



WINTER 2017

NAEMT NEWS

A quarterly publication of the National Association of Emergency Medical Technicians

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Helping EMS Patients Heal Their Hidden Wounds

When responding to motor vehicle collisions, shootings or natural disasters, EMS practitioners are trained to know just what to do to handle patients' injuries. Splinting broken bones, stopping bleeding, preventing shock and managing airways – EMS practitioners move quickly and assuredly to alleviate suffering and save lives.

But injuries and illnesses can leave more than physical scars. Many patients may experience intense fear, stress and pain, resulting in psychological trauma that can lead to long-term suffering and disability.

To provide EMS practitioners with the tools to help alleviate patients' hidden wounds, NAEMT is offering a new course, Psychological Trauma in EMS Patients (PTEP), which educates practitioners about the biological underpinnings of psychological trauma, the short and long-term impact on the brain and body, and

warning signs that a patient is experiencing extreme psychological distress.

Practitioners are also taught strategies and techniques to alleviate patients' distress and help patients cope with what they're experiencing. The goal is to relieve some of their suffering in the moment, as well as to ward off lingering effects.

"The patients we treat in the prehospital setting often recover from their physical injuries, but they may carry the psychological trauma of their experience with them forever," said Keith Widmeier, a critical care paramedic, member of NAEMT's Education Committee and adjunct faculty at Jefferson College of the Health Sciences in Roanoke, Va. "We owe it to our patients to do what we can in the prehospital setting to help them cope mentally and emotionally with what they have just been through, in the hopes that it will help patients avoid long-term suffering from post-traumatic stress disorder and related conditions."

HURRICANE SANDY, BOSTON MARATHON BOMBING SPARKS RESILIENCY INITIATIVE

NAEMT's PTEP is adapted from a course developed by LaGuardia Community College in New York City. In the aftermath of the Boston Marathon bombing and Hurricane Sandy, seven community colleges in New York, New Jersey, Connecticut and Massachusetts formed the Northeast Resiliency Consortium. The consortium received a \$24 million grant from the U.S. Department of Labor to help build a resilient student body and workforce.

Each college in the consortium developed curriculum with that goal in mind. LaGuardia Community College's contribution was a course for its EMS students on recognizing and treating patients with psychological trauma.

"The team at LaGuardia recognized psychological trauma was missing from the training for prehospital care programs," said Paul Casey, **SEE PAGE 6**



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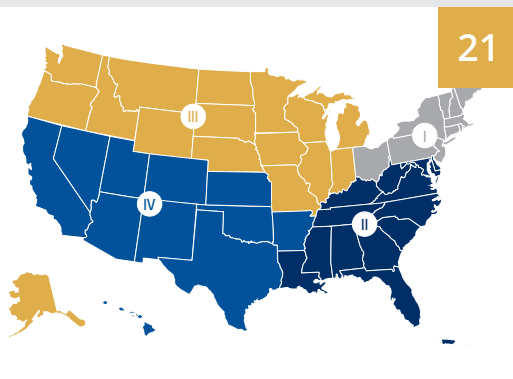
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The Importance of Collaboration in Advancing EMS

By Dennis Rowe

In EMS, we learn early on that our ability to provide quality patient care depends heavily on our ability to work effectively as a team. All those involved in emergency care – from our dispatchers, first responders, medical directors, EMTs and paramedics, and emergency room staff – must work seamlessly and communicate effectively to ensure that our patients are cared for appropriately. EMS relies on collaboration – all individuals working together to achieve a common goal – for the welfare of our patients.

At NAEMT, we have learned that we can positively impact our profession and the delivery of quality patient care through collaboration with national and state organizations with interests in EMS. While NAEMT accomplishes a tremendous amount of work through the dedicated efforts of our members, the impact of our efforts is so much greater when we work in collaboration with other organizations that share our interests and goals. Particularly when we are seeking to impact federal policy, collaboration and alignment with other EMS and healthcare organizations are essential.

In fact, collaboration is a cornerstone of our strategy to advance the EMS profession. It is one of the stated core values of NAEMT included in our strategic plan:

Collaboration is a cornerstone of our strategy to advance the EMS profession.

We have consistently acted on this core value. Each of the initiatives that NAEMT works on includes the active participation of representatives of other organizations. Just one of many great examples is our relationship with the American College of Surgeons (ACS). Since 1985, NAEMT has worked in cooperation with ACS on our Prehospital Trauma Life Support (PHTLS) program. In 2015, we began to work with ACS on the Bleeding Control for the Injured (B-Con) course. On page 11, you will read about our expanded partnership with ACS and the Hartford Consensus to conduct

community level training in bleeding control. Another collaboration we are working on is with the American Academy of Pediatrics. We have joined forces to develop online training modules to help EMS practitioners understand how to respond to emergencies involving special needs pediatric patients.

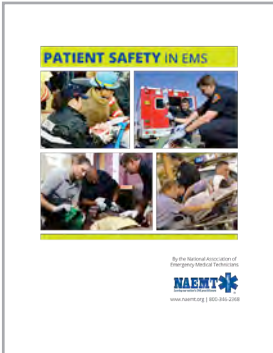
Sometimes, we take a leadership role in a collaboration. Last September, NAEMT led the effort to submit a comment to the Department of Labor to change how the Bureau of Labor Statistics counts EMTs and Paramedics to ensure that our profession is counted accurately and fully. Seventeen EMS organizations signed on to the comment that we prepared.

Other times, NAEMT participates as a member of a team to advance an issue. This is the case with H.R. 4365/S. 2932, the Protecting Patient Access to Emergency Medications Act. We have been actively supporting the effort to pass this legislation being led by the American College of Emergency Physicians and the National Association of EMS Physicians.

Collaboration involves compromise. We recognize that when we collaborate with other organizations to achieve a common goal, we are not always going to agree on every point. Too often, compromise is looked upon as failure. In the past, our industry's inability to compromise and align around common ground has hurt our advancement. We must avoid the pitfall of mistaking compromise for failure. We must encourage and promote industry alignment in order to advance patient care.

I am so very honored and humbled to serve as the president of our great association. Throughout my term, I will focus on developing and strengthening NAEMT's relationships with EMS organizations and government agencies at both the national and state level. I will also reach out to healthcare leaders across the country to educate them on the role and value of EMS in achieving our nation's healthcare goals. I will extend the hand of friendship to all of these organizations and encourage them to collaborate with NAEMT, within our industry, and across the spectrum of healthcare.

Participation in Patient Safety Organizations Key to Improving EMS Safety



NAEMT has published “Patient Safety in EMS,” a new report to help the EMS community understand the important role of Patient Safety Organizations (PSOs) in improving safety and supporting a just culture.

The 2005 Patient Safety Act established a voluntary reporting system to gather data on patient safety and healthcare quality issues, such as errors and adverse events, with the promise of confidentiality for those submitting the information. Patient Safety Organizations (PSOs) are groups that collect and review the information. Many hospitals are involved in

PSOs, but EMS has been slower to embrace the concept.

PSOs are at the core of enhancing patient safety in EMS, according to the NAEMT report. PSOs enable EMS practitioners to learn from the experiences of others and openly discuss errors in a protective setting.

“EMS agencies can become members of PSOs and not only achieve protection for their own processes, but also benefit from the collective knowledge provided by PSOs and their members,” the report states.

Read the report at naemt.org under “Featured Resources.”

