NAEMT news
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What Community Paramedicine is
and why it's the future of our profession

by Matt Zavadsky, MS-HAS, EMT

It's nearly impossible to read any EMS trade journal or attend any EMS conference and not hear about community paramedicine. Here's a brief primer on the concept of community paramedicine (CP), why everyone is talking about it, and the significance it has for our profession.

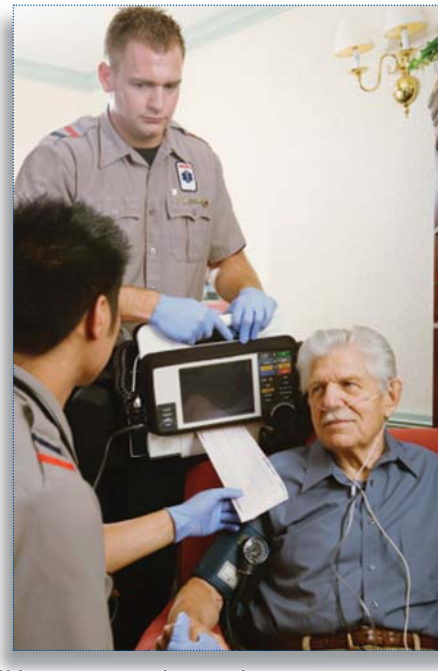
What CP is

In its most basic form, CP is the provision of outreach to patients at risk for using the emergency medical or inpatient healthcare system for primary care services, and helping them find more appropriate resources for their medical needs. Providing these services may take many forms, and to be successful, it should be based on filling gaps for **local** needs. For example:

- In rural areas, it may be using expanded scope of services when primary care resources may be hours away.
- In urban areas, it may be helping frequent users of the emergency care system find primary care resources to meet their medical needs.
- In many communities, it may be assisting patients at risk for costly hospital readmissions and preventing them from needing to be readmitted.

The applications for CP services are only limited by your desire to meet and ability to fill gaps in needs within your community. There is often discussion about the difference between "Expanded Role" and "Expanded Scope." Our experience conducting several components of CP programs here in Fort Worth, Texas, is that most of the issues CP addresses relate to patient education, connecting them with community resources, reviewing their medications, or in some cases, providing limited patient care in the home. Conducting these local CP programs does not involve expanded scope of services, but rather, an expanded role of the EMS system.

However, in rural communities like West Eagle County, Colorado, and in the very first community paramedic program in Red River, New Mexico, CP programs MAY have an element of expanded scope if there is a lack of resources for additional services traditionally provided by other practitioners. For example, if the community to be served is in a rural or remote area with the nearest primary care resources many miles away, CP may work within the community to meet that identified need through expanded scope of services.



What it is not

Generally, a CP program should not replace existing resources, but augment them - essentially filling a gap in community resources. A CP program is not a replacement for a coordinated patient centered medical home (PCMH) or an already established home care agency. Most communities have established home care agencies, visiting nurse agencies and various primary care clinics. However, there will be patients who might not qualify for these services, or there may be gaps in these services that a CP program can fill. For example, an ED physician may feel that a patient who may ordinarily need to be observationally admitted overnight might be able to be discharged home from the ED with an overnight home visit.

Most home care agencies may not have the capacity to see that patient within 60 minutes from discharge – but some EMS agencies may be able to check on that patient overnight and assure he makes it to his primary care

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Your membership in NAEMT makes a difference

I am both honored and humbled to be your incoming President for one of the most dynamic EMS membership organizations in the United States.

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

I also am excited about the potential of EMS in our medical community and what a difference we can make. I know the issues that you face on a daily basis, from salaries, to funding, to equipment, to community perception. These are all very challenging issues in many areas of the country – in too many areas, in my opinion. We need to sell the value of EMS to the community. That's where NAEMT has taken the lead and where you can help make that happen.

Think about it. NAEMT is the only membership organization at the EMT/paramedic level that looks at and supports all delivery models. How many times have you heard the excuse, "EMS will never get respect. There are too many different kinds of EMS." ?

As a member of NAEMT, you've stood up and refused to use that excuse! And, that's a good thing. NAEMT can help sell the value of all delivery models of EMS across the nation by working from what I like to call "the long view." The Board and officers continuously are looking at EMS from "the 50,000 foot level" for areas where EMS can make an impression on a national scale.

Our members have repeatedly said they want a voice for EMS at the federal level. Projects we are working on include supporting the Public Safety Officers' Benefit (PSOB) program, the EMS Near-Miss (E.V.E.N.T.) project and our EMS physical fitness initiative. All of these are long-term projects that will improve the lives of EMTs and paramedics, as well as bring improved data that will help bring EMS into the forefront of healthcare and support our national voice.

EMS On The Hill Day is another fantastic project that will be in its fourth year on March 5-6, 2013 (see the story on page 5). This is, clearly, one of the most successful advocacy events ever developed for EMS, and it continues to get bigger and better every year. The event allows EMS practitioners of all delivery models to educate their own federal representatives (remember, they work for US) about what EMS is, particularly what it means to the community that it serves, both medically and economically. They learn, for example, that when people move to their district, they actually do ask about what kind of EMS system is there - and, if it's not adequate, they don't move there (or pay taxes there).

Having the long view means that all of our work and educational efforts will help bring better salaries, better equipment and better opportunities – but there's a caveat: It isn't a short path or something that can be fixed overnight. That's another reason it's called "the long view."

Tell colleagues to come on home

As I traveled around these past two years, representing NAEMT and assisting Connie and the Board, I had the chance to talk to a number of EMS professionals, and many of them said the same thing. They had once belonged to NAEMT but had let their membership drop. Some knew why they had stepped away, but most didn't. They all agreed that NAEMT has stepped up to the plate and was a formidable organization, one that supports and advances EMS in this country. They all told me they should rejoin.

So, what can you, as a member of NAEMT, do to help in the progress of your own career field and professional membership organization? Help grow our membership even further. You've taken the first step by becoming a member. Now, find someone who either once was a member, or maybe has never joined. In either case, simply ask them to "come home" to NAEMT.

Through national advocacy, NAEMT – and you as a member – can help people understand the value of EMS. Sure, we've told them about the lives saved and the brave things we all do every day. There's more to it than that. NAEMT, at the national level, helps us best have an articulate story to tell those who make decisions on behalf of EMS and our practitioners.

Not an overnight project

We can't do it overnight. We can't do it with one EMS on the Hill Day or one project. This can only be done through the power of membership, of highlighting our diverse workforce and our different delivery models, and making members (and non-members) realize that our differences are, in may ways, our strength. It doesn't matter what hat you wear; the focus of all of us is on taking care of "the sick guy" – as it should be.

NAEMT will focus on, and continue to work on, the "long view" of EMS to help the future of our workforce, improve our educational standards by constantly staying on the cutting edge of EMS education, improve our workplace, in general, through advocacy for safety and health, and most importantly, continue to be THE advocate for all EMS in the United States.

