS) program has begun appointing state coordinators to provide support and assistance to AMLS course sites and instructors in their respective states. NAEMT is pleased to announce the appointment of the following new AMLS state coordinators:

Region 1

New York - Rich Nower, MA, NREMT-P Pennsylvania - Brain Fullgraf, CCEMT-P South Carolina - Charles Dixon, EMT-P Virginia - Cathy Cockrell, NREMT-P West Virginia - Olan Leonard, NREMT-P

Region 2

Florida - Cory Richter, BA, NREMT-P, AS EMS & Fire

Indiana - Michael Matheny, BS, NREMT-P

Kentucky - Marsha Frontz, EMT-P

Louisiana - Barbara Grunitz, NREMT-P

Michigan - Erwin Bunschoten, NREMT-P

Ohio - Jennie Reidy, RN, NREMT-P

The AMLS Committee is working on appointing state coordinators in Regions 3 and 4, and will be announcing additional appointments later this year. AMLS also continues its global growth, with new course sites in Belgium, France and Haiti.

Right: Aruba NREMT AMLS Medical Director Dr. Andreina Albacarys facilitates a scenario station during the inaugural AMLS course in Aruba.





EMS Safety continues to grow

ake the opportunity to attend the award-winning EMS Safety course at these upcoming conferences:

Pennsylvania EMS Conference - Lancaster, Penn. 8/15

Delaware State Conference - Dover, Del. 9/9

EMS World Expo - New Orleans, La. 10/30

EMS Safety Conference - Denver, Colo. 11/8

Texas EMS Conference - Austin, Texas 11/10

Since its launch last year, EMS Safety has, to date:

- Conducted **352** courses
- Been taught at **58** course sites
- Educated **1,863** students
- Trained **547** instructors

Plus, EMS Safety was held at **14** EMS conferences.

EPC offers Instructor Transition Course

The Emergency Pediatric Care (EPC)
Instructor Transition Course is available now!

This course allows individuals holding instructor certification in other pediatric classes

to learn the logistics, philosophy and coursework needed to teach EPC.

The EPC Committee will host an Instructor Transition Course on July 16 at 9 a.m. CST, online and free of charge.

To sign up, please contact NAEMT at education@naemt.org or 800-346-2368.

PHTLS expands internationally

The Prehospital Trauma Life Support (PHTLS) program continues to grow internationally. An agreement was recently signed with the Lebanese Red Cross with plans to hold their inaugural courses this fall. Japan held its first PHTLS courses in May.

PHTLS Medical Director Dr. Norman McSwain represented PHTLS at a NATO meeting in Brussels, Belgium, regarding possible use of NAEMT's PHTLS and TCCC courses in a standardized NATO medical training. PHTLS has a long and positive relationship with NATO through

its U.S. and European military trainers.

Plans also are being finalized for the first World Trauma Symposium, to be held November 1 at EMS World Expo in New Orleans. The program is packed with world-renowned trauma experts and information that surely will be discussed long after the symposium ends. Please see page 11 of this issue to learn why YOU should attend.

PHTLS's Trauma First Response (TFR) course was held in May for the Fordsville Volunteer Fire Department, in Fordsville, Kentucky. The Trauma First Response course is a one-day continuing education course that teaches the principles of PHTLS to non-EMS practitioners, including first responders, police officers, firefighters, rescue personnel and safety officers. For additional information, please contact NAEMT at education@naemt.org or 1-800-346-2368.





The Trauma First Response course in Fordsville, Ky., taught PHTLS principles to non-EMS first responders.

Empower yourself. Improve care. Save lives.



Prehospital Trauma Life Support (PHTLS) Online Continuing Education

The latest addition to NAEMT's worldwide Prehospital Trauma Life Support (PHTLS) educational content includes videos, animations, interactive exercises, and reading assignments that direct you to the related content in the PHTLS 7th Edition book. Plus online feedback is provided for self-assessment questions in each module and a post-test at the end of the final module checks your retention of the online content.

- Learn at your own pace.
- · Access PHTLS content online anytime, anywhere.
- Save time away from your job.
- Gain state-of-the-art, evidence-based trauma treatment and guidelines.

WHICH PATH IS RIGHT FOR YOU?

► Path 1 – I NEED a PHTLS Card.

PHTLS Cards are issued only upon successful completion of a full 16-hour PHTLS course approved by NAEMT. NAEMT offers a 2-day PHTLS Hybrid course which includes 8 hours of PHTLS Online Continuing Education and 8 classroom hours. Participants who successfully complete both the online and classroom components will earn 16 hours of CECBEMS continuing education credit and be issued a PHTLS certificate and card. PHTLS Hybrid courses are available only through NAEMT.

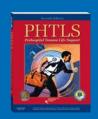
Visit the Education section of the NAEMT website at naemt.org.

► Path 2 – I do NOT NEED a PHTLS Card

For Independent Learners: Earn 8 hours of CECBEMS continuing education credit by successfully completing all modules of PHTLS Online Continuing Education.

No PHTLS card will be issued.

Learn more at phtls.centrelearn.com



PHTLS: Prehospital Trauma Life Support, 7th Edition

The required textbook for NAEMT's worldwide prehospital trauma life support course!

buy now at elsevierhealth.com!

About the PHTLS course

PHTLS is the world's premier trauma continuing education program and is authored and administered by the PHTLS Committee of the National Association of Emergency Medical Technicians (NAEMT) in conjunction with the Committee on Trauma of the American College of Surgeons. To learn more about PHTLS courses in your area or how to become a PHTLS instructor contact NAEMT at 1-800-346-2368 or email info@naemt.org or visit the PHTLS page on the NAEMT website at naemt org

11-NHPjoy-2714 TK/PD 8/11

Why NAEMT courses are the BEST

It's a simple statement: NAEMT's industry-leading courses provide the BEST in EMS continuing education. It's not only our marketing materials proclaiming this – but also our course sites, instructors, coordinators and students... in their own words.