NAEMT Supports Safety in EMS

NAEMT is at the forefront of efforts to improve EMS safety and encourage the reporting of patient safety issues. In addition to publishing “Patient Safety in EMS,” NAEMT:

- Promotes the anonymous EVENT incident reporting system (event.clirems.org).
- Offers safety-focused continuing education courses, including EMS Safety and the new course EMS Vehicle Operator Safety (EVOS).
- Published the EMS Practitioner Bill of Rights.
- Participates and supports the National EMS Safety Council on initiatives such as the EMS Safety Officer Workshop at EMS World Expo.
- Provides a library of safety resources on our website (see naemt.org, EMS Health & Safety tab).

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director of the Northeast Resiliency Consortium. “They felt that based on their reading and research, if first responders were able to deal with the emotional challenges that a victim may face in a crisis or an accident, they would be able to help mitigate the long-term effects of post-traumatic stress.”

Research indicates multiple factors predict a patient’s risk of developing post-traumatic stress disorder (PTSD), according to the LaGuardia team, which was led by Christine Alvarez, director of the college’s prehospital care programs.

Some, such as the severity of the trauma, previous traumatic experiences and pre-existing mental health disorders, aren’t factors that EMS can impact on the scene. And even though the interactions are brief, EMS practitioners are there for patients at a critical time in the formation of a memory of an event, noted Dave Brenner, adjunct faculty at LaGuardia who helped develop the curriculum.

“The memory of support, control, choices, understanding what will happen next, and the ability to plan and organize will be linked with the patient’s perception of the event,” Brenner said.

FOCUSING ON FACTORS THAT REDUCE PTSD RISK

The LaGuardia team decided to focus on two factors that EMS could influence and were shown to reduce the risk of PTSD. Those factors were perceived social support and perceived control over the situation.

Perceived social support is about feeling cared for, valued and part of a group.

Providing excellent medical care, and making people feel cared for, are two different things, Alvarez noted. An EMS team could provide one without the other.

“EMS providers are in a unique position to reduce the emotional distress of patients and can do so by skilled social support,” Alvarez said. “On the other hand, indifference to patients’ need for social support adds to patient distress and puts them at higher risk for PTSD regardless of how medically skilled their emergency care.”

As an example, she cited interviews with trauma patients conducted for the Trauma Studies Center. “My partner was driving. A friend was in the back and I was in the passenger seat. The car hit black ice and skidded. My partner was severely injured and I had bad abrasions on my leg. The EMT

team arrived ... They were joking back and forth with each other. They took no interest in me. They were very skillful. They had to get the door of the car open, which was very difficult, but the whole time they were joking with each other, tuned in to each other. One of them had a cell phone and was finishing up some conversation with a friend. The impact on me was disturbing and unsettling. I felt absolutely dismissed. I was irrelevant to their concerns.”

Contrast this experience to that of another patient: “I was hit by a car that ran through a red light on a busy New York street. My legs were fractured. I was in terrible pain and, since I was still flat on my back in the street, terrified that I would be hit again. The EMTs were great—consoling and tuned in. They reassured me that the police had all traffic stopped. They acknowledged that I was scared but told me they were going to stay right with me until we got to the hospital. It was an awful experience, but the EMTs made it a lot better than it could have been.”

A second area that EMS can make an impact is on perceived control, known as self-efficacy by social scientists. Research has shown that those who feel they have some control over their circumstances feel less helpless, confused and disoriented. In the context of a medical emergency, patients can be offered simple choices, such as: “Would it help if I held your hand?”

Disorientation can be alleviated by helping patients anticipate what’s going to happen next. “I’m going to insert a needle in your arm. It will pinch a bit, but then it should feel OK.” “We are about to take you down the stairs. We will be careful not to let you fall.” EMS practitioners can reduce confusion by assisting patients with planning for their needs: “Do you need to bring anything with you to the hospital? What about an insurance card?” “Should we call anyone for you?”

Much of it comes down to empathic communications, said Brenner. Like clinical skills, communication skills need to be practiced. “Similar to the psychomotor skills that EMS professionals learn through practice and repetition, communication skills need to be taught and practiced with skilled oversight,” Brenner said.

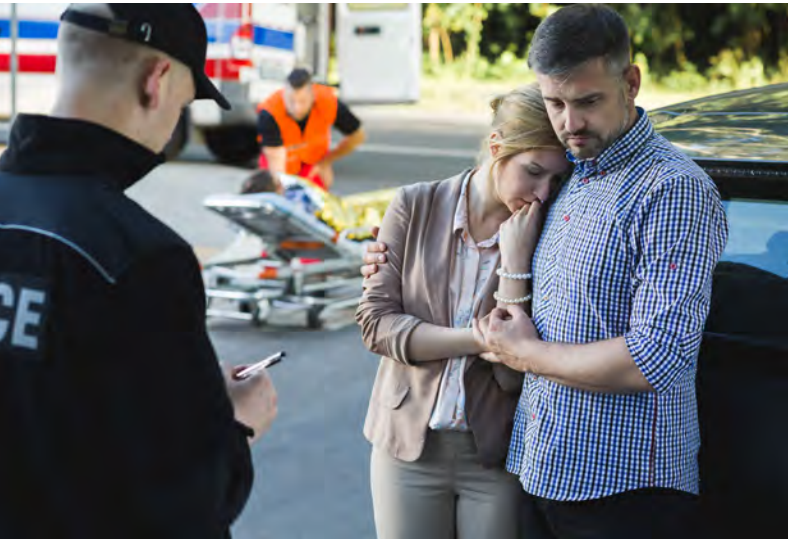
NAEMT ADAPTS THE CURRICULUM FOR CONTINUING EDUCATION

To ensure the important work done by LaGuardia Community College is shared widely with the EMS profession, the Northeast Resiliency Consortium invited NAEMT to collaborate on developing a continuing education course based on the psychological trauma curriculum.

"We really have the opportunity to make an impact with this course," Casey said. "This is filling a gap in EMS education that we believe is very important to address."

Added Brenner: "These are essential skills. These interventions increase the likelihood that the patient will avoid profound psychological consequences of the event that necessitated an ambulance response. Further, when these skills are performed properly, the positive feedback the EMS provider often receives contributes positively to the provider's EMS experience."

NAEMT's PTEP course materials will be published by Jones & Bartlett Learning and available in early 2017. In the course, students are guided through exercises that help them identify areas of stress in their own lives, and to recall patients who may have suffered psychological trauma.



The course covers the body's biological response to the perceived threat, such as the release of the hormones adrenaline and cortisol, and how this impacts the formation of memories, as well as the long-term impacts, such as nightmares, flashbacks, headaches, panic attacks, anxiety, substance abuse and depression.

"Historically, EMS practitioners have been trained to respond to physical injuries," said Widmeier, who led the development of NAEMT's course materials. "This course will help them address the psychological injuries as well. Understanding how the nervous system reacts to traumatic stress can guide our responses to traumatized people. We also offer practitioners preventive strategies to help reverse their patients' feelings of powerlessness and stress."

eSCAPe Psychological Trauma

NAEMT's Psychological Trauma in EMS Patients (PTEP) course teaches students a mnemonic device known as eSCAPe developed by La Guardia Community College.

- e** every patient
- S** Provide **social support**
- C** Give patients **choices**
- A** **Anticipate** what will happen next
- P** Help patients **plan** and organize
- e** every time

Who can teach Psych Trauma?

PHTLS and AMLS instructors will be eligible to teach Psychological Trauma in EMS Patients by completing an online, 2-hour orientation program, scheduled to be available this spring. General instructor requirements will be posted on NAEMT's website. Go to the "Education" tab then choose "Become an Instructor."