As a member, tell your friends and colleagues to "Come on home" to NAEMT. And be sure to renew your membership in the best national EMS organization by, and for, EMS practitioners. Together, we can support and elevate EMS to where it needs to be.

The opportunities are endless in EMS, and it's an exciting time to be involved in EMS and NAEMT. I am honored to be your President.

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Be there for EMS

Register now for EMS on the Hill Day

If you have thought about participating in EMS on the Hill Day in the past, now is the time! This year's Hill Day is scheduled for March 5-6, right before EMS Today on March 6-8. Both events will be held in Washington, D.C.

We need to ensure that our federal legislators understand how underfunding EMS impacts our patients and communities. Join us and educate your members of Congress about the challenges you face in providing emergency medical care. Help us to advocate for the passage of key EMS legislation.

At EMS on the Hill Day, you will:

- Personally meet and share your concerns with your U.S. Senators, House Representative and their congressional staff.
- Meet and work with the top EMS leaders from across the country.
- Learn the "art" of advocacy to utilize back home for the benefit of your EMS agency and local community.

Program highlights:

March 5 – Meet with other participants and attend an informative pre-Hill visit briefing, followed by a networking reception.

March 6 – Attend scheduled appointments with your Senate and House leaders and their staff to talk about the challenges you face as EMS professionals, and EMS legislation that can help. Then relax and enjoy a post-Hill visit reception.

Headquarters for the event will be the Renaissance Washington, a D.C. downtown hotel, across the street from the Washington Convention Center, the location for EMS Today 2013.

To get a feel for the excitement of advocating for your profession, be sure to view the "Advocating for EMS on the Hill" video that can be accessed from the NAEMT web site home page.

Don't miss the most important EMS advocacy event of the year. Learn more, register, and make room reservations by visiting the home page of www.naemt.org.

New advocacy resources help you get started

Advocacy is a marathon, not a sprint, and now three new resources are available to prepare you for the long run of advocating for your profession.

The Art of Advocacy presentation – This comprehensive advocacy resource is a Powerpoint presentation that walks you through the steps of building and executing an advocacy strategy. It explains the difference between lobbying and advocacy, and teaches basic strategies for developing an advocacy plan, connecting with elected leaders and effectively communicating your needs. It also shares best practices and dos and don'ts in advocacy, provides information on resources available and how to use them, and more. Access the presentation on the Advocacy page of the NAEMT web site.

Webcast on Capwiz – Learn about all of the tools and resources available through this powerful online legislative service. This webcast will walk you through the basics of how to access Capwiz; how to use it to find your representatives and all of their contact information, including the location of their district offices; how your representatives voted on bills; how to easily e-mail or send a letter to your representatives; and where to find all of the pending bills that impact EMS. This webcast will be available soon through the NAEMT web site.

Training video – Currently in production, this video will help you get ready to visit your elected leaders, whether on Capitol Hill, at your representative's district office, or your state capitol, or even with your local elected leaders. Expert lobbyists will share with you what you can expect during your visits, and how to frame your message to ensure it is clearly heard. Look for this new video on the NAEMT web site in March.

New state advocacy coordinators appointed

We continue to build and support our national EMS advocacy efforts through our network of state advocacy coordinators. Six new coordinators recently were appointed.

Robert J. Sullivan, BA, NREMT-P – Delaware

Sullivan is a Paramedic First Class with New Castle County EMS, New Castle, Del. In 2010 and 2011, he was honored as the Kiwanis Club of Wilmington Paramedic of the Year. He serves part-time as a paramedic instructor at Delaware Technical & Community College, Dover, and is a candidate for a Masters of Science degree in Management, with a concentration in healthcare administration, at Wilmington University. His expected graduation date is this May.

Tracey L. Franklin, NREMT-P – Kentucky

Franklin has been involved with EMS for 15 years, and is a NREMT-P/Instructor with Somerset-Pulaski County EMS. She currently is enrolled at Midway College to complete her Bachelors degree in Interdisciplinary Studies. Franklin holds many training certifications, including an EMT-FR, EMT-B, EMT-I and EMT-P Instructor with the Kentucky Board of EMS, and as a CPR, First Aid, and AED Instructor with the American Heart Association.

Laura Cathcart, BS, MA, EMT-B – Maryland

Cathcart is a doctoral student in Curriculum & Instruction with a specialization in Emergency Medical Services Education at the University of Maryland, College Park, Md. Her dissertation topic is "Evaluating the Effectiveness of a Concept Map Analysis Technique on Paramedic Students." She also serves as adjunct faculty with the Department of Health Sciences at Howard Community College, as a graduate research assistant with the Department of Teaching, Learning, Policy and Leadership at the University of Maryland, and as a field instructor with the Maryland Fire and Rescue Institute.

Sean Haaverson, CCEMT-P, I/C – New Mexico

Haaverson is an EMT-Paramedic Faculty Instructor with Central New Mexico Community College, Albuquerque. He has more than 11 years of experience in emergency medical, rural and remote clinical environments and hospital based care with clinical, leadership and instructional experience. He served in Iraq as an area medical supervisor, where he provided routine and emergency medical care and supervised the primary EMS system and operations for residents of the U.S. Embassy and international and Iraqi residents of the International Zone.

Aidan O'Connor Jr., NREMT-P - New York

O'Connor serves as Deputy Emergency Medical Services Coordinator with Greene County Emergency Services, Cairo, N.Y., where he also serves as an advanced EMT-paramedic. He also serves as an advanced EMT-paramedic with the Greenport Rescue Squad, Hudson, N.Y. He is working to earn his Bachelor of Arts degree in Emergency and Disaster Management, with a projected graduation date of 2013, at American Military University.

R. Shawn Rogers, BA, Paramedic – Oklahoma

Rogers has more than 30 years of experience as a health systems leader with accomplishments in improving operations while decreasing costs. He is an EMS Systems Consultant and currently is in the Excelsior College Registered Nursing Program. Rogers has several years of experience in EMS education, currently as an adjunct EMT program instructor with Oklahoma City Community College.

These coordinators join the existing network of 35 coordinators. Learn more about the role of the state advocacy coordinators, contacting the coordinator in your state, and how to become a state advocacy coordinator on the State Advocacy Coordinators web page in the Advocacy section of www.naemt.org.

Be sure to contact your state advocacy coordinator and let him or her know that you are interested in federal advocacy issues and willing to help.

In an ongoing process, NAEMT is working to ensure that each state and the District of Columbia and Puerto Rico have an appointed state advocacy coordinator. Interested NAEMT members are encouraged to apply for the open state positions at advocacy@naemt.org.

The position's responsibilities include:

- Conducting outreach to NAEMT members in the state to encourage and support member participation in national EMS advocacy efforts;
- Updating members on the status of pending national legislation and regulation;
- Coordinating visits to the district offices of the state's U.S. Senators and House Representatives to educate congressional leaders and staff about the issues that affect delivery of EMS to communities within the state;
- Building relations with the state EMS office and state EMS association(s);
- Coordinating state involvement in national advocacy campaigns.

