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2010

National Association of EMS Physicians®

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A N N U A L

R E P O R T



NAEMSP® Executive Office
P.O. Box 19570
Lenexa, KS 66285
800/228-3677
Fax: 913/895-4652
info-naemsp@goAMP.com
www.naemsp.org

For the past two years I have had the honor and privilege of serving as NAEMSP®'s president. During that time our association has accomplished many impressive things that strengthen us, serve our members, and advance EMS and the care provided to our patients and communities. I am pleased to provide this introduction to the 2010 Annual Report, which provides an overview of the extent of NAEMSP®'s efforts to foster excellence in out-of-hospital emergency medical services and the degree to which a broad representation of our membership is engaged in these efforts. The year 2010 gave us reason to celebrate for our association and our cause.

Clearly, the most notable event of 2010 occurred on September 23 when the American Board of Medical Specialties voted to make Emergency Medical Services the sixth subspecialty of Emergency Medicine. It was a long time in coming, and much had been reported along the way. So, it is possible that this occasion, which still leaves a great deal of work to be done, might not seem that momentous. But, to the contrary, it is extraordinary. It represents the end goal of years of work and intense efforts over the past two years. NAEMSP® had invested significantly to make certain the necessary work got done. NAEMSP® members, many, invested heavily of themselves to put the pieces in place. They gave of their time, their intellect, and their energy. We were fortunate to have had engaged collaboration with the American College of Emergency Physicians, which also made investments. We benefited tremendously from the advice of leadership and staff at the American Board of Emergency Medicine (ABEM) and ultimately their willingness to carry the baton. In the process, every Emergency Medicine organization became a supporter. In the end we were successful because the idea was right, the time was right, the right people were engaged, and NAEMSP® provided leadership and collaboration. In January 2011, NAEMSP® leadership will formally host leaders from (ABEM) for the first time to discuss next steps and the future of our collaborative efforts to ensure the success of EMS, the new subspecialty.

We started the year as is our routine, with our Annual Meeting held this time in Phoenix, Arizona. We had earlier anticipated the potential that economic considerations would keep some from attending. Instead, NAEMSP® hosted one of its most successful meetings ever. Again, the Program Committee had done an excellent job of interpreting feedback from the year prior to plan outstanding content and formats. Also, we benefited once more by being a forum for networking. The NAEMSP® Annual Meeting continues to be a place where people come to meet others and get things done. It is exceptional. Among the highlights were another outstanding NAEMSP® National EMS Medical Directors Course and Practicum®, an incredible fireground EMS practicum at the Phoenix Fire Department Training Academy, an excellent EMS Advance Topics seminar, and an Ambulance Safety Conference that will lead to a white paper on the subject.

While economic challenges have faced us all, NAEMSP® has been cautious to make investments wisely and maintain the association's financial integrity. Over the past year, we have been successful in doing so. It may seem irrelevant to the average member, but it is anything but that. The financial health of our organization is what makes it possible to work for our members – to do the things they think it should and be affordable. Thus, at every opportunity the Board of Directors has scrutinized costs and maintained total awareness of the costs to individual members and non-members to seek value and benefit. The results have been members who are engaged, costs that have not run away, and fiscal health.

For nearly a decade, NAEMSP® has been a principal partner in Advocates for EMS. Our other partners in Advocates are the National Association of State EMS Officials, National Association of EMTs (NAEMT), and National Association of EMS Educators. Together, with substantial assistance from corporate sponsors, other associations, and individual supporters, Advocates has attempted to move the federal agenda for EMS-related issues. This past year Advocates engaged a new lobbying firm, Holland and Knight, LLP in Washington, DC. Since last January, Advocates has been crafting legislation, the Field EMS Bill, that we hope will be a vehicle for important conversations that ought to happen in Congress. With evolving political landscape, this effort will carry itself well into 2011. In the meantime, NAEMSP® and the other Advocates partner organizations have broadened the structure to invite additional potential partners to join and support Advocates' work. Advocacy is a foreign concept to many, and a skill. Yet, several NAEMSP® members engaged and went to work on Capitol Hill in May when NAEMT and Advocates coordinated EMS on the Hill Day. Efforts this past year will undoubtedly lead to improved organized efforts to educate elected officials on a periodic basis.