About NAEMT courses

EMS Training Institute, Inc. is now offering PHTLS courses. As program director, I have been a long-standing member of NAEMT. The association with NAEMT is very important in the continuance of our efforts to be recognized as an educated, professional medical practice.

Mark Komins, B.S.E.M.S., Paramedic, Simi Valley, Calif. - NAEMT site #5543

California EMS Education and Training (CEMSET) recently was approved as a NAEMT education site. I'm excited to bring world-class NAEMT continuing education programs to our area. Bishop is geographically isolated from the rest of the state by the Sierra Nevada mountain range to the west and the White-Inyo mountain range and rural Nevada to the east. It is a CMS-designated 'super-rural' area. Local EMS providers, who are comprised mostly of volunteers, would normally have to take time off work, travel 200-300 miles out of the area, one-way, incur travel expenses, and often pay for quality CE courses outof-pocket. Now, thanks to NAEMT, they have a local option right here. The EMS Safety and PHTLS Trauma First Response courses are perfect additions for local volunteers who are Emergency Medical Responders (EMRs), giving them CE options. Whenever I have reason to interact with NAEMT, communication is always prompt and sincere. It doesn't matter that I'm not training thousands of students a year.

Eric Spoonhunter, BS, NREMT-P, CCEMTP, FP-C, flight paramedic, EMS educator, Program Director, California EMS Education and Training, Bishop, Calif. - NAEMT site #5301

I have been in EMS since 1983 and have always enjoyed teaching. I am now employed by Rockwell Falls Ambulance Service, a small agency but with a strong training program that we are always trying to improve. I was doing some research when I came across Richard Beebe's training company. After speaking to him and taking a couple of his NAEMT courses, I was very impressed by both his knowledge and the NAEMT course curriculum. The books are geared to both ALS and BLS providers and the information was exactly what we were looking for. When I spoke to Rich about becoming an instructor he was extremely helpful and let me know what we would need to do and provide to become a training site. He instructed the required provider and instructor courses. These courses were both highly educa-

tional and believe it or not, enjoyable – because we all know how dry some of our training can be. The cost to my agency was also very reasonable. With his help, Rockwell Falls Ambulance Service's training program will continue to improve. NAEMT is a definite asset to all paid and volunteer EMS personnel. David P. LaVergne, ALS Coordinator, Rockwell Falls Ambulance Service, Lake Luzerne, N.Y. - NAEMT site #5546

About AMLS

The assessment pathway, as taught in the AMLS course, has proven to be a valuable tool for new EMS personnel entering the prehospital arena as well as for seasoned EMS providers. Watching new providers learn, and watching experienced-providers adapt to new assessment and treatment modalities, has been one of the most gratifying teaching experiences in my 15-year teaching career. When a student comes back to me one month after an AMLS course and shares a call/case similar to one discussed at the AMLS course, and shares the value of what he/she learned during the course, I can honestly say, "It doesn't get any better than that." I am privileged to be associated with NAEMT's AMLS course.

Erwin Bunschoten, NR-EMT-P, I/C, F-ABMDI, Paw Paw, Mich. - NAEMT site #5379

In August 2011, the Aruba National Registered Emergency Medical Technicians (ANREMT), began talks with AMLS Chair Sarah Seiler about bringing the AMLS program to Aruba. This May 14, the inaugural course was taught by AMLS medical director Dr. Vincent Mosesso, Jr., Jeri Smith, EMT-P, and Kristen Spencer, EMT-P. The provider course was followed by an instructor course for seven instructor candidates. These instructors then taught Aruba's first AMLS course taught by local instructors. They were monitored by AMLS Vice Chair Les Becker and Joshmar Hoek, course coordinator. Some comments from participants were: "The AMLS course was a great experience, fun, and very educational." "The scenario-based lectures draw you into thinking and searching for solutions based on clinical assessment. Too often we rely on sophisticated in-hospital diagnostic equipment and forget that good assessment and a few common medical tools are enough to gather sufficient data and start treatment." "The AMLS assessment pathway helps us keep our patient assessment organized and complete. The book is a great reference tool. This is one book I will keep handy." Many thanks to NAEMT and its staff for their continued support to ANREMT, and to the AMLS faculty for their patience and support.

John Tromp, ANREMT President, Aruba - NAEMT site #4854

About EMS Safety

My son and I (I'm a volunteer EMT and assistant safety officer and he is a professional firefighter/EMT/fire inspector) took the EMS Safety Course last July. We enjoy a progressive fire chief and company safety officer, who, after reviewing the material, immediately announced their support for presenting the course to our department and offering it to other volunteer departments in our county. We already have used the information we learned from the course to reinforce many of the safety measures we have in place and to help us design other safety measures. We used the knowledge to assist our Apparatus Committee in spec-ing out two new ambulances we ordered. The bottom line: No matter how much a person thinks they know about EMS safety, the NAEMT EMS Safety course provides quality, current information and operational concepts that everyone involved in EMS safety and EMS operations can learn from. Lt. Earl D. Gould, Waldorf Volunteer Fire Department EMS-3, LaPlata, Md. - NAEMT site #5538

About EPC

I was introduced to NAEMT programs in Vilseck, Germany, while I was serving in the Army as a medic in 2001. Today I am the Director of Education for a veteran-owned company that offers all NAEMT educational programs. It is great to be able to offer these programs to EMS professionals who accepted the challenge of becoming lifelong learners. We recently have become an Emergency Pediatric Care training site and this has become my favorite course, not only to attend, but also to teach. The EPC program stimulates great discussions, which create a student-centered learning environment. This year we submitted EPC as a preconference course during the Texas EMS Conference. We are pleased to be able to share this great program with fellow EMS professionals who are dedicated to providing high quality pediatric care. On a personal note, my anxiety levels have gone down when I care for peds. A big thanks goes out to NAEMT and the EPC Committee for all the support and encouragement.