Learn more in the Advocacy section of www.naemt.org.

Report: Joint National EMS Leadership Forum NEMSIS Work Group

by Jules Scadden, PS

The Joint National EMS Leadership Forum (JNEMSLF), made up of representatives from the various national organizations representing EMS, met for the first time in Baltimore at EMS Today in March 2012. This inaugural meeting identified two items of focus: the national EMS drug shortage and the National EMS Information System (NEMSIS).

Through the recommendations of the JNEMSLF, a work group was developed to explore opportunities for collaborating on ways to fully implement and enhance the National EMS Information System. The NEMSIS work group is comprised of representatives from NAEMT, the National Association of EMS Physicians, the National EMS Management Association, the National Association of State EMS Officials, the International Association of EMS Chiefs, the International Association of Fire Chiefs, the NEMSIS Technical Assistance Center and the National Highway Traffic Safety Administration.

During the first meeting of the NEMSIS workgroup, the overriding issue identified was the lack of knowledge of NEMSIS in many local EMS agencies (both large and small) nationally, including a lack of understanding of how to access and use NEMSIS data. There were three areas identified to be focused on over the next year:

- Education through social media to local EMS systems to help them understand NEMSIS
- Quality of the data being reported
- Utilization of data at the local level

What is NEMSIS?

NEMSIS is a resource-based dataset designed to help standardize EMS patient care report information in a way that can support EMS decision-making at all levels. The information gathered through NEMSIS can support local EMS performance measurement, EMS system development/enhancements at all levels, and EMS research. The data being collected through NEMSIS, especially in light of healthcare reform and how to better use this data for benchmarking, is a very valuable tool for measuring the value of EMS service at all levels.

The quality of the data being collected also was identified as an area of concern. NEMSIS has gone through a number of enhancements since data began being more consistently reported in 2006. There are currently 37 states submitting data to the National EMS Database. NEMSIS Version 3 is currently going through an 18-month trial use period prior to being considered for recognition as an American National Standards Institute-approved National Standard. However, the quality of the data relies heavily on EMS providers' documentation and how that documentation accurately fits within the NEMSIS structure.

As NEMSIS has evolved over the past 10 years, each version has been enhanced to address documentation issues that inhibit pertinent information from being collected. For example, NEMSIS Version 3's enhancements include the addition of "pertinent negatives" to explain why a medication such as aspirin was or was not given in a STEMI patient. While the use of aspirin administration in a STEMI patient was a data point in previous versions, the ability to document why it was not given was not available. Enhancements such as these will help to address many of the current questions regarding the quality of the data being collected.

What can NEMSIS data do for local EMS?

Data collection can provide a basis for developing EMS treatment modalities with a system of measuring outcomes. For example, a performance measure could be whether aspirin is administered to every patient experiencing chest pain. Who administered the aspirin – first responders, BLS or ALS providers, or the patient him/herself taking the aspirin prior to EMS response? Through documentation and data collection, the administration or lack of administration and time of administration of aspirin can be identified, and measurable outcomes can be developed to enhance patient outcomes. Additionally, NEMSIS data can provide vital information on work-related injuries and exposures and other safety issues. This means that local agencies will have the ability to identify and mitigate risk factors and safety hazards within their systems.

The NEMSAC report, *NEMSIS: Achieving its Full Potential for Advancing Healthcare*, includes background information on NEMSIS and many progressive ways NEMSIS data is being used in several local areas.

Over the next year, the organizations that comprise the NEMSIS workgroup will continue to work collaboratively to promote the implementation of and education on NEMSIS nationally. The group will identify enhancements to improve the quality of NEMSIS data and how to translate that data into workable information that local EMS systems can utilize for benchmarking and measuring service and individual performance.

Scadden is NAEMT's representative to the JNEMSLF NEMSIS Work Group, and serves as the Chair of NAEMT's Health and Safety Committee. She is senior staff paramedic and the CQI/IT/Data Coordinator for Sac County Ambulance service in Sac City, Iowa.

Education news

The NAEMT Annual Meeting in New Orleans provided a great opportunity to update NAEMT course coordinators and instructors on the latest activities of our education programs and recognize individuals who made outstanding contributions to our programs in 2012.

PHTLS recognizes faculty at October meeting

At the PHTLS Annual Meeting, the following PHTLS faculty were recognized and honored for their contributions and support to the program:

Monica Bradley - Huntington Beach, California
Dale Wilson - Delton, Michigan
Noah Banister - Muscle Shoals, Alabama
Monique Dixon - Richmond, Virginia
Kirk Harris - Knoxville, Tennessee
Jeremy Curtis - Tucson, Arizona

Also in New Orleans, at the Scott B. Frame Memorial Lecture, Lt. Col Robert Mabry, MD, FACEP, presented on the topic "Prehospital Care Advances: From the Battlefield to the Street and From the Street to the Battlefield." Dr. Mabry received the 2012 Scott B. Frame Memorial Award for his outstanding work in military medicine.

The PHTLS Committee presented its plans for 2013, including:

1. Review of the PHTLS hybrid course to determine any modifications that may be needed.

2. Development of the PHTLS eighth edition textbook. Drafts of the chapters are scheduled for completion by the end of 2013.

3. Continue promulgation to new countries including Lebanon, Malta, Singapore and the Czech Republic.

Recently, to support the program's growth, four new PHTLS Regional Coordinators were appointed:

Region 1 - Scott Harding, Montrose, New York
Region 1 covers Connecticut, District of Columbia, Delaware, Massachusetts, Maryland, Maine, North Carolina, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, South Carolina, Virginia, Vermont and West Virginia.

Region 2 - Robert Loiselle, Bay City, Michigan
Region 2 covers Alabama, Arkansas, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Michigan, Mississippi, Ohio, Tennessee and Wisconsin.

Region 3 - Christopher Metsgar, Englewood, Colorado
Region 3 covers Colorado, Hawaii, Iowa, Kansas, Minnesota, Missouri, Montana, North Dakota, Nebraska, Oklahoma, South Dakota and Wyoming.

Region 4 - John Phelps, San Antonio, Texas
Region 4 covers Alaska, Arizona, California, Idaho, New Mexico, Nevada, Oregon, Texas, Utah and Washington.

Preconference courses at EMS World Expo offer best in EMS education

NAEMT courses, based on the latest research and emphasizing critical thinking skills, were held at EMS World Expo 2012 in New Orleans in October.

A total of 159 students attended the courses, which included the AMLS Provider and Instructor courses, PHTLS Instructor course, EPC Provider and Instructor courses, TCCC Provider course, and EMS Safety Provider course.

