NAEMT news
Serving our nation's EMS practitioners

A quarterly publication of the National Association of Emergency Medical Technicians

Spring 2014

Shared Mobile Integrated Healthcare Vision Helps EMS Adapt to Change, Recognize Opportunities

With the healthcare system moving rapidly from fee-for-service to pay-for-performance reimbursement, many agree it's more urgent than ever for EMS to prove to health insurers, government payers and communities that the services provided by EMS practitioners are both cost effective and benefit patients.

In an effort to show how EMS can be a partner in providing value-based – rather than volume-based – care, EMS and fire agencies in places as varied as Dallas, Texas, Abbeville, S.C. and Reno, Nev. have implemented or are developing Mobile Integrated Healthcare (MIH) and Community Paramedicine (CP) programs.

While there's lots of innovation and experimentation already underway, the industry has lacked a clearly articulated vision for what exactly MIH-CP is – one that EMS agencies can use to help formulate programs or to explain their plans to potential partners.

To assist EMS agencies and practitioners in understanding and communicating MIH-CP, the NAEMT collaborated with multiple national EMS and emergency physicians organizations to create a Mobile Integrated Healthcare-Community Paramedicine Vision Statement. The vision statement outlines the key elements of MIH-CP, which include being fully integrated within the healthcare system, data driven, patient-centered and team based.

"Community paramedicine and mobile integrated healthcare mean different things to different people," said Troy Hagan, president of the National EMS Management Association (NEMSMA) and a member of the NAEMT MIH-CP Committee. "What I think this vision statement does is help define it, but it doesn't limit it. We can let the innovations continue to flow without putting it into some kind of box."

A Spirit of Collaboration

Released at the Joint National EMS Leadership Forum, held in conjunction with EMS Today in Washington, D.C. in February, the vision statement is the culmination of nearly a year of discussion and debate between leading EMS and emergency medicine physicians' organizations.

"It's so important for the EMS industry to come together to define this potentially transformative new healthcare delivery model," said Don Lundy, NAEMT President. "The vision statement reflects the breadth of knowledge, experience and ideas about

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Celebrate National EMS Week, May 18-24.
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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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One Patient's Perspective

Don Lundy
B.S., NREMT-P
NAEMT President

In 1967, my mother had a heart attack. At the young age of 42, she was a smoker and drinker, did not eat healthy, was overweight, and did not exercise or do other physical activity.

I was 14 years old and remember the medical care and technology of that Sunday morning. Had I decided to call an ambulance, I would have seen a local funeral home hearse with a red light on top, rushing over to my house with one person (the driver) who *may* have had a first aid card.

There would be no vitals taken, certainly no ALS given. There *may* have been oxygen (and hopefully, a regulator as well), which they would have put on her after getting her into the back. Once that was secured, the driver would have left her alone in the back in order to drive as fast as possible to medical care. There were no radios between ambulances and the hospital, and no cell phone to call the ER. You would show up and they would go to work.

Instead, I called our family's physician, who told me that I shouldn't wait for the hearse and to take my mother in our car. I was 14 and only had a learner's permit. My Dad wasn't able to drive at the time. The law said I had to have an adult in the car with me. I suppose my mother, the first ashen patient I would observe in my 40-year career and laying in the back seat dying, would do.

Upon arrival at the ER of this 500-bed, major medical center, the staff put her in a bed, started an IV of D5W, and eventually performed a 12-lead EKG (none available in the ER). When my father arrived behind me, we were asked two very important questions: 1) *Do you have a pastor?* and 2) *Do you have a choice of funeral home?*

Originally, they told us she would not survive more than 24 hours. However, by the grace of God, she did – spending four months in ICU on an IV of heparin, the drug of choice for heart attacks.

These are my memories of cardiac care past and emergency rooms of the 1960s. I don't know who lived or died, but I do know that Mom was one of the luckier ones.

Fast-forward to November 28, 2013...

As I, a healthy, non-smoking, non-drinking, aspirin-taking, cardio-working (three day a week) and not overweight 60-year old exited a local restaurant – following my return from the first Principals of Ethics and Personal Leadership (PEPL) course in Ft. Worth, Texas – I felt what I could only describe as a burning in my chest. This burning became unbearable over the next two minutes… the worst pain/burning I had ever experienced. At one point, I told my wife something that none of us like to hear from our patients but when we hear it, we know what it means… *"I think I am going to die."*

During the next 42 minutes, I saw action from one of the premier EMS agencies in the nation, which I was familiar with and had read previous reports on. Years earlier, Charleston County developed and launched the first county-wide EMS system and then years later, a consolidated dispatch center, so that borders for medical care were not an issue. Both of these accomplishments were a precursor to the success of their system – and my care on that day.

> As an EMS practitioner – and now, an EMS patient – I truly realize how far we have come in such a short time… *and we aren't finished!*

The consolidated 911 dispatcher asked the right questions and knew where the closest unit was, based on live GPS coordinates. She also knew which first responders were closest, as well as the status of the three PCI centers in the county.

Upon arrival, Alex Beach and Mallory Lewis, who were at my side, did an excellent job of obtaining the needed vital signs, starting *portable* oxygen therapy and a 12-lead EKG, which was then transmitted to the ER and alerted the hospital to a STEMI – all while getting me safely to the cath lab in record time. They were calm, professional and had a tremendously calming influence over what was happening to me at the time.

Think of it… The Chief of EMS having an MI on your stretcher. Can you say STRESS?! As professionals, they never showed it! Within two hours, I had multiple 12-leads done,

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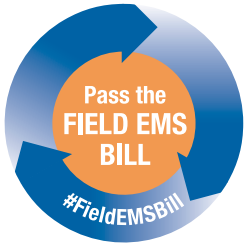
NAEMT ADVOCACY UPDATE

The Field EMS Bill

Support for H.R. 809, the *Field EMS Quality, Innovation and Cost-Effectiveness Improvement Act* continues to grow. By the time of EMS On The Hill Day, 20 House Representatives had signed on as co-sponsors and 38 national and state level EMS organizations had endorsed the bill and agreed to support its passage. Much of what has been achieved to date is attributed to the hard work by members of NAEMT's Field EMS Bill Committee and Advocacy Committee, and our 42 state advocacy coordinators. These dedicated members have volunteered countless hours of their time to communicate the value of the Field EMS Bill to their congressional leaders.



Three individuals were selected this year to receive the first Field EMS Bill Advocate of the Year Awards. These awards were presented to recognize individuals who have demonstrated outstanding commitment to passage of the bill by educating elected officials, the EMS community, the larger medical community, and the public about the value of the Field EMS Bill. This year's awards were given to: Jason White from Missouri, Gary McLean from Oregon, and Jason Scheiderer from Indiana. Recipients received an expense paid trip to this year's EMS On The Hill Day. Congratulations to these worthy recipients!

Speak up for EMS! We applaud the work of those members who are leading our effort on the Field EMS Bill. Think of what would happen if all of our members and their co-workers contacted their congressional leaders and educated them on the value of the Field EMS Bill to improve patient care and contribute to health cost-savings. Think of the impact that you could have on your community if the role of EMS in our healthcare system was better understood. Positive changes in EMS are happening and can be accelerated and strengthened with greater advocacy support from all members. Contact advocacy@naemt.org or your state's advocacy coordinator to get involved.

