FALL 2023

NAEMT NEWS

A quarterly publication of the National Association of Emergency Medical Technicians

8 Congratulations to the Winners of the 2023 National EMS Awards of Excellence

14 What EMS Needs to Know About Trauma-Informed Care

22 Geriatric Education for EMS (GEMS) 3rd Edition Now Available

24 How Lancaster County EMS Built a Culture of Employee Engagement

NAEMT's Professional Lobbyists Work to Put EMS Front and Center in Congress

Advocacy is at the core of NAEMT's mission to serve and advance the EMS profession. Through advocacy, NAEMT represents our members on issues that impact our workforce and the ability of EMS practitioners to do their jobs, safely and effectively.

Through advocacy, we ensure that decision-makers in government and other national institutions understand the vital role of EMS, and incorporate EMS needs into laws, policies, plans and programs.

NAEMT uses three key strategies to advance our advocacy initiatives. They are:

- Grassroots advocacy
- The NAEMT EMS Political Action Committee (PAC)
- Professional advocacy

Grassroots advocacy is what our members do. It's the emails, calls and participation in events such as EMS On The Hill Day that let members of Congress know what we need from our federal government to improve the delivery of quality EMS. By speaking out on pending bills, policies and other key issues, our members play an important role in advancing legislation and regulations that benefit our workforce, patients and communities.

> *Through advocacy, we ensure that decision-makers in government and other national institutions understand the vital role of EMS*

The NAEMT EMS PAC is a fund that members can voluntarily contribute to. PAC funds are used to support candidates for federal elected office who champion EMS issues in Congress.

NAEMT also employs professional lobbyists. These are professionals who are experienced experts about working on Capitol Hill, and who know how to get a bill through the complex legislative process.

NAEMT works chiefly with two lobbyists: Kim Champi Krenik, NAEMT's director of government relations, and Chelsey Penrod Hickman, a partner at Winning Strategies Washington (WSW). NAEMT contracts with WSW for lobbying services to support our advocacy program.

NAEMT News caught up with Krenik and Hickman between their meetings on the Hill to hear more about a day in the life of a lobbyist, and how they and NAEMT members can work together to have the greatest impact on federal legislation.

SEE PAGE 6

PRESTIGE

FIRSTNET Built with AT&T

ELITE

EMSWORLD PRINT ONLINE EXPO

PREMIER

COLUMBIA SOUTHERN UNIVERSITY

PUBLIC CONSULTING GROUP

ZOLL

DIAMOND

MEDLINE EMS EMERGENCY MEDICAL SERVICES

PLATINUM

amazon business Reshape buying

laurel road

McKESSON

Journal of Special Operations Medicine

PUBLIC SAFETY GROUP A DIVISION OF JONES & BARTLETT LEARNING

REV EMS AMBULANCE GROUP

stryker

GOLD

DEMERS AMBULANCES

BRAUN

CRESTLINE

MEDIX SPECIALTY VEHICLES

SILVER

American College of Emergency Physicians ADVANCING EMERGENCY CARE

National Registry of Emergency Medical Technicians THE NATION'S EMS CERTIFICATION

NinthBrain

npp gov National Purchasing Partners Government

OnStar

Page Wolfberg & Wirth

BRONZE

American Red Cross Training Services

KLIP WEB Hands-Free Easy Lift System

SKEDCO INC. RESCUE EQUIPMENT

GD e-Bridge Mobile Telemedicine

EMS & FIRE PRO EXPO • CONFERENCE FOXWOODS RESORT CASINO

University of Pittsburgh School of Nursing

ANNUAL

5.11 Tactical
Bound Tree-Sarnova
Coalition Against Bigger Trucks
Handtevy Pediatric Emergency Standards
Logis Solutions
Lowes Home Companies, Inc.
MorTan, Inc., The Morgan Lens
National EMS Museum Foundation
North American Rescue
Pulsara
SAM Medical
Solutions Group
Technimount EMS
The Student Loan Help Group
TrueClot by Luna
Velico Medical

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.

NAEMT®

P.O. Box 1400
Clinton, MS 39060-1400
MEDIA media@naemt.org
MEMBERSHIP membership@naemt.org
1-800-346-2368

FALL 2023
VOLUME 36, NUMBER 4

24

14

TRAUMA-INFORMED CARE

Dr. Sadie Elisseou of Harvard Medical School and the VA Boston Healthcare System shares how EMS practitioners can practice trauma-informed care in the field.

Features

4 **FROM THE PRESIDENT**
Striving to Provide Meaningful Support for Members

8 **NAEMT ANNUAL MEETING**
2023 National EMS Awards of Excellence

24 **WORKFORCE ENGAGEMENT**
How Lancaster County EMS Built a Culture of Employee Engagement

ADVOCACY

12 Letters, Comments and Position Statements

EDUCATION

18 NAEMT Education Around the World

20 NAEMT Webinars: Free CE for NAEMT Members

21 NAEMT Radio Podcast: New Episodes Available

26 Check Out NAEMT Courses in Our New Education Catalog

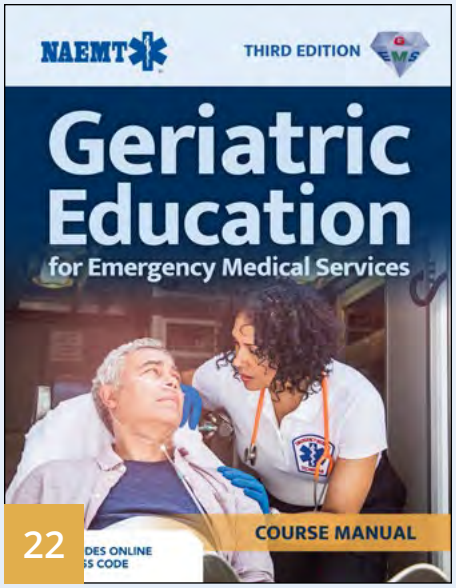
MEMBERSHIP

5 NAEMT Board Elections Are Oct. 15-28. Please Cast Your Vote!

13 New! Workforce Development Resources on NAEMT Website

25 Welcome New Agency Members

26 Serving Our Members: Member Benefits, Scholarships, Mentoring



22

GEMS 3RD EDITION NOW AVAILABLE

In the coming decades, nearly one in four Americans will be over 65. The GEMS 3rd Edition teaches EMS practitioners how to best care for older adults.

naemt.org
facebook.com/NAEMTfriends
instagram.com/NAEMTfriends
twitter.com/NAEMT_
youtube.com/TheNAEMT

Striving to Provide Meaningful Support for Members

By Susan Bailey, MSEM, NRP

At NAEMT, we're always thinking about how to best support our members through meaningful benefits and services. We want your decision to be a part of your professional organization to be both a source of pride, and value.

Recently, we have been working on several new initiatives with these goals in mind. One is Member Mondays, our new monthly email to keep you informed about the benefits available through your NAEMT membership. On the last Monday of the month, check your inbox for member deals, specials, and information on accessing them.

Your NAEMT membership package offers dozens of great benefits, but members had told us they often weren't aware of all that was available. Member Mondays is intended to be a helpful reminder so that when you go to make that purchase, book those tickets or order supplies for your office, you're getting the best price.

We also have an exciting project in development: A new, NAEMT app that will enable members to easily locate education courses in their area, receive advocacy alerts, hear about new member benefits, and stay involved with NAEMT more easily. The app should be ready to launch in 2024. More details to come!

Making connections

Another way we're seeking to support members is finding more ways to connect you with NAEMT leadership, so that we can hear your concerns, and make sure you're getting what you want from your NAEMT membership.

Our member listening sessions, held in February, were well attended. But we also saw the need for more opportunities to meet in-person with members, on their own turf.

> *Member Mondays is intended to be a helpful reminder so that when you go to make that purchase, book those tickets or order supplies for your office, you're getting the best price.*

With that in mind, the NAEMT Board of Directors implemented a new initiative encouraging board member attendance at state EMS association conferences. All board members are strongly encouraged to attend at least one state conference in 2023, and it's something we are considering for the future. I recently attended the Arkansas-Louisiana Southern Regional EMS Conference and the Louisiana Association of Nationally Registered EMTs Conference, where I spent the time answering questions about NAEMT education programs and membership. I realized how many people weren't aware of the array of courses that we offer, and I really enjoyed sharing all that we have available.

A frequent topic that came up in my discussions with the members who stopped by our booth was the workforce crisis, which led to conversations about NAEMT's advocacy efforts to address it. I will also attend the CODE EMS Conference in Pennsylvania in October. I'm looking forward to meeting members and prospective members.

New policy on supporting state EMS legislative advocacy

Federal level advocacy, particularly regarding Medicare reimbursement shortfalls and the need to reimburse treatment in place (TIP) and transport to alternative destinations (TAD), continues to be vitally important to NAEMT and the EMS profession. But we also recognize that many EMS laws and regulations are made at the state level – and that our affiliated state associations may appreciate NAEMT support for their state legislative priorities.