EMS Safety presents plans for 2013

The EMS Safety Committee's plans for 2013 include:

1. Begin development of the second edition of the EMS Safety course.

2. Development of a plan for the creation of a new EMS Safety Officer course as an adjunct to the EMS Safety course.

3. Continue promulgation within the United States through the establishment of new course sites and instructors.

4. Encourage promulgation of the course outside the United States through the development of new international partnerships.

To reach more EMS professionals, the EMS Safety Course will be offered as a preconference workshop at EMS Today in Washington, D.C., on Wednesday, March 6, 2013.

Register at www.emstoday.com.

Hawaii held its first EMS Safety course on September 13, in Hilo, with 50 students representing most of the islands and major EMS education programs in Hawaii.

AMLS Committee honors Messerole

At the AMLS Annual Meeting in New Orleans, Jeff Messerole of Spencer, Iowa, a member of the AMLS Committee, was recognized and thanked for his commitment to AMLS and the countless hours he has dedicated to promote the advancement of the program.

At the meeting, the AMLS Committee presented its plans for 2013, including:

1. Completion of the new AMLS online content and the AMLS hybrid course.
2. Completion of the AMLS Refresher course.
3. Revision of the current instructor materials.
4. Continued development of the network of state AMLS coordinators.
5. Continue promulgation to new countries including Ireland, South Africa, Mexico, Haiti and Spain.

Mike Newburger

Tactical Combat Casualty Care was one of the preconference courses held prior to EMS World Expo.

EPC's 2013 plans include new student manual

The EPC Committee has developed its plans for 2013, including:

1. Completion of the new EPC student manual.
2. Development of case-based scenarios for the Hybrid Course.
3. Continued presentation of the EPC Transition Course.
4. Continuing promulgation to new countries including Japan, Ecuador, Argentina and Israel.

Community paramedicine > > continued from cover

physician (PCP) visit the next day, or is transitioned to an established home care agency.

Why now?

EMS leaders have long imagined a time when EMS would be recognized for the true value its practitioners can bring to the delivery of healthcare services. We are finally at a point in time when the stars are aligning in favor of EMS. Currently, our country's healthcare expenditure rate is over $8,000 per capita (nearly triple the average for all other industrialized nations) for the privilege of a ranking among the lowest on key performance indicators such as infant mortality, life expectancy and admissions for chronic conditions. Most everyone agrees this is not sustainable or prudent.

Regardless of your position on the Affordable Care Act (ACA), its intent is to move the U.S. healthcare system away from one that provides financial incentives based on the quantity of services to incentives based on the outcomes of care. Two of the most significant drivers of this change are bundled payments to groups of providers based on the outcome of the episode of care, and shared savings programs where groups of providers collaborate to share the savings generated from quality and logical courses of care.

The Institute for Healthcare Improvement (IHI), one of the nation's premier health policy think tanks, has identified a "Triple Aim" concept that healthcare policy makers reference regularly when formulating public policy.

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care

Consequently, stakeholders are willing to finally look at alternate delivery and financial models we can use to help the healthcare system meet IHI's Triple Aim.

How do we demonstrate value?

Has the EMS industry done a good job demonstrating that what **we** do makes a difference in our patient's outcome? Can we state with peer-reviewed, scientific evidence that calling 9-1-1 and going to the hospital by ambulance reduces patient stay, reduces cost, or in any way matters? In short, we have not. Often, our ability to alleviate pain or assure immobility of a fractured extremity may not matter to the payer.

With the national move to paying for outcome-based and value-based services, we need to demonstrate value in a meaningful way – a way that a payer is willing to pay for. A large payer on the west coast recently held an on-line auction for ambulance services with the contract going to the lowest bidder – essentially an eBay for ambulance service. Doctors and hospitals are starting to not get paid for services that fail to demonstrate value. And we're next. MedPAC (the national Medicare Payment Advisory Commission) recently recommended that non-emergency BLS ambulance rates be REDUCED. This is the first shot across the bow for our future.

In this new healthcare finance world, we in EMS have tremendous opportunity. Consider this scenario: a patient with chronic pain from gout calls 9-1-1 and goes by ambulance to the ED every other Friday because she runs out of pain meds. Monthly cost = $4,000. Instead, the patient is enrolled in a CP program and a medication count by EMS practitioners during home visits determines that her family is stealing her meds and selling them (yes – that's an actual scenario). The CP buys the patient a $21.50 med safe and she stops calling 9-1-1 to go to the ED for refills. Savings = $3,978.50 in the first month alone. Is that valuable to a payer? You bet!

Starting October 1, 2012, hospitals and other providers are financially penalized for high readmission rates. Does it bring value to the payer to provide in-home patient education, coordination with the patient's PCMH, and perhaps even some disease specific interventions in the home, as opposed to episodically transporting the patient to the ED for a possible hospital admission? You bet it does – when the payers **are willing to pay** for those CP services because they see them as financially valuable and an enhancement to the patient's experience (part of the IHI Triple Aim). It is to the entire health system's benefit to utilize EMS practitioners in CP services.

Challenges to CP program implementation

The road to an effective CP program can be filled with potholes and detours. The biggest hurdle to overcome is educating local stakeholders on the value you can bring. Overcoming this hurdle is all about relationships. Be sure to get to know the healthcare leaders in your community, both on the provider and payer side. Ask what keeps them up at night, or what their biggest need is. Invest time educating them on what you can do for them. Then, put together a program that alleviates that concern or meets that need.

You may get some push back from other providers who feel that a CP program may negatively impact their organization. Home health agencies typically fall into this category. A key strategy to alleviating these concerns is once again, education and relationship building. Meet with these organizations, learn what they provide and see if there is a way to collaborate with them, not compete with them. If a service is being provided well and there are no gaps in resources, then you do not need to provide that service.

In our community, home health agencies have begun asking us to consider collaborations with them for night/weekend coverage as a way to meet a gap they have in their service delivery model.

Another hurdle may be regulatory issues that prevent EMS practitioners from performing a CP role. Strategies to overcome this hurdle may require working with your local regulators or legislators to create a regulatory environment that allows these valuable services to be provided. If you need to undertake this initiative, don't do it alone. Engage your payer and provider stakeholders. Collaboration will be

extremely valuable if these changes are necessary.

A final big hurdle is the ability for our current "EMS-based" educational model to meet the growing need of the employees in our profession for CP programs. Generally, the curricula for many of our EMS certification programs spends 90 percent of educational content time teaching students information they will use 10 percent of the time. Very little time is invested in topics like patient communication and education, community linkages or chronic disease pathophysiology. Our EMS workforce currently is not prepared to take on this new and necessary role in our nation's healthcare system. And efforts at creating national CP curricula or certifications are problematic since by definition, successful CP programs are designed to meet local community needs. As such, EMS practitioners need to be locally educated by local healthcare experts to meet the needs of community paramedicine.

Next steps

If you are considering a CP program in your community – and you absolutely SHOULD be – here are a few tips:

1. Build effective relationships with your local healthcare leaders to learn what their needs are.

2. Educate your co-workers or employees and internal stakeholders on the need to transition from just an EMS agency to a mobile healthcare agency – it's key to your future.