Paul Garcia, BA, NREMT-P, Director of Training, Strategic Skills Training Institute, San Antonio, Texas - NAEMT site #5503

About PHTLS

I want to take the opportunity to compliment Shane Bellard and David Krause of Industrial Safety Solutions on a job well done during the skills portion of the PHTLS Hybrid course conducted on May 12 in Lafayette, La. To my knowledge, this was the first time that the Hybrid course was conducted in Louisiana. The students were paramedics who either worked off-shore on oil rigs in the Gulf of Mexico and/or in remote oil fields where they could be with a patient for an hour or more before Medevac would arrive to airlift the patient to a definitive care facility. The instructors used a combination of manikins and moulaged live 'victims' in the skill stations and a variety of special scene effects to create a realistic environment for the responding teams – everything from simulated fires, fire extinguishers, dark environments where the responders had to use light sticks and flashlights to see, audible alarms and excited bystanders. All skills - IVs, ET intubation, chest decompression, etc. – had to be performed in real time. These instructors took the time to create scenes unique to their students' work environment and modified the scenarios to reflect realistic barriers and obstacles that they would face without changing the goals and objectives of the PHTLS course scenarios. This was one of the best courses that I have had the privilege to monitor. We observed a group of motivated and energized instructors and an excited group of students totally engaged in the learning process.

Arthur Lewis, PHTLS State Coordinator, Louisiana - NAEMT site #3289



Register for NAEMT preconference courses at EMS World Expo

NAEMT's industry-leading education courses help save lives, one course at a time. Based on the latest research and emphasizing critical thinking skills, our courses provide the best in EMS continuing education. Attend these courses at EMS World Expo 2012 in New Orleans!

Two-day courses: Monday, October 29, and Tuesday, October 30, 8 a.m. - 5 p.m.

Advanced Medical Life Support (AMLS) - Faculty: AMLS Committee

Emergency Pediatric Care (EPC) - Faculty: EPC Committee

Tactical Combat Casualty Care (TCCC) - Faculty: PHTLS Committee

One-day courses: Monday, October 29, and Tuesday, October 30, 8 a.m. - 5 p.m.

EMS Safety Course - Faculty: EMS Safety Program Committee

PHTLS Instructor Course - Faculty: PHTLS Committee

Half-day course: Wednesday, October 31, 8 a.m. - 12 p.m. EPC Instructor Transition Course - Faculty: EPC Committee

All NAEMT continuing education courses are accredited by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) and are recognized for recertification requirements by the National Registry of Emergency Medical Technicians.

Advance registration is required for all courses, and space is limited. Register now at www.emsworldexpo.com.

Lt. Col. Robert Mabry, MD, will headline Frame lecture

ALL MEMBERS ARE ENCOURAGED TO ATTEND the Scott B. Frame Memorial Lecture at EMS World Expo 2012 on Wednesday, October 31, from 2-3:15 p.m.

Lt. Col. Robert Mabry, MD, FACEP, presents this year's lecture topic: *Prehospital Care Advances: From the Battlefield to the Street and From the Street to the Battlefield*.

Lt. Col. Mabry will discuss lessons learned over the past 10 years of conflict that have been applied to current EMS care or that are potentially beneficial to the civilian EMS setting. He also will discuss how military battlefield care can gain from civilian EMS experience.

Before attending medical school, Mabry served for 11 years as a U.S. Army Ranger and Special Forces medical sergeant. He also is a paramedic, diving medical technician, high angle rescue instructor and flight surgeon. He served as the senior search and rescue medic for Task Force Ranger in Mogadishu, Somalia, and as a Special Forces battalion surgeon during Operation Enduring

Freedom in Afghanistan. His military awards include the Silver Star, the Bronze Star and the Purple Heart. He is a graduate of the U.S. Army Emergency Medicine residency and EMS fellowship in San Antonio, Texas, as well as the Army Command and Staff College. He is currently the director of the Military EMS Fellowship program and has written numerous articles and book chapters related to battlefield medical care.



This lecture is held each year to honor Scott B. Frame, MD, FACS, FCCM, EMT-P, who made significant contributions to NAEMT and its PHTLS program.

Why YOU should attend the World Trauma Symposium

by Norman McSwain, MD, FACS, NREMT-P, PHTLS Medical Director

Judgment Based on Knowledge. This is the motto and philosophy of the Prehospital Trauma Life Support and Tactical Combat Casualty Care programs.

This concept should be the standard for patient care providers of all levels of training as they begin each day. In particular, EMS practitioners should not attempt to care for patients without a thorough *understanding* of the disease process, the condition of the patient and the situation in which the patient is found. Without such understanding, the EMS practitioner cannot give their very best care to the patient. And the practitioner should *expect* to provide the very best care to every patient – the patient certainly does.

Understanding comes from learning. The depth of knowledge available changes every day. A computer is an example. Ask: "Is your five-year-old computer out of date?" "Has digital knowledge changed in the last 12 months?" The answer to both questions is yes.



Medical knowledge is the same. In many cases, informa-

tion from five years ago or even one year ago is out of date. The strategies of five years ago often are no longer the strategies of today.

The science of prehospital trauma care is now being advanced from all over the world. The sources of prehospital trauma care knowledge range from civilian EMS settings to the remote locations served by members of the world's armed forces. The providers of prehospital trauma care vary from the traditional EMT and paramedic in the U.S. to the various levels of prehospital personnel who provide this care around the globe.

How can you best discover the most up-to-date patient care information from throughout the entire world? Join us at the World Trauma Symposium. You will have the opportunity to listen to and learn from EMS and trauma care experts from outside the U.S., those in the military, and well-traveled

U.S. Experts. The chance to do this all at one venue happens very seldom. There is no better opportunity to hear from these experts yourself, first-hand, than at the World Trauma Symposium.

You can hear and see the newest information and strategies to improve care for your patients at the World Trauma Symposium on the first of November 2012 in New Orleans. Take advantage of this valuable opportunity – your career, service and most of all, your patients, will be the better for it.