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EMS On The Hill Day

On March 26, over 200 EMS professionals representing 42 states, the District of Columbia and Puerto Rico visited with their congressional leaders in the U.S. Senate and House. They requested their legislators to support passage of the Field EMS Bill (H.R. 809) and the Medical Preparedness Allowable Use Act (H.R. 1791), and to join the House EMS Caucus. U.S. House Representative Joe Heck of Nevada received this year's EMS On The Hill Day Legislator of the Year Award in recognition of his work in supporting prehospital practitioners and patients. Representative Heck has more than 25 years in public service as a physician, Army Reservist, and community volunteer. He served as a volunteer firefighter and ambulance attendant, Search & Rescue team member, and SWAT physician. He has lectured and published widely on special operations medical support, the medical response to acts of terrorism, and emergency preparedness and response.

EMS
On The Hill Day
Be There For EMS

ADVOCACY RESOURCE

ENGAGE! - cqrcengage.com/naemt

Our online legislative service - ENGAGE! - is a quick and easy way for you to contact the legislators who can influence change. Through emails and letter templates, you can share the challenges you face, and what you would like to see changed in your community to help address them. This site contains our lineup of legislative priorities, current status of legislation, and those in Congress who have voiced support. While we have a team dedicated to streamlining the information into easy-to-understand points, you can also read the full text of the pending legislation. ENGAGE! takes only a few moments to use and members of Congress are interested in hearing from their constituents. So, jump online and send a message to Congress for EMS.

ENGAGE!
(formerly Capwiz)
HOSTED BY NAEMT

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EMS Week - emsweekideas.org

The 2014 National EMS Week will be celebrated May 18-24. EMS agencies and organizations across our country will recognize the life-saving service our EMS practitioners provide their patients on a daily basis and the important role of EMS in our nation's preparedness strategy and response to disasters.

This year's celebration also provides an excellent opportunity to help our local government officials, other health care providers in our communities, and the public at large on the important role of EMS in our changing healthcare system. EMS is very well positioned to help our communities improve patient outcomes and lower healthcare costs. This year's EMS Week Ideas web site (emsweekideas.org) has been designed to provide members with new resources and tools to help your agency celebrate your accomplishments during EMS Week and prepare for the future with new sections and resources on:

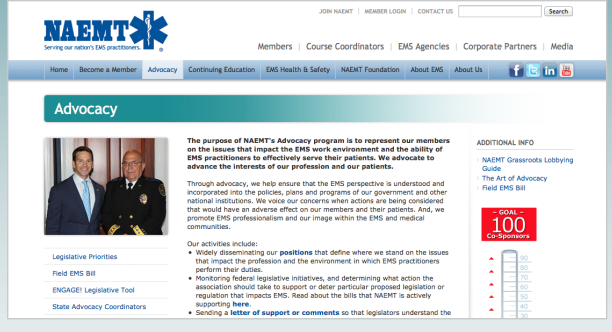
- Understanding Mobile Integrated Healthcare and Community Paramedicine (MIH-CP) and what it means for your future in EMS;
- What you can do to prepare yourself for the future through education, training and professional development;
- How you and your EMS agency can build local partnerships to strengthen your community's awareness of health and safety issues.

Now is the time to plan for 2014 EMS Week. Please visit the site and share it as a resource with your co-workers. We look forward to hearing about your EMS Week activities. Please also send your stories and photos to media@naemt.org.

Enacted in 1974 by President Gerald Ford, EMS Week is a national dedication for all in EMS and celebration of the hundreds of thousands who tirelessly serve our communities across the nation.

ADVOCACY RESOURCE

The Advocacy section on naemt.org



Connect with your state's advocacy coordinator, watch a video on how to have a successful visit with your congressional leaders, download the *Guide to Grassroots Advocacy* or *The Art of Advocacy* PowerPoint presentation, or read our association's positions on important EMS issues. These tools and much more are available to members in the Advocacy section of NAEMT's web site. Need information or a resource that is not posted on the web site - let us know at advocacy@naemt.org.

Shared Mobile Integrated Healthcare Vision > > continued from cover

MIH-CP from many facets of our profession."

The organizations that participated in creating the vision statement include NAEMT, NEMSMA, the National Association of EMS Physicians (NAEMSP), National Association of State EMS Officials (NASEMSO), American College of Emergency Physicians (ACEP), National Association of EMS Educators (NAEMSE), International Academies of Emergency Dispatch (IAED), and the Association of Critical Care Transport (ACCT). These organizations, plus the North Central EMS Institute (NCEMSI), Paramedic Foundation, American Ambulance Association (AAA), and the Association of Air Medical Services (AAMS) have all endorsed the vision statement.

With partnerships between multiple types of healthcare providers and healthcare entities an important part of MIH-CP programs, the vision statement itself needed to reflect that spirit of cooperation, said Doug Kupas, M.D., EMT-P, Associate Chief Academic Officer, Geisinger Health System and the National Association of EMS Physicians' (NAEMSP) liaison to the NAEMT's MIH-CP Committee.

"Recently, we've seen field practitioners, EMS physicians and state officials starting to come together on MIH-CP," Kupas said. "The more unified the voices of those groups get, the more we can ensure we are working toward the same goals and objectives."

Origins in Rural Communities

The first CP projects in the United States were launched more than a decade ago in the rural areas of Maine, Minnesota and later, Colorado. The idea was that Paramedics with added training in areas such as patient navigation, medication reconciliation, and chronic disease management could use their 24-7 mobile resources to fill the gaps in local public health and primary care services.

As the pace of healthcare reform picked up, EMS practitioners in suburban and urban areas realized that a similar concept could fill gaps in their areas too. In 2013, a new term was coined – mobile integrated healthcare – which expanded on the concept of CP and was used to describe a variety of partnerships in which EMTs, Paramedics, nurses, physicians and other healthcare, social services or community-based providers work together to improve patient care.

Those services could be home visits with recently discharged patients to avoid unnecessary hospital readmissions; transports to alternative destinations, such as mental health facilities or urgent care instead of the emergency department; or nurse advice lines to handle non-urgent 911 calls.

To help EMS practitioners get the information they need to understand the changes happening in healthcare, as well as the opportunities presented by MIH-CP, the NAEMT Board authorized the establishment of an MIH-CP Committee in 2012, which brought more than a dozen representatives from a variety of EMS agency models together with partner organizations to explore the issue.

"Traditional EMS is reimbursed as a stand-alone, fee-for-service activity that is fairly distant from the rest of the healthcare community," said Gary Wingrove of the Mayo Clinic, a pioneer in CP and a member of the NAEMT MIH-CP Committee. "That is going to be replaced by a new system in which teams of professionals will be reimbursed for providing integrated care, which is more efficient and better serves their patients."

A Work in Progress

"With any consensus statement, not everyone will agree on every point," Wingrove noted. Still, he adds, "it's been an inclusive process. Each of the players in EMS has had an opportunity to share their voice."

Nor does the vision statement answer every question about what an MIH-CP program should be. For example, the vision statement calls for MIH-CP programs to be "educationally appropriate," including "more specialized education of CP and other MIH providers, with the approval of regulators or local stakeholders." But precisely how much additional education and on what topics remains a question for further discussion.

The vision statement also recommends that MIH-CP programs be data driven, with "data collected and analyzed to develop evidence-based performance measures, research and benchmarking opportunities." Yet, the data that needs to be collected and what should be measured might vary from location to location.

"This vision statement sets the foundation for future discussions and further definition of the components of

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MIH-CP and what it means to the different partners," said Jim DeTienne, NASEMSO President.

