SPRING 2018

NAEMTNEWS

A quarterly publication of the National Association of Emergency Medical Technicians

In This Issue

Interview with Dr. Alexander Eastman

Trauma Surgeon, Police Lieutenant, PHTLS Medical Director

A nationally respected trauma surgeon and lieutenant with the Dallas Police Department, Dr. Alex Eastman was recently named medical director for NAEMT's Prehospital Trauma Life Support (PHTLS) program.

Eastman began his career as a firefighter in Montgomery County, Maryland, and has also worked as an EMT and paramedic. He went to medical school at George Washington University School of Medicine, where he graduated with distinction. Eastman completed his general surgery residency and two fellowships at UT Southwestern/Parkland Memorial Hospital. He is triple board certified in general surgery, surgical critical care and EMS. He also has a Master of Public Health from University of Texas Health Science Center-Houston.

In 2004, Dr. Eastman worked with Dallas police to establish medical support for their SWAT response team. To prepare him to be embedded with law enforcement teams, he went through the police academy and became a police officer. Today he is deputy medical director for Dallas PD, and lead medical officer for the SWAT Operations Unit.

Eastman spoke with *NAEMT News* about guiding the world's leading prehospital trauma education course, his dual role as a surgeon and police officer, and where the future of prehospital trauma care is headed.

ALEXANDER EASTMAN, MD, MPH, FACS

- Medical Director and Chief, Rees-Jones Trauma Center, Parkland Memorial Hospital, Dallas
- Assistant Professor and Trauma Surgeon, UT Southwestern Medical Center, Dallas
- Medical Director, NAEMT's Prehospital Trauma Life Support program

You've worked as a firefighter, EMT and paramedic. What got you interested in prehospital care?

What little boy *doesn't* want to be a fireman? I was lucky enough to have the opportunity present itself to me and I took it, and it's the foundation for everything I do now. Some days, I still think of myself as that 16-year-old who started as a volunteer in Kensington, Maryland, or that same person riding wide-eyed in an ambulance at 17.

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NAEMTNEWS

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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Our Fight to Save the Ambulance Medicare Extenders – Lessons Learned

By Dennis Rowe, EMT-P

On Friday, February 9, NAEMT sent an Advocacy Update to all of our members to announce that the bill to save the ambulance Medicare extenders for another five years had just passed in both houses of the U.S. Congress. Everyone in EMS, across all states and delivery models, was relieved that our Medicare extenders, including retroactive payments from January 1, 2018, were saved.

NAEMT has always supported continuation of the ambulance Medicare extenders, and ideally would like them to be made permanent. When the last round of extenders was passed in 2015, Congressional leaders informed the EMS industry that our Medicare extenders would only be approved in the future if our industry was willing to commit to reporting our costs to the federal government, and if an appropriate cost offset was identified (i.e., a way to pay for the extenders so as not to add to our nation's existing debt burden).

We were not pleased to hear that EMS would need to now "pay" for the extenders that we have been receiving for 15 years, that were designed to compensate for general payments determined to be below the cost of providing care. Nevertheless, we took Congress' message seriously, and decided to work with our congressional leaders to craft a bill that would meet the needs of our profession, as well as the needs of Congress. We worked with congressional leaders in collaboration with other national and state organizations that recognized the need for our profession to adapt to the changing environment on Capitol Hill.

And, we decided that this issue was so important to our industry and profession, that NAEMT must take a very active role on this issue. We determined that NAEMT should strongly advocate for passage of legislation that would ensure the protection of our extenders and lead us on a path to begin reporting the actual costs that we incur in serving our patients and communities, including day-to-day patient care, as well as the cost of disaster preparedness. We believed this reporting process would provide the data that is needed for future modifications to the ambulance fee schedule.

So now that this bill has passed, we have stepped back to review this most recent campaign and learn lessons from this experience that we can apply to our future advocacy. Here are our takeaways from this campaign:

1 **NAEMT members provide the grassroots strength to our advocacy efforts.** They are the backbone of all of our campaigns. With the support of our Advocacy Committee and network of Advocacy Coordinators, our members actively campaigned for passage of the ambulance Medicare extenders.

2 **NAEMT's collaboration with other national and state EMS organizations magnify the strength of our effort.** Partnering with the International Association of Fire Chiefs, the International Association of Firefighters, the National Volunteer Fire Council, and our affiliated state EMS associations created a very strong coalition that strengthened our message on the Hill. To be successful, NAEMT should always collaborate with other EMS organizations that share our goals to help create a unified message to Congress.

3 **NAEMT must be a leading voice on the issues impacting our industry and profession.** NAEMT must participate as part of the leadership coalition on any and all legislation that impacts our profession. Our members deserve this from their association.

4 **Our work is never finished.** Now that the bill providing the ambulance Medicare extenders has been signed into law, we must actively advocate for a logical system of cost collection that our agencies can complete. NAEMT will continue to partner with other stakeholders to work with the Secretary of Health and Human Services to help create an appropriate methodology and system for collecting this cost data.

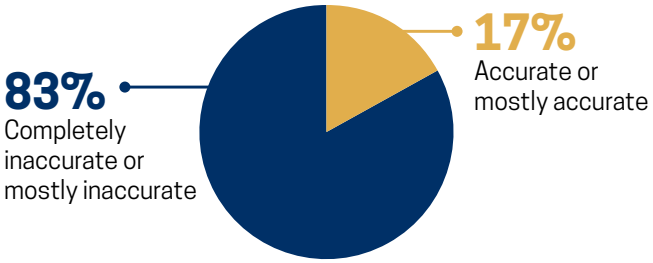
On behalf of the NAEMT Board of Directors, thanks to each and every one of our members for their continued support of NAEMT and the EMS profession.

Fox's **'9-1-1'** Earns Eye Rolls from EMS Practitioners

Fox TV's new drama "9-1-1" is getting good ratings, but EMS practitioners greeted the depiction of the profession with mostly eye rolls and groans.

In a survey of NAEMT members conducted shortly after the first two episodes aired, 83% of respondents rated "9-1-1" as either completely or mostly inaccurate in its depiction of EMS, while only 17% thought it was accurate or mostly accurate.

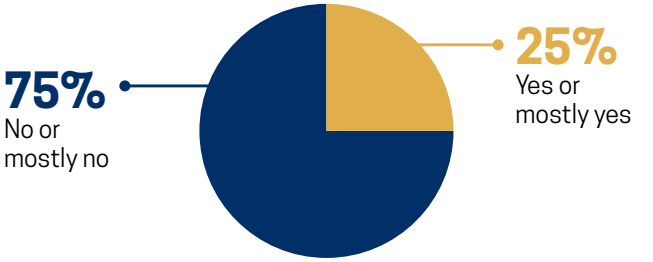
HOW ACCURATELY DOES "9-1-1" DEPICT EMS PRACTITIONERS



The show is about the lives and experiences of emergency call-takers, firefighters, police and paramedics in a fictionalized Los Angeles. The all-star cast includes Peter Krause ("Six Feet Under," "Parenthood"), Connie Britton ("Nashville," "Friday Night Lights") and Angela Bassett, whose long list of movie credits includes "What's Love Got to Do With It," "Boyz N the Hood" and "Malcolm X."