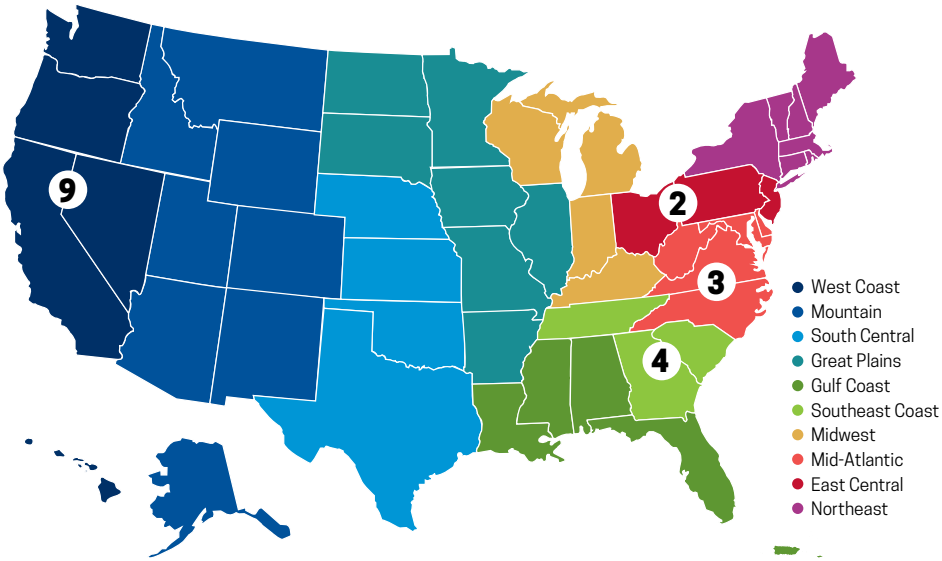
NAEMT has nearly 50 affiliated organizations, mostly state EMS associations. The NAEMT Board recently adopted a new policy giving affiliated state associations the option of submitting a request to the NAEMT Advocacy Committee to request NAEMT support on important state-level bills or regulations.

The Advocacy Committee will review the bill or regulation and recommend to the Board a support level – actively support, support, watch, oppose or actively oppose. For bills given the highest level of support, NAEMT will send a letter of endorsement to the bill sponsors, post it on the NAEMT website, and participate in state directed advocacy campaigns.

These are just a few of the new ways that NAEMT is striving to provide meaningful support to our members, and we will continue to look for new ways to engage our membership as we work together to advance the EMS profession.

NAEMT Board Elections Are Oct. 15-28. **Please Cast Your Vote!**

Elections for the NAEMT Board of Directors are coming soon. Please cast your vote online from Oct. 15 to 28.



Why vote?

The NAEMT Board sets priorities for our association, determines NAEMT's positions on urgent issues facing EMS, oversees NAEMT finances and represents our association on national committees and other federal level initiatives. Your vote matters!

Which voting regions have an open director position?

Five regions have open director positions in 2023 – Regions 2, 3, 4, 6 and 9. However, only Regions 2, 3, 4 and 9 will be voting because there were no candidates from Region 6 Midwest. When there are no candidates for an open seat on the Board, a qualified member will be appointed by the NAEMT President and ratified by the Board to fill the vacancy. Directors serve two-year terms that begin January 1, 2024.

- **Region 2 East Central**
  NJ, OH, PA
- **Region 3 Mid Atlantic**
  DC, DE, MD, NC, VA, WV
- **Region 4 Southeast Coast**
  GA, SC, TN
- **Region 9 West Coast**
  CA, HI, NV, OR, WA,
  American Samoa, Guam, Northern Mariana Islands and International

Who can vote?

If you are an Active NAEMT member and live in any of those states, please take a moment to select the candidate who you want to lead NAEMT. Beginning on Oct. 1, you can view candidate statements and background information at naemt.org. Select "About NAEMT," then "Board of Directors" and "Candidates."

How to vote

Oct. 15 to 28 – Online voting is open. NAEMT members eligible to vote will receive an email announcing that voting is open on October 15. Or, go to the "vote" link at naemt.org.

To receive voting information, we need your current email address. To update your profile, log in to the Member Portal at naemt.org or contact membership@naemt.org.

Need to renew or upgrade your membership to Active status? Go to the Member Portal at naemt.org or call 1-800-346-2368.

Tell us a little about yourself. How did you get into lobbying for EMS and NAEMT?

KRENIK: I'm born and bred in New Jersey and went to college in Ohio. After college, I worked in a district office for a congressman from New Jersey, and then moved to his D.C. office, where I handled healthcare issues. I later became director of federal relations for the New Jersey Hospital Association. Since then, I have had the privilege to work for NAEMT as their chief lobbyist.

HICKMAN: I grew up in Idaho and went to college in Utah. My first job on the Hill was for my home state senator. I worked my way up from being a staff assistant in the mailroom to being the chief of staff for a congresswoman from Texas. After I left the Hill, I went to work for WSW, a lobbying firm where I am now a partner. I started lobbying on behalf of NAEMT in 2018.

Can you explain the role of a lobbyist?

HICKMAN: The role of a lobbyist is a translator. We work as the go-between for what's happening on the ground and the needs of our constituency, in this case EMS, and taking that to the decision-makers, the members of Congress who can impact that.

One of the most important roles that a lobbyist can play is explaining to the member of Congress and their staff not only what the challenge or problem is, but the solution and how to get there.

A perfect example of that is treatment in place [TIP] and transport to alternate destinations [TAD]. Just today I was talking to a paramedic in Florida. He was saying that a lot of his case load is patients who don't need to go to the hospital, but they do need to go somewhere. They might need treatment for a substance use disorder, or to go to urgent care. But the way the law is now, the agency doesn't get paid if they don't deliver that person to the hospital.

Our job as lobbyists is to explain to members of Congress that we are missing opportunities to take care of patients appropriately. We are tying up resources in hospitals that could be better used elsewhere. And we are not paying EMS to provide the best care. We have to change the way care and transport are reimbursed, so that means we have to change the law.

> *NAEMT has a lot of friends in Congress, and EMS is loved across the board. The challenge is that a lot still don't understand exactly what we do or how we are paid. They need to be educated.*

How do you cultivate relationships with members of Congress and their staff?

KRENIK: It's about consistency and immediate response. If they have questions, I want to be able to answer them. When they come to us with draft legislation, I will evaluate what they want to do and give them ideas, and make sure they are aware of our priorities.

We have great relationships with the committees that have jurisdiction over EMS. Members of Congress also want to hear from subject matter experts, so I'll connect them with people from within EMS. NAEMT has a lot of friends in Congress, and EMS is loved across the board. The challenge is that a lot still don't understand exactly what we do or how we are paid. They need to be educated.

What is the House EMS Caucus, and why does it matter?

HICKMAN: A caucus is a group of representatives who share an interest in a policy area. We feel the EMS Caucus is very important. EMS is the misunderstood leg of the first responder stool. Everybody thinks EMS gets treated exactly the same as firefighters and police, that they have the same benefits, the same job security and that they are considered an essential service. And that is not the case. That's really detrimental to EMS because there is an assumption that we are taken care of, when we aren't.

One of the reasons that the EMS Caucus is so important is it demonstrates a bipartisan commitment to EMS – there is a Republican co-chair and a Democratic co-chair. It also gives us a venue to educate members of Congress and their staff, and a place to start when there is legislation we need to act on.

What are the most important qualities of a lobbyist?

KRENIK: Having been a congressional staffer for many years, I know what they need to fulfill their jobs. It's also talking, and being human. The other day I was meeting with a congressional staffer and I said, "I really don't like your legislation." But then I said, "How are you?" And he told me about a struggle he was having in his family. And I said, "How can I help?" That is how you build relationships. We are going to help however we can.

NAEMT works with other associations on legislation that benefits EMS. Why is collaboration important?

KRENIK: Working with other associations is of utmost importance. Members of Congress want to introduce legislation that has wide support. For that, we need industry alignment, which includes NAEMT, fire, the fire chiefs, volunteers, and the private ambulance companies. When we present a bill or a policy, the committees of jurisdiction and the White House want to know if everybody is on board. They want to support legislation that will be successful for all of us.

We have worked very hard to develop these relationships, because we know it's so important to EMS and moving our agenda forward.

Why are grassroots advocates necessary?

HICKMAN: Changes to policies or laws are really driven by the constituents of the members of Congress. Going back to TAD. If we want the senators from a certain state to champion legislation changing reimbursement policy, we need to have EMS personnel from that state telling them the impact on them and on their communities.

One of the most important roles of a lobbyist is to make sure that there are a lot of different ways that members of Congress and their staff get direct access to that grassroots perspective.

We recently partnered with the EMS Caucus to host a webinar for congressional staff to hear directly from EMS advocates, from all over the country, working in different EMS models.

How important are face-to-face events like EMS On The Hill Day?

HICKMAN: They are extremely important. When I worked on the Hill for a senator from Idaho, and I met with people who came all the way from Idaho to D.C. to talk to us, it underscored how important that issue was to them. That's not an easy trip.

Meeting face-to-face also gives you a chance to connect in a really personal way. A lot of decisions get made by staffers. Those staffers are going to meet with 15 different people during a day. It's not always enough to have the best argument. You also need to have that personal touch.

> *I love representing EMS. People in EMS, as a whole, love their jobs and love helping people. It is an honor to help this industry and use my skills to help them.*

What do you like most about your job?

KRENIK: I love representing EMS. People in EMS, as a whole, love their jobs and love helping people. It is an honor to help this industry and use my skills to help them.

My mother was a volunteer EMT for over 20 years. She retired a couple of years ago, and my sister has taken over for her now as president of a volunteer agency in Chester, New Jersey.

I appreciate every single person in this profession. In 2003, my father had an aortic aneurism. We lived 25 minutes from the nearest hospital. My mother was able to respond to him and keep him alive. All the doctors said the EMS response saved his life.

What is a legislative victory you have helped NAEMT achieve that you're most proud of?