For more information on the World Trauma Symposium and to register, go to www.worldtraumasymposium.com.

Members save \$125 on EMS World Expo 2012 registration!

Full NAEMT members save \$125 on EMS World Expo. That's more than triple your NAEMT membership fee! The discount applies only to the Three-Day Core Program individual registration fee and cannot be used with other discounts or for preconference registration fees.

To receive your discount, simply provide your membership number when selecting the Three-Day Core Program NAEMT Member Rate on the conference registration form. Plus, register by September 28 and save an additional \$50!

Register at www.emsworldexpo.com.



Legal matters:

Transport destination decisions by Doug Wolfberg aren't always clear cut

t first glance, the decision regarding where to transport an emergency patient may seem simple. But it is becoming increasingly complex based on multiple factors, including patient choice, protocols, emergency department status and geography.

At the outset, it is worth noting that some areas have few, if any, choices in patient destinations. In some rural or remote areas of the country, there may be only one option in the patient destination decision-making process. But in many areas, there are multiple facilities to choose from. Four factors should be considered where there are multiple potential destinations.

Patient choice. Some EMS practitioners presume that the patient's choice is an overriding factor in making a destination decision. While this is a significant consideration, it is by no means the only one. First, the practitioner must determine if the patient has the legal and mental capacity to make an informed decision. Only then can the patient's choice be considered. ("Legal capacity" means that the patient must be of the requisite age in your state to make a health care decision; "mental capacity" means that the patient must be capable of understanding the risks and benefits of treatment and non-treatment, and be able to make an informed decision on these matters.) If the patient is incapacitated, then the EMS practitioners may follow the direction of the patient's legally responsible decision-maker, such as a legal guardian, or a parent, if the patient is a minor. If a competent patient expresses a destination preference, that should be given substantial weight. However, that might not be the end of the inquiry. For instance, a protocol may suggest that the patient's wishes be overridden in favor of an alternate destination.

Protocols. The next factor that a practitioner should consider in making a destination decision is whether the local EMS system has protocols that may be applicable to the situation. For instance, if the patient has suffered serious injuries, or a potentially serious mechanism of injury, your local trauma protocols may direct that the patient be transported to a trauma center instead of a community hospital. If the patient, or his legal decision-maker, directs you to transport the patient to a non-trauma hospital, this decision might not be in the patient's best interests. In this case, EMS practitioners should apply principles of informed consent and discuss with the patient (if competent) or the patient's legal decision-maker the benefits of bypassing the community hospital in favor of the trauma center. The assistance of the online medical command physician may be useful in having this discussion.

Emergency department status. Another crucial factor to consider is whether the intended emergency department has the capacity to care for your patient. Many E.D.s experience overcrowding and, as a result, are forced to issue "bypass" or "diversionary" instructions to incoming ambulances. Federal regulations permit hospitals to issue diversionary orders only when they lack the staff or facilities to accept any additional emergency patients. Even when a diversionary order is given to the EMS crew, federal law also makes it clear that once a patient is physically on the hospital's property, the hospital must accept the patient, even if the EMS crew disregarded the diversionary instruction and came to the hospital anyway.

Geography. Finally, the EMS crew needs to consider geography in the patient destination decision-making process. For instance, if the patient insists on being transported to a destination that is well beyond your service area, when a closer facility is capable of handling the patient's needs, that extended transport time might needlessly tie up the ambulance, leaving your community underserved. The patient's choice is not absolute, and most EMS

systems would permit their ambulance services to adopt reasonable policies indicating that patients will be transported to the "closest appropriate" facility or to a facility within the ambulance service's locality in



most cases, making it clear that the ambulance is not required to take patients just *anywhere* merely because they request it.

Deciding where to transport an emergency patient is not always a straightforward determination. However, with some prior planning and appropriate policies and training, this process can be made much smoother.

Doug Wolfberg is an attorney and founding partner of Page, Wolfberg & Wirth, LLC, The National EMS Industry Law Firm™. He serves as general counsel to NAEMT and was a longtime EMS practitioner before becoming an attorney. Visit the firm's web site at www.pwwemslaw.com.

2012 NAEMT elections are fast approaching!

ational elections will be on the minds of many people across the nation this fall. But how often do you have a chance to vote for colleagues and friends, and even run for office yourself?

Elections for the NAEMT Board of Directors are coming up, and qualified NAEMT members are encouraged to run for this year's open positions. One of the major benefits of NAEMT membership is the opportunity to get involved in your professional association and become a leader on a national level. All active members have the right to vote in elections. Those who meet the qualifications as outlined in NAEMT Bylaws can run for office on the Board of Directors. NAEMT encourages YOU to get involved!

Positions open this year include:

President-Elect – Serves in place of the president in his/her absence or disability, and performs other duties as requested by the president or the Board.

Treasurer – Serves as the chief financial officer for the association, and is responsible for general management and oversight of its finances.

Secretary – Prepares and distributes the minutes of the Board meetings and helps preserve the association's official records.

Region 1 Director – Covers Northeast U.S.: Maine, New Hampshire, Vermont, Massachusetts, New York, Rhode Island, Connecticut, New Jersey, Pennsylvania and Ohio.

Region 2 Director – Covers Southeast U.S., Puerto Rico and U.S. Virgin Islands: Florida, Georgia, Alabama, South Carolina, North Carolina, Mississippi, Louisiana, Tennessee, Virginia, Maryland, Delaware, West Virginia, Kentucky and the District of Columbia.

Region 3 Director – Covers Northwest and Midwest U.S.: Alaska, Washington, Oregon, Idaho, Montana, Wyoming, North Dakota, South Dakota, Minnesota, Wisconsin, Nebraska, Iowa, Illinois, Indiana, Michigan and Missouri.

Region 4 Director – Covers Southwest U.S. and U.S. territories in the Pacific: California, Nevada, Arizona, New Mexico, Texas, Hawaii, Utah, Colorado, Oklahoma, Kansas and Arkansas.