"As MIH-CP continues to evolve, having a vision statement that incorporates the viewpoints and expertise from widespread EMS and emergency medicine groups can help EMS garner the support needed from those outside the profession as well," Hagan said. "If everybody tried to define it in their own silo, we would have gotten no closer to an industry-wide understanding of what we're talking about. If we have a cohesive message and can articulate a common vision, it will resonate whether we're talking to federal officials, healthcare systems or insurers."

Organizations Endorsing the Vision Statement

NAEMT, NAEMSP, NASEMSO, American College of Emergency Physicians, National EMS Management Association, IAED, ACT for Patients, National Association of EMS Educators, American Ambulance Association, North Central EMS Institute, The Paramedic Foundation, AAMS

The Official Word...

Hartford Consensus - The NAEMT Board of Directors provided endorsement of the Hartford Consensus, based on guidance from NAEMT's Prehospital Trauma Life Support (PHTLS) Committee. Hartford Consensus recommendations have been fully incorporated into NAEMT's Law Enforcement and First Response Tactical Casualty Care course.

National EMS Advisory Council (NEMSAC) - NAEMT provided comment on NEMSAC's proposal to implement minor updates to the EMS Education Agenda for the Future: A Systems Approach. NAEMT believes that the Agenda requires a major update, based on "a new assessment of the state of EMS education for the purpose of establishing a new path for EMS education in the coming decades." Feedback from association members, who develop curricula and teach our EMS education courses, provided the basis for our comment.

To read these letters, or other NAEMT communications, visit "Letters and Comments" in the Advocacy section of our website.

EMS SAFETY

You call we haul. Not so fast.

Article provided by Mike Szczygiel, NAEMT EMS Safety Committee Chairman, from Vitals, a safety newsletter for medical transport professionals.

In 1970 when I started working in an Emergency Department, I was surprised by the number of people who arrived by ambulance but didn't seem all that sick. They were treated and released. In 1975 when I began working as a Paramedic, it seemed like most of the people I transported didn't require urgent, sophisticated clinical interventions. Consequently, I really didn't do much for a lot of them. Follow-up revealed therapeutic minimalism was appropriate. They were either treated and released, or admitted for non-acute care. This misallocation of resources can make achieving response time compliance standards more difficult, and limit the availability of resources for folks who really need them. We all know the dangers of running with lights and sirens. If the closest resource is expended, sending a more remote unit may require the activation of EWS (Emergency Warning Signals) over a greater distance, which obviously increases risk. The problem is compounded when we are required to wait with our patients in EDs. Is anybody surprised that over 200 systems have begun providing community paramedic/mobile integrated health services? There are great models for the provision of these services. What are some new things to think about? One question we might ask is, "Who is using the ED?"

A study published in the December 2013 issue of *Health Affair* revealed the results of the analysis of Medicaid claims for 212,259 patients. The period under review was 2004 to 2010; ED use contributed to 2.1% of overall Medicaid spending. "Frequent flyers" who had 15 or more ED visits per year contributed 4.6% to total Medicaid costs. One conclusion is that EDs are used by multiple types of patients, not just the under or uninsured. Half of all ED users had one or more chronic illnesses. The presence of chronic illness increased the likelihood of ED use. One measure of the burden of disease is the Charlson Comorbidity Index. Bluntly, the purpose of the index is to gauge "whether a patient will live long enough to benefit from a specific screening measure or medical intervention." This statistical crystal ball uses a list of comorbidity components (clinical conditions, i.e., AMI, CHF, PVD, malignancy and the like) and age to perform calculations to obtain a probability of 10-year survival. Chronic frequent ED users had higher scores, predictive of shorter survival, than those who visited the ED only once. As we shift our focus from urgent/emergent to chronic care, what are some safety issues?

The characteristics of the patient population require us to broaden our clinical knowledge. We must have strong medical control and enhanced continuing education. For example, have you ever heard of what patients initially called "Chemo Brain"? Patients recognized it before clinicians did. They complained that nobody told them to expect it. It is now called Chemotherapy-Related Cognitive Impairment (CRCI). Although it is estimated that as many as 83% of breast cancer survivors who received chemotherapy experience CRCI, current studies show that it may be an issue for a variety of cancer chemotherapy recipients. CRCI is manifested by:

Deficits in Short-term Memory & Verbal Memory;
Lack of Focus and Inability to Concentrate; Decreased

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From the President > > continued from page 4

a chest X-ray, a cath lab visit based upon an alert in the field, a blockage removed, a stent (coated with medicine, no less) inserted, and minutes later… I was resting in a CCU bed, as comfortably as you can following such an incident.

Just 48-hours after coming into the ER, I was discharged to home for a two-week rest and with a little help of chemistry, a full and unrestricted return to work. To say that I feel like the luckiest guy on the planet is an understatement. I feel blessed by God each day that I wake.

As an EMS practitioner – and now, an EMS patient – I truly realize how far we have come in such a short time… *and we aren't finished!*

The Mobile Integrated Healthcare (MIH) I saw take place – from the connection between patient and dispatcher (pre-arrival instructions), to the data from the field to the ER, and the agreement made years before, which allowed me to go directly to the cath lab on the ambulance stretcher – was all part of our current discussions on the future of EMS.

My recent experience just reinforced for me why the Field EMS Bill is so important. This bill is a monumental step in gaining recognition and financial support for equipment and training from the federal government. Obviously, I hope you are actively supporting it. However, if you are not, I would ask that you ***get involved*** and not wait for someone else to "do something."

As our knowledge increases, and the medical system realizes the value of EMS, many of us "old dogs" (I am one, but I don't subscribe to this view) will tell you that "no one cares" and that "it's always been this way."

I am counting on our members, both young and old, to realize that we are on a long trip to excellence – not a 20-minute ride to the hospital. Be supportive of our efforts and our professional diversity, talk with your local elected officials, as well as your state and federal elected representatives, and educate them on the value of the quality patient care that we provide. You can help make a better EMS system for everyone.

Believe me, I know. I watched it on November 28th. It was absolutely stupendous and I can't wait to see what's next – although I am hoping for a more "non-participatory" view of the next round!

It IS an exciting time to be in EMS! Be safe and let's all be kind to one another!

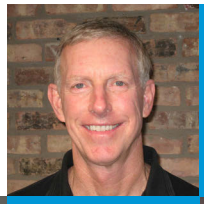
You call we haul > > continued from page 9

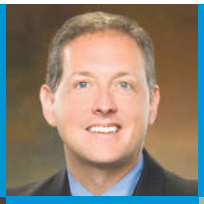
Performance (job loss); Physical Factors: clumsiness, fatigue, decreased balance.

Do you think these impairments might impact the patient's ability to accurately report his/her condition, follow instructions, or give informed consent? Without proper education will you be able to help the patient develop coping skills? What about Medical Devices? In the November 2013 issue of *Health Devices*, the ECRI listed its top technology hazards for 2014. Some of them are pertinent to us. Medical device alarms can pose a risk if they fail. Conversely, if they work well the patient and even the clinician may develop alarm fatigue. Do you have a medical device alarm management program that minimizes insignificant alarms and has proper protocol-based response for others? Are we adequately prepared to recognize and mitigate the impact of infusion pump medication errors? Do we have system testing, adequate training and a system for reporting errors in our electronic medical records? Are we formally prepared to monitor the integrity and efficacy of other IT systems, including IT networks? What about our safety? Does situational awareness go away because we're doing a scheduled visit on a CHF patient we know well? Are there different risks to consider by having a Paramedic or EMT make a call alone? Do we dispatch, maintain communication and track those providing community paramedicine in the same fashion we track ambulances? Are real-time scene times monitored? Do we have comprehensive, non-punitive Incident Report processes in place to recognize chronic and novel risk? Do we have transparent, quantifiable effective risk reduction mechanisms?