HICKMAN: One is the SIREN Act grants. Those came into being in 2018, and we have had to fight tooth and nail to get funding for that. Working with Kim and our congressional champions, we have increased the amount of funding every year from the previous year. It's made a real difference for a lot of these small rural agencies that otherwise would not be able to buy equipment, or pay for training for their staff.

How can NAEMT members be effective grassroots advocates?

NAEMT's professional lobbyists need the help of grassroots advocates to make the biggest impact in Congress. Here's how you can help.

Share an experience.
Reach out to your state's Advocacy Coordinator or email advocacy@naemt.org and share a story about what's going on in your community. Find Advocacy Coordinator contact info at naemt.org > Advocacy > Advocacy Coordinators.

Send an email using NAEMT's Online Legislative Service.
Periodically, NAEMT asks our members to email senators or representatives to request their support on a bill. Using NAEMT's Online Legislative Service, you can send a pre-written email in a few clicks. "Take the 30 seconds to do that," Hickman urged. When deciding whether to co-sponsor a bill, members of Congress want to know, "What are we hearing from the district? What are we hearing from our constituents?" See naemt.org > Advocacy > Online Legislative Service.

Sometimes people think that because sending the email is so quick and easy, it doesn't make a difference. It does! "It's really compelling if I can tell the member of Congress, '500 of your constituents have asked you to do this,'" Hickman said.

Engage members of Congress in your community.
Invite them on a ride along, or to speak to employees, or to tour your operations center. "They want to have that exposure and you should be working to build a relationship with the people who represent you. Extend that invitation," Hickman said.

2023 National EMS Awards of Excellence

NAEMT and EMS World are pleased to announce the recipients of the 2023 National EMS Awards of Excellence. The awards will be presented during NAEMT's General Membership Meeting on Tues., Sept. 19 and on Wed., Sept. 20 during the Opening Ceremony of EMS World Expo in New Orleans. NAEMT congratulates the recipients and recognizes their outstanding contributions to the EMS profession, their patients and communities.

NAEMT/VELICO

Paramedic of the Year

RICHARD "RICKY" BATTLE

Paramedic, Hawthorne, California

"Every day, do something nobody asked you to do" is a motto Richard "Ricky" Battle lives by, especially in providing care to his patients. Working for the Los Angeles County Fire Department, Battle provides superior cardiac, trauma and other emergent and non-emergent care. Not only does he practice and train others in EMS in proper lifesaving techniques and care during transport, but he takes the time to care for the family – securing the house, making sure the family knows where their loved one is being transported to, and using a language line for translator services. He understands the importance of providing emotional support to patients and their loved ones, who may be frightened, in pain, or in distress. Through his actions, Battle can transform any scene from being chaotic to compassionate. He is an advocate for both the patient and family. Battle also helps to educate crews about the importance of building good working relationships with nursing home and long-term care facility staff. He devotes time to building the profession of EMS. He volunteers to help with the EMS Clinical Challenge and has been integral in promoting the diversity and equity themes in the challenge. Battle is an instructor, lifelong learner, and one of the most sought-after preceptors for LA County Fire.

NAEMT/DEMERS-BRAUN-CRESTLINE-MEDIX

EMT of the Year

WAYNE CHAN

EMT, Monroe, New York

Wayne Chan has been an EMT for over 20 years and is the president and training officer for Monroe Volunteer Ambulance in Monroe, New York. He is also a delegate to the Orange County EMS Council and serves as treasurer for the Hudson Valley Regional EMS Council. Chan's patient care skills are exemplary and his confidence "makes everyone around him feel they are in good hands." Chan has a way of interacting with patients and their families that instantly puts them at ease. He is methodical in his scene and patient assessment. He communicates with the family and accurately reports to the hospital to ensure the best possible outcomes. Chan is a patient advocate and has built a great rapport with area physicians and healthcare administrators to request help with volunteer retention, funding for equipment, and long patient turnover times at the hospitals. He also continues his education path in active shooter events by researching and participating in drills to refine his skills in responding to mass casualty incidents. He holds monthly drills for the agency's youth squad and seeks training opportunities to bring back to them. Chan received both Orange County's and Hudson Valley's Educator of the Year awards in 2018, and the Orange County Meritorious Service Medal for contributions to EMS in 2019.

NAEMT/JONES & BARTLETT LEARNING PUBLIC SAFETY GROUP

EMS Educator of the Year

ERIC BAUER

MBA, FP-C, CCP-C, C-NPT, Paramedic, Bowling Green, Kentucky

Eric Bauer is president and CEO of FlightBridgeED. He is also founder of the FlightBridgeED Podcast, FlightBridgeED Air & Surface Transport Symposium, and created an award-winning prehospital Ventilator Management Workshop and critical care review course. Bauer has committed himself to delivering high-quality continuing education for more than 30 years. He inspires leaders to be better role models and students to keep learning. He was an early adopter of short and focused clinical education. His students commend him for providing easily digestible content with one student saying, "Eric has made me a better provider." He

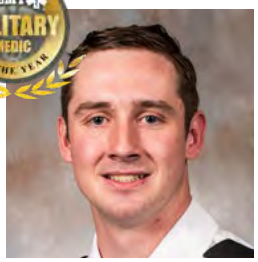
is an accomplished instructor, author, and podcaster. Bauer received the John Jordan Award for Excellence in Transport Medicine Journalism from the Air & Surface Transport Nurses Association and was the first paramedic to become an honorary fellow of the Academy of Air & Surface Transport Nurses. He has served as a development partner with education institutions, and a regional clinical compliance and education manager at a large air medical service. Bauer is working on his doctorate in education and continues to work as a paramedic.

NAEMT/ NORTH AMERICAN RESCUE

Military Medic of the Year

SSG SEAN CLERKIN

Paramedic, Manassas, Virginia



SSG Sean Clerkin sets himself apart as a special operations medic, flight medic, and leader. He has an incredible work ethic, exemplifies servant leadership and demonstrates passion for educating others and pursuing medical knowledge. He has made significant contributions as an Army Special Operations Aviation Command (ARSOA) flight medic in developing flight medics and medical officers, conducting operational activity, and providing field exercise support for outside entities. Over the past 12 months, Clerkin has been deployed to two locations for greater than 90 days. During these deployments, Clerkin responded to two urgent casualties in the back of an aircraft, providing outstanding care despite evasive maneuvering. His expert resuscitation of patients with penetrating abdominal wounds as well as extremity hemorrhage highlights his dedication to the fundamentals of damage control resuscitation, ensuring these wounded service members survived. He has published three peer-reviewed manuscripts, one as a first author in the *Journal of Special Operations Medicine*. As the landscape of military operations evolves, Clerkin is pioneering safe and efficient methods to rescue critically injured patients in an austere Arctic environment. He led the initiative for bringing the first unit of fresh whole blood on an ARSOA aircraft north of the Arctic Circle.

NAEMT/BOUND TREE-SARNOVA

EMS Medical Director of the Year

MATTHEW LETIZIA

DO, FACOEP, Elizabeth, New Jersey

Dr. Matthew Letizia is the medical director for a significant number of EMS, fire, law enforcement and ocean rescue agencies in New Jersey. He is actively involved with each agency, advising, guiding, directing, and identifying areas for improvement. He assists EMS personnel with learning critical decision making, clinical assessments, and procedures during high-pressure situations through field training and regularly scheduled lectures. He believes every call is a learning opportunity and does frequent ride-alongs with EMS practitioners, offering mentoring and training on scene. Letizia reviews and continually updates department policies and protocols ensuring they are up to date based on the latest evidence, new therapies, best practices, advancements, and literature. He also helped to advance patient safety by creating a Just Culture and stressing the importance of safety incident reporting. Letizia is the medical director of the community college EMS program and has been able to secure agreements with hospitals and EMS agencies to provide students with the opportunity to complete their required observation hours. His unrelenting self-awareness, positivity, humility, empathy, professionalism, and integrity are the building blocks upon which he has built his prehospital reputation and success.

NAEMT-AAP/HANDTEVY

Pediatric EMS Award

JENNIFER ANDERS

MD, Baltimore, Maryland

Dr. Jennifer Anders is an assistant professor of pediatrics at Johns Hopkins Children's Center and associate state EMS medical director for pediatrics at the Maryland Institute for EMS Services. She has been a leader in pediatric EMS care for almost two decades. Through her research, education, mentorship, and clinical leadership, she has consistently demonstrated a deep commitment to ensuring that children throughout Maryland and the country receive high-quality, professional EMS care. She has led research, education, and policy initiatives that have directly improved EMS care for children. Anders is the chair of the Maryland Institute for EMS Systems Pediatric Quality Improvement Committee and Data Analysis and Research Team. She facilitates an annual Pediatric Research Forum and helped to expand the pediatric EMS evidence base. She has published dozens of peer-reviewed manuscripts focused on improving pediatric EMS care and has received multiple national awards for her research. Anders is a powerful advocate for children in EMS systems throughout Maryland, promoting the unique needs of children in prehospital and emergency settings. She has also partnered with the Maryland EMSC Family Advisory Network on developing a pediatric termination of resuscitation protocol for EMS and children in severe respiratory distress.