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ALWAYS BE READY

Promoting Innovation in EMS (PIE) Project Releases Draft Report

Positioning EMS to better serve communities and make the best use of limited healthcare dollars requires significant changes in regulations, reimbursement, relationships with other healthcare providers and the education of EMS personnel.

To guide EMS agencies, state EMS officials and state and national EMS organizations, and federal policy makers in implementing the innovations that it will take to achieve that vision, the Promoting Innovation in EMS (PIE) Project has released

a 147-page report outlining a framework for change and concrete steps that EMS agencies and practitioners can take today to move EMS into the new era.

While many previous reports about the current and future state of EMS have focused solely on national policy issues, the PIE Project looks at what can be done at the local, regional and state level, noted Dr. Kevin Munjal, project co-leader and associate medical director of prehospital care at Mt. Sinai Health System in New York.

“We wanted this document to be an empowering view at what providers can do at the local and state level to prepare for anticipated changes in the system, to

be in a better position to innovate, and to do so in a financially sustainable way,” said Munjal, who is also founder of the New York Mobile Integrated Healthcare Association.

To create the report, Munjal and Dr. James Dunford, professor emeritus of emergency medicine at the University of California School of Medicine, invited EMS leaders, representatives from EMS associations and trade organizations, and key groups such as hospitals and health systems, home health and hospice agencies, healthcare payers and academia

to participate on a national steering committee. The draft report, released in July for public comment, describes the challenges and obstacles to innovation in EMS and makes recommendations for overcoming them.

“The thing that sets the PIE project apart is that it involves every stakeholder organization that EMS comes into contact with. The perspectives of those inside and outside EMS are very well reflected in the recommendations in the document,” said Matt Zavadsky, NAEMT president-elect and chief strategic integration officer at MedStar Mobile Healthcare in Ft. Worth.

The report includes chapters on seven main topic areas:

- **Legal and regulatory**, such as how to address incomplete, outdated and conflicting laws regarding non-traditional use of EMS.
- **Financial sustainability**, including the need for payment reform that reimburses EMS for providing healthcare instead of only transportation.
- **Education**, such as raising the bar on education requirements for EMS practitioners and a specific recommendation to require paramedics to have an academic degree by 2025.
- **Regional coordination**, such as working collaboratively to ensure that EMS can continue to improve in its core mission of responding to and transporting victims of stroke, heart attack, cardiac arrest and trauma.
- **Interdisciplinary collaboration**, which includes recommendations that any agency providing services in the home or the community engage EMS in discussions about its potential role as a partner.
- **Medical direction**, such as the need for engaged medical directors who participate in multidisciplinary teams and champion quality improvement efforts.
- **Data and telecommunication**, including the development of EMS performance measures, encouraging EMS participation in health information exchanges and using EMS data to improve population health.

The report provides specific action items on each topic that can be carried out by local EMS agencies, local, state and regional EMS officials and national EMS associations.

“To move forward, we need to work together, not work apart. We need to bridge some of the historical divides within the EMS industry. If we separate into tribes, we are going to have a harder time allowing the EMS industry to have a clear voice in setting policy at the local, state and national level,” Munjal said.

What’s PIE?

Launched in 2014, the Promoting Innovation in EMS (PIE) Project was co-sponsored by the National Highway Traffic Safety Administration, Department of Homeland Security and Department of Health and Human Services.

A national steering committee included representatives from NAEMT (Jason White, Matt Zavadsky) and other major national EMS, emergency nurses and fire associations, along with representatives from local and state governments and experts in the fields of EMS, community paramedicine and mobile integrated healthcare, health economists, and public health and political science experts.

CONGRESS ENACTS LAWS THAT IMPACT EMS.

Shouldn't ALL MEMBERS OF CONGRESS Understand EMS?

Democrats, Republicans and Independents alike must understand EMS if they are to create legislation in the best interest of our profession and the patients we serve.

While their political parties and viewpoints may differ, all 535 members of Congress must:

- Understand the issues and challenges impacting our ability to provide quality patient care.
- Hear from the EMS professionals who are their constituents – those who live and work in their legislative areas and who VOTE.

In 2016, EMS On The Hill Day participants visited 258 congressional leaders. *The remaining 277 members of Congress were not visited* because EMS constituents from their states did not attend.

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EMS Billing Reform Needed By Matt Zavadsky

EMS 3.0 means big changes for all aspects of EMS. Instead of focusing only on stabilization and transport, EMTs and paramedics will provide prevention, assessment, treatment and navigation to the healthcare or community resource best suited to take care of their patients' needs – which isn't necessarily the emergency department.



Communications center staff will also take on new roles. Instead of a call-taking process focused on rapid dispatch, communications center staff will need to assess patient needs and identify the appropriate resources.

The area that tends to get less attention is how EMS 3.0 will change the back-end of the business of EMS, including:

- ePCR software that's patient-based rather than incident-based and allows EMS to collect the information needed to show value.
- Communications center decision support programs that assist call takers, including nurses, in determining whether to send an ambulance, an alternative response unit, or instead refer low-acuity 911 callers to alternative health or community resources.
- Billing software and systems that provide financial support for sustaining the EMS 3.0 transformation.

In September, MedStar Mobile Healthcare in Fort Worth, Texas hosted "A New Era in EMS Billing Summit" to address the ways in which EMS billing processes are changing as EMS transforms from fee-for-service transport to EMS 3.0.

EMS leaders and software vendors are beginning to develop new tools for patient care reporting and call-taking processes. But billing processes – including both overhauling the current reimbursement structure and the nitty-gritty of how the billing gets done – has received even less attention. With that in mind, the goals of the Summit were to:

- Bring providers, billing agencies and software developers together to begin the dialog of how EMS billing is changing.
- Demonstrate the current state of how transformed EMS agencies are billing for service lines not associated with transport.
- Outline the desired state of EMS billing in the future.
- Hear from EMS billing agencies and software developers their challenges and opportunities for transforming EMS billing systems to meet the needs for transformed EMS agencies.

More than 35 EMS industry leaders and representatives from major software developers from across the country attended the Summit, which included discussions and a demonstration of MedStar's billing practices related to non-traditional EMS roles, such as patient navigation and nurse triage. Here's an overview.

CYBER SECURITY A BIG CONCERN FOR HOSPITALS, OTHER PARTNERS

Paul Trusty, MedStar's information technology manager, reviewed current issues in cyber security, particularly related to EMS integrating with other healthcare providers and payers to exchange patient information and data. The presentation described the very involved process MedStar had to undergo to receive data

from a large payer about their member's emergency department utilization. It was apparent to most participants that cyber security is an area in need of urgent attention – very few EMS systems in the country are currently able to meet the security requirements that healthcare partners will require for integration.

NEW BILLING PROCESSES NEEDED

Many participants were interesting in learning how some EMS agencies were billing for non-traditional EMS services such as community paramedicine, mobile integrated healthcare, treat and referral, and nurse triage.

Through its partnerships with hospitals, hospice and home health organizations, MedStar generates significant revenue from alternate EMS delivery models. Members of the MedStar Team explained how they generate invoices for payers that are funding the various programs, including:

- 9-1-1 Nurse Triage – Flat annual payments from hospitals, plus payments based on calls handled by the triage nurse.
- High Utilizer and Readmission Prevention Billing – Payment based on patient enrollment.
- Hospice Billing – Payment based on per member enrolled per month.
- Home Health Billing – Payment based on patient contacts.
- Population Based Billing – Payments on a per member per month basis for all patients in a specific payer group.

All in attendance were surprised at the level of manual processes needed to generate invoices and agreed there needs to be a more efficient process.