3. Don't go it alone. MedStar and other agencies already are operating these programs, so there's no need to reinvent the wheel. Data is available for you to present to your community stakeholders. Even consider bringing them on a field trip to see first-hand what we and other communities are doing.

Useful resources and links

For more information, you may want to visit these sites:

www.ihi.org/offerings/initiatives/tripleaim/pages/default.aspx

www.medstar911.org/community-health-program

www.communityparamedic.org/

www.ircp.info/

www.hrsa.gov/ruralhealth/pdf/paramedicevaltool.pdf

www.wecadems.com/cp.html

www.dhhs.ne.gov/Documents/CommunityParamedicineReport.pdf

www.nytimes.com/2011/09/19/us/community-paramedics-seek-to-prevent-emergencies-too.html

Zavadsky is the Public Affairs Director at MedStar Mobile Healthcare, the exclusive emergency and non-emergency EMS provider for the Fort Worth area. He holds a Master's Degree in Health Service Administration and has 32 years of experience in EMS. Zavadsky serves as an At-Large Director on the NAEMT Board.

Inaugural World Trauma Symposium provides advanced learning

by Lance Stuke, MD, MPH, PHTLS Associate Medical Director, Asst. Professor of Surgery – LSU School of Medicine

The inaugural World Trauma Symposium (WTS) was held in conjunction with EMS World Expo in New Orleans on November 1, 2012.

The WTS was organized by the members of NAEMT's Prehospital Trauma Life Support (PHTLS) Committee under the direction of Dr. Norman McSwain, who served as chair of the symposium. The WTS sold out well in advance and had a waiting list in excess of 75 people.

A wide variety of speakers discussed an array of topics pertinent to international prehospital trauma care. Starting the day off was Dr. Ken Mattox, Professor of Surgery at Baylor College of Medicine in Houston. Dr. Mattox spoke on various controversial topics facing EMS today, including fluid management, chest needle decompression, and helicopter transport.

He was followed by Dr. Karim Brohi, Professor of Trauma Sciences at Queen Mary School of Medicine & Dentistry, whose talk outlined London EMS and the challenges it faces. Additionally, Dr. Brohi highlighted areas of EMS research being carried out in London.

Dr. Michael Rotondo, Chairman of the American College of Surgeons Committee on Trauma (ACS-COT), reviewed recent work by the ASC-COT and ATLS. The morning session was concluded by Dr. Frank Butler, former Navy SEAL, current member of the Defense Health Board, and chair of the Committee on Tactical Combat Casualty Care. Dr. Butler reviewed the ongoing research being done by the military to continually improve the combat care received by our troops.

The lunch speaker was Dr. Robert Mabry, Director of the Military Emergency Medical Services Fellowship Program and a leading expert on battlefield medicine – also the 2012 Scott B. Frame lecturer – who spoke on the ongoing challenges faced by military medicine and outlined plans for future development in the specialty.

The afternoon session was focused on challenges facing EMS both in the United States and around the world. The international lectures were given by Dr. Osvaldo Rois, Director of PHTLS Argentina, and Steve Greisch, Chair of PHTLS Europe. Each spoke on prehospital care in their respective continents.

Dr. Jeff Salomone, newly appointed Director of Trauma at Maricopa Medical Center in Phoenix and current president of the Eastern Association for the Surgery of Trauma (EAST), outlined the multiple challenges facing prehospital providers in the United States. The group was then joined by Dr. Peter Pons, Professor of Emergency Medicine at the University of Colorado Health Sciences Center.

I moderated a panel discussion with the afternoon speakers to close the symposium. The discussion took questions from the audience, and I introduced questions as well, many in an attempt to highlight controversies in EMS.

The PHTLS Committee was extremely pleased with the success of this sold-out World Trauma Symposium. We would like to thank NAEMT, EMS World Expo, and our sponsors for their support in this endeavor.

EMS World Expo

Kenneth L. Mattox, MD, FACS, discusses controversies in EMS at the World Trauma Symposium.

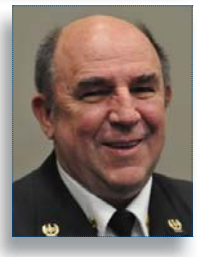
Congratulations to our new Board

Thank you to all members who voted in the elections for open positions on the 2013 NAEMT Board of Directors. The newly elected officers and directors, below, have joined with current Board members to comprise the 2013 NAEMT Board of Directors, which took office on January 1.

Chuck Kearns, MBA, Paramedic, EMD, of Illinois, is newly elected as **President-elect**. He previously served on the Board as an At-Large Director. He has worked in EMS for 30 years, in government, private and volunteer EMS agencies, as a BLS first responder to flight paramedic. He holds an MBA in Marketing and Information Systems Management.

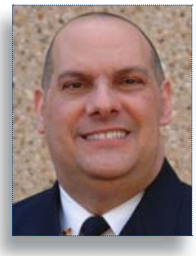
Jim Judge, BPA, EMT-P, CEM, of Florida, is newly elected as **Secretary**. He previously served as Region II Director. He has worked in EMS for more than 38 years and has been a member of NAEMT since 1991. He holds a Bachelor of Public Administration Degree (Cum Laude) from Barry University, Miami, and has attended numerous courses in EMS and public safety topics. Judge is a past President of both the Florida Ambulance Association and the Florida Association of County Emergency Medical Services.

Dennis Rowe, EMT-P, of Tennessee, is newly elected as **Treasurer**. He previously served as Region II Director. He is Rural/Metro's EMS director for Loudon County, Tenn., and also serves as its market general manager for Knox and Loudon counties.



Jim Slattery, EMT-I, of Massachusetts, has been re-elected to his position as **Region I Director**. Slattery has more than 35 years of experience as a volunteer instructor for the National Ski Patrol and the American Red Cross. He has worked on a 911 ALS ambubance for the City of Taunton, Mass., for more than 22 years and has served on the Massachusetts Governors Emergency Medical Care Advisory Board.

Chad McIntyre, BS, NREMT-P, FP-C, of Florida, has been newly elected to the **Region II Director** position. He is manager of Trauma & Flight Services at University of Florida & Shands Jacksonville Medical Center, one of the academic medical centers for the University of Florida's College of Medicine. He has been involved with NAEMT for 15-plus years. Currently, he is affiliate faculty for the AMLS and PHTLS programs.



Chris Cebollero, EMT-P, of Missouri, is newly elected to the **Region III Director** position. He is Chief for Christian Hospital's (St. Louis) EMS division and has been a member of NAEMT since 1999. Cebollero, who hosts the online EMS Leadership Podcast, has a BS degree in Biology and an MS degree in Health Care Management.