Featuring scenes including a rookie firefighter having a tryst in a fire truck and scoring a date with a woman he saves from being strangled by a pet snake, 75% said the show presents the profession in a negative or mostly negative light.

DOES THE SHOW POSITIVELY PRESENT THE EMS PROFESSION?



But 25% of you said the show presents the profession in a positive or very positive light. The premier, which was watched by 10.7 million people, also showed responders working as a team to save a baby flushed down a toilet and rescue a kid from a home invasion robbery. Maybe those heroics make up for the other antics?

We don't know. Watch and decide for yourself. "9-1-1" has already been renewed for a second season.

How Does the U.S. Count EMTs and Paramedics? Not Very Well, Actually

How many EMTs are there in the United States? How about paramedics, firefighter-EMTs or firefighter-paramedics? No one really knows.

The U.S. Department of Labor's Bureau of Statistics (BLS) is responsible for collecting and sharing information on the jobs, including the type of employment Americans are engaged in. The department then issues a monthly Jobs Report, which includes information on which sectors are hiring, how many jobs have been created and average wages.

Traditionally, EMTs and paramedics have been lumped into the same occupational category – which means the EMS industry lacks an accurate count of the number of EMTs and paramedics practicing in the United States. Firefighters who are either EMTs or paramedics are not counted as EMS practitioner. Neither are volunteer EMTs and paramedics.

Why does this matter?

The Jobs Report and the statistics kept by the federal government reveal hiring trends, provide information about the wages of various professions and show the economic value of a profession to the U.S. economy. These numbers can have a big influence on elected officials and government agencies in determining which jobs deserve additional support and resources. For EMS – a vital public service across communities big and small – this support is crucial.

"When NAEMT and EMS professionals go to the federal government and request funding for disaster preparedness, or PPE to keep practitioners safe when responding to infectious disease outbreaks, or support to train practitioners to alleviate shortages of EMS professionals in rural areas, having accurate numbers on how many EMTs and paramedics are practicing would help us make our case," said Jason White, a member of NAEMT's Workforce Committee.

Labor statistics also matter for the EMS profession itself. Information on wages and hiring trends can help in recruiting efforts, letting young people know that EMS is a viable career path. Yet EMT and paramedic wages have been lumped together, skewing lower the actual numbers that paramedics can make. 2016 BLS statistics show the median pay for EMTs and paramedics is $32,670 a year, or $15.71 an hour.

"There are many more EMTs figured into the calculations than paramedics, so those figures don't accurately reflect what are typically higher paramedic wages," White said.

Volunteers are counted separately, as part of a U.S. Census Bureau Current Population Survey Volunteers Supplement. That survey measures how many individuals are involved in volunteer activities. EMS is included in the category of "providing counseling, medical care, fire/EMS or protective services," which is overly broad and also isn't to helpful in measuring the nation's volunteer EMS workforce, White added.

How does the U.S. Bureau of Labor Statistics collect jobs data?

They get this information by surveying 160,000 non-farm businesses and agencies on the number of jobs, wages paid and the hours worked. The Jobs Report shows which industries are adding jobs, whether American workers are working longer hours and how fast salaries are increasing.

Changes ahead

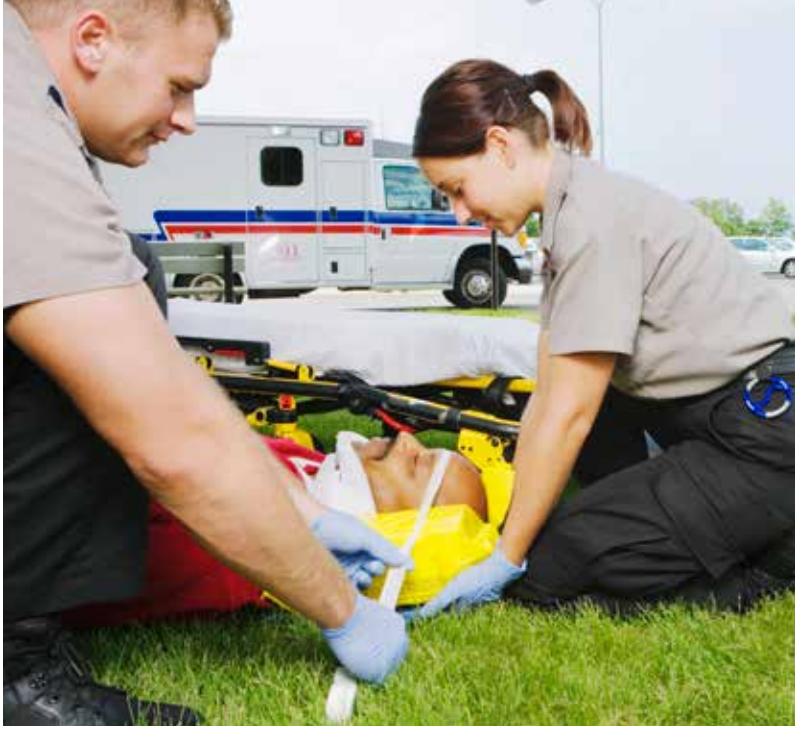
The good news is that starting in 2018, the BLS will recognize "EMT" and "paramedic" as separate occupational categories for the first time. This is the result of significant lobbying by NAEMT in cooperation with the Joint National EMS Leadership Forum (JNEMSLF), made up of 17 EMS and emergency medicine organizations that work together on issues of national importance.

According to a letter from the group to the Department of Labor written in 2016, the change will "dramatically improve the quality of Bureau of Labor Statistics data on these occupations."

"Having separate occupational categories for EMTs and paramedics is a step in the right direction," White said. "The economic contribution of EMS practitioners to the U.S. economy will be better appreciated. The new information will also add nuance to information about the key drivers impacting the EMS profession including labor shortages, industry trends, skill gaps and diversity."

Yet issues with how statistics are categorized remain. Job categories include "firefighter," but not firefighter-EMT or firefighter-paramedic.

Firefighters will still need to choose between listing their occupation as a firefighter only or an EMT or paramedic only. According to the JNEMSLF, most will list themselves as firefighters, leading to a continued undercounting of the men and women working for fire-based EMS.



"About 80% of the calls, on average, that firefighters respond to are medical in nature and require the skills of an EMT or paramedic," White said. "That dual role should be reflected in the occupational classifications. NAEMT, in collaboration with other national EMS organizations, will continue to advocate on this issue to improve the accuracy of these national labor statistics."