OUTCOME REPORTING TAKES ON GREATER IMPORTANCE

With the shift from rewarding volume to value, reporting patient outcomes is taking on much greater importance. In the wider healthcare system, patient

utilization of healthcare resources, patient experience and health status are now the three major outcome measures. EMS, due to a lack of integration with other healthcare providers, limitations of current software systems and other factors, has traditionally been ill-equipped to report on any of these domains.

To show value for mobile integrated healthcare services, MedStar developed systems for outcome reporting, which we shared with the group. Participants agreed that current billing and ePCR programs are unable to generate most types of outcome reports, with the exception of ambulance utilization.

REAL-WORLD OBSERVATIONS

To bring a real-world element to the Summit, participants spent time with MedStar's MIH team, the dispatch team and the billing team to see first-hand how billing for non-traditional services worked in practice.

After a day of being immersed in EMS 3.0 and its impact on billing, participants agreed that EMS needs to work collaboratively with billing services and billing software developers, ePCR developers and computer-aided dispatch providers to ensure that their products have the functionality to support the EMS 3.0 transformation.

Those include the ability to:

- Bill for services other than fee-for-service, including population-based payments, payments based on patient enrollment fees or shared savings arrangements.
- Generate invoices from dispatch software for responses that don't result in an ambulance transport.
- Generate patient outcome and utilization reports.
- Integrate with hospital billing systems for patient look-up and verification of payer information and patient demographics.

Billing doesn't have the excitement of say, a new treatment for trauma. But it's a critical aspect of EMS operations, and doing it well helps to ensure that EMS has the resources needed to carry out its mission and continue to transform to meet the needs of our communities and patients.

Leaders and Staff from NAEMT and the American College of Surgeons Meet in Chicago to Strengthen Partnership

2015-16 NAEMT President Chuck Kearns, 2017-18 President Dennis Rowe and Executive Director Pam Lane met with ACS Executive Director Dr. David Hoyt, ACS Committee on Trauma Chair Dr. Ronald Stewart, Division of Research and Optimal Patient Care Trauma Medical Director Dr. Michael Rotondo, and Administrative Director Jean Clemency at ACS Headquarters in Chicago on October 28, 2016. Ways in which NAEMT and ACS could further collaborate to strengthen trauma care were discussed. President Kearns and Dr. Hoyt recognized the long and valued relationship between NAEMT and ACS and committed to broadening that relationship beyond prehospital trauma education to advocacy and research.

In addition to our long standing collaboration with ACS on NAEMT's Prehospital Trauma Life Support program, NAEMT has been partnering with ACS on the Bleeding Control for the Injured (B-Con) course since 2015, and is now a Distinguished Partner of the ACS-Hartford Consensus initiative "bleedingcontrol.org," a website that offers a myriad of tools and resources to help communities save lives by teaching the public basic bleeding control skills. Other partners include the FBI, FEMA, the U.S. Department of Homeland Security and the U.S. Fire Administration.

Most recently, ACS generously invested additional resources into the B-Con course by sponsoring the development of the 2nd edition of B-Con course materials, and the establishment of an online platform for instructors to register their courses. This new platform tracks the number of B-Con courses conducted and students taught, thereby providing needed data on the extent to which we are reaching communities with this life-saving training. B-Con course materials will continue to be offered free of charge, and all NAEMT instructors are eligible to teach the course.

"The group engaged in candid, collegial discussions that wove us together as a bonded healthcare team. After reflection, ACS and NAEMT, The Trauma Team, can truly answer the charge: We did something good for mankind today," said NAEMT President Dennis Rowe.

Added Dr. Stewart: "None of us expect to be injured, but we all expect to receive timely and expert prehospital and hospital care when we are injured. Trauma is a critical domestic and global public health problem. Solving this health problem must be a national priority. We very much appreciate our NAEMT partners. This partnership is critical to effectively addressing this devastating public health problem."

National Survey on EMS ePCR Usability Finds Room for Improvement in Software, Training

The six most commonly used ePCR (electronic patient care report) systems earned an average score of 4.5 out of 7 for usability, with significant variations among the major brands, according to a new survey conducted by St. Louis University on behalf of NAEMT.

The findings indicate that EMS practitioners consider the overall usability of their ePCRs fair, but they see substantial room for improvement.

"It's important for EMS practitioners to feel comfortable working with their ePCRs, because those systems are how EMS collects data on patient care," said Principal Investigator Alexander Garza, MD, MPH, associate professor of epidemiology and surgery at St. Louis University. "Collecting high quality data is how EMS will be able to prove that the services provided have value. Healthcare payers – including private insurance and the Centers for Medicare and Medicaid – are increasingly tying payments to value, a trend that's strengthening each year."

DEFINING ePCR USABILITY

In EMS, data collection is done by EMTs, paramedics and other responders who are working in the field, with rapidly shifting and often in less-than-ideal conditions. The realities of the field mean that for EMS to be able to collect high quality data in a timely manner, ePCRs must have user-friendly designs – otherwise known as "usability."

Usability, according to the International Organization of Standardization, is "the extent to which a product can be used by specified users to achieve specified goals with **effectiveness, efficiency and satisfaction.**"

In electronic health records, *effectiveness* is how well and how easily users can achieve a specified goal, such as create a new patient care report or record insurance information. *Efficiency* is how quickly tasks can be accomplished, while *satisfaction* is related to the user's perception of effectiveness and efficiency.

ABOUT THE SURVEY

To better understand the usability of commonly used EMS ePCR software and specific factors that influence EMS practitioners' perceptions of usability, NAEMT commissioned St. Louis University to conduct a national survey and research paper. The survey included 18 questions about usability adapted from the Computer System Usability Questionnaire (CSUQ), first developed by IBM in 1993 and widely used in a variety of industries. **Of nearly 3,200 complete responses included in the final analysis, six vendors accounted for about 75% of the ePCR software in use by survey respondents. The other 25% were combined into a single group ("other").**

*The software with the highest rated usability received a score of **4.95 out of 7.***

*The software with the lowest usability score was the "other" category with **4.17 out of 7.***

RESULTS – ePCR USABILITY

The type of software the EMS practitioner used influenced the perceived usability of the ePCR.

ePCR	System Usefulness	Information Quality	Interface Quality	Overall Usability
A	5.15	4.87	4.83	4.95
B	5.08	4.76	4.72	4.86
C	4.74	4.33	4.37	4.48
D	4.76	4.22	4.46	4.48
E	4.79	4.33	4.17	4.43
F	4.74	4.06	4.09	4.30
G	4.43	4.06	4.03	4.17

RESULTS – ePCR TRAINING

Adequately training personnel on ePCR technology can improve productivity, boost the accuracy of information collected and ensure user satisfaction with the software system.

The survey found that 87% of respondents had some training on their ePCR system, while 13% had none.

TYPES OF TRAINING

34% Classroom instruction with software interaction

25% Instruction from a field training officer

23% Both classroom instruction with software interaction and field training officer instruction.

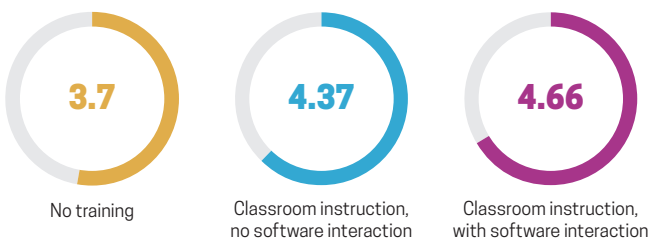
10% Classroom instruction on using the ePCR software with no interaction with the software

The type of training that EMS professionals received on their ePCR systems predicted who found the software usable.