NAEMT-ACEP/TECHNIMOUNT

EMS Safety in EMS Award

PLUM EMERGENCY MEDICAL SERVICES

Pittsburgh, Pennsylvania

Plum EMS provides service to Pennsylvania's Plum Borough, Allegheny County, and neighboring communities. A small service with 26 team members, Plum EMS covers 30 square miles with a population of 28,000, handling over 3,300 911 calls per year. Plum EMS has shown dedication to the safety of their crew members, patients, and the community with their "comprehensive training programs, attention to detail, and unwavering commitment to quality assurance and quality improvement," said one nominator. The agency's Safety Committee continuously works to identify improvement opportunities. Plum EMS participated in a National EMS Quality Alliance (NEMSQA) project to reduce unnecessary lights and siren use. Initially, the agency responded to about 45% of their 911 calls without lights and sirens and now that number is up to about 90% without any negative clinical outcomes. Plum EMS is committed to a Just Culture throughout all aspects of its operations and is frequently asked to work with other agencies to share their best practices. Just Culture is part of the fabric of their personnel – from operations leaders to frontline practitioners. Plum EMS maintains regular community outreach by teaching AED and CPR courses, holding car seat safety clinics, hosting school groups at their station, and participating in community events.

EMS WORLD/DYNAREX

EMS Caring Award

JAMIE GRAY

BS, AAS, NRP, TP-C

Jamie Gray is EMS director for the state of Alabama in addition to running medical calls as a volunteer and serving as a volunteer firefighter. He is a nationally registered paramedic and holds certification as a tactical paramedic. "Mr. Gray demonstrates an extraordinary commitment to his community," according to his nominator Doug Roberts. Gray is a member of the National Disaster Medical System as a deployable disaster medic and a volunteer member of a Law Enforcement Special Operations Unit Evacuation Team, and serves on the board of directors and acts as current chair of the South Region of the National Association of State EMS Officials. He is a former director of the Alabama Opioid Assistance Project and vice chair of the Alabama Mutual Aid System Advisory Council, as well as serving on the Emergency Medical Services for Children Advisory Council, Opioid Crisis Advisory Council, and the Data Driven Prevention Initiative Advisory Council. Gray began in emergency services in 1998 and in addition to medical certifications, holds certifications as a firefighter, fire service instructor, and EMS instructor as well as HAZMAT operations. He has served as a dispatcher and taught EMS classes full time at a community college. He still teaches CPR classes for healthcare students, local churches and other organizations. "Mr. Gray epitomizes servant leadership and inspires others to give back and pay it forward," Roberts said.

DIGITECH

Volunteer EMS Service of the Year

SALEM VOLUNTEER RESCUE SQUAD

Salem, Virginia

The Salem Rescue Squad recently celebrated 90 years of volunteer service to the city of Salem in western Virginia, making it among the nation's oldest all-volunteer rescue squads. The Salem Rescue Squad was organized in November 1932 as the Salem Life Saving Crew. Today, operating out of one station and staffing 29 active members, the ground BLS agency responds to 2,000 calls annually with three fully equipped BLS ambulances, three response vehicles and two golf carts for large events. Recruitment and retention struggles at a small volunteer service are a constant reality, but due to aggressive efforts the squad has successfully doubled its staff over the last two years. Provider

education is another strong focus. Salem Rescue Squad promotes CE by paying for its members to attend events such as Rescue College at Virginia Tech, the First Responder Virginia Convention, and the EMS Symposium in Norfolk. Salem Rescue Squad partners with the local YMCA to promote community health education while further recruiting members. "We also work closely with our three major medical facilities to promote public education and to assure that there is a therapeutic relationship between us and these agencies," said life member Darlene Gee. The squad provides standby coverage for entertainment, sporting events and other large community events and fairs, in addition to remaining ready to respond to any disaster in the state.

EMS WORLD/FIRSTNET®, BUILT WITH AT&T

Wellness and Resilience Award

SHELDON COMMUNITY AMBULANCE TEAM

Sheldon, Iowa

Embodying the spirit of the Wellness and Resilience Award, Sheldon Community Ambulance Team (SCAT) runs 800 calls per year with a staff of 25 members and three EMS vehicles serving residents in and around the town of Sheldon in northwest Iowa. "SCAT recognizes the importance of prioritizing the wellness and resilience of its staff," said Kevin Miller, emergency services education coordinator at Northwest Iowa Community College. "They have implemented proactive programs to support the physical, mental, and emotional well-being of their personnel." SCAT offers wellness initiatives such as fitness challenges, health screenings, and access to resources for stress management and mental health support. SCAT also provides access to healthcare benefits for its providers including regular medical checkups, counseling services, and employee assistance programs, and encourages its staff to

prioritize self-care. "By promoting a healthy work-life balance and providing the necessary resources, SCAT ensures that its personnel are supported in maintaining good physical and mental health," said Miller. Understanding the importance of addressing the emotional impact that critical incidents can have on their staff, Sheldon Community Ambulance Team has implemented standard operating procedures that prioritize peer or professional debriefing sessions following critical incidents. Despite its small size, SCAT empowers its employees to identify and participate in solutions to agency challenges.

DICK FERNEAU

Career EMS Service of the Year *Sponsored by Ferno*

SACHSE FIRE-RESCUE

Sachse, Texas

Under the leadership of Chief Marty Wade, the residents of Sachse, Texas, a northeast suburb of Dallas, are served by a 39-person team of professionals operating out of two stations with an annual call volume of 3,200. The department operates three mobile intensive care units and is in the process of implementing point-of-care lab tests using the epoc Blood Analysis System. In 2020, Sachse Fire-Rescue partnered with Justin Northeim, DO, as medical director. All paramedics were brought up to a standard baseline of knowledge including required certifications in BLS, ACLS, PEPP, AMLS, PHTLS, TECC, geriatric EMS, EMS safety, and neonatal resuscitation. The department is developing an EMS-specific career path and an MIH-CP program with telehealth component. "These opportunities elevate our service and level of care, and offer opportunities for employee engagement," said Lee Richardson, deputy chief of operations. Chief Wade stated, "It's all about culture. Under Sachse Fire-Rescue's (SFR) leadership, the city is designated as a Heart Safe Community through the North Central Texas Trauma Regional Advisory Council (NCTTRAC); several SFR members sit on various NCTTRAC and regional hospital systems committees. SFR further provides community outreach and education to businesses and groups within the city such as CPR/AED, Stop the Bleed and proper use of fire extinguishers. A robust CE program is directly tied to the department's continuous quality improvement initiative. SFR leverages real-time and cumulative data via the BEST system to evaluate how they measure up to other services and to identify improvement strategies."

Letters, Comments and Position Statements

NAEMT Responds to CMS Termination of the ET3 Model

The Centers for Medicare & Medicaid Services (CMS) surprised the EMS community when it announced a decision to terminate the ET3 Model two years before the scheduled date of conclusion.

In a letter to the CMS Administrator and Department of Health and Human Services (DHHS) Secretary, NAEMT expressed "profound disappointment" in the decision to end ET3 on Dec. 31, 2023.

The Model "clearly demonstrated savings to the government as well as improved patient care," NAEMT stated. "As you are aware, many participants invested countless hours and financial resources implementing this Model."

A report to the ET3 Quality Measures Committee "indicated that every participant demonstrated a Net Savings to Medicare (NSM), with the average NSM per intervention of $550." As well, nearly all ambulance services that participated were eligible for Performance Bonus Payments.

A promising launch

ET3, short for Emergency Triage, Treat and Transport, was launched in 2019 as a 5-year CMS pilot project to give greater flexibility to ambulance services to provide the most appropriate, cost-effective care to patients. Participating EMS agencies could receive reimbursement for transporting patients to alternate destinations such as urgent care clinics or mental health treatment facilities, or for providing treatment in place.

Despite enthusiasm with the concept, the NAEMT letter acknowledged that many EMS agencies faced difficulties in meeting the requirements of the program, leading to low enrollment. Some of the requirements that EMS agencies found most difficult to meet included:

- The requirement to engage a Qualified Healthcare Practitioner (QHP), such as a physician, nurse practitioner, or other group practice or entity willing to partner with EMS on treatment in place interventions. EMS agencies often weren't able to find other healthcare providers interested in partnering with them.
- Stringent requirements for mandatory reporting of all patient contact information for all payers, which some EMS agencies viewed as a HIPAA violation.
- The requirement for unilateral adoption of the CMS-developed Participation Agreement (PA), without the ability to make any changes, based on municipal legal requirements.

Another challenge for ET3 was that it launched during the COVID-19 Public Health Emergency, leading to obvious difficulties for EMS agencies as their priority was coping with the crisis.

Letter to CMS on GEMT Supplemental Payment Programs

In a detailed memo, NAEMT has urged CMS to consider the full range of the costs of providing ambulance service when approving new Ground Emergency Medical Transportation (GEMT) supplemental payment programs for states.

NAEMT submitted the memo in response to CMS' published concerns about the program as well as complaints from states that CMS was withholding approval of GEMT state plan amendments because the plans included costs other than direct time spent transporting patients to the emergency department.

In the memo, NAEMT explained that the costs when calculating GEMT payments should include treatment and stabilization of patients on scene, readiness costs, and indirect costs such as administration and overhead – not just the time spent in transit.

NAEMT Requests VA Delay Cuts in Ground Ambulance Reimbursement

NAEMT, the American Ambulance Association (AAA), and the International Association of Fire Chiefs (IAFC) have asked the Secretary of the Department of Veterans Affairs to delay implementing a final rule on the rates the VA pays for "special modes of transportation." NAEMT also requested a meeting with the Secretary of the Veterans Administration to discuss the impact of this decision on ground ambulance services and ways to mitigate it.