Our industry is changing. By taking a thoughtful approach, we can direct the change to a progressive evolution rather than allow the absence of direction to permit a regressive mutation.

Meet Our Medical Directors


Frank Butler, MD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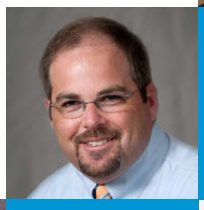
Paul Hinchey, MD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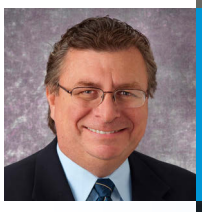
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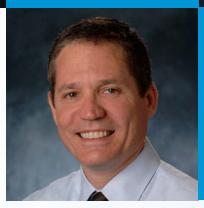
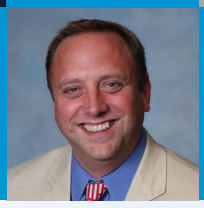
Peter T. Pons, MD


Katherine Remick, MD


Paul Sirbaugh, MD


Lance Stuke, MD

This special section pays tribute to the dedicated physicians who provide guidance to our association and its programs. These physicians, committed to the advancement of EMS, help us to ensure that our programs, policies and positions are consistent with accepted pre-hospital clinical standards and practice. They counsel, present, author, edit, and participate in national and international events. They serve as ambassadors for association activities and our educational programs. They participate in developing clinical standards for EMS, address media requests, and respond to clinical controversies. Above all that, they devote countless hours to support our association, as well as other professional associations.

We are proud to showcase these individuals and greatly appreciate their enrichment of NAEMT's programs and the great service they provide to all EMS practitioners. To NAEMT's esteemed Medical Directors - thank you for your time, wisdom and tireless support… we would not be here without you!

NAEMT's Position On Medical Direction In EMS

NAEMT believes that medical direction is an essential component of an effective EMS system in order to ensure that patient care is administered with appropriate clinical oversight using medically accepted standards. All EMS systems, regardless of their delivery model, should operate with medical direction and oversight from an EMS physician.

NAEMT has long recognized the need for and importance of medical direction that provides strong clinical oversight in the establishment and maintenance of medically accepted standards for prehospital patient care. Since the passage of the first laws and regulations in the United States governing the provision of emergency medical services, physician medical direction has been and remains a fundamental component of effective EMS systems. Medical directors provide the following essential services: oversight of the clinical practice of the EMS system; development of sound, evidenced based clinical practice guidelines; assuring the safe implementation of new medical technology; provision of feedback and input on patient care by EMS practitioners; development and oversight of an objective performance improvement process; maintenance of accountability and standards for the EMS profession; serving as a liaison between the EMS system and the medical

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community; identification of initial and continuing education opportunities for EMS practitioners; identification of research opportunities for EMS practitioners.

EMS medical directors are an invaluable asset to effective EMS systems and have contributed significantly to the elevation of the practice of prehospital medicine. Within a well functioning EMS system, the physician medical director and the EMS practitioners maintain a strong, cohesive relationship based on mutual respect and understanding of the critical role that each plays in the successful delivery of the highest quality prehospital patient care. *(Adopted: March 30, 2010)*

A Look Inside NAEMT's Medical Direction

5 Minutes with Dr. Paul Hinchey, Medical Director, NAEMT Board

Dr. Hinchey has served as NAEMT's medical director for over seven years. We took the opportunity to have a Q&A session with him, and are pleased to share his candid comments with you.

Q **Why is medical direction so important to NAEMT?**

A I serve the board of directors by providing advice and guidance on medical issues related to the association's activities, including its policies, position statements, programs, and vendor agreements to ensure consistency with accepted pre-hospital clinical standards and practice. There are also medical directors for each of the courses offered by NAEMT. I'm the medical director for the EMS Safety course, for example. We work with pre-hospital practitioners to make sure course content is evidence-based and clinically sound, matches what the current science is, and reflects changes in healthcare EMS is the first point of contact for many patients, so our care should be the current practice and evidence-based – just like we would expect from the hospital.

Q **Do medical directors bring anything else to NAEMT?**

A Some medical directors work with other physicians' organizations, including the American College of Surgeons, the American Academy of Pediatrics, the National Association of EMS Physicians, and the American College of Emergency Physicians, and will represent the interests of EMS practitioners when they interface with these groups. All of the doctors who are engaged in NAEMT have been working with EMS for a long time. EMS is a passion for them. Many were EMS practitioners at one time. It's a great selection of doctors who are really very interested in advancing EMS and looking out for the interests of our EMS practitioners. They are able to talk physician to physician, but can still think like EMS practitioners.

Q **Any experiences as NAEMT medical director that have been especially gratifying?**

A One of the greatest things is EMS On The Hill Day. NAEMT is reaching a point where we are starting to have serious impact on the national discussion and policy-making. Being in the Capitol, meeting with lawmakers and advocating for real change to the system was the vision of NAEMT when it started. We're out there, shaking hands and making sure the interests of EMS practitioners are heard in the process of building laws. I'm immensely proud to be a part of the organization and to be given the privilege of being the medical director. It's nice to watch the organization mature, watch the vision develop and see how NAEMT is helping to drive changes in the industry.

Advanced Medical Life Support (AMLS)

Emergency Pediatric Care (EPC)

EMS Safety

Principles of Ethics and Personal Leadership (PEPL)

PreHospital Trauma Life Support (PHTLS)

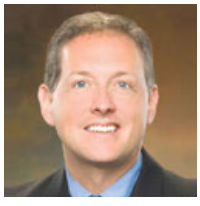
Tactical Combat Casualty Care (TCCC) & Law Enforcement & First Response Tactical Casualty Care (LEFR-TCC)

NAEMT's Medical Directors

Frank Butler, MD

Prehospital Trauma Life Support (PHTLS) Military Medicine Consultant

Dr. Butler is a retired Navy Undersea Medical Officer and an ophthalmologist who served as a Navy SEAL platoon commander prior to attending medical school. He spent most of his career in Navy Medicine supporting the Special Operations community, and was the first Navy physician selected to serve as the Command Surgeon for the U.S. Special Operations Command. He currently chairs the Department of Defense's Committee on Tactical Combat Casualty Care (CoTCCC) and helps to ensure optimal battlefield trauma care for our country's wounded service men and women. He has worked with PHTLS and NAEMT since 1999, helping to maintain an ongoing dialogue between military and civilian sectors on prehospital trauma care issues. Dr. Butler also spent five years at the Navy Experimental Diving Unit and helped pioneer numerous advances in SEAL diving capabilities. As director of the SEAL Biomedical Research Program for 15 years, his landmark projects included refractive surgery in the military, the Naval Special Warfare decompression computer, and TCCC. He currently serves as co-chair of the Decompression Sickness and Arterial Gas Embolism Treatment Committee for the Undersea and Hyperbaric Medical Society. He was awarded the U.S. Special Operations Command Medal in 2012 and the New Orleans Grand Isle (NOGI) Award for Distinguished Service to the diving community in 2011.