*EMS practitioners who received no training on their ePCR rated the ePCR usability much lower than those who had received training: **3.7 out of 7.***

*Those who received interactive training had the highest usability score: **4.66.***

USABILITY SCORES ARE IMPACTED BY TYPE OF TRAINING.



CONCLUSIONS – SOFTWARE VENDORS SHOULD ENGAGE THE EMS COMMUNITY

With the importance of data continuing to grow throughout the healthcare system, making sure that EMS practitioners have the right tools to collect data in the field is important, and becoming more so.

Although NAEMT is not making the relative performance of individual vendors or specific software programs available to the public, we will provide vendor-specific information to each manufacturer to share with their product designers and programmers for internal use

“One of NAEMT’s goals in doing this survey is to provide information for manufacturers to use to design better, more usable systems to serve the needs of EMS practitioners, EMS systems and patients,” said NAEMT President Dennis Rowe.

To accomplish this, software vendors need to work with EMS practitioners, including engaging the EMS community with usability studies, as new software is developed.

TRAINING, EDUCATION ON THE IMPORTANCE OF DATA ALSO CRITICAL

EMS agencies also have a role in improving usability perceptions, namely through enhanced training. EMS practitioners should offer interactive training on ePCR systems prior to use in the field, and perhaps periodic refreshers to ensure system updates or upgrades are understood and utilized.

Training should of course include the nuts and bolts on how to use the ePCR system. But ePCR training and EMS education overall needs to include not just the “how” but the “why” – why collecting accurate, timely, complete, relevant, reliable and consistent data matters in a healthcare system increasingly expected, and rewarded, for showing value.

“Rather than seeing data collection as a chore or another box to check, EMS practitioners need to understand the role of data in improving operations, ensuring limited resources are spent wisely, enhancing patient and practitioner safety, and in improving the quality of care for patients,” Garza said.

Sample usability questions

System usefulness questions asked the extent to which responders agreed or disagreed with statements such as: “I am able to complete my work quickly using my ePCR system” and “Whenever I make a mistake using my ePCR system, I can recover easily and quickly.”

Information quality questions included: “The information provided by my ePCR system is easy to understand” and “The organization of information on my ePCR system screen is clear.”

Interface includes items needed to interact with the system, such as keyboard, mouse and screen graphics. **Interface quality** questions included: “The interface of my ePCR is pleasant” and “I like using the interface of my ePCR system.”

A Look Back at the 2016 NAEMT Annual Meeting

Hundreds of NAEMT members from across the country and around the world gathered in New Orleans on October 3-6 to participate in NAEMT annual meeting events.

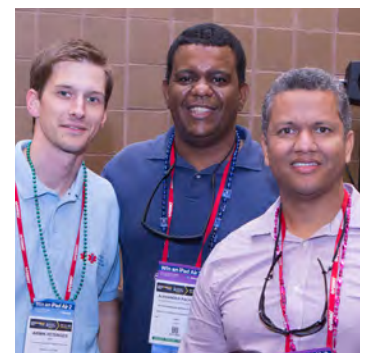
International Partner Reception Draws a Global Crowd

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Meetings of the NAEMT Board of Directors, Advocacy and EMS Workforce Committees, and the NAEMT Foundation were held during the day. In the evening, the NAEMT Board hosted a reception for our international education partners. NAEMT faculty from around the world got to know one another at this reception, sponsored by Jones & Bartlett Learning.

Dr. Ramon Reyes Diaz of the Dominican Republic attended with a group of four colleagues to “share with friends from all around the world,” while a contingent from Austria came to see the latest trends in EMS products, education and training.

“EMS Expo is scheduled every year for me because it is very important for networking,” said Armin Reisinger of Austria. “It was a very nice event and very good to meet people from NAEMT and from all over the world.”



The NAEMT annual meeting is a wonderful opportunity to visit with old friends and strike up new relationships among some of the best in the EMS community.

Jason White, EMS consultant for the Mid-America Regional Council



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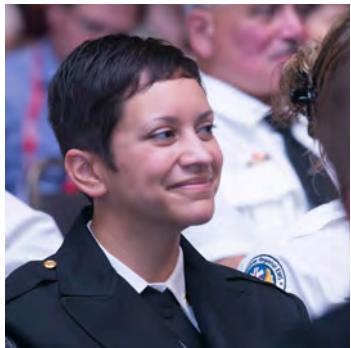
General Membership Meeting and Awards Reception Highlights 2016 Achievements

During the day, 60 state and national EMS leaders participated in the 2016 Affiliate Advisory Council Meeting and Luncheon. Presentations were made on how the EMS industry is transforming to “EMS 3.0,” the REPLICA initiative to establish a state compact to recognize EMS licensure, progress on the FirstNet public safety communications network, the recommendations from the “Promoting Innovation in EMS” study, and the future revision of the EMS Agenda for the Future. The luncheon was hosted by OnStar and EMS World.

In the evening, over 325 NAEMT members and guests attended the General Membership Meeting and Awards presentation. 2015-2016 President Conrad T. “Chuck” Kearns shared the association’s most significant accomplishments in 2016.

2016 HIGHLIGHTS

- The publication of benchmark reports on EMS data and mental health services, two top issues for EMS.
- Partnering with St. Louis University to conduct a study on ePCR usability.
- Leading the dialog on the transformation to EMS 3.0.
- Taking positions on 36 federal bills impacting EMS, achieving passage of the Veteran EMS Support Act, and gaining 270 new co-sponsors for bills through the advocacy work of NAEMT members.
- Visiting 258 members of Congress and their aides to advocate for EMS during EMS On The Hill Day.
- Publishing two updated editions of education courses - Advanced Medical Life Support (AMLS) and EMS Safety.
- Creating a new national network of NAEMT Education Coordinators and Membership Coordinators.
- Enhanced member benefits - an exclusive scholarship opportunity and tuition discounts at Columbia Southern University online courses; scholarships for the Institute for Healthcare Improvement Open School; and a 20% discount on NAEMT Instructor resources through Jones & Bartlett Learning.



I am proud to be a part of an organization that is so dedicated, organized and helpful in every way. This was the first time I have attended the annual meetings and I will be most honored in being able to attend for many years to come.

Jeremiah Moore, NAEMT Advocacy Coordinator, Minnesota



Following his presentation, President Kearns introduced Dennis Rowe, NAEMT’s 2017-18 President, who took office on Jan. 1, 2017. President-elect Rowe shared with the audience his goals for the next two years.



Congratulations to the Award Winners

A highlight of the General Membership Meeting is the annual presentation of awards recognizing outstanding achievements within the association, and in the EMS profession.

PRESIDENTIAL LEADERSHIP AWARDS

NAEMT Presidential Leadership Awards recognize those who have gone above and beyond in supporting the association. Congratulations to 2016's recipients!

- **Dennis Rowe** for his leadership of NAEMT's education restructuring effort.
- **Sean Britton** for his contributions to NAEMT's new All Hazards Disaster Response (AHDR) course and the EMS Workforce Committee.
- **Robert Luckritz** for providing his expertise on legal issues and public relations.
- **Dr. Craig Manifold** for his medical guidance and contributions to NAEMT's All Hazard Disaster Response (AHDR), AMLS and PEPL education programs.