In October, the National EMS Safety Council* published a Guide for Developing an EMS Agency Safety Program, which provides tools and templates that EMS agencies can use to establish a workplace safety program to protect both practitioners and patients from injuries and harm. The following is an excerpt from the guide.

Facility Safety and Security

Because of the dynamic nature of work in the field, the safety of EMS practitioners while out in the community rightfully gets much of the attention when safety is discussed. But EMS agencies must also consider the safety of all of its employees, including administrative staff and others who work inside agency facilities. All EMS agencies need a facility/administrative employee safety and security policy. New hires should be familiarized with the policy during orientation.

The policy should cover authorization to enter agency facilities, visitor policy, closures for inclement weather/severe weather plan and building evacuation procedures. Also important are policies covering weapons, harassment and violence in the workplace.

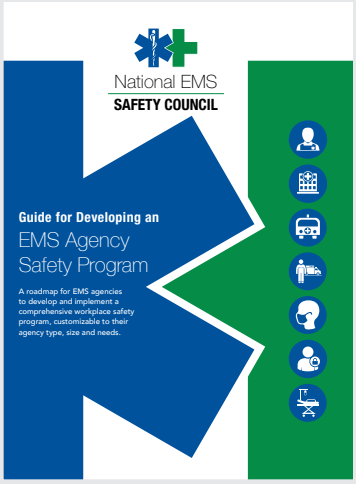
Workplace violence is a very real threat for U.S. workers. In the United States, homicide is the 4th leading cause of fatal occupational injuries, according to the Bureau of Labor Statistics. Research has identified factors associated with an increased risk of workplace violence, some of which apply to EMS, such as working late at night or in areas with high crime rates, and caring for patients who may be volatile or violent.

Topics to be covered by written policies

Access badges – Employees should be given access badges to enter the facility, and wear the badge at all times. Field employees should not wear access badges when they are involved in patient care activities.

Visitors to the agency – Visitors should have authorization to access the building, and have a visitor or guest access badge. Establish check-in and check-out procedures.

Personal belongings – The EMS agency should have the right to open and inspect any personal belongings brought on to agency property, including: desks, lockers, personal vehicle, handbag or briefcase, without advance notice. The EMS agency should also provide a list of prohibited items, such as: weapons, alcohol, explosives, illegal drugs or prescription drugs without a current prescription.



For suggested reading, educational videos and sample policies on administrative and facility safety, and workplace violence, view the full safety guide at: naemt.org/initiatives/emssafety/safety-resources.

Inclement weather/severe weather plan – Your policy should explain how facility closures/delayed openings will be communicated to administrative employees. The policy should also cover expectations for field employees during severe weather. Make sure employees know which locations inside the building are safest in case of severe weather hazards such as tornadoes, and where to seek shelter if they are in the field.

Evacuation plan – Your agency should have and practice a building evacuation plan in case of fire or other emergency.

Workplace violence – There has been a lot of focus on the risks of workplace violence as it relates to field personnel. The reality is that EMS agency employees also face risks when they return to the station, whether because of domestic issues or interpersonal conflicts that end in violence. According to OSHA, a well-written and implemented workplace violence prevention program, combined with engineering controls, administrative controls and training can reduce the incidence of workplace violence.

This can be a separate workplace violence prevention program or can be incorporated into a safety and health program, employee handbook, or manual of standard operating procedures. A key aspect of any program is a zero-tolerance policy toward violence.

**The National EMS Safety Council is a coalition of 12 national EMS and safety organizations to ensure that patients receive emergency and mobile healthcare with the highest standards of safety, and promote a safe and healthy work environment for all emergency and mobile healthcare practitioners.*

You were already a surgeon when you went to the police academy. Tell us about that experience.

I was probably the most unique police recruit in Dallas Police Department history! You learn the basics and fundamentals of the job in the academy and you become a sworn peace officer. Then you go through the field training phase. For about nine months, you work with a senior trainer every shift, learning the nuts and bolts of the job and gaining valuable experience.

How does being a police officer help you in providing medical support for SWAT?

It makes a difference to not just be a police officer on paper. I'm a member of the team. Our SWAT physicians wear uniforms at times, and do everything a police officer does – except crash reports, I'm not so great at that. But I have people I can call when I need that.

Being a police officer helps you understand the job, the challenges, and come up with solutions. When responding to an active shooter, it gives you a different perspective on how we should prepare our communities. I know what our police officers are capable of because I'm one of them.

> *Dr. Norman McSwain taught me so much about surgery, family and life, what it's like to be a professional and to work hard to follow your passion no matter what door it takes you through.*

Tell us about someone who was important in your career.

I'm really blessed to follow some giants in this field, people who were both mentors and friends to me. Dr. Norman McSwain [founder of PHTLS] taught me so much about surgery, family and life, what it's like to be a professional and to work hard to follow your passion no matter what door it takes you through. The ability to follow in his footsteps in this role is truly humbling, and I will work every day to try to honor his memory and his legacy and to pay back in some small measure everything he gave me over the years.

What is the role of NAEMT's Prehospital Trauma Life Support medical director, and what do you hope to bring to the position?

The PHTLS medical director serves two key roles. You're an advocate for outstanding trauma care in the prehospital community. One of the things I hope to do is to continue to bring new emergency techniques and the best care strategies into all aspects of PHTLS and all of NAEMT's trauma programs.

The flipside is to be a conduit and a voice for providers in the field who think we ought to be doing something different. You have to help make sure all of those ideas get evaluated and addressed. I'm still a prehospital provider – this morning at 5am I ran a narcotics warrant. So I know that being in the field you see things differently than when you're in a hospital, and the ideas from the field need to be heard.

Why is prehospital trauma care so important to communities?

Prehospital trauma care is the foundation with which the emergency health care system is based. If you look at a community that has a truly mature, robust trauma system, it starts with community members trained in helping each other, followed by the best prehospital trauma care that can be delivered, followed by delivery to the highest level trauma center you can get to. Those elements are vitally important.

That foundation is so important for truly making our communities resilient. By that, I don't mean just being able to come back from whatever happened. I mean able to handle whatever challenges come our way – whether it's an active shooter, bus crash, or Ebola outbreak. If your system works well, your community is a better place to live, and your community is better prepared to minimize deaths and destruction from whatever happens.

What significant changes in prehospital trauma may be on the horizon?

Right now, we don't do a fantastic job of analyzing the data we collect, and I'm not sure we collect the right data to assess our processes in prehospital trauma care. I'm hoping we get together as a community to collect and analyze data and determine if what we're doing is accurate and appropriate.