Jeffrey S. Guy, MD

Prehospital Trauma Life Support (PHTLS) Associate Medical Director

Dr. Guy is chief medical officer for TriStar Health System/HCA Healthcare in Nashville, Tenn. Previously, he held the same position at TriStar Centennial Women's & Children's Hospital and before that, was associate professor of surgery in the Department of Surgery, Division of Trauma Surgery and Critical Care, at Nashville's Vanderbilt University Medical Center. He is specialized in burn surgery, trauma surgery, and critical care, and is certified in general surgery, surgical critical care, and as a wound specialist. In addition to teaching PHTLS, Dr. Guy is an instructor for Advanced Trauma Life Support (ATLS), Advanced Cardiac Life Support (ACLS), Advanced Burn Life Support (ABLS) and the Fundamentals of Critical Care Support (FCCS). He received a B.S. from Kent State University in 1991, and a Master's in Biology/Physiology from the University of Akron in 1996, both in Ohio. He earned his MD from Northeastern Ohio University's College of Medicine, where he also did his internship and residency in general surgery. Dr. Guy performed his fellowships at recognized medical centers in Ohio and North Carolina, and has served in numerous hospitals and burn centers. Dr. Guy began his medical career in 1997 as an instructor in the department of surgery at the University of North Carolina at Chapel Hill. Dr. Guy is a member of more than 20 organizations and has received more than 10 awards for his work. He has presented hundreds of times, and has been published in numerous publications.

Paul Hinchey, MD

NAEMT and EMS Safety Course Medical Director

Dr. Hinchey is the Medical Director for Austin-Travis County EMS System in Austin, Texas. His EMS career began in 1986 as a volunteer EMT and later, a Paramedic. In 1990, he became an EMS educator and an advocate for the advancement and standardization of EMS education. He went on to complete a combined MD/MBA program at the State University of New York at Buffalo School of Medicine and School of Business, and completed his residency in emergency medicine at the University of North Carolina, where he worked with both the Orange County and Wake County EMS systems. After fellowship, Dr. Hinchey continued as Deputy Medical Director for Wake County EMS, with an interest in special operations including USAR, Tactical EMS, and mass gathering medicine. He later became Medical Director for the WakeMed Health and Hospitals Mobile Critical Care Service in Raleigh, N.C. Dr. Hinchey is a national speaker, has been involved in various prehospital research projects, has served as an American College of Emergency Physicians (ACEP) representative on EMS workforce issues, and was an ACEP representative to the Board of Directors for the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). Dr. Hinchey recently became board certified in the newly formed subspecialty of EMS with its inaugural exam in October 2013.

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NAEMT's Medical Directors > > continued from page 13

Angus Jameson, MD

Advanced Medical Life Support (AMLS) Associate Medical Director

Dr. Jameson completed his undergraduate work in biochemistry and molecular biology in 2001 at New College of Florida in Sarasota. He earned his masters in public health, with concentrations in epidemiology and health policy and management, at the University at Albany-SUNY in New York, and then attended Albany Medical College. In 2010, he completed residency training in Emergency Medicine at the University of Pittsburgh, and then was selected for the FDNY EMS Fellowship. He is board certified in emergency medicine and board eligible in EMS. Dr. Jameson currently serves as the Medical Director for Pinellas County EMS in Florida where he provides medical direction to nearly 1,700 EMTs and Paramedics across 20 agencies serving a population of approximately one million people. He continues to practice hospital-based emergency medicine as well. He is active in promoting regional advances in stroke, STEMI, and cardiac arrest care with the American Heart Association. He also frequently lectures to prehospital practitioners. Dr. Jameson has nearly 20 years of ground and helicopter-based EMS field experience in the states of Florida, New York, North Carolina and Pennsylvania.

Craig A. Manifold, DO

Principles of Ethics and Personal Leadership (PEPL) Medical Director

Dr. Manifold is an assistant professor at the University of Texas Health Science Center in San Antonio. He currently serves as medical director for EMS and law enforcement agencies in South Texas, including San Antonio AirLIFE and Bulverde Spring Branch EMS. He is the former medical director for the San Antonio Fire Department. Dr. Manifold attended the Philadelphia College of Osteopathic Medicine in Pennsylvania, and continued his training in emergency medicine with his internship at Wilford Hall USAF Medical Center, and his residency with the Joint Military Medical Centers Emergency Medicine Residency, both in San Antonio, Texas. He is board certified in Emergency Medicine and Emergency Medical Services (the newest sub-specialty certification of the American Board of Medical Specialties). Dr. Manifold serves on several committees and boards including: The National Registry of EMTs, the InterAgency Board, the South Texas Regional Advisory Council (STRAC), American College of Emergency Physicians (ACEP), and Governors EMS and Trauma Advisory Committee (GETAC). Colonel (Dr.) Manifold also serves as joint surgeon (senior physician) for the Texas National Guard. He has served as principal investigator for several clinical trials, has written several publications, and has presented at many national and international conferences.

Norman E. McSwain, Jr., MD, FACS

Prehospital Trauma Life Support (PHTLS) Medical Director

Dr. McSwain attended The University of The South in Sewanee, Tenn., and then returned to his birthplace of Alabama to study medicine under Dr. Tinsley Harrison (*Harrison's Textbook of Medicine*), and surgery from Dr. Champ Lyons at the University of Alabama, School of Medicine. Following surgical training at Bowman-Gray School of Medicine in Winston-Salem, N.C., Dr. McSwain joined the Air Force, where he performed more than a thousand surgical procedures. He finished his surgical education at Grady Memorial Hospital in Atlanta, Ga., and started private practice with Dr. Harrison Rogers. While there he developed the Crash and Burn Course for the Sports Car Club of America at Road Atlanta, which was the stimulus for the later development of the PreHospital Trauma Life Support course (PHTLS) in 1981. Dr. McSwain then joined the clinical and academic faculty at the University of Kansas in Kansas City, Mo. (KUMC), where he was responsible for the development of the EMS educational system for the State of Kansas, EMT-Paramedic services for Kansas City, Kan., as well as the KUMC trauma training program. Four years later, he joined Tulane University School of Medicine, Department of Surgery, and Charity Hospital in New Orleans, La., as a general and trauma surgeon, and was recruited by the City of New Orleans to develop an EMS system, and where he also developed EMT-Basic and EMT-Paramedic training within the New Orleans Police Department (NOPD). As a member of the American College of Surgeons Committee on Trauma (ACS/COT) he helped develop the Advanced Trauma Life Support program (ATLS). He has worked with the ACS/COT and NAEMT to develop the PHTLS program, which is considered to be the world standard for prehospital trauma care. He is currently Professor of Surgery at Tulane University, Trauma Medical Director for the Spirit of Charity Trauma Center and Police Surgeon for NOPD. Dr. McSwain has worked with the military and Department of Defense to develop the Tactical

Combat Casualty Care (TCCC) program for military medics and is currently a member of the CoTCCC and the Trauma and Injury Subcommittee of the Defense Health Board. The Tulane Trauma Educational Institute, which he developed, provides EMS education to students, Special Warfare Medics and SEALs. He has written or revised more than 25 textbooks, authored more than 400 articles on trauma and EMS, such as the Hartford Consensus and has given more than 800 presentations on 5 continents. He has military service both in the Air Force and the Navy.