Under the VA Beneficiary Travel Program, eligible veterans and caregivers

can be reimbursed for travel expenses to and from approved healthcare appointments. Under the final rule, the VA would reimburse non-contracted ambulance services provided through its beneficiary travel program at Medicare rates, which are below the cost of providing service.

In asking for the delay, NAEMT, AAA and the IAFC requested time to allow ground ambulance services to establish contracts with the VA that are more reflective of the actual cost of providing the service.

Bigger Trucks Pose Dangers for Responders and Motorists

H.R. 3372 and H.R. 2948, which would allow for heavier commercial trucks, pose risks to emergency responders and motorists and should be opposed, NAEMT told the House Transportation and Infrastructure Committee and the Senate Commerce, Science and Transportation Committee in a letter.

H.R. 3372 would allow trucks with weights up to 91,000 pounds, up from current weight limit of 80,000 pounds. These heavier trucks would be more difficult to control and take longer to stop, threatening the lives of emergency responders on the nation's roadways and making an "inherently dangerous situation worse."

Position Statement on Medicaid Reimbursement

State Medicaid programs have historically reimbursed EMS agencies far below the cost of service delivery. In a position statement, NAEMT called for "adequate Medicaid reimbursement for EMS" to ensure continued viability.

"The chronic and severe funding gap for services provided by states to EMS agencies for Medicaid recipients places an unfair burden on EMS agencies, and their local communities," according to the statement. "Medicaid underfunding results in a cost-shift to other payers for EMS services, such as local taxpayers, patients, and 3rd party insurers."

The position statement called for state governments to share the responsibility for funding EMS at a level that recognizes the cost of service delivery.

NAEMT Responds to Questions from the Ground Ambulance Payment Billing Advisory Committee

The Ground Ambulance Payment Billing (GAPB) Advisory Committee was established by the No Surprises Act of 2020 to improve disclosures of fees for ground ambulance services and protect patients from unexpected bills. Recently, the GAPB Advisory Committee posed a series of questions to the EMS industry.

NAEMT submitted responses to these questions, urging the GAPB to recommend to Congress that commercial insurers be required to adequately reimburse EMS to eliminate the need for balance billing. NAEMT pointed to state laws in Colorado, Michigan and Texas that could be used as potential model legislation at the federal level to ensure fair reimbursement. In addition, NAEMT urged the GAPB to regulate interfacility transfers differently than 911 ambulance services, which operate under a different financial model.

Read all NAEMT Position Statements, Letters and Comments at naemt.org > Advocacy.

NEW! Workforce Development Resources on NAEMT Website

To help EMS agencies identify innovative strategies for tackling today's workforce crisis, NAEMT has created a digital library of recruitment and retention resources.

Thank you to the EMS Workforce Committee for spearheading this important project, and to the EMS agencies, associations and organizations that shared their resources to help the EMS community!

The library includes videos, surveys, reports and plans that you can borrow or adapt to your own area to recruit new job candidates or engage your current staff. If your agency or organization would like to share its solution with the wider EMS community, please email it to EMSWorkforce@naemt.org for NAEMT EMS Workforce Committee review.

Find the Workforce Development Resource Library at naemt.org > Resources > Workforce Development.

What EMS Needs to Know About Trauma-Informed Care

In EMS, "trauma care" conjures up bleeding or broken bones. But there's another type of trauma care that has little to do with blood and guts.

It's called "trauma-informed care," and it's provoking changes to the way that healthcare providers treat and communicate with patients.

Trauma-informed care acknowledges that most people have had one or more traumatic experiences. The goal of trauma-informed care is to speak to, interact with and care for patients in a way that avoids re-traumatizing them.

"Trauma-informed care is a strategic framework for how to support people who have survived various forms of trauma. It could be physical, sexual, psychological or even historical and structural trauma, like the kind of trauma that gets passed down in gender and racial minorities," explained Dr. Sadie Elisseou, a clinical instructor of medicine at Harvard Medical School and a physician with the VA Boston Healthcare System.

Studies show trauma is very common. One national sample of U.S. adults[1] found that nearly 90% had at least one traumatic event during their lifetimes, and most had been exposed to more than one. Trauma exposure is particularly common among patients in emergency departments[2], above and beyond the injury or illness that brought them there.

"We are very familiar with trauma-*focused* care. 'I'm going to see a psychologist to talk about the details of my childhood trauma.' Or, 'I need to get seen right now by a paramedic because I am at the site of a motor vehicle accident'," Elisseou said. "Trauma-*informed* is different. It's simply a manner of approaching someone in a way that is sensitive to their prior trauma."

Elisseou developed a curriculum[3] for medical students on conducting a trauma-informed physical exam. She spoke with *NAEMT News* about how EMS practitioners can practice trauma-informed care in the field.

When did you first realize that past trauma could affect how patients reacted or behaved during exams or in healthcare settings?

The majority of my patients are trauma-exposed. About one-third have PTSD. Pretty soon after I started seeing patients it became clear that the standard physical exam procedures I had learned in med school were making my patients uncomfortable.

One vivid example I'll never forget is I swung my stethoscope off my neck and the patient jumped. Effectively, I had just swung a rope near his neck. Or I remember approaching someone to check their thyroid in the traditional way, where you are behind the patient, outside of their field of vision and you wrap your hands around their neck, and he flinched to get away from me.

I thought, "I had taken an oath to do no harm, what am I doing?" I started adjusting how I spoke, where I stood, and how I moved in the room, purely in an effort to make these trauma-exposed vets who were hurting feel safe and comfortable with me.

I started teaching these techniques to medical students at Brown University. Eventually, it led to a formal framework for a trauma-informed physical exam. It's now being taught at medical schools across the U.S.

I've been privileged to be invited to teach this across the country. This generation of healthcare professionals is demanding this material. They are aware that we are not called as healthcare professionals only to treat physical disease, but also social illness and injustice.

How does past trauma act as a social determinant of health?

When we are exposed to trauma, particularly at a young age, it changes the brain. It affects our neurobiology and brain development. It can release stress hormones and inflammatory markers that promote chronic disease, impaired immunity and the development of things

SAMHSA: What is trauma?

SAMHSA defines trauma as "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."

- Individual, such as a car accident or death of a loved one.
- Interpersonal, such as domestic violence, discrimination, or abuse.
- Societal, such as natural disasters, pandemics, or terrorist attacks.
- Newer definitions include structural trauma, such as racism and sexism.

[1] Kilpatrick, Dean G et al. "National estimates of exposure to traumatic events and PTSD prevalence using DSM-IV and DSM-5 criteria." *Journal of Traumatic Stress* vol. 26,5 (2013): 537-47. doi:10.1002/jts.21848

[2] Brown, Taylor et al. "Trauma-informed Care Interventions in Emergency Medicine: A Systematic Review." *The Western Journal of Emergency Medicine* vol. 23,3 334-344. 13 Apr. 2022, doi:10.5811/westjem.2022.1.53674

[3] Elisseou, Sadie, et al. "A Novel, Trauma-Informed Physical Examination Curriculum for First-Year Medical Students." *MedEdPORTAL*, 2019, https://doi.org/10.15766/mep_2374-8265.10799.

like heart disease, diabetes, cancer and even shortened lifespans. Populations who are more exposed than others to adversity end up getting sicker. And in a society with depleted psychosocial resources for these populations, we are perpetuating a cycle of sickness.

Who developed the concept of trauma-informed care?

The group that really defined trauma-informed care is the Substance Abuse and Mental Health Services Administration (SAMHSA). They are pioneers and leaders in trauma-informed approaches. Everything draws from their six principals.

What are these principals?

1 **Safety,** which means that everyone in the encounter should feel physically, psychologically and emotionally safe.

2 **Trustworthiness and transparency,** with the goal of building trust with the patient. Even if you only have a couple of seconds, you can explain what you're about to do and why. "I need to put this IV in your arm, so that we can give you fluids because your blood pressure is low. Is that OK?"

3 **Peer support.** That could be asking, "Would you like anyone else to be present? Is there someone you'd like to sit with you?" Or it could be giving a list of peer support groups for this issue, such as AA or NA meetings. Peer support is also making sure EMS practitioners who witness trauma are supported. Isolation only perpetuates psychological trauma. Connection is crucial to psychological healing.

4 **Collaboration.** There should be a meaningful sharing of power in decision-making between providers and patients. Typically, when patients call EMS, there is already a power differential. There is the healthcare professional who has a degree, or a license, and a white coat or uniform. Then there is a patient who is vulnerable, or in pain. They feel

What can EMS do to put trauma-informed care into practice?

On time-sensitive responses where a life hangs in the balance, the priority is on saving the life. But for all other calls, here are Dr. Elisseou's tips for practicing trauma-informed care.

Pay attention to non-verbal cues. Model calmness. Wind down the stress level. Try not to speak too loudly or too quickly.

Set an agenda. Introduce yourself. Look your patient in the eye, and let them know you are here to help. When possible, use phrases that give people a sense of autonomy, such as "We can pause if you need a break," or "You are in control of the pace."

Be mindful of language choices. "One of the phrases I hear consistently throughout healthcare is 'for me,' which can enhance the power differential and even be sexually suggestive," Elisseou said. "'Take off your shirt for me.' 'Hop on the bed for me.' It's just not a necessary phrase. Omit that all together."

She gives similar advice for checking reflexes/doing neuro exams. "We use adversarial language like 'Push me away' or 'Put up your arms like you're going to fight.' Instead say, 'Resist this motion,' 'Keep your arms up strong,' or 'Push forward' so they are in control of their own body parts."