What you'll see in terms of changes

is more analysis of what we do, to make sure the interventions are the right ones for patients. When I look back at the military over the last several decades, they have saved countless lives by making sure the right care is provided to the right patient in the right time. We in civilian prehospital trauma care haven't been as robust in following that lead but we should, and I'm hoping that we will.

Why is NAEMT's PHTLS the best prehospital trauma course available?

There are a number of courses out there, but the difference between many of those and the PHTLS course is the legacy from Dr. McSwain. PHTLS is not an algorithm course. It teaches you the why and how to care for injured patients. If you understand the why and the how, you will understand what the best care decision is for the patient. It's modeled the same way as we teach physicians to care for trauma patients. The best principles of trauma care are understanding the why and the how and being able to apply those skills. That's what PHTLS does in the prehospital environment.

After medical school, you also earned a Master of Public Health (MPH). How does that relate to your work today in trauma care and EMS?

So much of what we do in trauma and prehospital care requires a systems-based approach – all of the elements of a system are interrelated, and each needs to work together to solve problems and provide the best care. The tools that come with a public health degree help make me a better leader in the field, and make a difference in how I think about problems. You act locally and think globally. I'm really indebted to my public heath training.

You were on scene in Dallas on July 7, 2016 when five police officers were killed and 11 officers and civilians wounded after being ambushed by a shooter during a protest. In the days after the murders, you were interviewed in the *Dallas Morning News* about helping responders deal with the horror and trauma of what they witnessed. Mental health is a big issue for first responders. Do you think more needs to be done to support them, and if so, what?

Nobody is supposed to see the things we see and feel – the things we feel over the course of our careers. I have been doing this work since 1991. You can't care for anyone else if you're not well yourself.

Yet historically as a profession – surgeons, EMS, fire and police – have done a terrible job of caring for ourselves. That's why we burn out early, get divorced and die early. I said to myself after the July 7 shooting that I would no longer be quiet on this topic. I would make it a priority to talk about it as often and as loud as I can.

Right now, there's a good body of evidence that takes a very critical look at critical incident stress debriefing (CISD), yet some in fire and EMS are still using it. Law enforcement moved away from using it years ago. In EMS, we need to do a better job figuring out what things work and what don't.

What's one skill that every EMS practitioner should have that will prepare them to treat trauma patients?

The most important skill is being able to provide the care that you would want your family member to get. I tell our surgical trainees all the time, 'Your standard of care should be what you expect for your family member, and if you retain that as your focus we will never have an issue. Even if you make a mistake, you will always have my respect and my support.' Never lose sight of that, whether you're responding to an active shooter, a hurricane, a disease outbreak, a car crash in the middle of nowhere. Do what you would want done for your mom, dad, wife, husband, brother and you will always be in good shape.

Save the Date: PHTLS Instructor Update

Join us October 29 for the PHTLS 9th edition instructor update. The 4-hour update will be held as a preconference workshop at EMS World Expo 2018 in Nashville, Tennessee. This course is required with each new edition of PHTLS to maintain current instructor status.

Prehospital Care Research Forum
Advances Evidence-Based Medicine in EMS

By Christopher T. Boyer D.B.A., NR-P, FP-C and Todd J. LeDuc MS, CFO, FIFirE

Modern-day EMS practitioners are faced with the daunting task of providing quality care to their patients on a daily basis while also ensuring they remain aware of the latest trends in evidenced-based care. Evidence-based practice, which has its foundation in research, is the standard of care in modern medicine, with both providers and decision makers seeking to provide effective, targeted therapies for patients. Experienced practitioners know all too well how evidence-based medicine can change or discredit the practice of medicine in the field. The application of pneumatic anti-shock garments to hypotensive trauma patients was once a well-accepted therapy that research has found to be ineffective. More recently, research has called into question the routine immobilization of trauma patients. On the positive side, research has shown that continuous quality CPR improves survival rates, leading to changes in resuscitation strategies.

While the practice of medicine is continually improving thanks to evidence-based medicine, original research conducted in the prehospital setting is lagging behind. The care protocols delivered by prehospital practitioners are generally derived through trial and error,

or by adapting hospital therapies to the prehospital environment. Yet the hospital environment differs substantially from working in the field. Whether by the side of the road, in a patient's home or at the scene of a disaster, EMS practitioners often have limited medical and personnel resources; deal with challenges including a non-sterile, poorly lit, cold, hot or wet environment; and have to adjust to rapidly changing circumstances. It is not safe to assume that therapies proven effective in a hospital will also be effective in the prehospital environment.

Using Science to Advance EMS

The mission of the Prehospital Care Research Forum (PCRF) is to promote, educate and disseminate prehospital research conducted at all provider levels. PCRF believes in challenging the status quo and using science to advance EMS. Established in 1992 by the University of California, Los Angeles (UCLA) Center for Prehospital Care, PCRF has been leading the charge for evidence-based practice in prehospital care for over two decades. While out-of-hospital research has been physician-led, PCRF hopes to educate, mentor and empower EMS practitioners to contribute to research, and to conduct our own studies, on practices that impact our profession and our patients.

> *The mission of the Prehospital Care Research Forum (PCRF) is to promote, educate and disseminate prehospital research conducted at all provider levels.*

Conducting and Evaluating Evidence

To accomplish its education mission, PCRF holds workshops and webinars, and offers mentoring and a free online

education module, Research 101. With 4 hours of content, Research 101 is hosted by Fisdap® (fisdap.net/research101) and serves as an introduction to the 12 steps of research for EMS practitioners at all levels.

Once a year, PCRF issues a call for abstracts. More than 30 experienced advisors peer-review the abstracts to evaluate their methods, scientific rigor, originality and impact. Only the best of the best are selected for oral presentations. Authors are given 15 minutes to present abstracts related to EMS education at the National Association of EMS Educators (NAEMSE) annual symposium. Research related to clinical practices and systems is presented at the International Scientific Symposium, held in conjunction with EMS World Expo. This year's deadline is April 30, 2018.

Recently the PCRF accepted its first abstracts in Spanish. These were peer-reviewed and presented at the EMS World Americas conference in Bogota, Colombia.

Ways to Get Started

If you're interested in learning more about how to conduct EMS research, a great place to start is to participate in a monthly podcast – the PCRF Journal Club – hosted by Drs. Megan Corry and Tony Fernandez. Held the second Monday of the month at noon CST, the podcast (available at fisdap.net/podcasts/pcrf) offers the PCRF's critical evaluation of current research, bridging the gap between researchers and EMS practitioners. The goal

is to create an EMS community that has the skills to critically evaluate evidence, and to promote healthy and respectful discussions that challenge present and future prehospital care practices. Participants can either call in or log in through the internet, with interactive engagement facilitated via an online chat window or verbal discussion.