At-Large Director – Represents entire membership.

To learn more about these positions, go to the Elections page of the web site.

Consider committing your time and talents and running for a

Board position. The NAEMT Board of Directors is responsible for the general management and oversight of the association. NAEMT's Bylaws provide for five officers and 10 directors elected by the active members of the association. Eight of these directors represent members in a region of the U.S., while the other two directors are at-large, representing all members. Directors who represent a region must reside within the territorial boundaries of that region.

During the election cycle, you'll receive voting instructions. All active members are encouraged to get involved, and most of all, to VOTE!

2012 election schedule

July The first communications are sent to members alerting them to the upcoming election, and voting information is posted on the NAEMT web site. You will receive several communications about voting providing you with information and instructions.

July 15 through August 15 Candidate submissions are accepted for open positions.

July 15 through October 1 Endorsements of candidates by individual members in good standing are accepted. Active members may endorse only one candidate for each open position.

August 15 through September 15 Candidacy and Elections Committee verifies candidates' statements and supporting documents.

August 15 through September 15 Candidates are asked to respond to a series of questions, which are posted on the web site.

September 15 through October 28 Candidates' statements and endorsements are posted on the web site. An e-mail is sent to all members with a link to the candidates' information.

October 15 through 28 Voting is open. Members will be able to vote online for the candidates of their choice. Members eligible to vote will receive an e-mail announcing the opening of the voting period, voting instructions and a link to log in and vote online. To ensure that you don't miss these important announcements, please update your member profile to confirm your current e-mail address.

Paper ballots are available upon request, but must be requested in advance to allow time for mailing and processing before the election closes. To request a paper ballot, please contact NAEMT at 1-800-346-2368, or by e-mail at elections@naemt.org.

November Members are notified of election results.



NAEMT works with ACE to improve practitioner fitness

NAEMT has embarked on an EMS Fitness Project in collaboration with the American Council on Exercise (ACE) to reduce the number and severity of injuries and lower the level of chronic disease within the EMS practitioner population to help them meet the physical demands of their jobs.

The initiative will identify fitness requirements for EMTs and paramedics and develop suggested fitness guidelines that take into consideration the variety of EMS delivery models and envi-



ronments within which EMS operates. These suggested guidelines are intended to be used by:

- 1. EMS agencies in hiring practitioners and maintaining fitness levels within their agencies, and
- 2. EMS practitioners to help them understand the physical fitness levels required for their jobs and how to maintain those fitness levels.

To initiate the project, the NAEMT Health & Safety Committee has selected five sites across the country that

reflect a diversity of service delivery models and environments, populations served and geographic locations. A team of specialists from ACE is now traveling to these sites to observe EMTs

and paramedics on the job. The team is expected to complete their initial observations and practitioner task analysis by the end of summer 2012. Suggested guidelines will be published by early 2013.

"We are extremely pleased to be working with NAEMT to address the health, fitness, and job readiness needs of EMS practitioners," said Cedric X. Bryant, Ph.D. and Chief Science Officer for ACE. "We'll be helping to ensure the health and safety of EMS practitioners, consequently benefiting them and the patients and communities they serve."

The following services are serving as host sites for the EMS Fitness Project:

- Memphis Division of Fire Services, Memphis, Tennessee
- Charleston County EMS, Charleston, South Carolina
- Upper Pine River Fire Protection District, Bayfield, Colorado
- Austin-Travis County EMS, Austin, Texas
- North East Mobile Health Service, Scarborough, Maine

"Anyone who has been in EMS for any length of time knows the importance of being physically fit for the job. This is the first time that a major EMS organization has undertaken the project of ensuring that a template for physical fitness is tailored to the job we do," says Don Lundy, B.S., NREMT-P, Chair, NAEMT Health & Safety Committee and NAEMT President-Elect. "It's a fantastic project and one I hope will bring positive changes to our profession and our members."

Watch for future updates in NAEMT News as the project progresses.

Congratulations to our scholarship winners

NAEMT congratulates our most recent recipients of the Degree Completion scholarship through The College Network:

Steve McElmurry, Barron, Wis.

Steve is a paramedic with Cumberland Memorial Hospital in Cumberland, Wis.

Aaron Moreau, Markleysburg, Penn.

Aaron is a paramedic, grant writer and training officer with Marclay Community Ambulance Service, Inc., Penn.

Karen Novelli, Valley Cottage, N.Y.

Karen is an EMT-B with Empress EMS in Yonkers, N.Y.

Leonardo Trimarchi, Atlanta, Ga.

Leonardo is a paramedic and General Transport Market Supervisor with Rural Metro Ambulance in Roswell, Ga.

Look for more information on these scholarship winners in the news section of www.naemt.org.

The next deadline for scholarship applications is September 15. Full NAEMT members may complete an application by logging in to the EMS Scholarships page of our web site.

Stay ahead of the curve - access EMS resources through your member benefits

YOUR MEMBER BENEFITS PACKAGE INCLUDES SEVERAL PUBLICATIONS AND OTHER EMS RESOURCES to help you keep on top of your profession. The following resources are available to all full NAEMT members.

Publications

EMS World Magazine – Take advantage of your FREE subscription to this publication, now in its 40th year. It provides vital information to the EMS community, including information on industry best practices, educational track articles, product applications from the field, news and reviews, and more.

Pre-Hospital Emergency Care – Receive the official clinical journal of NAEMT at more than 50 percent off the regular subscription price. The journal, published quarterly, is an authoritative resource delivering up-to-date clinical and research information on advances in medical care in the prehospital setting, and provides cutting-edge articles on all facets of EMS.

JEMS publications – Enjoy a more than 50 percent discount on the *Journal of Emergency Medical Services (JEMS)*, the independent voice for the improvement of patient care in the prehospital setting; 17 percent off *FireRescue Magazine*, which offers practical information and techniques for firefighters and rescue workers; and 22 percent off *EMS Insider* newsletter, providing current news and topics to help practitioners stay on top of changes in the industry.