Help patients maintain a sense of control. Allow them to adjust their privacy draping, or to lift their own shirt. Ask permission to touch them. Instead of saying "I want to," ask "Would it be OK if I?" Or instead of saying "I'm going to look at, feel, touch," say "Is it OK if I examine, evaluate, or check." These are more clinical words.

Stay within their vision. When listening to their lungs, try to stand at the patient's side in their peripheral vision, not behind them.

Alert patients to what they might feel during an exam. For example, when checking their blood pressure, you might tell them that it will feel like a tight squeeze.

Dr. Elisseou recommends staying in the patient's view when checking heart and lung sounds.
Photographer: Jared DiChiara. Courtesy of Dr. Elisseou.

Conduct an efficient exam. Try to avoid keeping the mouth in an open position for longer than absolutely necessary, or other positions that can make patients feel vulnerable or trigger unwanted memories.

Be careful with suggesting specific imagery. When health professionals are trying to get people to calm down, they may suggest imagery, such as, "Pretend you're at the beach." Elisseou recalled one patient whose traumatic experience occurred at the beach. Instead, ask patients to take a deep, relaxing breath. "We don't necessarily know what experiences they've had before," she said.

a lack of control, or they are wounded, or maybe they are undressed. Whatever measures you can take to level the playing field of power and help patients feel a sense of control is important, such as sitting or standing at eye level and not looming over them.

5 **Empowerment, voice and choice.** Trauma can strip away feelings of control and autonomy. When we encounter patients who are trauma-exposed, do whatever you can to make them feel like they have autonomy. It can be a really tiny choice. "Would you like to sit in the wheelchair or on the exam table?" When you listen to their lungs with the stethoscope, a lot of the time the examiner raises the patient's shirt. Instead, I ask the patients to raise their own shirt, from the back, and explain that's so I can get a more accurate listen to their lungs.

6 **Cultural issues.** The final principal is attending to cultural, historical and gender issues. Being mindful of structural trauma and racism and the ways that it affects people's experiences with healthcare, and doing whatever we can do to create an inclusive environment, is really key.

How does trauma affect EMS practitioners?

As health workers, we are not immune from trauma. Thinking you can take care of trauma cases in EMS and not be affected is an antiquated way of thinking. It's like thinking you can walk into water and not get wet. It's just part of it.

There is vicarious trauma, and secondary traumatization. We are more aware now of mental health concerns and that healthcare workers are trauma survivors themselves, not only perhaps from childhood but also just plain on the job.

One thing that was very eye-opening for me is that anything sensory that is similar to your previous trauma experience can bring back feelings in the body that can make us feel unsafe again, as if we were reliving that trauma. I could just be working, and I can smell something and... Woah. I can feel agitated. You may need to take a moment and calm yourself down.

Or what if some dude on a Zoom call reminds me of a perpetrator when I was 12. Just going through our typical workday, we can be activated to feel symptoms of trauma. We need to know how to recognize that in ourselves and take care of ourselves.

> *From a trauma-informed standpoint, as healthcare providers, we are moving beyond the accusatory, "What is wrong with you?" to "What has happened to you that has affected you in this way?"*

The most famous influential study[4] in the trauma world was from the 1990s. It found that over half of adults surveyed had experienced at least one ACE, or Adverse Childhood Experience – abuse, neglect or household dysfunction. Health workers have the same rates of ACEs as those not in healthcare.

How could interacting with emergency responders trigger a trauma-response in patients who've experienced ACEs?

One of the things that happens often in EMS scenarios is people are in the fight or flight response. They are no longer grounded in their current circumstances. They are hyperaroused, on edge and the rational thinking part of their brain goes offline.

If people are touching them, quickly, or firmly, they may think they are continuing to be abused. As much as possible, we should give people cues to let them know that that they are in control and this is an exam for medical purposes, for their own benefit.

If someone is being combative, think trauma. There is a concept called the "window of tolerance." We try to stay in this middle zone of optimal arousal where we can think and act clearly. But sometimes something activates us to go out of that window into hyperarousal, where we are tense, on guard and agitated. These are the patients you see in the ER. The majority of them have ACEs. The majority of them have trauma, both chronic and acute so it can be the teensiest little "boop" that throws them into hyperarousal. They are all ready to blow.

From a trauma-informed standpoint, as healthcare providers, we are moving beyond the accusatory, "What is wrong with you?" to "What has happened to you that has affected you in this way?"

This has revolutionized my own practice. If I see somebody who is angry and agitated, I know that person is doing the best they can today. That person is not intentionally trying to ruin my day. They are coming from a place of pain. If I go in modeling calmness, I am at eye level. I sit with an open posture, not with my face in the computer. I am role modeling empathy and helping people feel heard, it can change that patient's experience.

To practice trauma-informed care, what do all healthcare providers need to know?

With trauma-informed care, you don't screen first. It's a universal precaution. It's like handwashing. You assume people have lived through difficult things. We are all carrying some difficult things in our backpacks. Some rocks in those backpacks are heavier than others, and the last thing we want to do is to add to the weight of that backpack.

What is your message for EMS?

We live in a world of sorrows and joys. The aim of trauma-informed care is to cultivate a practice that is compassionate, both for the healing and benefit of patients, as well as for ourselves. Because neither trauma nor healing happen in isolation. We are in this together.

[4] Felitti, V J et al. "Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study." *American Journal of Preventive Medicine* vol. 14,4 (1998): 245-58. doi:10.1016/s0749-3797(98)00017-8


Forge ahead.
Pursue your Bachelor of Science in Nursing (BSN) degree through Pitt's accelerated second-degree BSN program.
This one-year full-time program is designed for individuals with a degree in another discipline to fast-track their career in nursing.
+1-888-747-0794
nursing.pitt.edu
sao50@pitt.edu
University of Pittsburgh®

Luxembourg Air Rescue flight physicians, flight nurses and medics learn how to treat burn injuries during this PHTLS 10th edition course, led by Affiliate Faculty Patrick Wick from France.

Affiliate Faculty Dr. Ronald Parades of Bolivia launched PHTLS at two training centers in La Paz.

NAEMT Education Around the World

2023 has been a year of tremendous progress and growth for NAEMT education programs.

From a curriculum standpoint, we published the 10th Edition PHTLS course, the Mental Health Resilience Officer (MHRO) classroom course, the 3rd Edition Geriatric Education for EMS (GEMS) course, and added three new courses to the Community Paramedicine Series.

The number of training centers continue to expand globally, as do the number of students taking our courses. Here are some of our hardworking and dedicated faculty sharing NAEMT education best practices around the world!

Four training centers in Ecuador worked together to certify over 100 practitioners and approve 20 new instructors in Principles of Ethics and Personal Leadership (PEPL). Congratulations to Affiliate Faculty Amanda Uc Cupul from Mexico and the entire team of instructors and course coordinators!

St. George Fire Department in Baton Rouge, LA, led this interagency TECC course to prepare to respond to mass casualty incidents.

PHTLS continues to improve prehospital care in Kenya. Thank you Affiliate Faculty members Paul Kohoro and Cedric Lusimba!

April 30 is El Dia Del Nino – Children's Day – in Mexico. Affiliate Faculty Dr. Victor Pimentel and EMS students in Mexico City celebrated by dressing up for their Emergency Pediatric Care (EPC) course.

Affiliate Faculty Dr. Garry Huang of Taiwan and students have fun between PHTLS lessons in Malaysia.

NAEMT Webinars: Free CE for NAEMT Members!

NAEMT webinars feature timely topics in EMS clinical care and operations, presented by leading experts in their fields.

NAEMT members earn free CE credit for attending the *live* webinars. Recorded webinars are available for viewing at any time in the NAEMT Member Portal at naemt.org. (CE credit is only offered for the live webinars).

Look for upcoming webinars in your email and *NAEMT Pulse*!

UPCOMING Managing Difficult Airways

Tuesday, Oct. 10 | Noon-1 p.m. CST

Look for registration info in your email!

Airway management is a critical skill for prehospital practitioners. It can also be one of the most stressful interventions to perform. Factors that can complicate attempts to manage a patient's airway include difficult physiology, angioedema, foreign body, and tracheal burns. Understanding airway anatomy and physiology, and recognizing best practices for airway management, can bolster practitioner success. Join National Association of EMS Physicians (NAEMSP) members Dr. Michael Levy and Dr. Ameera Haamid for a case-based discussion of how to manage airway challenges in the prehospital setting.

UPCOMING Reporting and Research on Violence Against EMS Practitioners

Thursday, Oct. 26 | Noon-1 p.m. CST

Look for registration info in your email!

Violence is an unspoken crisis in the EMS profession. It has been documented that 75% of EMTs and paramedics have experienced violence on the job, but 81% never reported it. Hear from renowned violence against paramedic researchers Dr. Elizabeth Donnelly, Dr. Justin Mausz and Mandy Johnston about the most current research on this topic, the risk factors and health consequences, and the organically developed EMS violence reporting system designed to better capture the violence crisis. Learn how to protect the health and safety of EMS practitioners by deploying evidence-based risk mitigation strategies, evidence-informed post-incident reporting, and other operational strategies.

RECORDED Lessons on Medicare Ground Ambulance Data Collection and Reporting

Starting Jan. 1, 2022, the Centers for Medicare & Medicaid Services (CMS) required selected ground ambulance organizations to collect and report cost, revenue and utilization data through the Medicare Ground Ambulance Data Collection System (GADCS). The Public Safety Consulting Group and their clients from the Year 1 and 2 reporting groups provided lessons learned and best practices for data collection and reporting. Webinar highlights included what to look for in your data reports, how to navigate CMS' portal, and avoiding the 10% Medicare payment reduction. Also: how to organize your EMS agency data to prepare.