In September, NAEMSP® members in Wisconsin became the first to pursue development of a state chapter. The intent of chapters is to help lend an organized voice on issues of regional importance and relevance and provide, among other things, opportunities for supportive networking. The NAEMSP® annual budget includes funding to help additional chapters get up and running.

A distinction NAEMSP® has from many other professional organizations is its ability to engage its members. Our organization is nothing if not for the time and energy NAEMSP® members spend in pursuing work they see as important on behalf of the association. Thus, our committees, as you shall see in this report, are active and accommodate any member with an interest. NAEMSP® is asked to be represented at dozens of events and forums each year because we show up, we engage, we speak responsibly, and we seek to collaborate. To be sure, what we have accomplished this year and all years prior is a testament to our members who use NAEMSP® as one of their vehicles to foster excellence in out-of-hospital emergency medical services. For that, as President, I am grateful. It is what gives NAEMSP® its vitality and its credibility.

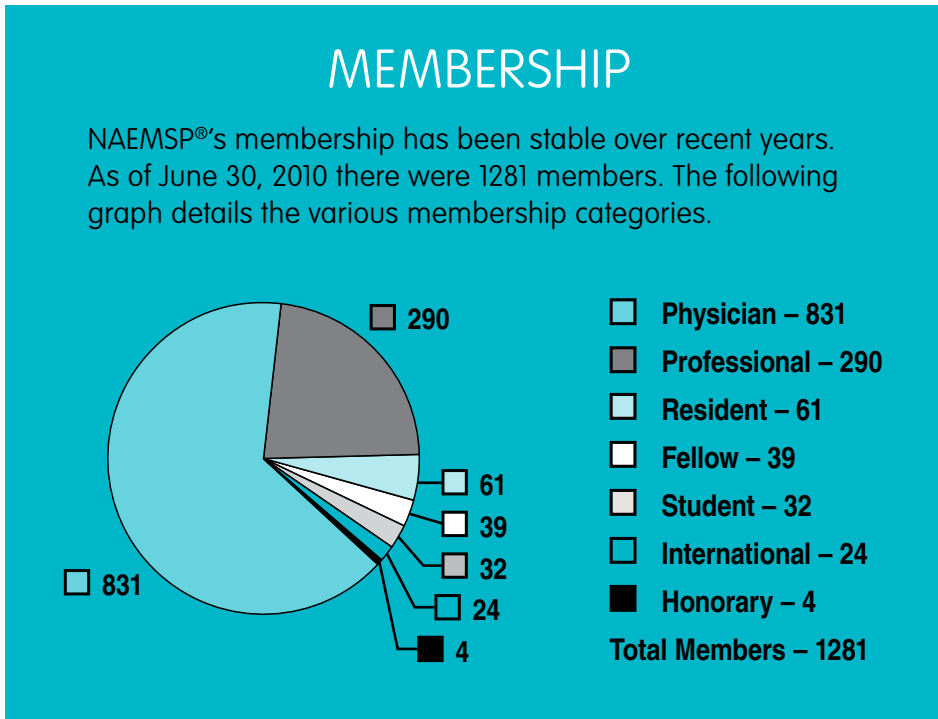
Finally, NAEMSP® is indebted to our management team at Applied Measurement Professionals (AMP). Jerrie Lynn Kind, NAEMSP®'s executive director, and her entire staff make most of what we do possible and they keep us on track. We are incredibly fortunate to have them. And we will have them for a few more years, at least. Earlier this year we renewed our contract with AMP. We were stingy about what we were willing to pay, again being cognizant of our economic realities. In the end, the executive team at AMP valued our relationship with them more than the dollars they could have fairly pressed us for. To me, that meant a lot.