Rod Barrett, B.A., R.N., NREMT-P, of Arkansas, was re-elected to his position as **Region IV Director**. He has worked in EMS for more than 30 years. He holds a BA degree from Arkansas State University and earned his Registered Nurse degree in 2004. He has served with both private and public service models, and for 24 years has worked as a firefighter/paramedic for Bella Vista, Arkansas, Fire/EMS. He has served on the Arkansas EMT Association Board of Directors for nine years, with two terms as President.

Matt Zavadsky, MS-HAS, EMT, of Texas, is newly elected as an **At-Large Director**. He has more than 30 years of experience in EMS. He is Director of Public Affairs for MedStar EMS, Fort Worth, Texas, and previously was Associate Director of Operations there. Zavadsky was awarded 2010 Texas EMS Provider of the Year. He also serves as adjunct faculty for the University of Central Florida, College of Health and Public Affairs, Orlando.

Continuing 2013 Board members include:

- **Don Lundy - President**
- **Connie Meyer - Immediate Past President**
- **Scott Matin - Region I Director**
- **Sue Jacobus - Region III Director**
- **Bruce Evans - Region IV Director**
- **Paul Hinchey - Medical Director**

Newly appointed to the Board by President Don Lundy are **Rick Ellis, NREMT-P**, and **Ben Chlapek**. Ellis will be filling the Region II Director position vacated by Jim Judge upon his election as Secretary. Chlapek will be filling the vacant At-Large Director position.

Continued > > 18

Congratulations to 2012 Lifetime Achievement Award winner Will Chapleau

NAEMT congratulates **Will Chapleau, EMT-P, RN, TNS**, the 2012 recipient of the Rocco V. Morando Lifetime Achievement Award. This award is generously sponsored by the National Registry of Emergency Medical Technicians (NREMT) and was presented on the evening of October 30 to Chapleau at the NAEMT General Membership Meeting.

Mike Newburger

Chapleau, center, with NREMT's Bill Brown, left, and PHTLS Medical Director Norman McSwain, right.

Will Chapleau has been leading the cause for quality EMS education nationwide and across the globe for many years. He has served as Chair of NAEMT's Prehospital Trauma Life Support (PHTLS) Committee for the past 16 years, taking the program to new heights in using evidence-based, critical thinking to treat multisystem trauma. Because of his work, PHTLS is now offered to EMS practitioners in more than 55 countries.

Chapleau is Director of Performance Improvement and the Advanced Trauma Life Support (ATLS) Program Manager for the American College of Surgeons, Chicago. He has been a paramedic for 36 years and a trauma nurse specialist for 23 years. He has worked in the field as a firefighter paramedic and finished his 20-year fire department career as Chief of the Chicago Heights Fire department. Chapleau also has worked in emergency and critical care nursing.

An EMS educator for 28 years, Chapleau has published four EMS textbooks and contributed to numerous other texts, including ATLS, PHTLS and ATCN. He also has written frequently for EMS and trauma journals and has lectured on EMS and trauma topics in more than 50 countries.

In addition, he has served on the Board of Directors of NAEMT, the National Association of EMS Educators, and the Society of Trauma Nurses, and currently serves on the Board of Marian Catholic High School in Chicago Heights, Illinois.

The Rocco V. Morando Lifetime Achievement Award is NAEMT's most prestigious award, and is named after one of NAEMT's founding members.

Other awards received

Also at the NAEMT General Membership Meeting, Kenneth Davenport, a paramedic from Marion, Ky., received the 2012 Paramedic of the Year Award, sponsored by Nasco, and Dean Darling, EMT-I, of Sauk City, Wis., was awarded the 2012 EMT of the Year Award, sponsored by Braun Industries.

These two award winners were highlighted in the previous issue of *NAEMT News*.

Other awards presented included:

- Dick Ferneau Paid EMS Service of the Year: New Orleans EMS - *Sponsored by Ferno*
- Impact Volunteer EMS Service of the Year: Friendswood Volunteer Fire Department EMS, Friendswood, Texas - *Sponsored by Impact Instrumentation*

Congratulations to all the 2012 winners of the National EMS Awards of Excellence.

Award winner New Orleans EMS.

EMS World Expo

Legal matters: Who's in charge?

Medical and operational scene control

by Doug Wolfberg

There is an age-old question in EMS: "Who's in charge"? Answering that question is not always as easy – or as straightforward – as it seems.

In fact, that question usually generates more questions than it does answers: are we talking about who's in charge of an incident scene? That may be the fire department. What if the scene involves a potential crime? That may be law enforcement. What if the incident involves hazardous materials? That may be a haz mat team. Are we talking about who's in charge of patient care for the sick or injured involved in the incident? Maybe that would be the EMS agency. Are we talking about incident command of a mass casualty incident (MCI)? That may be any of the above, though it is usually the first responding agency under a unified incident command structure.

As we've already made clear just from the questions raised above, there is never a "one size fits all" answer to the question of who's in charge. First and foremost, you'll need to consult your own state's laws. Though it's not common to see a clear answer to this question in state law, some states have attempted to regulate this issue, and it would be important to know what your particular state's laws have to say.

> Running into an unsafe scene just because you're "in charge" could leave you "in charge and dead."

Let's look at one common "who's in charge" question that arises in EMS. If an ambulance crew is comprised of an EMT and a paramedic, is the paramedic always "legally responsible" for all patient care issues? And, if so, is this true even if it's a strictly BLS call?

In medicine, many states follow the so-called "Captain of the Ship" doctrine, a common law rule which holds a surgeon responsible for any and all negligent acts or omissions that occur inside the operating room, even if they were someone else's fault. However, there are no cases of which we're aware that have expressly applied this same doctrine to a paramedic in the ambulance.

Therefore, a court properly applying principles of negligence law would be compelled to judge each member of the crew, and the ambulance service, by the standard of care applicable to them. That is, the paramedic and EMT must each act, respectively, as would a reasonably prudent paramedic or EMT.

While it is generally considered to be within the standard of care for a paramedic to perform an assessment and then "hand off" a patient to a BLS provider for transport after determining no ALS interventions are necessary (even Medicare has adopted this rule in its ambulance reimbursement policies), that doesn't mean the paramedic is off the hook for all legal responsibility.

First, the paramedic can be legally liable if his or her decision to hand off care to the EMT was negligently made, and the patient suffers harm as a result. On the other hand, if the paramedic acted reasonably in handing off care to an EMT, and the EMT becomes the primary caregiver, then the EMT is responsible to uphold the standard of care applicable to an EMT. If the paramedic is driving the ambulance and the EMT is providing care in the patient compartment, the paramedic would not ordinarily be responsible for the EMT's negligent acts or omissions, unless the paramedic knew or had reason to know of them and took no action to prevent harm to the patient.

Of course, these are general legal principles, and how the law might be applied in any particular case can't always be predicted. Paramedics and EMTs can best prevent legal liability by ensuring that they always work together in the best interests of patient care.