We encourage all EMS practitioners to get involved! Check out our website (cpc.mednet.ucla.edu/pcrf) to learn more about PCRF or tune into our next podcast. Your involvement is vital, not only to the success of the forum, but also to the future of EMS.

EMS Education Around the World

NAEMT courses are taught to civilian and military emergency responders all over the globe! Here's our NAEMT instructors and students in action in New York, the Netherlands, Louisiana, the Philippines, Columbia, Bolivia and India.

FDNY EMS Haz-Tac team gets prepared to respond to active shooter or other mass casualty events by taking Tactical Emergency Casualty Care (TECC).

The Louisiana Army National Guard teaches medics Tactical Combat Casualty Care (TCCC).

PHTLS launches in Davao, Philippines.

EMS professionals in India learning PHTLS.

EMS professionals in the Netherlands get prepared with Tactical Emergency Casualty Care (TECC).

Colombia's Sismedica LTDA hosted the first Emergency Vehicle Operations Safety (EVOS) course outside of the U.S.!

NAEMT education is growing in Colombia!

Learning PHTLS at the Rafael Núñez University Corporation in Cartegena.

The Colombian Red Cross and Diancecht recently taught AMLS in Bogota.

EMS practitioners taught by Edumed-EMS instructors learn to put PHTLS to use in treating life-threatening injuries.

Celebrate EMS Week 2018 May 20-26

2017 was a difficult year for many of our nation's first responders. From the massacres in Las Vegas to the mass shooting at the church in Sutherland Springs, Texas, the pace of active shooters didn't let up – and in each case, EMS practitioners were on scene to treat the wounded.

During a devastating hurricane season, flooding in Texas, Florida and Puerto Rico, massive wildfires in several western states and horrific mudslides in California, EMS was there to help people pick up the pieces.

And in communities large and small, EMTs and paramedics continued to deal with the opioid overdose epidemic, seeing up close and personal the devastation of addiction on individuals and families.

These events, and the countless others that EMTs and paramedics respond to every day, is why it's so important to recognize the sacrifices, contributions and accomplishments of our nation's EMS workforce during EMS Week, to be held May 20 to 26. This year, NAEMT continues its partnership with the American College of Emergency Physicians (ACEP) on the EMS Strong campaign, which aims to recognize, unify and inspire the men and women of EMS, and encourage the celebration of EMS Week nationally. This year's theme is **"Stronger Together."**

We asked NAEMT members what "Stronger Together" means to them. Here's what they had to say.

"As EMS professionals, we see things people should never have to see. We experience situations made for horror films. We hear things that on the surface are okay, but once you have the backstory, can be horrific. We carry the burden of not only our emotions, but the emotions of our patients and their loved ones. We care. We heal. We help. All of that weight can weaken the strongest of persons. Together, we are stronger. Together, we make a difference."

Macara Trusty, Education & Community Programs Manager
MedStar Mobile Healthcare, Fort Worth, TX

"EMS providers as a group are unique in that they are involved in challenging situations on a daily basis, situations that most other individuals may never deal with. The fiber that binds us together and makes us stronger as both individuals, and as a group, tend to evolve out of that uniqueness. I believe strength comes through our relationships with our families and coworkers, our experiences, educational opportunities and spirituality."

Bob Loiselle, Region 3 Trauma Coordinator
Bureau of EMS, Trauma and Preparedness
Michigan Dept. of Health and Human Services (MDHHS)

"To me, it means you're not in it alone. We're family. If you're going through something, there are people you can turn to who can help you through it, who have been there, who have experienced it."

Mike Lau, EMT, Dodge Center Ambulance
Dodge Center, MN

"In times of tragedy, it takes a group effort to get things back to normal. First responders are the heart and soul of that effort. During Hurricane Harvey, the military, EMS and hospital systems earned their stripes in spades by providing a vision of normalcy in the midst of chaos. I am honored to be a member of this group and associated with the elite men and women of our profession."

Bradley Leach, Division Director of EMS Relations, St. David's HealthCare, Austin, TX
Hospital Corpsman First Class (FMF), 1st Battalion, 23rd Marines

"I work as a sprint medic. A lot of our responses are in rural areas. I'll go out solo in a Ford pick-up to get ALS care quicker to our rural communities until the ambulance can arrive to transport. Our rural volunteer fire-rescue departments have members who are EMTs and EMRs. They respond to so many calls and sometimes reach the patient before our sprint medic. I don't know where we'd be without our volunteers and they say the same thing about us. It's because we all work together and have a very strong relationship that we can deliver quality BLS and ALS to rural patients."

Melissa Roberts, Paramedic, AMR
Jackson and Hinds County, MS

Share pictures of your EMS Week celebrations with NAEMT on Facebook and Twitter!
Tag us on Facebook (@NAEMTfriends) or Twitter (@NAEMT_) to be featured on our page!

How Do You Explain **EMS 3.0?**

Regulators, taxpayers, hospitals and insurers are just a few of the individuals, groups and organizations potentially impacted by EMS 3.0.

Known as stakeholders, these entities influence the changes underway as a result of EMS 3.0 – such as EMS participation in care coordination, patient navigation and referral or transport to facilities other than emergency departments.

"Stakeholder engagement is crucial to the success of EMS 3.0," said Matt Zavadsky, NAEMT president-elect and chair of NAEMT's EMS 3.0 Committee.

Stakeholders should be educated about what the initiative is all about, and more specifically, the value that the EMS transformation will bring to them.

"Put simply, stakeholders want to know: 'How does the EMS value proposition change in a transformed EMS service delivery model?" Zavadsky explained. "For example, EMS agencies should be able to explain the value of EMS 3.0 to hospitals in ways that are meaningful to hospital executives. Similarly, commercial insurers should be educated about how EMS 3.0 could enhance their members' experience of care, while simultaneously reducing the cost of care for things like preventable ambulance trips, ED visits and inpatient admissions."

To help EMS practitioners and agencies explain EMS 3.0 to stakeholders outside of EMS, NAEMT has published a new resource, "EMS 3.0: Explaining the Value to Payers." Each section of the document focuses on a particular stakeholder group, and answers key questions related to cost savings, health outcomes and the potential for revenue generation. EMS practitioners and agencies are encouraged to use the talking points in their discussions with potential partners who potentially influence the success of the EMS 3.0 transformation.

"EMS 3.0: Explaining the Value to Payers" can be downloaded from the NAEMT website in the Publications section (naemt.org/publications).

EMS 3.0 Stakeholders

- City Council/Taxpayers
- Hospitals
- Home Care Services
- Commercial Insurers
- Post-Acute Care Services
- Medicare
- State Medicaid Officers
- Foundations
- Labor Unions
- Accountable Care Organizations

What is EMS 3.0?

EMS industry initiative to help EMS agencies and practitioners understand the changes that are needed for EMS to fully support the transformation of our nation's healthcare system, and to provide tools and resources to help them implement these changes.