Vincent N. Mosesso, Jr., MD

Advanced Medical Life Support (AMLS) Medical Director

Dr. Mosesso has been the AMLS Medical Director since 2002. He is appointed to this position at the recommendation of the National Association of EMS Physicians (NAEMSP). NAEMSP officially endorses the AMLS program. He began his career as a Paramedic, and now serves as Professor of Emergency Medicine at the University of Pittsburgh School of Medicine, and Medical Director of Prehospital Care at the University of Pittsburgh Medical Center. He serves as Associate Medical Director for Pittsburgh EMS, Director of Prehospital Care Rotation for the UPMC Emergency Medicine Residency, and as an emergency airway physician for the National Football League. He is also a member of the EMS Examination Task Force of the American Board of Emergency Medicine, which developed the inaugural board certification exam for the new subspecialty of EMS Medicine. Dr. Mosesso is the co-founder and Medical Director of the Sudden Cardiac Arrest Association. Dr. Mosesso's research has focused on prehospital care and sudden cardiac arrest, and the use of automated external defibrillators. He has published numerous scientific manuscripts and textbook chapters, and serves as an editorial board member and reviewer for the journals *Resuscitation* and *Prehospital Emergency Care*.

Peter T. Pons, MD

Prehospital Trauma Life Support (PHTLS) Associate Medical Director

Dr. Pons is an emergency physician in Denver, Colo., and has been actively involved in prehospital care and disaster preparedness for more than 30 years. He worked as Associate Director of Emergency Medicine at Denver Health Medical Center (formerly Denver General Hospital), and as Professor in the Division of Emergency Medicine at the University of Colorado Health Sciences Center. Dr. Pons also served as EMS Medical Director for the 9-1-1 Paramedic ambulance service at Denver Health, as well as several fire-based EMS systems. He has published numerous peer-reviewed journal articles on EMS and edited several textbooks for EMTs and Paramedics. He served as the physician director for numerous mass gatherings and special events in Denver, including the Denver Grand Prix, World Youth Day, and the visit of Pope John Paul II. Dr. Pons has lectured nationally and internationally on EMS, and has served as a member and chair of the EMS Committee for the American College of Emergency Physicians (ACEP). In addition, he has participated as an investigator on several federal grants, including two grants for the Agency for Healthcare Research and Quality (AHRQ), which dealt with regional surge capacity and national bed availability, and a Health Resources and Services Administration weapons of mass destruction (HRSA WMD) training grant – BNICE – for which he was curriculum coordinator and served as an educator.

Katherine Remick, MD

Emergency Pediatric Care (EPC) Medical Director

Dr. Remick is Associate Medical Director for Austin-Travis County EMS System and an attending physician in pediatric emergency medicine at Dell Children's Medical Center in Austin, Texas. She completed her residency and chief residency in pediatrics at Washington University and fellowships in pediatric emergency medicine and emergency medical services at Harbor-UCLA Medical Center and Los Angeles County EMS Agency. Dr. Remick was Co-Primary Investigator of the California Pediatric Readiness Project (the pilot study for the National Pediatric Readiness Project) and actively serves on the National Pediatric Readiness Resource Development Group for the federal EMS for Children program. She also serves on the Texas EMS for Children Advisory Committee and the Governor's EMS and Trauma Advisory Council Medical Director's Committee for the state of Texas. She is a member of the National Association of State EMS Officials EMS Education Task Force on Pediatrics.

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NAEMT's Medical Directors > > continued from page 15

Paul Sirbaugh, MD

Emergency Pediatric Care (EPC) Medical Director

Dr. Sirbaugh is full-time faculty, Associate Professor, Head of the Section of Emergency Medicine at Baylor College of Medicine's (BCM) Department of Pediatrics, and Division Chief of Texas Children's Hospital's (TCH) Emergency Center in Houston, Texas. He has served as Pediatric Medical Director for the City of Houston Fire Department EMS for 20 years. He lectures on pediatric emergency medicine, prehospital, and disaster topics, both locally and across the country. He is a past member of the Committee on Pediatric Emergency Medicine (COPEM), and currently serves on the executive committee of the Section of Emergency Medicine (SOEM) for the American Academy of Pediatrics (AAP). Dr. Sirbaugh has also been honored with the Jefferson Award for Public Service. His career has taken him into the areas of hospital administration, prehospital medicine, and regional disaster planning. Dr. Sirbaugh completed his Rice University MBA in 2013, and hopes to use his degree to explore the many complex issues that affect the ever-changing field of health care.

Lance Stuke, MD

Prehospital Trauma Life Support (PHTLS) Associate Medical Director

Dr. Stuke is Assistant Professor of Surgery in the Department of Surgery, Division of Trauma and Critical Care, at Louisiana State University School of Medicine in New Orleans, La. He is a trauma surgeon at the Spirit of Charity Trauma Center at University Hospital in New Orleans (formerly Charity Hospital). Dr. Stuke began in EMS as a volunteer EMT-Basic for the Tulane Emergency Medical Service, a college-based EMS service. After college, he worked full time for several years as an EMT-Paramedic for the City of New Orleans, where he was also an ATLS, ACLS, and PALS instructor. He earned his Bachelor of Science degree from Tulane University in New Orleans, majoring in Biology. He earned his Master of Public Health degree from the Tulane University School of Public Health and Tropical Medicine, with an emphasis on environmental toxicology, and completed his MD degree at Tulane School of Medicine. He did his general surgery residency at Parkland Hospital/University of Texas Southwestern School of Medicine in Dallas, Texas. After his training, he returned to New Orleans for a trauma/critical care fellowship at LSU/Charity and joined the faculty upon completion of his training. Dr. Stuke has published numerous peer-reviewed research papers and written several textbook chapters on trauma-related topics.

COME SEE US

Pinnacle Conference
July 22-24, Scottsdale, Ariz.

Indiana EMS Emergency Response Conference
August 21-22, Indianapolis, Ind.

Massachusetts EMS Conference
October 17-18, Springfield, Mass.

Ontario Paramedicine Conference
October 17-19, Ontario, Canada

NAEMT Annual Meeting
November 9-11, Nashville, Tenn.

EMS World Expo
November 9-13, Nashville, Tenn.

World Trauma Symposium
November 10, Nashville, Tenn.

Texas EMS Conference
November 23-25, Fort Worth, Texas

Special Operations Medical Associaton (SOMA) Conference
December, Orlando, Fla.

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EDUCATION NEWS

Here are the latest updates on NAEMT's education programs.

AMLS – An AMLS Refresher Course is now available! AMLS course sites can register this one-day AMLS course through NAEMT's online course administration center. This course provides eight (8) hours of CECBEMS credit to students who successfully complete the course. Instructor materials – including a PowerPoint presentation with notes and a course schedule – are available to AMLS course coordinators on the secured program materials page of NAEMT's website.

AMLS – New AMLS State Coordinators have been appointed:

- Gerald Stargel, Alabama
- Jamin Snarr, Arkansas
- Ken Walters, Mississippi
- Jill Torres, Wisconsin

State coordinators are responsible for maintaining all administrative and quality assurance for courses held in their state. They work with affiliate faculty to establish new course sites and monitor instructor candidates.

Rescue operation in Chile.

AMLS – Introducing the newest member of the AMLS Committee:
Peter Laitinen, Templeton, Mass., was appointed to the AMLS Committee. Laitinen began his EMS career at age 16 as an auxiliary firefighter/first responder, and has had a full career ever since, including as an American Heart Association CPR instructor and Paramedic. Currently, Laitinen works both as an RN in the ER and Paramedic for Hubbardston, as well as EMS Captain for the Templeton Fire Department. Laitinen received the NAEMT National Appreciation award last year for promoting the AMLS program in Massachusetts.