However, when you look outside the context of EMS, the "who's in charge" question often becomes more murky. Certainly, if patients are involved in an incident, EMS should always be included in the command decision process. Nevertheless, EMS may need to defer to the fire officer in charge where there are hazards involved that require mitigation before patient care can effectively be rendered. Likewise, if there is an unsafe scene, then EMS should of course defer to law enforcement. Running into an unsafe scene just because you're "in charge" could leave you "in charge and dead."

In many systems, MCIs are handled differently, with agencies all subscribing to a unified incident command structure. Your agency's MCI command policies should be followed in these incidents.

At the end of the day, the question of "who's in charge" is not always easily answered. It is best addressed at the local level, with the various public safety agencies – police, fire, EMS, emergency management and others – sitting down in advance to pre-define appropriate roles and responsibilities. The worst possible outcome would be for disputes to erupt on an incident scene, in a time of crisis, which, of course, has the potential to cause chaos and substantial operational disruption.

With chaos and disruption could come potential legal liability for everyone involved. Therefore, this is one of the critical aspects of public safety response that must be determined in advance. Then all of the EMS practitioners within your agency must be educated in your agency's policies and procedures, and must aim to work cooperatively with other public safety agencies to ensure that smooth, efficient and high-quality services are delivered to those in need.

Annual Meeting strengthens camaraderie

Many NAEMT members enjoyed the camaraderie of colleagues, networking opportunities, and the chance to be more involved in NAEMT at the 2012 Annual Meeting, held October 29-31 at the Ernest N. Morial Convention Center in New Orleans, in conjunction with EMS World Expo 2012.

The Big Easy offered plenty of ambience as the setting for committee meetings, education program meetings, the Affiliate Advisory Council meeting and the General Membership Meeting and Reception, which included presentation of the National EMS Awards of Excellence (see article on page 14).

At the NAEMT General Membership Meeting and Awards Presentation and Reception on Tuesday, October 30, President Connie Meyer presented to the audience the activities and successes of the association during the year. At the meeting, current members of the Board, committees, affiliates and corporate partners were introduced and thanked. Attendees also had the chance to hear from 2013-2014 President Don Lundy, who outlined the goals for his presidency.

Immediately following the meeting, attendees enjoyed a delicious taste of New Orleans at the Rendezvous Reception, sponsored by the National Registry of Emergency Medical Technicians (NREMT) and EMS World. At the reception, members were able to strengthen the bonds of camaraderie by networking and having fun with other EMS professionals.

NAEMT featured an active booth in the EMS World Expo exhibit hall from Wednesday - Friday, where attendees could stop by and receive information about NAEMT programs and projects. The adjoining NAEMT Silent Auction booth was busy with attendees stopping by to view and bid on valuable EMS products. The Silent Auction is administered through the NAEMT Foundation to provide education scholarship opportunities for EMS practitioners and individuals interested in pursuing a career in EMS.

Thank you to all members who attended the 2012 Annual Meeting. The 2013 meeting is September 9-11 in Las Vegas. We'll look forward to seeing you there!

Let the good times roll!

2012 Annual Meeting

Mike Newburger

President Connie Meyer and President-Elect Don Lundy greet attendees during a parade through the EMS World Expo exhibit hall.

Mike Newburger

Members of the award-winning New Orleans EMS enjoy the NAEMT Rendezvous Reception on Tuesday night after the General Membership Meeting.

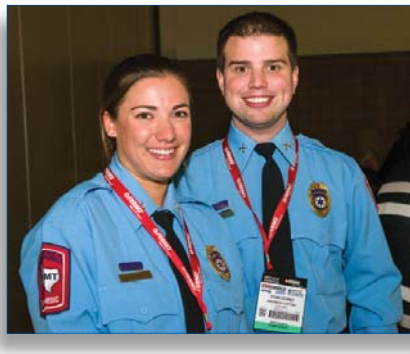
EMS World Expo

NAEMT EMT of the Year Dean Darling and colleagues attend the member reception.

EMS World Expo

Mike Newburger

President Connie Meyer thanks Immediate Past President Patrick Moore for his years of service to NAEMT.



Members of the award-winning Friendswood (Texas) Volunteer Fire Department EMS.

Mike Newburger

Region I Director Jim Slattery, EMS World Publisher Scott Cravens, Ed Nichols, Vice President, – Events, Cygnus Business Media, and Region IV Director Bruce Evans attend the NAEMT Board of Directors meeting.

Mike Newburger

NAEMSE Board member John Todaro, AAA and Vermont Ambulance Association's Bill Hathaway, NASEMSO President-Elect Paul Patrick, NREMT Executive Director Bill Brown and NAEMSP President Dr. Ron Pirrallo attend the Affiliate Advisory Council Meeting.

Members advance their careers through NAEMT scholarships

NAEMT congratulates our most recent scholarship recipients:

EMT-Basic to EMT-Paramedic ($5,000 each) – Kevin Rixmann, Osceola, Wis., and Christopher Cox, Raytown, Mo.

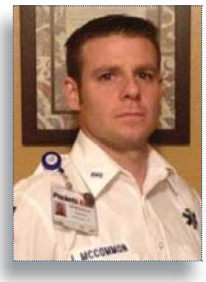
Paramedic EMS Education Advancement ($2,000) - Peter Frenchak, Butler, Penn.

Degree completion program offered by The College Network ($2,500) - Jeff McCommon, Chattanooga, Tenn.

Rixmann works full time as an EMT-Intermediate at Western Wisconsin EMS Co., River Falls Area Ambulance Service, and Osceola Area Ambulance Service, and also works as an ER technician at Osceola Medical Center. He is attending school at Emergency Training Associates in Fergus Falls, Minn., to advance to a flight critical care paramedic. "I enjoy taking care of highly acute and very sick patients, and think that this would be an area of the EMS industry that would allow me to do so," he says. "Not only will this scholarship allow me to better my knowledge but it will also put me in a position where I can focus on my studies and give 110%."

Cox has worked for nine years as a firefighter and EMT-Basic with the City of Gladstone (Mo.) Fire Department. He is attending paramedic school at MCC/Penn Valley in Kansas City, Mo. He says Gladstone is recognized as a leader in the Kansas City area for its progressive look at emergency medicine and unwavering commitment to care without charge to the patient. "This dedication for doing 'what is best for the patient' is what has inspired me to pursue a more involved role within the department," Cox says. "Earning my paramedic license has been a life goal of mine since a young age." The NAEMT scholarship will help ease some of the financial burden on his family, he says.

Frenchak is a paramedic with STAT MedEvac in West Mifflin, Penn. He is earning his Bachelor of Science in Public Administration with a concentration in EMS Administration at Point Park University, Pittsburgh. "EMS is my passion. I know that moving into the future, strong drive and patient care ability will only go so far. Education, experience, and vision will be what take my career and the EMS industry as a whole into the future." After earning his Bachelor's degree, Frenchak is looking to complete a Master's degree in Public Health, with an end goal of serving as an administrator for a progressive EMS agency, flight program, or advocacy organization. "I am grateful for any assistance from NAEMT to help me attain my goals," he says.