RECORDED Extreme Weather Impacts on EMS Practitioners and Patient Care

Cybersecurity and Infrastructure Security Agency (CISA) Lead Meteorologist Sunny Wescott discussed how extreme weather events impact EMS practitioners and place economic burdens on EMS systems, and require new illness methodologies and evolving patient care protocols. Wescott shared the impacts of these extreme weather on population health and EMS response and how best to address and prepare for these expanding weather events.

RECORDED NAEMT Affiliate Faculty Best Practices

Affiliate Faculty play a vital role in NAEMT education. NAEMT Affiliate Faculty from around the world shared best practices on developing and supporting new instructors and training centers. Topics covered included scheduling site visits, preparing new instructors, monitoring instructor candidates, where to find resources, and your role as an ambassador for NAEMT education. Presented by Rick Ellis, MSEDM, NRP; Joanne Piccininni, EdD, MBA, NRP, MICP; Riana Constantinou, Ph.D., Michael Kaduce, MPS, NRP; and David Page, MS, NRP. Current Affiliate Faculty and course coordinators are encouraged to view.

RECORDED How to Prepare Your Critical EMS Comms for Disaster Response and Recovery

When disaster strikes, EMS agencies need the right tools to connect and communicate. Disaster communication experts from FirstNet, Built with AT&T and the Tennessee Emergency Management Agency discussed lessons learned from recent disasters, including the communications response to Hurricane Ian in 2022. The webinar outlined the essential steps EMS agencies need to take to ensure they have the necessary communications capabilities in place, and best practices in preparing your EMS agency's critical communications for disaster response and recovery. Presented by Kelley Adley, Mike Harris, CEM-TN, and Tommy Smith.

RECORDED Prehospital Trauma Response: Evidence-Based Guidelines

Trauma response is one of the most critical and demanding tasks for prehospital practitioners. It is also the most complex, as trauma impacts all patient populations and all body systems. NAEMSP is developing a compendium of peer-reviewed documents for EMS, current best practices in trauma care and the evidence surrounding them. Topics include management of pneumothorax, geriatric trauma, use of blood products, pharmacy in trauma, brain injuries, entrapment and crush syndrome, fluid management, fracture care, pediatrics, and obstetric patients. Christopher Colwell, MD, and Esther Hwang, DO, MPH, discussed these topics and how NAEMSP is defining evidence-based guidelines for prehospital trauma response.

NAEMT Radio Podcast: New Episodes Available!

NAEMT's podcast series – NAEMT Radio – continues with new episodes available every other week. Hosted by seasoned EMS communicator Rob Lawrence, the latest episodes include interviews with:

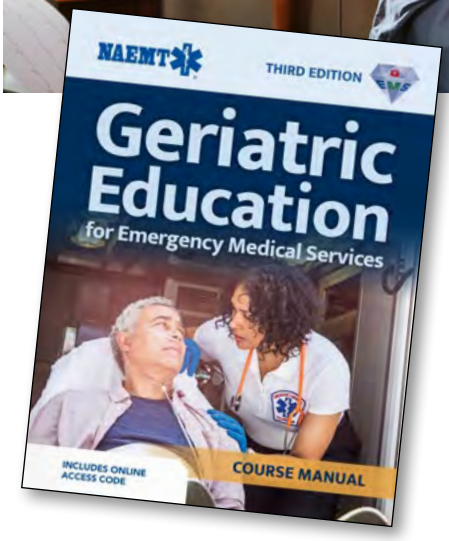
- ✓ Dr. Matthew Levy of Johns Hopkins University and NAEMT medical director for All Hazards Disaster Response on EMS preparedness
- ✓ Dr. Karin Molander and Rommie Duckworth on recognizing and treating SEPSIS
- ✓ NAEMT President Susan Bailey on the latest NAEMT news and initiatives
- ✓ Bruce Evans, Shannon Watson and Dennis Wilham on what it takes to run for the NAEMT Board
- ✓ Dr. Jeff Jarvis, NAEMT associate medical director, on the EMS State of the Science XXIV Conference, known as the Gathering of Eagles
- ✓ Dr. Samuel Galvagno Jr. of University of Maryland School of Medicine and author of the PHTLS 10th edition chapter on shock on best practices in prehospital shock management
- ✓ Dr. Mark Cicero of Yale School of Medicine on pediatric disaster medicine and pediatric care coordinators within EMS agencies
- ✓ NAEMT Board Member Karen Larsen and Brian Stennett on leadership and professionalism in EMS

These episodes and more are now available at naemtradio.podbean.com. Please subscribe and share!

GEMS 3rd Edition Prepares EMS Practitioners to Care for Older Adults

The number of older adults is rising in the United States and around the globe. NAEMT's Geriatric Education for EMS (GEMS) 3rd Edition prepares EMS practitioners at all levels to care for the unique needs of older adults in the prehospital environment.

The new, updated 3rd Edition of GEMS focuses on assessing and managing older adult patients with acute medical disorders, trauma, or exacerbations of common chronic diseases, such as diabetes, heart disease, arthritis, and depression or anxiety. The GEMS course helps EMS practitioners learn to conduct a comprehensive assessment of geriatric patients. Because the aging process affects all body systems, NAEMT's course provides an overview of changes that occur as people age and describes how those changes can impact patient presentation.



While geriatric patients suffer from the same illnesses as the general population, they are more likely to experience additional comorbid conditions such as a loss of sight and hearing, bone frailty, diminished balance, and memory loss. Understanding these challenges can help EMS practitioners provide the best care and support for them.

"With EMS exposure to geriatric patients and geriatric conditions increasing, as well as an increasing frequency of an earlier onset of geriatric illnesses, it is vital that the education of EMS practitioners keeps pace," said John Shanley, a GEMS course author and training coordinator at MEMT in Dublin, Ireland. "The GEMS course is targeted at the right level of content and detail to enable EMS practitioners develop and expand upon their knowledge and skills."

> *Because the aging process affects all body systems, NAEMT's course provides an overview of changes that occur as people age and describes how those changes can impact patient presentation.*

Created by an expert, multidisciplinary team

The GEMS 3rd Edition was developed by a team of experts that includes EMS educators, field practitioners, and experts in geriatrics. Medical direction

GEMS Course Highlights

GEMS is an 8-hour course that may be taught in the classroom or online. Topics include:

- Changes with age and assessment of the older patient
- Polypharmacy and toxicity in older patients
- Respiratory emergencies
- Cardiovascular emergencies
- Trauma
- Other medical disorders
- Neurologic emergencies
- Elder maltreatment and psychosocial emergencies
- End-of-life and palliative care
- Disaster triage and transporting older patients
- Left ventricular assist devices
- Skin disorders
- Ventilators
- Urinary catheter and colostomy bag care
- Implantable cardioverter defibrillators

was provided by Dr. Sue Schemel, an emergency medicine physician. The course features case-based lessons, videos, patient simulations, and activities to fully engage students in the learning experience.

> *Geriatric patients often have complex medical, social, environmental, and communications needs, which can impact their healthcare needs.*

Patient simulations cover topics that include abdominal disorders, cardiovascular emergencies, communication, elder maltreatment, end-of-life care, neurologic emergencies, polypharmacy, respiratory disorders, and trauma.

Students learn to assess patients using the GEMS Diamond to conduct geriatric-specific assessments and create a differential diagnosis, said Kelly Kohler, an assistant clinical professor of EMS at Touro College of Osteopathic Medicine and a GEMS course author.

Geriatric patients often have complex medical, social, environmental, and communications needs, which can impact their healthcare needs.

"Geriatric patients' challenges can be greater than younger patients. They have different physiological responses, more co-morbidities, more disabilities, more medications and may have social, environmental, and financial challenges," Kohler said. "The GEMS course focuses on the components of the GEMS Diamond for assessment, which encompasses medical, social, and environmental assessments."

Need for geriatric education grows

The United States is home to 56 million adults ages 65 and older, or about one in six people, according to the Census Bureau's 2021 American Community Survey. By 2060, nearly one in four Americans will be over 65.

Globally, the number of older adults is rising too. By 2050, the number of people ages 80 and older is projected to triple, from 143 million to 426 million.

To help EMS practitioners gain a better understanding of what it's like to "walk in the shoes" of an older adult, the course includes exercises that enable students to experience hearing, sight, proprioception, and small motor skill difficulties. Students don glasses smudged with Vaseline to mimic cataracts, put on bulky gloves to make it difficult to open a pill box, and wear headphones with thick padding to make it hard to hear.

These activities help to increase students' empathy toward older adult patients. "With increased empathy, practitioners will be able to communicate, assess, and treat their patients with compassion," Kohler said.

How Lancaster County EMS Built a Culture of Employee Engagement

When Clayton Catoe became director of Lancaster County EMS a decade ago, morale at the South Carolina agency was suffering. The staff was demoralized by a drug diversion scandal that led to the arrest of a long-time paramedic and a lengthy investigation. The agency had been through three directors in as many years.

Members of the Bike Team ready to respond.

At the time, Catoe was working full time as a human resources manager for the state's Department of Corrections, and part time as an advanced EMT for the ambulance service on weekends and holidays. "I enjoyed dealing with the patients. It was a stress relief from HR," he said.