EPC – The EPC Instructor Transition Course is available to all EMS instructors holding instructor certification in other pediatric classes to learn the logistics, philosophy and course work needed to teach EPC. The EPC Committee will host Instructor Transition Courses on the following dates:

- April 25 – 10:00 a.m. CST
- May 6 – 10:00 a.m. CST
- June 10 – 12:00 p.m. CST
- July 8 – 12:00 p.m. CST
- Aug. 21 – 1:00 p.m. CST
- Sept. 23 – 10:00 a.m. CST
- Oct. 15 – 10:00 a.m. CST

These courses are offered free of charge. To sign up, please contact NAEMT at education@naemt.org

EPC – The EPC Committee is developing the 3rd edition of this highly rated course that will be Beta tested at EMS World Expo in Nashville. Beta course participants will interact with the team of educators and physicians who developed the course materials and provide feedback and recommendations for course improvement. The revised materials will include new interactive skill stations and critical thinking scenarios, and new slide presentations with the most up-to-date, evidence-based pediatric literature on Trauma, Airway and Ventilation, Shock and Medical Emergencies.

EMS Safety – New EMS Safety Course Regional Coordinators have been appointed! Regional coordinators are responsible for maintaining all administrative and quality assurance in their assigned region. They work with affiliate faculty to establish new course sites within their respective area.

- Daniel Linkins, Region 1 *(Connecticut, District of Columbia, Delaware, Massachusetts, Maryland, Maine, North Carolina, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, South Carolina, Virginia, Vermont and West Virginia)*
- John Loney, Region 2 *(Alabama, Arkansas, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Michigan, Mississippi, Ohio, Tennessee and Wisconsin)*
- Chad Pore, Region 3 *(Colorado, Hawaii, Iowa, Kansas, Minnesota, Missouri, Montana, North Dakota, Nebraska, Oklahoma, South Dakota and Wyoming)*
- Sara Leach, Region 4 *(Alaska, Arizona, California, Idaho, New Mexico, Nevada, Oregon, Texas, Utah and Washington)*

If you are interested in bringing the EMS Safety Course to your course site, please contact NAEMT at education@naemt.org

PEPL – Principles of Ethics and Personal Leadership provides EMS and Mobile Integrated Healthcare (MIH) practitioners at all levels with the skills they need to effectively interact with patients and their families, medical personnel, coworkers, supervisors and the community. Course topics include personal and professional core values, ethics, decision-making, duty to serve and conflict resolution. Course sites interested in offering the PEPL course should contact education@naemt.org.

PHTLS – Our new site partner in Ireland conducted its first course, training 6 providers and 17 instructors. PHTLS Vice Chair Greg Chapman (*seated, second from right*), helped The Medicall Ambulance Service launch PHTLS in Dublin, Ireland on February 10th.

New PHTLS site partner in Ireland.

PHTLS – New PHTLS State Coordinators have been appointed:

- Michael Berg, Arizona
- Mike Smith, Arkansas
- Vicki Gallaher, Illinois
- Lee Richardson, Iowa
- Marsha Frontz, Kentucky
- Susie Kochevar, Nevada
- Cynthia Turnmire, Tennessee
- Bernie Leonard, Wisconsin

PHTLS – To respond to the emerging need for tactical trauma courses, the PHTLS Committee is developing two new tactical courses:

A 16-hour Tactical Emergency Casualty Care course for EMS practitioners needing tactical casualty care for the civilian sector.

A 2-hour Bleed Control (B-Con) course – designed for non-tactical law enforcement, fire and other civilians including teachers, other public employees, and security personnel requiring basic training in bleeding control, including tourniquet application and wound packing.

These two new courses will be offered along with our current tactical courses:

Tactical Combat Casualty Care (TCCC) – the 16-hour course for military medics and other EMS practitioners going into a combat situation;

Law Enforcement and First Response Tactical Casualty Care (LEFR) – primarily for tactical law enforcement and firefighters.

PHTLS and TCCC faculty will be notified as soon as course materials are finalized.

TCCC – NAEMT's TCCC course was recognized by the Board of Critical Care Transport Paramedic Certification (BCCTPC) as "helping to prepare students to take the TP-C exam." The Tactical Paramedic Certification (TP-C) is offered by BCCTPC, our latest partner in advancing EMS careers through quality education.

NAEMT Instructor Course – This comprehensive instructor development course ensures that instructor candidates understand the educational principles of NAEMT's courses. The six interactive, narrated modules include an overview of NAEMT's education programs and administrative policies, adult education and learning methodologies, best practices for NAEMT education courses, and classroom management. Participants who successfully complete this course will receive six (6) hours of CECBEMS-approved continuing education credit.

Advanced Medical Life Support (AMLS)

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EMS Safety

Principles of Ethics and Personal Leadership (PEPL)

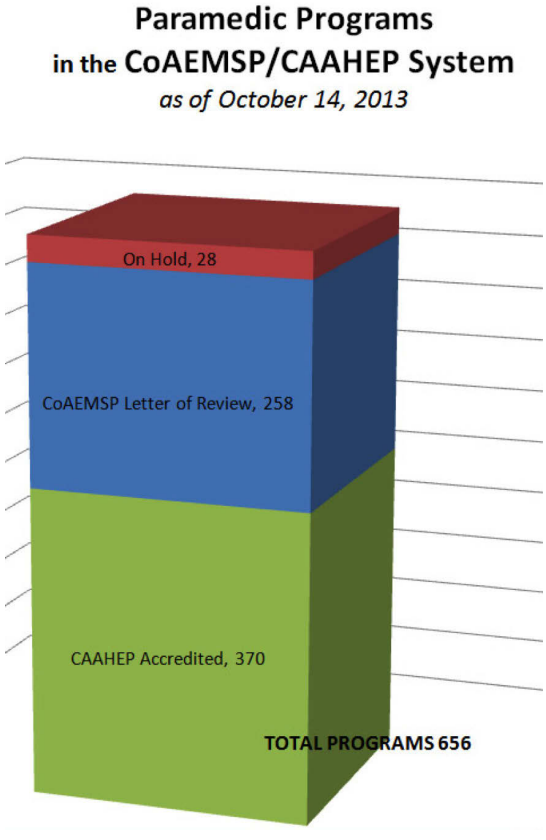
PreHospital Trauma Life Support (PHTLS)

Tactical Combat Casualty Care (TCCC) & Law Enforcement & First Response Tactical Casualty Care (LEFR-TCC)

NAEMT CoAEMSP Update

By Doug York, NREMT-P, PS, CoAEMSP Chair; and Gordon Kokx, MS, NREMT-P, CoAEMSP Vice-Chair; Both are members of the NAEMT Education Committee.

Since the January 2013 National Registry requirement for all Paramedic students to graduate from nationally accredited programs, the CoAEMSP (Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions) has been very busy. As of October 14, 2013, there were 370 fully accredited programs; 258 programs that have been issued a Letter of Review; and 28 programs on hold. As new programs enter the system, these lists continue to grow.



In January of 2013, the CoAEMSP Executive Committee met to formulate an organizational strategic plan to better serve EMS educational programs. Revised mission, vision, and core values statements were developed as follows:

- The mission of the CoAEMSP is to advance the quality of EMS education through CAAHEP accreditation;
- CoAEMSP is recognized as the leader in evidence-based standards for accreditation; and
- Core values of CLARITY (Commitment, Leadership, Action-Oriented, Respect, Integrity and Quality).