NATIONAL EMS AWARDS OF EXCELLENCE

Together with EMS World, we congratulate the recipients of the 2016 *National EMS Awards of Excellence* and recognize their outstanding contributions to emergency medical care:

- **Bryn Arnold, Paramedic**, Indianapolis, Indiana 2016 NAEMT/Nasco Paramedic of the Year, *sponsored by Nasco*
- **Nicole Richards, EMT**, Burlington, Colorado 2016 NAEMT/Braun Industries EMT of the Year, *sponsored by Braun Industries*
- **Leaugeay Barnes, Paramedic**, Tulsa, Oklahoma 2016 NAEMT/Jones & Bartlett Learning EMS Educator of the Year, *sponsored by Jones & Bartlett Learning*
- **Ernest Parrish, Paramedic/SOCOM Medic**, Sergeant, U.S. Army, Joint Base Lewis-McChord (JBLM), Washington 2016 NAEMT/North American Rescue Military Medic of the Year, *sponsored by North American Rescue*
- **New Hanover Regional Medical Center's Emergency Transport Services**, Wilmington, N.C. 2016 Dick Ferneau Paid EMS Service of the Year, *sponsored by Ferno*
- **Valhalla Volunteer Ambulance Corps**, New York City 2016 Volunteer EMS Service of the Year, *sponsored by ZOLL*



Rocco V. Morando Lifetime Achievement Award

sponsored by the National Registry of Emergency Medical Technicians (NREMT)

JERRY OVERTON, chair of the International Academies of Emergency Dispatch (IAED), was presented with the 2016 Rocco V. Morando Lifetime Achievement Award, recognizing a lifetime of commitment, contributions and leadership to EMS. IAED sets standards, establishes curriculum and conducts research for public safety dispatch worldwide. Overton has also served as CEO of the Richmond Ambulance Authority in Virginia, and Executive Director/CEO of Metropolitan Ambulance Services Trust (MAST) in Kansas City, Missouri.

Overton has provided expert technical assistance in countries

across the globe, including the design for an Emergency Medical Transport program in Central Bosnia and an EMS assessment for the country of Lebanon. He is a past President of the American Ambulance Association and was a member of the Institute of Medicine's Committee on the Future of Emergency Care in the U.S. Health System.

"Jerry has dedicated his professional life to improving EMS systems, from dispatch to the delivery of patient care," said NAEMT President Conrad T. "Chuck" Kearns. "He is an admired leader and EMS ambassador around the world, and an outstanding role

model for all EMS professionals."

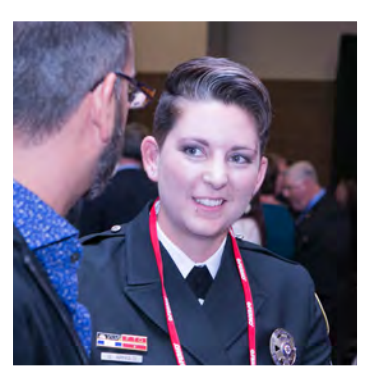
Matt Zavadsky, NAEMT At-Large Board member and longtime colleague said, "Jerry is a true pioneer in EMS. Each organization he was with ended up blazing new trails for the EMS industry. Jerry is also a consummate researcher, and involved as a principle investigator in numerous clinical and operational studies. It is impossible to overstate the impact that Jerry has had on the EMS industry, and on the patients who are alive today because of the influence Jerry has had on EMS system design, dispatch protocols and clinical research."



NAEMT

Member Reception

The NAEMT Member Reception, held every year immediately following the General Membership Meeting and Awards Presentation, is a chance for NAEMT members from around the nation and the world to socialize, mingle with association leaders and relax after long days of meetings and education sessions.



“The NAEMT General Membership Meeting and Reception provides an opportunity for me to learn what NAEMT has accomplished since the last meeting and what the goals are for the next year,” said Susan Bailey, newly-elected member of the NAEMT Board and a captain and paramedic instructor with East Baton Rouge Parish EMS. “The best part of attending is the recognition of the award winners and networking with fellow NAEMT members.”





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NAEMT Committee and Faculty Meetings

The NAEMT annual meeting events continued on October 5-6 with meetings of the MIH-CP, EMS

Preparedness, Membership, Military Relations and EMS Data Committees.

During the afternoon on October 5, NAEMT faculty from the U.S. and other countries participated in the NAEMT Faculty Meeting at which updates were provided on EMS education requirements and new NAEMT courses in development, and NAEMT instructors who provided outstanding service were

recognized. The meeting was followed by a reception to honor NAEMT's faculty.

"The NAEMT Faculty Meeting was one of the highlights of the annual meeting for me," said Dennis Rowe, NAEMT Education Committee Chair. "It is a great reminder of the tremendous work our education committee members, coordinators, affiliate faculty and instructors are doing to advance EMS education."

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Tucson Airport Prepares to Stop the Bleed with B-Con



You've probably noticed AEDs along the corridors of our nation's airports. Soon, more of those cabinets may also contain tourniquets and pressure dressings.

This summer, Tucson Airport Authority Fire Department led the way by installing 12 kits containing tourniquets, pressure dressings and gloves in their public access defibrillator cabinets in the main terminal and a nearby maintenance facility.

They've put their firefighters through the 2.5 hour course, **Bleeding Control for the Injured (B-Con)** course, a collaborative effort between NAEMT and the American College of Surgeons.

Firefighters are now training all airport law enforcement, including Tucson Airport Authority police and Department of Homeland Security (DHS) officers. The fire department is also offering B-Con every other month to all airport personnel, with the goal of ensuring that every airport employee – from maintenance workers to flight crews – can act quickly to stop massive bleeding.

"Bleed control and hemorrhage control kits are the 21st century version of CPR and AED training," said Tom Tucker, chief of Tucson Airport Authority Fire Department. "We've done a good job educating people on the need to respond to cardiovascular emergencies and sudden cardiac arrest. We need to transition into getting members of our community and our workforce to know what to do in case of massive hemorrhage."

"Stop the Bleed" is a nationwide campaign to educate members of the public,



such as teachers and security guards, and non-medical first responders such as police to be able to perform basic first-aid to stop life-threatening bleeding. NAEMT has been a leader in the effort.

In 2014, NAEMT introduced Bleeding Control for the Injured (B-Con). The curriculum, provided at no charge, teaches members of the public to recognize when a tourniquet is necessary, how to apply a tourniquet, hemostatic gauze and pressure bandages, and how to perform very basic airway management. In 2015, NAEMT began to collaborate with the American College of Surgeons' Committee on Trauma on all aspects of the course. Later that year, the White House and DHS officially launched "Stop the Bleed."

In Tucson, Tucker wants to prepare the workforce to respond to save their own life or the lives of others in case of a mass casualty incident, such as an active shooter or terrorist attack. But just as important is preparing workers and crews to act quickly in the case of a severe workplace injury.

"I want to give the public and my non-public safety coworkers a fighting chance," he said. "Not just in the case of violence, but also for my maintenance

workers who work with heavy machinery everyday. They're out there with mowers, backhoes and all kinds of ground support equipment – all the things that pinch, squeeze and cut."

NAEMT President Dennis Rowe, who taught the initial course in Tucson along with Sara Rowe, a registered nurse and paramedic, commended Tucker and his team for their leadership in teaching bleed control. "We hope this is just the start of all of our nation's airports, as well as other facilities such as stadiums, manufacturing and industrial plants, and other major places of work to offer lifesaving bleed control training to their workforce," Rowe said. "NAEMT is proud to collaborate with the American College of Surgeons to offer the B-Con curriculum as a resource to accomplish this."

NAEMT is also a partner in the bleeding control initiative (bleedingcontrol.org) led by ACS and the Hartford Consensus.

Tucker notes that public-access AEDs save from 2 to 3 lives a year in the airport. Major bleeds, he says, are less likely to occur inside a terminal. But if a major accident occurs, whether it's in the terminal or while driving, hiking, boating or any of the places people get injured, teaching bleed control techniques helps to ensure there will be a civilian present who knows how to take action.