Advancing the EMS Profession

NAEMT is pleased to announce our new tagline, "Advancing the EMS Profession." The NAEMT Board of Directors chose the new tagline in January.

NAEMT
Advancing the EMS profession®

"We feel the tagline sums up our commitment to our nation's EMS practitioners to ensure that they have the education and resources they need to fulfill their mission, and the respect they deserve from members of the public, the healthcare community and policy-makers," said NAEMT President Dennis Rowe.

5 MINUTES With Andrew Neill

NAEMT Membership Committee Member and EMS District Chief, Nashville Fire Department

With 26 years in EMS, Andrew Neill is EMS District Chief for the Nashville Fire Department, NAEMT Membership Committee Member and NAEMT's Education Coordinator for Tennessee. A sought-after EMS educator, Neill believes in creating a dynamic classroom experience for his students. For over two decades, Neill has also worked as a paramedic, tactical paramedic, and flight paramedic.

We caught up with Neill, who shared his thoughts on going to college in his 40s and what it takes to make a great EMS instructor (it involves silly string).

You're a lifelong learner. Why is that important to you?

I recently finished my bachelor's degree online, and now I'm working on my Master of Arts in Emergency and Disaster Management.

EMS is one of the few professions that doesn't require a bachelor's degree. At one time, firefighting and EMS were rated as some of the easiest jobs to get without a college degree. I don't agree with that. The only way we are going to command respect from other healthcare professions is to hold ourselves to a higher standard. Education is something that makes us a credible profession.

I don't mean to imply that I have anything against anybody that doesn't have a degree. I know many people who are very proficient at what they do without degrees. But for us as a healthcare profession, we need to move toward requiring more education. It may not change at a national level, but we have to change it for ourselves.

Also, medicine is always changing and always evolving. We have to evolve with it, and in my opinion, you need education to do that.

What was it like starting college in your 40s?

I'm 49 years old, and I got my bachelor's degree last year. So, it took me quite a while. I won't say I wasn't a little scared of it. I doubted my own abilities. But I believe adult learners are the most committed. We have experienced life. We have jobs, families, and responsibilities, so we appreciate the opportunity to be there.

The human brain has the capacity to learn at any age. It's like a muscle. If we don't exercise it by learning, it will degrade, like any other muscle. But if we use it, it stays strong.

100% of my classes are online, through American Public University. Many of my fellow students are active duty military defending our country. There are brave men and women taking these classes and I'm humbled by them. They're bettering themselves, trying to make opportunities for themselves, but at the same time they're also dodging bullets.

What makes a good EMS educator?

There's a fine line between educating and entertaining. You have to do both. You have to make learning fun. You get up there, and you do whatever it takes to make the students want to learn. If you have to scream and holler, roll around on the floor, or stand on a table and dance – whatever it takes, you have to be willing to go that extra mile. Otherwise after a while it becomes mundane, routine and just a job. Educating is a privilege.

You should see what I do to teach OB and delivery. I'll strap on a manikin and have them 'deliver' me, and I do a good acting job. I have cans of foam hidden under the blanket to simulate the body fluids you should expect when you're delivering a baby in the field and to teach the importance of using proper protective equipment. If you're not wearing goggles or a facemask, you're getting hosed. These poor kids will be covered in foam but they're loving it, and they will never forget the lesson.

One time I didn't have foam so I ran down to the Dollar General and bought silly string, which works well too. I've had paramedics call me and say, 'I just had the worst field delivery ever, and all I could think of was you screaming at me and it made it easier.' I had one who called and said, 'I just delivered a baby, but there was no silly string on me. What's up?'

You have a packed schedule, yet you still make time to volunteer for NAEMT. What motivates you?

EMS is changing, and I'm committed to being a part of that change. We need to come together as a profession through collaborative effort. There's strength in numbers. NAEMT is a voice for all EMS professionals, and if you're part of that voice, you're part of that change.

My other motivation is that I believe in promoting good quality education and higher education for EMS professionals. I taught the first Prehospital Trauma Life Support (PHTLS) course in Alabama, because I thought it was the best course out there. Today the entire Nashville Fire Department takes PHTLS, and it's the dominant prehospital trauma course throughout much of Tennessee. We're also getting ready to teach Tactical Combat Casualty Care (TCCC) to police, fire and EMS in Nashville.

Tell us about someone who has been a big influence on your career, and what you learned from them.

Rick Collier was a program director at the college where I went to EMT and paramedic school. He was my educator, my mentor, and eventually my co-worker. He served in Vietnam, and had done and seen things I can only imagine. He really saw the importance of educating the next generation of EMS professionals. He helped me mature as an individual, and as an educator. He also taught me the value of education for myself and for my children.

What's the best Christmas present you ever got?

A trinket box that my son gave me a couple of years ago. He was keeping all these little mementos from times we had together – a hockey puck from our first hockey game together, seashells from our first time to the beach, a note that he wrote about me when he was in elementary school. He'd been saving these things since he was 5 years old, and he's 25 now. I don't like people to know I'm sentimental, but I about broke out in tears.

What was your worst summer job?

Probably my very first job. I was a dishwasher in a pizza restaurant at 16 years old. It put me off spaghetti and meatballs for years.

Congress Approves Medicare Ambulance Extenders!

In February, EMS scored a major win when Congress passed legislation that includes most of the provisions of the Comprehensive Operations, Sustainability, and Transport Act of 2017 (H.R. 3729). The legislation extends the Medicare add-on payments of 2% urban, 3% rural, and 22.6% super rural for five more years. The law will be retroactive to January 1, 2018.

"This legislation will enable our industry to continue to deliver the essential, life-saving services that we provide 24/7 to our patients and communities," said NAEMT President Dennis Rowe.

"The success of our efforts was highly dependent on the tremendous collaboration we received from the International Association of Fire Chiefs, the International Association of Firefighters, and the National Volunteer Fire Council. Together, with one voice, we advocated for this bill for many months. We also thank the American Ambulance Association for their work over many years to ensure that the Medicare add-on payments continued."

The legislation will require EMS agencies to begin reporting the costs to provide care, including day-to-day patient care and disaster preparedness to the federal government. By showing the actual costs of providing EMS – including personnel, training, equipment and operations costs – EMS will have the information it needs to more effectively advocate for higher payments or more resources in the future, Rowe added.

"Reporting the actual costs that we incur in serving our patients and communities will provide the data that is needed for future modifications to the ambulance fee schedule," he said. NAEMT will partner with other stakeholders to work with the U.S. Department of Health and Human Services to create an appropriate methodology for collecting cost data that will not be overly burdensome to EMS agencies.