The strategic goals of the CoAEMSP were determined to be:

- Develop a high-level process for collecting and analyzing data for the purpose of improving EMS education;
- Restructure the Board/staff to meet the needs of a growing organization and EMS profession, as well as improve Board engagement and effectiveness; and
- Position CoAEMSP to effectively respond to (and manage) trends in EMS education, including the development of competent evaluative processes, especially for Distance Education.

The Standards and Guidelines are in the revision process, and a draft will go to the CoAEMSP Board of Directors and then, to Sponsors for approval. The Standards Interpretations are in continual review, updated and posted regularly. A process has been implemented for reviewing threshold measurement, as reported in the Annual Reports. Thresholds include: written national or state credentialing examinations, programmatic retention, graduate satisfaction, employer satisfaction, and job (positive) placement. The 2013 review (for the 2012 reporting year) addressed written national or state credentialing examinations. Programs not meeting the 70% threshold were required to submit a standardized progress report with an action plan. For the 2013 annual reporting year, the additional threshold of Retention will be added to the 2014 review and progress report/action plan process.

In additional activities, CoAEMSP and NAEMSE co-sponsored workshops on Accreditation Update and Evaluating Student Competency. The workshops were well-attended, and participants gave positive feedback on their experiences. In September, Dr. Murray Kalish and Gordon Kokx hosted an Airway Competency webinar that was attended by over 350 participants. During the one-and-a half-hour webinar, they discussed airway competency recommendations, and answered many related questions. The webinar is accessible in the CoAEMSP archives. Also in September, it was announced that Gordon Kokx, long-time NAEMT CoAEMSP Board of Director and Vice-Chair, was selected to become the Assistant Director of Accreditation Services, after an extensive national search process.

Looking forward, the revised Standards and Guidelines will be submitted to the CoAEMSP sponsors for feedback and approval. Following this step, the associated CoAEMSP

Continued > > 22

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NAEMT MEMBERSHIP UPDATE

NAEMT Welcomes Five New Agency Members!

NAEMT welcomes EASPA's Foundation (Argentina Rescue and First Aid School), Humboldt General Hospital EMS Rescue (Winnemuca, Nev.), Kiowa County EMS (Greensburg, Kan.), Northwest Ambulance District (Geneva, Ohio) and Pine Island Volunteer Ambulance Corps, Inc. (Pine Island, N.Y.) as the newest NAEMT Agency Members!

NAEMT Agency Membership includes full individual memberships, providing EMS agencies with an affordable addition to their employee benefits package. In addition, a tremendous package of benefits is provided to the agency, including membership to North Central EMS Cooperative (NCEMSC) – a $75 value – major discounts on AEDs from Cardiac Science, and 35% discount on all ClearCollar adult and pediatric cervical immobilization extrication collars, just to name a few.

Check out these benefits that were recently added to the Agency Membership package:

Mac's Lift Gate – exclusive member-only prices on ambulance lifts and installation, plus no freight charges!

Better World Brands – discounts on Keurig Machine & K-Cup packages – up to 40% off!

View all of the benefits of NAEMT Agency Membership in the Become a Member section of www.naemt.org.

Nominations Open for the 2014 National EMS Awards of Excellence

Nominations are open for the 2014 National EMS Awards of Excellence, and will be accepted until August 1, 2014. The awards recognize the outstanding achievements and contributions within EMS. Submit your nomination – not only to recognize your candidate, but also to recognize the quality emergency patient care that is brought to your community every day.

You can recognize your candidate(s) in the following categories:

- NAEMT/Braun Industries "EMT of the Year"
- NAEMT/Nasco "Paramedic of the Year"
- NAEMT/Jones & Bartlett Learning "EMS Educator of the Year"
- Dick Ferneau "Paid EMS Service of the Year"
- Impact "Volunteer EMS Service of the Year"

Award recipients receive a monetary award, three core program registrations, plus $1,100 for travel and lodging at the 2014 EMS World Expo/NAEMT Annual Meeting, November 9-13, in Nashville, Tenn.

For more information and to submit your nomination by August 1, visit our website and click on "About Us > National Awards."

NAEMT CoAEMSP > > continued from page 20

documents will be reviewed and revised, which includes the initial and continuing self-study report documents, Site Visit Report, and all other documents that relate to the process. Finally, after a meeting last summer, the Distance Education Committee tackled the issues surrounding various distance education options that continue to develop. They are working closely with CAAHEP to ensure quality in such programs.

Since 1978, NAEMT has sponsored two members to the Board of Directors of the CoAEMSP. During that time members have held vital positions on the Board, including Chair and Vice-Chair of the committee. Given this support, NAEMT has had – and will continue to have – a profound impact on the development and quality of EMS education across the nation.

Congratulations to The College Network Scholarship Winner!

NAEMT is proud to announce Marcella Hinzman as the recent recipient of The College Network ($2,500) degree completion scholarship. Marcella, a Paramedic from Salem, Ohio, currently works at a privately owned ambulance service and volunteer fire department for her community. She has always wanted to work in the air medical field and was fortunate to have the opportunity to work at Promedica Air and Mobile in Toledo. Marcella says, "This was such a great experience and I cannot imagine doing anything else with my career." Marcella plans to become a Paramedic instructor and continuing education instructor through the state of Ohio to teach at the volunteer fire department.

The next deadline for The College Network and NAEMT EMS Scholarships is June 15, 2014. NAEMT members are encouraged to login at www.naemt.org to learn more about our scholarship opportunities.

And the Winner Is...

NAEMT's Membership Committee selected a winner for the challenge coin design contest announced last fall. Full NAEMT members were asked to submit design suggestions for a coin that reflects our profession. Phillip Ramsey, a Paramedic from Elizabethton, Tenn., provided the outstanding design concept.

This golden tribute represents NAEMT's shining education, advocacy, and membership components. The coins will become a "More Members, More Rewards" incentive gift for recruiting new members, as well as for other special promotions. Learn more about these member rewards and benefits in the "Become a Member" section of the website.

MEMBER BENEFITS

Are you getting the most "bang for your buck" with your NAEMT membership?

Did you know that your full NAEMT membership includes:

- $10,000 Accidental Death and Dismemberment Insurance Policy, automatically included as part of your membership dues?
- up to 25% discount on select 5.11 Tactical, Inc. merchandise?
- access to four online continuing education courses?
- $125 discount on registration to attend EMS World Expo?

If you answered "No" to any of these questions, you are missing out on huge savings as an NAEMT member. NAEMT membership is much more than "your name on the roll." Access all of your member benefits in the Members section of the NAEMT website. NAEMT staff is waiting to answer any questions you may have at 1-800-346-2368.

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Mark Your Calendar!

Reserve the dates of November 9-11 for the NAEMT Annual Meeting, held in conjunction with EMS World Expo, which continues through November 13th. You won't want to miss the sights and sounds that can only come from the music city of Nashville, Tenn. Be on the lookout for more information coming soon!

Why Attend the NAEMT Annual Meeting and EMS World Expo?

- Registration discount of $125 for full NAEMT members attending EMS World Expo.
- Access to leadership, training and industry resources – *all in one place*.
- Opportunities to interact with peers, discuss techniques and get career-advancing insights.
- Possibilities to explore the association, consider future direction, and discuss your contributions.