I would like to say that the things we have accomplished this past year and the one before have made NAEMSP® better, and that I am leaving the organization better than when I became President in 2009. That, however, is not the case. I took the baton from very accomplished hands and I will hand it over to even more capable hands. Our association's members have wisdom, and they choose qualified leaders for office and Board positions. Again, it has been my honor to preside over our association for this past year, and to represent us as we accomplished the things indicated in this in report and so much more.

Theodore R. Delbridge, MD, MPH

During 2010, NAEMSP®:

- Worked with ABEM to help draft the application for EMS as a subspecialty of Emergency Medicine. This application was approved and EMS has become the newest medical subspecialty.
- Held its annual Specialty Workshops, Scientific Assembly and Trade Show in Phoenix, Arizona. It was our second largest West Coast attendance ever, with over 550 attendees.
- Co-organized the International Conference on Emergency Medicine (ICEM) 2010 EMS Leaders and Medical Directors (Pre-Conference Workshop).
- Provided research expertise to the Pan-Asian Resuscitation Outcomes (PAROS) Study Clinical Research Network (CRN).
- Offered complimentary six-month membership to potential members.
- The Board published three new organization position statements.
- Completed external financial audit and currently in good standing.
- Published its 14th volume of *Prehospital Emergency Care*, including 550 pages. The abstracts were published as a separate 56-page supplement sponsored by Philips.
- Elected, via electronic voting, three physician members-at-large, a Secretary/Treasurer and a President-Elect who take office in January 2011.
- Conducted two regional NAEMSP® Medical Direction Overview Courses™.
- Provided liaisons and representatives to dozens of organizations and EMS-related activities and conferences.
- Board members served on the Board of Directors for Advocates for EMS and participated in the first ever EMS on the Hill Day in Washington, DC.
- Presented another NAEMSP® Advanced Topics in Medical Direction™ Pre-Conference workshop.
- Pilot tested our first NAEMSP® local chapter in Wisconsin.



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The National Association of EMS Physicians® is an organization of physicians and other professionals partnering to provide leadership and foster excellence in out-of-hospital emergency medical services.



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Committee Highlights

The following highlights just some the important work completed or being pursued by NAEMSP®'s members through its committees:

Asian Relations Ad Hoc Committee

- International Conference on Emergency Medicine (ICEM) 2010 EMS Leaders and Medical Directors (Pre-Conference Workshop)
 - Supported and co-organized by NAEMSP®, and co-directed by Jerry Overton and Marcus Ong, this course (June 7-8, 2010) attracted a total of 62 international participants hailing from countries including Australia, Thailand, Jamaica, Dubai, Egypt, and Singapore
 - The course covered wide-ranging topics on EMS operations, EMS research, and EMS finance fundamentals, and concluded with roundtable discussions using case studies
 - Majority of the respondents found the course beneficial to their job (95.6%) and would recommend the course to a friend/colleague (95.6%).
- Pan-Asian Resuscitation Outcomes Study (PAROS) Clinical Research Network (CRN)
 - A research group formed in early 2010 brought together a group of prehospital and emergency care providers from Australia, Japan, Korea, Malaysia, Singapore, Taiwan, Thailand, and Turkey
 - Developed an identity of the network and laid down its constitution at its inaugural meeting in Daegu, Korea, in April 2010, which was attended by 34 participants. This meeting also featured the EMS systems from nine countries/regions
 - Riding on the ICEM Conference in June 2010, the Singapore meeting of PAROS (June 9, 2010) saw close to 70 participants. Highlights from the meeting included:
 - Educational talks from the Asian EMS Council and Cardiac Arrest Registry to Enhance Survival (CARES)
 - Presentation of nine study proposals to be conducted under the auspices of the network
 - Establishment of four Publications Committees
 - Endorsement of the Code of Ethical Practice to guide researchers within the network
 - Development of a PAROS variables list, case report form, and data taxonomy (based on Utstein)
 - Provision of training for the online data capture system