McCommon is a paramedic with the Chattanooga Fire Department and is enrolled with The College Network to earn a RN degree. He has worked as a firefighter since 2007. He completed his education as a paramedic at Chattanooga State TCC last year. "A scholarship to help with the cost of education goes a long way towards easing the financial strain on my family," he says.

The deadline for the next Degree Completion scholarship through The College Network is March 15. To apply, go to the Members > Scholarships section of www.naemt.org.

Congratulations Board

> > continued from page 13

Ellis previously served NAEMT as Treasurer and has been a member for many years. He has been involved with EMS since 1978, serving with volunteer, paid and military services. He earned his Bachelor of Science in Occupational Education from Wayland Baptist University and Associate Degree in Allied Health Sciences from the Community College of the Air Force.

Chlapek is Chair of NAEMT's Military Relations Committee. He has been involved in NAEMT for more than 30 years. He holds an A.A. in Fire Science, a B.A. degree in Chemistry, an M.P.A. degree in Public Affairs, and an M.S. in Homeland Security Studies. He is retired as a Lieutenant Colonel from the U.S. Army after 36 years of service. Wounded in Afghanistan in 2008, Chlapek works to help veterans.

Thank you to all our volunteer Board members who serve NAEMT with dedication.

Is your EMS organization an E.V.E.N.T. site partner?

System helps you report patient safety, near-miss and line-of-duty death incidents

Last March, to address a lack of EMS data, NAEMT, with the Center for Leadership, Innovation and Research in EMS, launched an online system for EMS practitioners to anonymously report near-miss and line-of-duty death incidents, as well as events concerning patient safety.

The EMS Voluntary Event Notification Tool, known as E.V.E.N.T., collects and aggregates data that can be analyzed and used in developing EMS policies, procedures and training, and to prevent similar events from occurring. The system is accessible at www.emseventreport.org.

When EMS professionals report these events, no individual responses are shared or transmitted to other parties to keep the reporter completely confidential and anonymous. Any individual who encounters or recognizes a situation in which an EMS safety event occurred, or could have occurred, is strongly encouraged to submit a report. The confidentiality and anonymity of the reporting tool is designed to encourage EMS practitioners to readily report EMS safety events without fear of repercussion.

To date, about 16 near-miss incidents have been reported, as well as 42 patient safety incidents. No LODDs have been reported. All these events help "connect the dots" on practitioner and patient safety and provide an opportunity for the EMS community to collectively learn how and why events with negative outcomes occur so any trends – and both safe and unsafe practices – can be tracked.

To make E.V.E.N.T. a mechanism for change, the aggregated data collected is provided to state EMS offices and the appropriate federal agencies with jurisdiction over EMS on a quarterly and annual basis. One of the primary end users of this data is envisioned to be those responsible for the development of EMS policies at the state and federal levels.

States, organizations urged to support system

Support of this online reporting tool by EMS organizations across the nation is key to its successful use.

"The E.V.E.N.T. system is an important part of the overall safety culture for our crews. Good data will allow us to identify the products, practices and situations that can harm us before they harm us," says Don Lundy, NAEMT President. "The system is completely anonymous and secure - I don't see any reason why anyone in this business wouldn't use it. It's our safety, and the safety of our patients, that we're talking about. Please use the site and encourage your colleagues and state and local organizations to support it."

Is your state EMS office and EMS association a site partner? Find out at www.emseventreport.org. If not, please urge them to sign up. All E.V.E.N.T. site partners receive the aggregated quarterly and annual system reports, and are recognized through posting of their logos on the site. In exchange, site partners are to post a link to the system in a prominent location on their web sites and encourage their members to use the system.

Upon request, NAEMT and the Center for Leadership, Innovation and Research in EMS are able to provide representatives to speak about the system at local and national EMS meetings or conferences. Please contact NAEMT at info@naemt.org with any questions about the system.

Visit the E.V.E.N.T. system at www.emseventreport.org.

Thank you to E.V.E.N.T. Site Partners

American College of Emergency Physicians
Commission on Accreditation of Allied Health Education Programs
Committee on Accreditation of EMS Programs
Continuing Education Coordinating Board for EMS
Emergency Medical Services Chiefs of Canada
Humboldt General Hospital EMS Rescue
Iowa EMS Association
National Academies of Emergency Dispatch
National Association of Emergency Medical Technicians
National Association of EMS Physicians
National Association of State EMS Officials
National EMS Management Association
National EMS Memorial Service
National Organization of State Offices of Rural Health
National Registry of EMTs
National Volunteer Fire Council
New York State Volunteer Ambulance & Rescue Association
North Central EMS Institute
North Dakota EMS Association
Oregon EMS Association
Pennsylvania Emergency Health Services Council
Professional Ambulance Association of Wisconsin
South Carolina EMS Association

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

NAEMT member benefits support and protect you and your family

To help protect and enhance the lives of you and your families, NAEMT offers full members benefits and discounts on everyday products and services. These include:

MedicAlert® – Receive a members-only package on MedicAlert® emergency medical information and identification services. NAEMT members receive a free ID bracelet, valued up to $24.95, and free shipping. MedicAlert ensures your comprehensive medical history, directives and wishes are communicated instantly, so that no time is lost "getting up to speed" or worse, guessing about your condition. With MedicAlert, you can be confident and live life with the knowledge that your medical ID connects you to the most dependable emergency support network.

$10,000 Accidental Death & Dismemberment insurance – Protect yourself and your family if the worst were to happen. This insurance is provided for full NAEMT Active and Associate members at no additional cost. The policy provides $10,000 in benefits in the event that a covered NAEMT member loses his/her hands, feet or eyesight or is killed in an accident.

ICEdot – Receive premium membership free for one year for when you are at the other end of an emergency situation. When you register, you're able to input important demographic and medical information into ICEdot's HIPAA compliant database and receive an ICEdot card and key tags with your unique identifier. This allows access to key information and instant notification to emergency contacts using a unique text messaging system anywhere in the country when you are involved in an emergency situation.

Platinum Plus® MasterCard® credit card – Choose the rewards that are right for you when you qualify for a NAEMT Platinum Plus® MasterCard® credit card with WorldPoints® rewards. Redemption options include unlimited cash rewards, airline travel with no blackout dates, brand name merchandise, gift cards – even once-in-a-lifetime experiences. You can apply securely online and view information about rates, fees, other costs and benefits associated with the use of this credit card.

Mutual of Omaha Insurance financial products – Receive discounted rates or no-cost benefit enhancements on a variety of Mutual of Omaha products and services, including critical illness insurance, life insurance, qualified retirement plans such as pension and profit-sharing plans, business plans, long-term care insurance to help you maintain your independence and protect your retirement assets, and annuities that provide guaranteed lifetime income payments and flexible payout options to help meet your financial needs.

Access all your benefits through the Members tab on www.naemt.org. You'll need to log in as a member to access this section of the site.