NAEMT communications – Learn what's going on with your professional association and about timely topics in the field when you receive free member-exclusive NAEMT publications, including the quarterly *NAEMT News*, the monthly *NAEMT pulse* e-news, regular e-mail alerts, and members-only access to www.naemt.org.

Merchandise

5.11 Tactical, Inc.™ merchandise – Enjoy your members-only discount of 25 percent off industry leader 5.11 Tactical, Inc.™ EMS on- and off-duty wear, including tactical clothing and gear, uniforms, outerwear, footwear, eyewear, duty knives, holsters, accessories and more.

Skyscape resources – Receive your 20 percent discount on Skyscape online medical resource applications – customizable, point-of-care medical resources for your mobile device. Skyscape, Inc. is the worldwide leader in mobile medical information, using only the most trusted, valuable resources and tools.

Learn more and access your valuable benefits by logging in to the Member Resources section of www.naemt.org.

A Just Culture for EMS >> continued from cover

out about the event? If not, you are prevented from evaluating the systems to determine ways to prevent the distraction that resulted in the outcome of running the red light. If it happened once, it will happen again - perhaps with a much different outcome. Through the principles of the Just Culture, we gain knowledge from these behaviors, educating us on areas of risk and enabling us to enhance the safety of the environment in which our staff and patients reside. Instead of a culture of punishment, we create a culture of learning.

Our hospital-based EMS system employs nearly 200 field and dispatch staff and has recently begun the Just Culture training at the staff level. We have found our staff to be very responsive to the Just Culture principles. Already, they have assisted us in identifying behaviors and system flaws that have allowed us to enhance safety within our service.

To date, we have trained more than 250 leaders in the EMS industry in Missouri and in some services outside of Missouri, and are beginning to push the training to staff in other areas. Our efforts to engage practitioners in the changing of our culture will ultimately result in a safer EMS system and will help drive better outcomes for our patients.

It is truly a pleasure to share our experiences here in Missouri with the rest of the nation. Our hope is that you, too, will consider the impact of the Just Culture within your service and state, and join us as we work to make EMS a safer place for our staff and our patients.

Mark Alexander has been director of CoxHealth EMS since 1987, and received his certification as an instructor of Just Culture in June 2011. He currently serves as the vice chair of the Missouri Emergency Service Agent Corporation, (MoEMSAC) that administers the EMS FRA program for Missouri. Alexander previously was the director of Webster County Ambulance and a field paramedic. He was appointed to the State Advisory Council on EMS in 1996 and currently serves as its Legislative Committee Chair. He is a past president and board member of the Missouri Ambulance Association, and is past president of the SW Missouri Critical Incident Response Team.



Attend the 2012 Annual Meeting!

njoy the camaraderie of colleagues, networking opportunities, and the chance to get more involved in your professional association at the NAEMT 2012 Annual Meeting, to be held Monday through Wednesday, October 29-31, at the Ernest N. Morial Convention Center in New Orleans in conjunction with EMS World Expo 2012.

All NAEMT members are welcome and encouraged to attend the Annual Meeting free of charge. Members can attend committee meetings, education program meetings, the Affiliate Advisory Council meeting and the General Membership Meeting and Reception. See below for more information, and please refer to the full schedule on the Our Annual Meeting page of our web site for specific meeting dates and times.

NAEMT General Membership Meeting and Awards Presentation and Reception Tuesday, October 30, 5:30 - 6:45 p.m.

The NAEMT General Membership Meeting and Awards Presentation on Tuesday evening brings together our family of NAEMT members to hear from President Connie Meyer on the activities and successes of the association during the year. At the meeting, we will introduce our board members, outline goals for the coming year, thank our volunteers and corporate partners, and recognize outstanding individuals working in EMS through the presentation of national awards.

NAEMT Reception

Tuesday, October 30, 6:45 - 8:30 p.m.

Sponsored by the National Registry of Emergency Medical Technicians (NREMT) and EMS World

Immediately following the General Membership Meeting, let the good times roll at a special Rendevous Reception for all NAEMT members and invited guests free of charge. Come network with other EMS professionals, mingle with national and EMS leaders, and above all, have fun and enjoy a delicious spread of food and drinks! Be sure to attend this once-a-year event.

NAEMT Silent Auction

Wednesday - Thursday, October 31 - November 1

Stop by the NAEMT Silent Auction booth during EMS World Expo exhibit hall hours on Wednesday and Thursday, October 31 - November 1, and view and bid on valuable EMS products of your choice! The silent auction is administered through the NAEMT Foundation to provide education scholarship funds for qualified EMS practitioners.

Join us in the Big Easy - and as they say, "Laissez les bons temps rouler!"

Why attend the Annual Meeting? Here are some good reasons.

"I love the chance to gather with colleagues from across the nation. It is a great time to share knowledge and best practices throughout our industry. I always have new information that I bring back to my organization after our annual meetings."

Charlene Cobb, NREMT-P, Manager, Special Services, Sunstar Paramedics, Largo, Fla., and member, EMS Safety Program Committee

"The annual meeting and preconference courses are an excellent opportunity for prehospital health care providers to meet the authors, administrators, and developers of the NAEMT courses that they have participated in. The ability to give direct feedback to the education program's leadership, along with attending presentations from experts in the fields of trauma, medicine, pediatrics, and safety, cannot be matched by any other program in the world. Also, the networking aspect is important: Being able to put a face with a name and communicate on a personal level with old colleagues and new friends. I have not missed an annual meeting for over a decade, and look forward each year to seeing everyone and laughing about past stories. It is an event not to be missed."