"Please join me in expressing a big thank you to our NAEMT Advocacy Committee, NAEMT Advocacy Coordinators and all members who actively supported passage of this bill through emails, letters, phone calls and personal meetings with their congressional leaders and staff. All of us working together was truly the key to this victory."

Supporting 'Incubators for Innovation' **with State Level Advocacy**

Laws passed by state legislatures have a significant impact on the daily practice of EMS. The medications EMS practitioners are permitted to administer, whether they're allowed to take patients to alternate destinations and legal protections against violence on the job are all decided at the state level.

To help EMS practitioners and state EMS organizations advocate for laws that protect and benefit EMS and patients, NAEMT has launched a new initiative focused on supporting state legislative advocacy. The initiative, established by the NAEMT Board of Directors as part of NAEMT's 2018-2020 Strategic Plan, includes new online resources to help EMS practitioners easily keep track of pending legislation in their state and in other states.

"In many ways states are the incubators for innovation," said NAEMT Advocacy Committee Chair and Board Member Terry David. "It's important for EMS professionals to not only be knowledgeable about laws being considered by Congress at the federal level, but laws introduced and enacted through state legislatures. As our profession's largest and most diverse membership organization, we felt it was important for NAEMT to lend our support to these important state level efforts."

Because of the smaller scale of state legislatures, getting state laws passed can be faster and easier than changing federal law, David added. At the federal level, the legislative process faces highly polarized politics, huge demands for attention from countless competing interests and many more obstacles for legislation to gain traction.

State advocacy logistics may also be easier to navigate. EMS practitioners may not have to travel as far to their state house for advocacy. State representatives and senators may also be more accessible than those who hold a Congressional office, who spend a good portion of their time in Washington, D.C.

And the laws passed at the state level may ultimately influence federal policy, if a case can be made to members of Congress that something is working really well at the state level and should be applied more broadly.

"By focusing closer to home, EMS practitioners can work toward changes that have an immediate and positive influence on the practice of EMS, their work environment, reimbursement, permitted services and interventions, and protections for themselves and their co-workers," David said. "State laws are powerful."

NEW STATE EMS LEGISLATION RESOURCES

NAEMT has created two new online resources to support state EMS legislation advocacy.

State EMS Legislation Tracking

Through NAEMT's Online Legislative Service (OLS), NAEMT is now tracking state legislation relevant to EMS, from introduction through adoption. View state EMS legislation at naemt.org/advocacy/online-legislative-service# and choose the "Bills" section. Scroll down to the map at the bottom of the page and click any state to view pending legislation.

Additionally, the directory of contact information for members of Congress now also includes phone numbers and emails for certain state elected officials, including the attorney general, governor, lieutenant governor and secretary of state. With the click of a button, you can send an email letting them know your position on any issue. Access this information under the "Directory" section.

Getting Involved

Ready to get involved in advocating for EMS in your state? Check out NAEMT's Grassroots Advocacy Guide for tips on local, state and national advocacy. The guide includes information on identifying advocacy targets, building relationships with elected officials and cultivating media coverage.
To view the guide, go to the "Publications" pulldown and choose the "Advocacy" link.
Also check out your state EMS association's website.

Sample State EMS Legislation

State legislatures across the country are enacting laws that promote transformation, innovation, protection of practitioners and quality patient care within EMS. States such as Minnesota have led the way in reimbursing EMS for providing community paramedicine services. A law went into effect in 2016 in New York that stiffens the punishment for attacking EMS practitioners, while legislation will take effect this summer in Indiana to improve stroke care through new EMS and hospital stroke protocols. (Similar laws are on the books in about a dozen other states).

NAEMT members can now view these and other important laws at naemt.org. In the "Advocacy" pulldown menu, choose "Sample State EMS Legislation."

NAEMT will work in partnership with NAEMT Affiliates and Advocacy Coordinators to keep both resources current and valid.

NAEMT Position Statement: EMS in Healthcare Policy

The NAEMT Board of Directors has released a position statement delineating how EMS should be covered in healthcare policy – whether at the federal level, in states or in local communities – and the role of EMS in developing healthcare policy. The statement represents a revision of NAEMT's original position on this subject, first published in 2009.

"Healthcare has changed significantly since 2009. We've seen the passage of the Affordable Care Act, the move to paying for the value healthcare providers bring rather than volume of services they provide, and a focus on solving long-standing problems facing the U.S. healthcare system," said Matt Zavadsky, NAEMT president-elect. "This revised position statement helps articulate what NAEMT believes should be EMS's role in our evolving healthcare system."

The board recommended incorporating 10 principles into healthcare policy to allow EMS to have maximum positive impact on patients and communities.

1. EMS is an essential safety net component of America's healthcare system.
2. EMS should actively participate in the development of healthcare policy.
3. Medical services provided by EMS agencies should be reimbursed as a provider of medical care as opposed to a provider of transportation.
4. EMS reimbursement and economic models should be based on the cost of providing healthcare, as determined by EMS agency cost reporting, the most recent GAO study on ambulance costs, as well as value-based, quality measures.
5. Both emergency and non-emergency EMS should be covered services.
6. EMS can contribute to more optimal healthcare and achieve healthcare savings when integrated with the healthcare system and engaged for clinically appropriate patient navigation services such as proactively addressing the needs of patients frequently using emergency departments, and referral or transport of patients to a variety of medically appropriate facilities.
7. Analysis should always be conducted to determine the impact of healthcare policy changes on emergency department overcrowding, the surge capacity of the healthcare system in general and EMS systems specifically, in the event of major disasters or public health emergencies, and on rural hospital closures.
8. Healthcare cost savings should not be achieved by reducing the capacity of EMS to respond with clinically meaningful response times or the capacity to surge.
9. EMS should be fully and seamlessly integrated into our nation's trauma system.
10. EMS data should be collected and available for improvements in EMS care, and integrated with data on the overall health care system.

The position statement is in line with a 2016 report by the National Academies of Sciences, Engineering and Medicine on civilian and military trauma care. The report recommended that the U.S. Department of Health and Human Services identify, evaluate and implement mechanisms that ensure the inclusion of prehospital care as a "seamless component of health care delivery rather than merely a transport mechanism."

NAEMT to Advocate for Support for Rural EMS, Improving Trauma Care

NAEMT's legislative priorities in 2018 include advocating for bills that will assist rural EMS providers, improve prehospital trauma care, and ensure that the definition of EMS used by the federal government accurately reflects EMS's vital role in healthcare and that the EMS workforce is counted fully and accurately.

The bills have not yet been introduced into Congress and the wording is still being hashed out by NAEMT and Congressional supporters, but here is a preview:

Assistance for rural EMS

Rural EMS agencies often struggle with having sufficient resources for training, equipment and staffing ambulances. The rural EMS bill is expected to call for a grant program to provide funding for EMS agencies in rural areas to help cover the costs of:

- Training EMS practitioners in emergency response, injury prevention and safety awareness.
- Recruitment and retention of EMS practitioners.
- Developing new ways to educate EMS practitioners through technology-enhanced methods and distance learning.
- Equipping EMS agencies, such as buying personal protective equipment (PPE).