"This is about creating a sense of community resilience, and making sure we know how to take care of each other," Tucker said.

This is about creating a sense of community resilience, and making sure we know how to take care of each other.

Tom Tucker, Chief, Tucson Airport Authority Fire Department



New EMS Vehicle Operator Safety Course Protects Practitioners, Patients

EMS practitioners spend a large portion of their work lives on the road. That, by its very nature, carries risk. Every year, an average of 33 practitioners, patients and bystanders die and 2,600 are injured nationwide as a result of ambulance crashes, according to statistics from the National Highway Traffic Safety Administration's Fatality Analysis Reporting System.

But some risks can be reduced through safe driving behaviors and attitudes among individual EMS practitioners, and by instilling a culture of safe driving at the agency level.

NAEMT is pleased to announce a new course for 2017 – EMS Vehicle Operator Safety (EVOS), which guides practitioners in embracing a culture of safe driving and teaches the behaviors, attitudes and driving practices that prevent injuries and deaths.

"We are responsible for people's lives every time we put the truck in gear. It is important that we learn the very best practices and gain the best driving skills to help keep us, our patients, partners and community safe," said Charlene Cobb, a

member of NAEMT's EMS Safety Course Committee and community outreach coordinator for Sunstar Paramedics in Largo, Fla. "The EVOS course teaches that we all have the ability to save lives or take lives depending on our skill and attitude when we're on the road."

COURSE USES SIMULATIONS, INTERACTIVE DISCUSSION

Drawing on the most current research about the behaviors and other hazards that lead to crashes, EVOS features case studies and analyses of both common and catastrophic collisions, challenging EMS providers to reconsider their preconceptions about safe vehicle operations.

"Even though we don't like to be called an ambulance driver, in reality that is a prominent part of our job," said Cobb, who also serves as an At-Large Director on the NAEMT Board. "We practice every skill we need to treat a patient, except the one we do the most, which is driving them to the hospital."

The course covers how to be mentally, physically and emotionally prepared to drive an ambulance, how road and

weather conditions impact vehicle handling and driver performance, the importance of vehicle inspection and maintenance to ensure vehicles are safe to drive, and the added challenges of driving in emergency response situations.

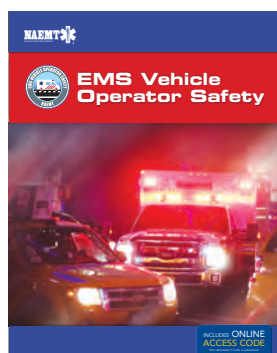
"Many EMS providers have never taken a professional driving class. Everyone thinks they're a good driver but until you learn the fundamentals of operating an emergency vehicle, you're putting yourself and your agency at risk," Cobb said.

LOCAL DRIVING CONDITIONS, ROADS AND CRASHES COVERED

The course's flexible format allows instructors to incorporate local laws, rules and policies into the curriculum and to discuss crashes that have occurred in their local area.

And like all NAEMT courses, EVOS has a highly interactive format, with participants encouraged to use critical thinking and consider the repercussions of their actions. Course materials use vivid depictions from driving simulators of hazardous driving scenarios. The depictions capture multiple views and perspectives, allowing for critical analysis. The course also incorporates crash footage from driver behavior monitoring systems, making safety concepts graphically real.

"A culture of safe driving is so important," Cobb said. "It takes commitment to change unsafe behaviors and attitudes. But first you must know what those unsafe practices are. EVOS not only defines what is unsafe but provides information on how to become a safer driver."



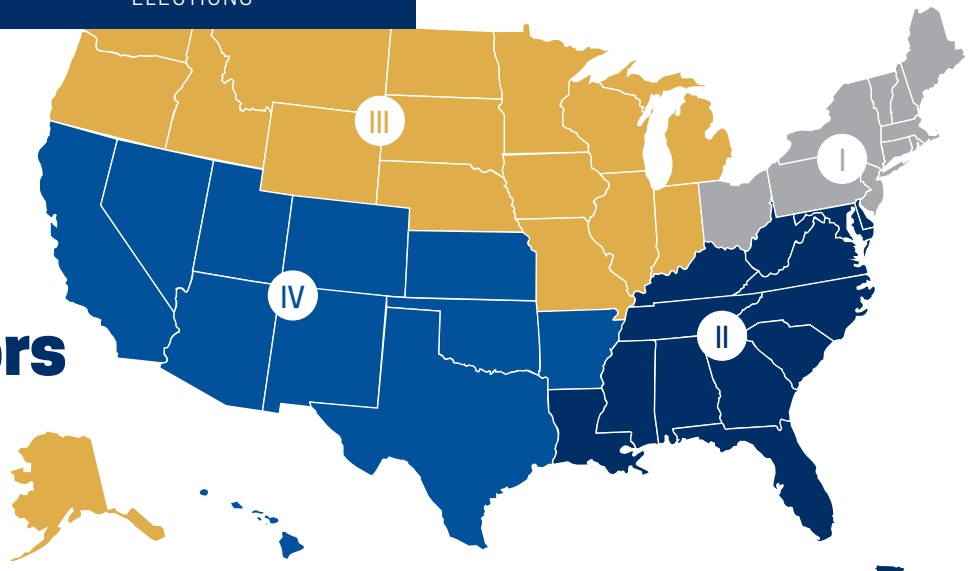
EMS Vehicle Operator Safety (EVOS)

Hours: EVOS can be offered as a one day, 8-hour classroom course or as a 16-hour course with an 8-hour driving component on a driving range to practice skills learned in class.

Who is this class for? All levels of EMS practitioner.

Welcome 2017 Board of Directors

It's our pleasure to introduce the newest members of NAEMT's Board of Directors, whose two-year terms began on Jan. 1, 2017.



SUSAN BAILEY (LA), DIRECTOR REGION II

Susan Bailey, BA, NREMT-P, is a nationally registered paramedic and an EMS educator. She began her career as an EMT in rural Louisiana. She later received her bachelor's degree (Magna Cum Laude) and is now pursuing a master's degree in emergency management. Bailey worked as a National Registry examiner and was elected to the Louisiana Association of Nationally Registered EMTs (LANREMT) Board of Directors. She has held positions at East Baton Rouge Parish EMS, earning recognition for educating instructors; bringing pediatric and geriatric education to the state; and hosting at least 20 visiting field interns in her home.

Bailey serves as the LANREMT representative on the NAEMT Affiliate Advisory Council and as the NAEMT Advocacy Coordinator for Louisiana. She is also the 2014 recipient of the NAEMT/Nasco Paramedic of the Year Award.



JONATHAN WASHKO (NY), AT-LARGE DIRECTOR

Jonathan Washko, MBA, NREMT-P, AEMD, is assistant vice president of the Center for EMS at Northwell Health. Washko has been involved in the EMS industry for more than 30 years and has held leadership positions with small, medium and large EMS systems in government, private, for-profit and non-profit entities.



Washko is a leading industry expert on EMS system design, high performance EMS concepts, industry best practices, EMS deployment, lean business processes, system status management and EMS finance. He frequently speaks at national conferences, sits on various industry boards, and consults internationally. Washko is a member of NAEMT's MIH-CP Committee. He participated in a study on the use of community paramedics to provide acute care for older patients that was published in the Journal of the American Geriatric Society and written about in the New York Times in 2016.

WELCOME BACK RETURNING AND RE-ELECTED DIRECTORS!