Chad E. McIntyre, NREMT-P, FP-C, Manager, Flight Services, TraumaOne SHANDS, Jacksonville, Fla., and member, EPC Committee

We all can lead in getting the positive word out about EMS

N SOCIETY TODAY THE PUBLIC EXPECTS MORE from their public leaders and public services, such as EMS, police, and fire that exist to protect, serve, and assist in times of need. So should we. Through the Internet and the 24/7 news cycle, we have an opportunity to tout the great things EMS is doing throughout the country and the world. However, these same tools are often used by naysayers and critics to get the word out whenever EMS, or anyone in the public eye, makes a mistake or otherwise comes up short of the public's expectations.

EMS has grown into a recognized profession and needs to be viewed as such – just as law enforcement, the fire service, and other public professions are. It is up to us in the EMS profession to not only live up to the responsibilities of our chosen profession, but also to get the word out and educate our communities about what we do and the high standards we must meet. From training and continuing education, to call screening in dispatch that requires strict adherence to medical priority dispatch system (MPDS) standards, to response time expectations, to public perceptions of what we "should" do and be, EMS as a profession has a lot of responsibility. Most of all, we have much of which to be proud.

Many who look at EMS oversimplify what we do when they question why we are not doing something they saw on TV or the Internet, or why something can't be "fixed" overnight. This is where strong communication is needed with public and private leaders, the media, and others to explain what we do, why we do it and what we need to be able to do more.

Strategic planning, listening, key

To better connect with those responsible for approving our budgets, be they public officials or private sector boards of directors, EMS leaders must understand and take the approach that strategic planning should drive the budget process, not the other way around. Incumbent on every EMS leader is establishing and maintaining strong relationships with the people who can impact our ability to grow our organization and profession, and taking the time to explain what we do, why we do it, and what support we need to be able to do it even better.

Staying on the cutting edge of EMS best practices and the innovations that support them requires EMS leaders to listen to their people, get out there and attend conferences, and collaborate with other EMS leaders regionally, nationally, and even globally.

Since an EMS leader cannot reasonably be expected to have all the answers or be aware of every nuance of the ever-changing

clinical, regulatory, and operational environment in which we conduct ourselves, networking is key to success in EMS leadership. Networking breeds meaningful dialogue and creates opportunities for collaborative projects that may otherwise be difficult.

Perhaps you have become aware of an organization that had success in an area that your organization also would like to improve. If you've built a network, it's easy to reach out and gain from their knowledge. One simple and relatively inexpensive method of fostering such networking opportunities is the establishment of a Leadership Best Practices Exchange Program that would invite other EMS leaders to come spend a few days at your organization, while your organization sends out some of its leaders to other successful organizations to learn from them and bring those lessons home. Having participated in such a program, I can say firsthand that it was very beneficial and well worth the time and travel expense.

Open and transparent leadership

It also is important to be open to inquiry from those both internal and external to the organization. Such openness will foster a collegial atmosphere and a level of transparency that breeds trust in the leader and the organization. Additionally, questions as to why something can't be done or wasn't done provide an opportunity for introspection on the part of the leader and the organization that could result in needed process improvement.

With openness to inquiry also comes a need for and acceptance of civil discourse. Without the ability to advance ideas and to weigh and consider their potential merits and faults, it will be difficult for an EMS organization to move past the present or for the EMS profession as a whole to flourish and continue on its journey of continuous improvement.

EMS leaders must not only have a passion for excellence, they need a vision and a desire to foster that excellence. EMS leaders need social, networking, and "political" skills to bring key players together to establish an environment of mutual trust that will help achieve their vision. Doing so encourages collaboration and an understanding of the current and future challenges facing EMS. Together, with other critical stakeholders, we can resolve potential problems and pursue opportunities.

John R. Brophy is Director of Operations and Communications at Community EMS in Southfield, Michigan. He is the author of Leadership Essentials for Emergency Medical Services, which is a continuing education text designed for the development of new and aspiring EMS leaders. Brophy is a former U.S. Navy Corpsman and Fire Department Captain with 29 years of experience in EMS.



18 ADVOCACY

EMS professionals address key issues with legislators at EMS on the Hill Day

Be There For EMS

On March 20-21, EMS professionals from across the nation attended EMS on the Hill Day in Washington, D.C. Now in its third year and hosted by NAEMT, EMS on the Hill Day is the only national EMS advocacy event open to all EMS professionals.

"The participation of so many dedicated EMS professionals in this year's successful event helped ensure that EMS has a strong voice in government decisions that affect EMS practitioners and our ability to provide quality patient care to our patients," says Jim Judge, Director, Region II, and NAEMT Advocacy Committee Chair.

At the event, nearly 200 EMS practitioners from 42 states and the District of Columbia attended 246 meetings with their U.S. Senators, House Representatives, and their congressional staff to inform them about and lobby for key EMS issues and legislation. This year's legislative priorities included the Medicare Ambulance Access Preservation Act, Public Safety Officers' Benefits Improvements Act, and Field EMS Quality, Innovation, and Cost Effectiveness Improvements Act.

This year's event included an informative pre-Hill Visit briefing to prepare participants for their congressional visits and a networking reception hosted by NAEMT.

On March 21, participants attended scheduled appointments with their Senate and House leaders and their staff, then enjoyed a post-Hill visit reception hosted by NAEMT for all participants, congressional leaders and staff, and federal agency staff.

Grant winners advocate for EMS

To subsidize the cost of participation in the event, NAEMT provided grants of up to \$1,200 each to four active members. These grants were awarded to:

Ryan Greenberg, EMT-P, Hewlett, New York
Emery (Paul) Roberts, EMT-P, Canton, North Carolina
Jason Scheiderer, EMT-P, Indianapolis, Indiana
Eugene Dicksion, EMT-P, Lexington, Oklahoma

Greenberg, a first-time attendee, called the event an "amazing experience and powerful day that exceeded every expectation," saying, "It is events like this that are allowing EMS to move forward into the future." On the importance of advocacy, he says, "To experience firsthand the importance that each of us must place on being an active, supportive voice for EMS is a lesson I took home and will be sure to share with others. We work in a field that interacts with government on a daily basis, but often take for granted that our elected officials understand the importance and needs of our industry. In reality, we must be there for

them as subject experts so they can fully understand the challenges we face on a daily basis."