Improving prehospital trauma care

The National Academies of Sciences, Engineering, and Medicine report, *A National Trauma Care System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury*, made clear that prehospital care is essential to trauma systems. EMS practitioners provide lifesaving medical care to critically wounded patients in the field. Yet EMS continues to be categorized, and paid, only as a provider of transport.

The report urged Congress and the U.S. Department of Health and Human Services to implement policy changes and payment reforms to ensure that prehospital care is included as a seamless component of our nation's trauma system.

NAEMT is working with lawmakers on the goals outlined in the report, including further integrating EMS into trauma systems, reducing geographic differences in the quality of trauma care available to injured patients and ensuring prehospital care is reimbursed for its healthcare *and* transport functions.

Accurately defining and counting the EMS workforce

A third legislative priority for 2018 is updating the federal government's definition of EMS to fully reflect the expertise and services provided by EMS practitioners. The definition of EMS in use by federal agencies was crafted in 1973 – 45 years ago – when EMS was a brand new profession and its providers just a few years removed from transporting people in converted funeral hearses.

That definition does not take into account the huge changes that occurred over the ensuing decades – advanced resuscitation techniques in the field, prehospital STEMI diagnosis and ECG transmission, sophisticated stroke protocols, and mobile integrated healthcare and community paramedicine being used to solve community health problems.

"Updating the definition lays the foundation for EMS to be fully recognized as a vital part of the healthcare continuum that includes hospitals, primary care and other medical providers," said NAEMT President Dennis Rowe.

The effort will also entail changing how the federal government counts EMTs, paramedics, firefighter-EMTs and firefighter-paramedics. Starting this year, the Bureau of Labor Statistics will place EMTs and paramedics into separate categories when it collects hiring and wage data. But firefighters who also work in EMS must choose between being designated a firefighter only or an EMS practitioner only, leading to a chronic undercounting of EMS practitioners. Volunteers, who make up a crucial segment of the nation's first response capabilities, are excluded altogether.

"After five years of EMS industry efforts administratively trying to work with the Bureau of Labor Statistics, the federal government continues to undercount the EMS workforce because of the lack of precision in their statistical categories," Rowe said. "NAEMT is looking at ways to address this issue to ensure the industry is properly counted."

EMS Transformation Summit Features 'Profiles in Courage'

It takes a determined individual or organization to shake up the status quo. Innovation means change, and change often meets with resistance.

Featuring the theme "Profiles in Courage," this year's EMS 3.0 Transformation Summit will highlight EMS agencies that found a way to get past the hurdles to make the EMS 3.0 model work for their agency, patients and community. Leaders from fire-based EMS, hospital-based EMS and private EMS agencies will openly discuss their successes, mistakes and creative solutions on the path to achieving EMS 3.0. The summit will include panel discussions and presentations including:

- How to calculate return on investment (ROI), and how to use that information to build support for new and expanded EMS services among healthcare partners, insurers and in the community.
- The tough questions that commercial insurers and state Medicaid programs are asking, and ways to get these payers the answers they need.
- The important role of the states as incubators for innovation and transformation.

Presenters include:

- Dr. David Marcozzi, associate professor and director of population health at University of Maryland School of Medicine
- Gerald Cantrell, EMS director, and Dan Snyder, community paramedic program coordinator, Baxter Regional Medical Center, Mountain Home, Arkansas
- W. Scott Cluett, director of mobile integrated health, and Joseph Hughes, mobile integrated health program supervisor, from EasCare Ambulance Service, Boston, Massachusetts
- Brent Williams, senior EMS advisor, First Responder Network Authority
- Jon Stevenson, assistant chief of medical services, and Sarah McCrea, assistant chief, Las Vegas Fire and Rescue
- Dan Felton, director of state government relations, Philips North America
- Matt Zavadsky, NAEMT president-elect and chief strategic innovation officer, MedStar Mobile Healthcare, Ft. Worth, Texas

EMS3.0 Transformation Summit

PROFILES IN COURAGE

Tuesday, April 10, 2018
Hilton Crystal City, Virginia Ballroom
Arlington, Virginia
8 am to 4 pm

To register, visit: naemt.org/events/ems-transformation-summit

Congratulations to Our Scholarship Recipient

Congratulations to Capt. Daniel Leade of Mount Lemmon Fire District in Arizona on his NAEMT scholarship! Leade received a scholarship provided by Columbia Southern University that covers up to $13,200 tuition toward an online degree program. Leade, who has an associate degree in fire science, plans to use the scholarship to pursue a bachelor's degree in fire administration. "Throughout my career I have been fortunate to have many great mentors who have utilized both strong leadership and a solid educational foundation," said Leade in his application essay. "My goal is to take that same approach and continue that legacy of leadership through education."

Visit naemt.org and login to the Member Portal to learn more about applying for NAEMT scholarships.

Welcome New NAEMT Agency Members!

NAEMT warmly welcomes our new agency members.

- Dodge Center Ambulance, Dodge Center, Minnesota
- EMS Care Ambulance, Columbus, Georgia
- Holmes Community College, Ridgeland, Mississippi
- Northeast Alabama Community College, Rainsville, Alabama

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

COME SEE US

Maybe we've talked on the phone, or by email. But nothing can replace getting to know someone face to face! Please stop by to say "hi." We look forward to meeting you!

10 APR	EMS 3.0 Transformation Summit CRYSTAL CITY, ARLINGTON, VA
11 APR	EMS On The Hill Day *(Briefing April 10)* WASHINGTON, D.C.
16-18 APR	EMS Copenhagen COPENHAGEN, DENMARK
16-18 APR	Iowa EMS Association Conference & Trade Show DES MOINES, IA
11-13 JUN	IAFC Fire-Rescue Med HENDERSON, NV
18-20 SEPT	EMS World Americas MEXICO
16-18 OCT	Mississippians for EMS BILOXI, MS
29 - 2 OCT NOV	NAEMT Annual Meeting & EMS World Expo NASHVILLE, TN
18-21 NOV	Texas EMS Conference FORT WORTH, TX

NOMINATIONS ACCEPTED UNTIL JUNE 30, 2018!

NATIONAL EMS AWARDS of EXCELLENCE

NAEMT/Braun Industries EMT of the Year

NAEMT/Nasco Paramedic of the Year

NAEMT/Jones & Bartlett Learning EMS Educator of the Year

Ferno/Dick Ferneau Career EMS Service of the Year

ZOLL/Volunteer EMS Service of the Year

NAEMT.ORG - NATIONAL AWARDS