Initially, he wasn't sure he wanted to take the helm at the agency. Yet under his leadership, Lancaster County EMS has built a strong culture of employee engagement, and the department is thriving. Today, the agency operates nine ALS trucks, has 116 full and part-time employees, and answers nearly 20,000 calls annually.

Catoe was chosen as the state's EMS Director of the Year in 2018 and 2020. His employees are also receiving accolades – three paramedics, one advanced EMT and two EMTs all received their state's top honors. Lancaster County EMS also won an achievement award in 2021 from the National Association of Counties for their EMS Boot Camp.

"We don't like to hear the phrase, 'We've always done it that way.' We like to change things up," Catoe said.

A culture of employee engagement

Catoe knew that restoring morale couldn't be a top-down exercise. The staff needed to feel invested in the success of the agency, which meant creating a culture of employee engagement.

"We are about serving the public. I try to let the employees help drive the way we serve the public," Catoe said. "We need more ideas than what I have. We have found that by allowing people to participate or voice their opinions, they have buy-in, and the more likely they are to work harder toward the goal."

To generate ideas and drive change, they formed an array of staff-run committees.

There's an Ambulance Committee, which makes recommendations on emergency vehicle safety improvements and equipment. There's a Standing Orders Committee, which works with the medical director on medical protocols, and an Employee Shift Representative Committee. Its members meet with Catoe quarterly to discuss challenges and make suggestions.

> *To generate ideas and drive change, they formed an array of staff-run committees.*

"People can bring complaints, but they can also bring positivity. One time a shift rep requested to hold a fish fry on a Saturday at headquarters. Another idea was a corn hole tournament against the other public safely departments," Catoe said.

The Jetsonian Committee (named after the TV show, "The Jetsons"), explores new medicine, technology and tools that EMS should know about, while the PR Committee takes the lead on community outreach, such as attending school events and job fairs.

The Competition Committee has the most fun job, Catoe said. They're the ones who compete in first responder competitions, barbeque cooking competitions and put on an annual variety show which raises over $5,000 for local veterans' groups.

"We wanted people to have a voice in the way the service was being run. Whether that was standing orders, the equipment we put on the truck, the schedules we run, the uniforms we wear, or the fun things we do," Catoe said.

Pride and professionalism

Lancaster County EMS personnel also have opportunities to try different roles at the agency. Practitioners can work at festivals and other special events as part of the Bike Team, or they can join the Special Tactical Advance Response (STAR) Team, which responds in mobile trailers to treat injuries at the scene of search and rescues, fires and other incidents.

About 16 practitioners have trained to become SWAT medics who respond with law enforcement on situations such as high-risk search warrants and hostage situations. Others have trained to work with the fire department on high-angle and low-angle rescues.

Others serve with the agency's Honor Guard. Its members attend funerals throughout the state, at the request of families who wish to have their loved one recognized as an EMS professional. The Honor Guard also attends the state's annual EMS memorial service.

"It is very important for us. We do it because we want to show the professionalism. You always will see a fire or a police honor guard, but you don't often see true EMS honor guards. We are professionals too and we want to represent our profession," Catoe said. "We feel whoever we are honoring deserves dignity and respect for the sacrifice they made."

Pay raises

Fish fries and committees build engagement, but Catoe knows employees still care a lot about their paychecks. Paramedics start at $20.41 an hour. Working a typical 24-hour on/48-hour off schedule, a substantial portion of a paramedics hours are billed at overtime rates. So, a starting paramedic can expect to make between $70,000 and $90,000 a year, he said. EMTs make between $40,000 and $50,000, while advanced EMTs earn $55,000 to $60,000.

Clayton Catoe manning the grill.

Training is also paid at overtime rates, and "we require them to do a lot of additional training beyond what is require to keep their National Registry," he said.

This year, Catoe persuaded the County Council to approve a 10% raise for all employees. "I justified why I thought they needed it, and the entire service got it," he said.

Recruiting

To address the workforce shortage issue, the agency launched an EMT Boot Camp. Recruits are paid $10 an hour while they take a 12-week EMT course. Trainees attend class three days a week, and on the other two days, ride-along as a third person on the ambulance.

"We hope to create loyalty to our service, so that when they finish and take their national registry exam, they want to work here," Catoe said.

Of 15 graduates so far, 14 work for Lancaster County EMS, including 10 full-time and four part-time. A new class will start in January.

"It has created a new pipeline for employment," Catoe said. "I have filled 10 vacancies that I didn't have to go out and recruit. I knew their work ethic, how they worked, their patient care, how they came to work on time, everything about them, so we could be confident in hiring them."

Welcome New Agency Members

NAEMT warmly welcomes our newest agency members:

- City of Osage Beach Ambulance, Osage, MO
- CPR Training Professionals, South Windsor, CT
- Lexington County EMS, Lexington, SC
- Marlboro County EMS, Bennettsville, SC
- UVU EMS (Utah Valley University), Provo, UT
- West Columbia Fire Department, West Columbia, SC

Serving Our Members: Member Benefits, Scholarships, Mentoring

NAEMT is committed to finding ways to make NAEMT membership even more valuable. Here are a few ways we're working for you!

Member Mondays: We recently launched a new monthly email, Member Mondays, to keep you informed about the member benefits available to you through your NAEMT membership. On the last Monday of the month, check your inbox for deals, specials, and "how to" information for accessing them.

Member Mondays was launched in response to feedback from you! NAEMT members told us they wanted to know more about the benefits available to them, to help them make the most of their membership.

Scholarships: If you're thinking about furthering your education, NAEMT scholarships can help. Each year, NAEMT awards up to $25,000 in scholarships to help our members further their EMS careers.

The next application period is January 15 to March 15, 2024, for programs that begin between August 2024 and January 2025.

- First Responders to EMT – up to $500 each
- EMT to paramedic – up to $5,000 each
- Paramedics to advance education in the realm of EMS – up to $2,000 each

We also offer the NAEMT-Columbia Southern University Scholarship: Up to 60 credit hours toward an online degree program. Offered annually. Applications accepted July 30 to October 31.

Scholarships are open to Active members. To learn more and apply, log in to the Member Portal at naemt.org and select "Scholarships."

Mentoring: NAEMT's Lighthouse Leadership Program is a mentoring program that supports and guides selected members in achieving their career and leadership goals.

The program matches an up-and-coming EMS practitioner (a mentee) with an experienced EMS leader (a mentor) who assists with mapping out a personal career plan, developing a strategy to achieve their goals, and providing valuable insights, suggestions and encouragement.

We were thrilled to celebrate the first Lighthouse Leadership Program graduating class at EMS World Expo in Orlando, Florida, in 2022. In April, we were also pleased to welcome the 16 members of our next group of mentees, the Class of 2024!

For more information, visit naemt.org > Lighthouse Leadership Program.

NAEMT Holiday Raffle

Twice a year – during EMS Week in May and during the holiday season in December – NAEMT raffles off gifts to our members in appreciation for their service. To be eligible to win, you don't have to do a thing – except be a full NAEMT member or agency member! NAEMT member numbers are selected at random and winners are notified via email.

Previous raffle winners have received items such as tactical gear, gift cards, digital stethoscopes, and NAEMT merch.

I don't think I have ever won a raffle! This just brightened my hard day, thank you so much!
Raffle winner Kyle Luginbyhl, NRP, FP-C, MIH Program Director

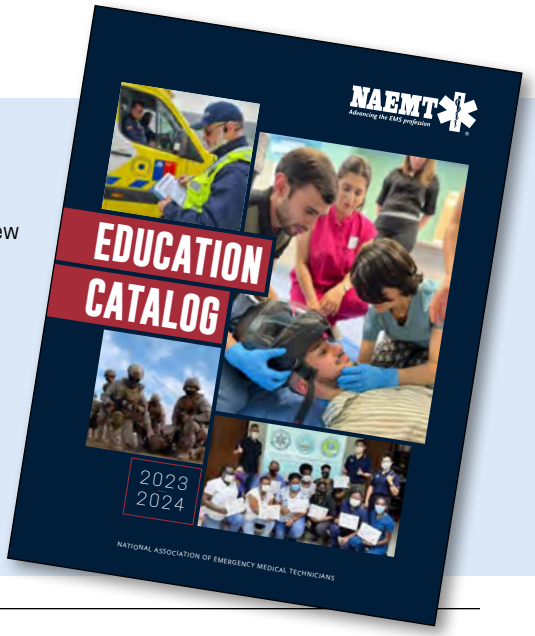
Check Out NAEMT Courses in Our New Education Catalog

NAEMT's 2023-2024 Education Catalog features descriptions of all NAEMT courses, including new courses and updates to existing courses.

NAEMT curriculum is evidence based, field tested, and quality assured. Many courses are offered in flexible formats – classroom, virtual or combination classroom/virtual formats.

The catalog also explains how to become an NAEMT instructor or approved training center. Share the catalog with your EMS colleagues, medical directors and training officers, and ask them to bring the best EMS education to your agency!

To view the catalog, visit naemt.org > Education.



Critical crash data before you arrive on scene.

While responding to a crash, you need accurate information quickly. OnStar® and RapidDeploy work together to share critical crash details electronically so you can make more informed decisions for safer on-scene management and field triage **before arriving on scene.** With RapidDeploy, 911 centers can relay vital information that includes vehicle location and propulsion type, air bag deployment, direction of impact, and probability of severe injury.

LEARN MORE AT ONSTAR.COM/RAPIDDEPLOY

OnStar | RapidDeploy

NAEMT

NON-PROFIT ORG.
U.S. POSTAGE
PAID
MILWAUKEE, WI
PERMIT NO. 5279