- Appointment of industry liaison representative
- Hosted in Tokyo, the third meeting of PAROS (October 9, 2010) was held in conjunction with the Annual Meeting by Japanese Association for Acute Medicine (JAAM). Attracting close to 60 participants, highlights included:
 - Keynote presentation by Dr. David C. Cone, Editor-in-Chief of *Academic Emergency Medicine* and Immediate Past President of NAEMSP®, on challenges and pitfalls in conducting clinical research in the prehospital setting
 - Sharing of research in OHCA – “Past Developments and Current Research” from the eight PAROS-participating countries
 - Presentation of four study proposals
 - Identification of a set of core data variables
 - Endorsement of data agreement governing sharing and ownership issues
 - Development of primary literature review templates
 - Revision of the first network manuscript
 - Application of United Arab Emirates (Dubai) as a potential PAROS-participating country
- The online data capture system, complete with charting capabilities, has gone live in Singapore and parts of Malaysia. Once all Malaysian sites have gone live, Thailand would be the next in line. Data and training support would continue to be rendered to all PAROS-participating sites.
- For countries/regions with existing registries (i.e. Taipei, Japan, Korea), efforts to map and recode the existing variables with the PAROS variables have started.
- An implementation guidebook with FAQs has been developed for all PAROS participating sites

Canadian Relations Ad Hoc Committee

Over the past year, the NAEMSP® CRAHC stakeholders (63 MDs, paramedics, contractors, and regulators) maintained intermittent communication via email and phone, and mainly focused on questions and issues facing prehospital practice. Although not a formal NAEMSP® meeting, many of

these stakeholders met at EMS Committee meetings at the Canadian Association of Emergency Physicians (CAEP) National Scientific Assembly in the Spring of 2010. Primarily CRAHC has been functioning as a collaborative communication portal linking EMS professionals in the country. There has been continued attempts at the following:

- Continue with recruitment initiatives for Canadian membership in NAEMSP®
- Continue with increasing Canadian representation on various NAEMSP® Committee(s): Membership, Research, Program, Air Medical, Public Health, Peds
- Increase Canadian content submissions to PEC Journal and NAEMSP® Annual Meeting
- Increase attendance at the NAEMSP® National EMS Medical Directors Course and Practicum®
- EMS Education at Subspecialty and Fellowship levels progressing

EMS Fellow and Fellowship Graduates Ad Hoc Committee

- Continued updating the listings of EMS fellowship programs
- Continued work on an *EMS Essentials* book for EM residents to use during their EMS rotations
- Provided a conduit for information regarding EMS subspecialty certification for EMS fellows, fellowship directors, and graduates

Program Committee

- Served as hosts and hostesses to the membership at the Annual Meeting in Phoenix last January
- Searched out and invited leaders in EMS to present at the Annual Meeting in Bonita Springs January 2011
- Designed and choreographed the Annual Meeting to take place in January 2011

Education Committee

- Course revision of NAEMSP® Medical Direction Overview Course™ (MDOC)
- Reviewed and committed to regularly update an online educational resource on EMS, for pediatric emergency medicine fellows

COMMITTEES

Committee Highlights continued

Operational EMS Ad Hoc Committee

- Organized the 2011 pre-conference workshop CONTOMS Medical Directors Course
- Resource document in support of new position statement: Medical Direction of Operational EMS Programs approved by the NAEMSP® Board of Directors
- Together with the Education Committee presented models for a standardized EMS curriculum at the March 2010 Council of Residency Directors (CORD)
- Ongoing activities:
 - Interface with Program Committee to develop 2012 pre-conference workshop
 - Review existing operational EMS position statements for updates/timely revisions
 - Developing new position statements of value for operational EMS physicians