Corporate partners support event

NAEMT thanks the following corporate partners for their support of this important event:

Champions – American Ambulance

Association, 5.11 Tactical, American College of Emergency Physicians, EMS World, Medic Alert Foundation and OnStar

Pillars – American Heart Association,

American Red Cross, E.V.S. Ltd., Frazer, Gold Cross, ICEdot, NAEMSP, NASEMSO and Physio Control

Friends – Certified Ambulance Group, Medic-CE, Page, Wolfberg & Wirth, LLC, and Verathon

On advocating for EMS on an ongoing basis, Judge says, "We look forward to continuing to work with our congressional representatives throughout the year to ensure they hear and understand our issues and concerns. We anticipate an even more successful EMS on the Hill Day in 2013."

If you couldn't attend this year's EMS on the Hill Day, you still can get involved in EMS advocacy through NAEMT's Capwiz online legislative service, where you can locate your representatives and contact them directly about these issues. Go to http://capwiz.com/naemt/home.



ADVOCACY 19



Members of the NAEMT Board of Directors advocated for EMS at EMS on the Hill Day 2012.



Andrew Jackson, EMT-P, EMS Chief/Director of PC EMS, McNabb, III., met with Congressman Aaron Schock.



NAEMT Advocacy Committee Chair Jim Judge, 2012 grant winner Emery Paul Roberts, and NAEMT President Connie Meyer attended the event.

NAEMT, collaborators help address EMS drug shortage crisis

by Paul Hinchey, MD, NAEMT Medical Director

n discussions about drug shortages with EMS practitioners from across the country, I have heard a range of perspectives, from practitioners forced to watch a patient seize because of a lack of benzodiazapines, to others who, when asked, give quizzical "What drug shortage?" looks.

To better assess the extent of the problem and to assist in advocating for a solution, NAEMT conducted a survey to gauge how this crisis is affecting our nation's practitioners and the patients we serve. Of the 1,200 respondents, an astounding 85 percent had experienced short-notice protocol changes as a result of drug shortages.

This information, combined with the informational efforts of other organizations around the country, including the International Association of Fire Chiefs, the National Association of State EMS Officials, the National Association of EMS Physicians, the American College of Emergency Physicians, the Association for Critical Care Transport and others, has helped to make this issue known to legislators in Washington, D.C.

NAEMT's EMS on the Hill Day provided an additional opportunity for delegates to share stories of the impact of drug shortages with members of Congress. In response, the Office of the Assistant Secretary for Preparedness and Response (ASPR) at the Department of Health and Human Services held a stakeholders meeting in April to learn more about the problem and begin discussions of how to address the shortages.

Stakeholders come together to find solutions

The ASPR meeting brought together representatives from EMS, the Food and Drug Administration (FDA), the pharmaceutical industry and even a healthcare economist to describe the contributing factors to the crisis and the creative solutions being sought. The economist quickly dispelled the belief that this is strictly an issue of profit margins, as many have suggested. She educated meeting participants on the complexity and subsequent vulnerability of the generic sterile injectables market, production capacity, increasing numbers of generic drugs across a wide variety of classes and market pressures that lead to drugs coming from sole or limited sources. The representative from the FDA's drug shortages division described the agency's efforts to expand staffing and develop processes by which the agency can help shift production when shortages are anticipated.

EMS participants also played a key role, sharing their agencies' experiences with unanticipated drug shortages, the impact these have on our patients, and the remarkable ability of EMS practitioners to adapt to adverse conditions. Solutions included implementing protocols that allow for the use of a variety of drugs in class, use of alternative drug classes, sharing between agencies or with local hospitals, utilizing compounding pharmacies, and using expired medication when no other option is available. Although the details are beyond the scope of this article, it was clear that this shortage is a multifaceted problem that will not be solved quickly or by any single agency.

The drug shortage issue has reached a crisis level, and those most affected are our patients and the practitioners who care for them. There is no easy solution on the horizon, but the issue is no longer in the shadows. Legislators have been forced to acknowledge the impact on EMS and that an effective solution must be sought. In the interim, EMS practitioners will continue to find novel solutions while national organizations unify their efforts to find a long-term solution.





National Association of Emergency Medical Technicians Foundation P.O. Box 1400 Clinton, MS 39060-1400



Revamped NAEMT web site launches

To better serve members and other EMS professionals interested in NAEMT and EMS on a national level, NAEMT has redesigned our web site with new sections and more information. This redesign took into account the responses received from members who responded to our web site survey conducted earlier this year. We have worked to incorporate members' ideas and recommendations into the new design.

The revamped site offers easy-to-use navigation that lets visitors quickly find their areas of interest. Audience sections of the site target members, course coordinators, EMS agencies, corporate partners and the media.

The main areas of the site feature information about becoming a member, continuing education, advocacy, and NAEMT. New sections on EMS health and safety, the NAEMT Foundation, and the EMS profession, including great EMS career resources, have been added. In addition, a new design, colors, and photos upgrade the overall look of the site.

The EMS Agencies section includes information about NAEMT's squad membership program, a current listing of squads that have joined NAEMT, public awareness and community education sections offering tips and tools to help EMS agencies reach out to their communities and educate the public about the work they do, and links to other sections of the site relevant to the needs of EMS agencies.

A new Course Coordinators section makes it even easier for those holding NAEMT education courses to find all the information they need in one place, including registering their courses and sites, submitting course rosters and payments, and accessing and purchasing student and instructor materials.

In line with the focus of this issue of *NAEMT News*, the new EMS Health & Safety section gathers together materials that can help EMS practitioners stay safe on the job, take care of their health and report near-miss incidents. The section includes a link to the EVENT System, information on the EMS Fitness Project (see page 14 of this issue), a collection of useful health and safety resources, and NAEMT positions on EMS safety.

Visit the redesigned site at www.naemt.org.