Dennis Rowe (TN), *President*
Matt Zavadsky (TX), *President-elect*
Bruce Evans (CO), *Secretary*
Chad E. McIntyre (FL), *Treasurer*
Conrad T. "Chuck" Kearns (GA), *Immediate Past President*
Sean J. Britton (NY), *Director Region I*
Robert Luckritz (NJ), *Director Region I*
Cory S. Richter (FL), *Director Region II*
Brian Schaeffer (WA), *Director Region III*
Jason Scheiderer (IN), *Director Region III*
Terry David (KS), *Director Region IV*
Troy Tuke (NV), *Director Region IV*
Charlene Cobb (FL), *At-Large Director*
Paul Hinchey, MD (NC), *Medical Director*

The NAEMT Board of Directors is responsible for the general management and oversight of the association. Board members are elected by the active members of the association to advance the EMS profession and represent the interests of EMS practitioners on issues of importance to our profession. Board members generously give their time and expertise to advance NAEMT initiatives and projects.

Congratulations to Our Scholarship Recipients!

We are pleased to announce the recipients of the September 2016 NAEMT scholarships.

FIRST RESPONDER TO EMT-B (up to \$500)

SARAH ARCHER, Emergency Medical Responder (Lawrence, KS)

An adjunct faculty member at Indiana University Purdue University, Archer is enrolled in the EMS program at the University of Missouri-Kansas City School of Medicine with the goal of becoming a paramedic. "I want to be one of the people who shows up when someone needs help," Archer said. "Maybe that means treatment in place. Maybe that means giving people their best chance of a good outcome at the ER if they need transport. The medic is the first link in that chain of providers. Being a strong, solid link in that chain is worth doing."

EMT TO PARAMEDIC (up to \$5,000)

JOSEPH STRAIT, EMT (Davis, WV)

A former infantry soldier with the U.S. Army, Joseph Strait got his start in emergency services at age 14 as a Boy Scouts explorer and has been involved in emergency service ever since. He has worked for EMS agencies and the ski patrol, and served in the U.S. Air Force Civilian Auxiliary as squadron safety officer and search and rescue leader/trainer. He received West Virginia's 2009 Safety Officer of the Year Award. "My desire to become a paramedic is partially based on the fact that West Virginia is very rural and my home community of Tucker County is among the most rural," he said. "Within this county, we are not always able to get a paramedic locally when needed."

JACK COLLINS, EMT (Airway Heights, WA)

Jack Collins was inspired to pursue EMS by the firefighters who took care of him after a personal tragedy. When Collins was 10, his father died suddenly while they were at home together. With his mother a four-hour drive away, firefighters stayed with Collins, providing comfort and company until his family could arrive. In high school, he began training to become a fire fighter, assisted with Hurricane Katrina relief efforts and has extensive volunteer firefighting and EMT experience. An EMT for the Spokane County Fire District, Collins is determined to become a paramedic. "I treat each and every patient of mine with that same compassion that I was shown as a small child. I put myself in the shoes of the patient or family."

PARAMEDIC TO ADVANCED EMS (up to \$2,000)

A. JACOB FAHRER, Paramedic (New Orleans, LA)

A paramedic with New Orleans EMS, Jacob Fahrer wants to become a critical care paramedic in underserved areas, including the Gulf Coast. Having started his career in collegiate first response and rural basic life support before moving on to advanced life support in a large urban department, Fahrer said, "I have always wanted to understand, offer, and heal more...With this scholarship, I intend to advance my knowledge and skills base to be able to provide the highest levels of prehospital care to patients experiencing high acuity illness and injury." His determination intensified last February, when an intoxicated driver crashed head-on into his ambulance. The driver died, and Fahrer suffered skull and spinal fractures. It took six months for him to be able to return to light duty at work. Fahrer plans to enroll in the Critical Care Paramedic Program at the University of Maryland Baltimore County this summer.



2017 EMS New Year's Resolutions

How are you going to make 2017 your best year ever in EMS? We asked our members to share their EMS New Year's Resolutions. Here are some of their responses.

“ I'm resolved to master the 'orange book' in my EMT-B class at University of Missouri Kansas City School of Medicine! ”

– Sarah Archer, EMT student

“ The Ohio EMS Chiefs Association New Year's resolution is to complete our Strategic Plan as an organization as well as grow the organization in membership and visibility. ”

– Jeffery Jackson, EMS Chief, Sandusky County EMS

“ We want to inspire more agencies to look at how they can be of more service to their communities through community paramedics and mobile integrated health. We want to help those who serve in full time capacities gain the pay, benefits and recognition that they deserve. For those who serve as volunteers we want them to be appreciated and to quietly multiply in numbers. We want the Medicare program to continue its movement toward pay for performance, making EMS a provider vs. supplier and providing better payment for the services we provide. ”

– Ruby Mehrer, Missouri EMS Association President



Welcome New NAEMT Agency Members!

NAEMT warmly welcomes our new agency members.

- Fallon Ambulance Service of Quincy, Mass. (pictured above)
- Lancaster County Emergency Services of Lancaster, Va.

NAEMT Foundation Announces 2017 Board of Directors and Officers

The NAEMT Board of Directors ratified the appointment of Don Lundy, who served as NAEMT President in 2013-14, as a Trustee of the NAEMT Foundation during the board's meeting in New Orleans in October. Fergus Laughridge of Nevada and

James Judge of Florida were reappointed for additional three-year terms. In the election of NAEMT Foundation Officers for the 2017 term, Laughridge was



re-elected to continue serving as President, Judge was re-elected as Secretary, and Lundy was elected to serve as Vice President. Chad McIntyre, NAEMT's 2017 Treasurer, will serve on the Foundation Board as Treasurer. Continuing terms on the 2017 Foundation Board of Trustees are Rod Barrett of Arkansas; Keith Douglas of Tennessee; Rick Ellis of Georgia; Connie Meyer of Kansas; and David Pecora of Minnesota.

The NAEMT Foundation works to strengthen, build and support a better future for EMS through funding EMS education and outreach. The foundation has awarded over \$41,000 in EMS scholarships since 2011.

The NAEMT Foundation is a 501(c)3 corporation, accepting individual and corporate donations. Learn more about the NAEMT Foundation and how you can support and grow the field of EMS at naemt.org/foundation.aspx.



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Maybe we've talked on the phone, or by email. But nothing can replace getting to know someone face to face! Please stop by the NAEMT booth to say "hi" or pick up goodies like NAEMT pens. Bring your colleagues and allow us to introduce them to the many benefits of NAEMT membership. We look forward to meeting you!

25-28 JAN	Wisconsin EMS: Working Together Emergency Services Midwest Conference MILWAUKEE, WI
23-25 FEB	EMS Today SALT LAKE CITY, UT
25 APR	EMS On The Hill Day <i>(Briefing April 24)</i> WASHINGTON, D.C.
21-25 MAY	SOMSA CHARLOTTE, NC
7-11 AUG	Pinnacle BOCA RATON, FL
17-19 AUG	PACE QUEBEC CITY, CANADA
16-20 OCT	NAEMT Annual Meeting & EMS World Expo LAS VEGAS
26-29 OCT	Vital Signs ROCHESTER, NY



April 24, 2017 ■ Arlington, VA
Holiday Inn Rosslyn at Key Bridge

Politics, medicine, money and other factors are driving the transformation of our profession to EMS 3.0. Attend the Summit to learn about these factors and what your agency can do to thrive!

National leaders will discuss the latest forces that are shaping this transformation, and present the essential tactics our industry must develop to successfully navigate the ongoing changes in our nation's healthcare system.

www.naemt.org **Register Today!**

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