Membership Committee

- Offered complimentary six-month membership to potential members
- The Board of Directors created organizational policies that permit the formation of state chapters
- Work has begun on establishing a chapter in Wisconsin and other select states

Research Committee

- Had a 12% increase in the number of abstracts submitted for consideration in 2010 compared to 2009
- Reviewed 205 submitted abstracts for potential presentation at the 2011 Annual Meeting
- Accepted 16 abstracts for oral presentation and 126 for poster presentation
- Incorporated a third poster presentation session into the Annual Meeting to facilitate increased number of accepted abstracts

- Began judging posters online prior to the Annual Meeting to determine eligibility for research awards

Rural EMS Ad Hoc Committee

- 183 participants from 26 states have completed the online Medical Directors Course
- By the January Annual Meeting, 2011 results from "Pressing issues facing Rural EMS" to committee members will be reported
- Contacts have been made and relationships established with Adventure Med, to certify medical professionals in wilderness medicine and Dr. Millin for the development of a model curriculum to train physicians in wilderness EMS.

Air Medical Ad Hoc Committee

- Hosted a summit discussion on helicopter utilization guidelines with the leadership of the Air Medical Physician Association and the ACEP EMS Committee and Air Medical Section at the NAEMSP® Annual Meeting in Phoenix
- Worked jointly with AMPA, the ACEP EMS Committee and Air Medical Section, and the AAEM EMS Committee in the development of a joint position statement on HEMS Safety and Utilization
- Working jointly with AMPA, ACEP, and AAEM in the creation of a white paper to accompany the position statement on HEMS Safety and Utilization
- Held a mid-year committee meeting in October at the Air Medical Transport Conference in Fort Lauderdale, in conjunction with the ACEP Air Medical Section

Pediatrics Committee

- Continued work to keep EMSC/NAEMSP® model pediatric protocols updated
- Suggested the inclusion of a session on pediatrics to the Program Committee for the 2011 Annual Meeting

BOARD OF DIRECTORS

President
Theodore R. Delbridge, MD, MPH
Term through January 2011

President-Elect
Ronald G. Pirrallo, MD, MHSA
Term through January 2011

Secretary/Treasurer
Ritu Sahni, MD, MPH
Term through January 2011

Immediate Past President
David C. Cone, MD
Term through January 2011

Physician Members-At-Large
Jane H. Brice, MD, MPH
Term through January 2011

James V. Dunford, MD, FACEP
Term through January 2012

LTC John G. McManus, MD, MCR
Term through January 2011

Brent Myers, MD
Term through January 2012

Kathy Rinnert, MD
Term through January 2012

Brian Schwartz, MD
Term through January 2011

Professional Member-at-Large
David Hostler, PhD, EMT-P
Term through January 2012

Program Committee Chair
Kevin Mackey, MD, FACEP
Term through January 2011

Standards and Clinical Practice Chair
Michael Millin, MD
Term through January 2011

During the fall of 2010 the NAEMSP® membership elected the following individuals to the Board of Directors, each for a two-year term beginning January 2011:

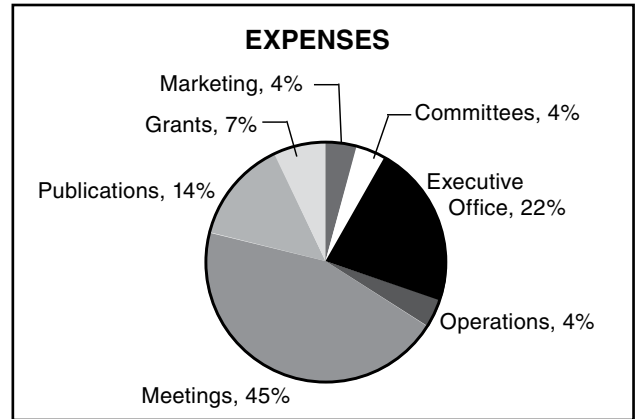
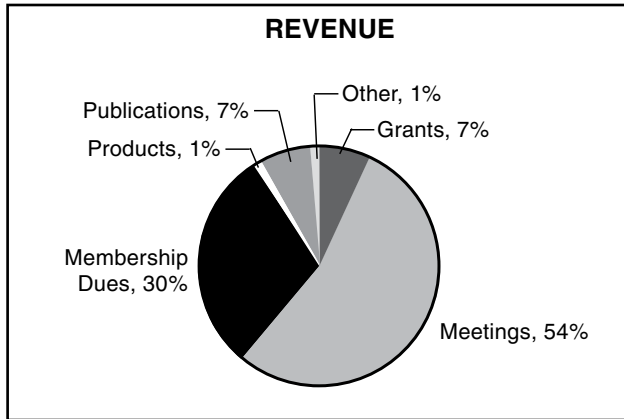
President-Elect
Ritu Sahni, MD, MPH
Term through January 2013

Secretary/Treasurer
Jane Brice, MD, MPH
Term through January 2013

Physician Members-at-Large
Kevin Mackey, MD, FACEP
David Tan, MD
Karen Paula Wanger MDCM, FRCPC, FACEP
Terms through January 2013

2011 elections will be held during the fall for three Physician Member-At-Large positions, and a Professional Member-At-Large position.

The following charts indicate sources of revenue and expenses for NAEMSP® through the fiscal year that ended June 30, 2010.



Rebound. While the economy appears to be slowly improving, NAEMSP® has rebounded well. We budgeted for a loss of membership and reduced attendance at the Annual Meeting. While fiscally responsible, our predictions were, thankfully, wrong. We did see a slight improvement in membership numbers and, in addition, participation in the meeting was better than expected. Finally, our grant revenue was greater than expected. Our investments did well and we continue to be pleased with our continuing relationship with our investment partner, H.L. Zeve Associates, and have been impressed with its responsiveness and expertise. Overall, a year that could have been very challenging ended in a net gain for NAEMSP®.

At the 2010 Annual Meeting in Phoenix, AZ, meeting attendance was close to record for us on the West Coast. Unfortunately, added food costs ate into profits and net revenue was flat. Membership revenue improved and continues to be the main source of revenue for daily association operations. Expenses rise in a predictable manner and membership has not grown quickly enough to offset expenses. Moving forward, we have prepared a budget that plans for modest growth in membership and conference attendance, but for the first time in over eight years, we have had to raise dues in order to balance the budget. It is imperative that the organization take advantage of the new subspecialty designation to increase overall member numbers. This would offset the need for further dues increases.

Identifying opportunities for revenue is very important. Chief among them has been a number of grants and contracts that NAEMSP® has completed. While each has associated expenses, it still makes a positive contribution to the bottom line. Additionally, NAEMSP® has secured an official indirect expenses rate, so that further grants will greater offset administrative expense. Further, there are many intangible benefits, including opportunities for member involvement in meaningful and rewarding projects which builds NAEMSP®'s reputation and furthers its credibility.

NAEMSP® benefits tremendously from the expertise of its management firm, Applied Measurement Professionals (AMP). The organization is entering its final year of a 5-year long-term contractual relationship with AMP. The result has been association management that is stable and costs less than 25% of NAEMSP®'s expense budget. At this time, we have entered into an agreement to

Statements of Financial Position June 30, 2010 and 2009		
Assets		
	2010	2009
Current Assets:		
Cash	\$ 271,394	\$ 453,645
Certificate of deposit	196,000	-----
Investments	408,819	370,684
Accounts receivable – general	6,140	11,439
Accounts receivable – grants	24,721	25,082
Inventory	8,718	9,214
Prepaid expenses	45,546	9,603
Total Current Assets	\$ 961,338	\$ 879,667
Property and Equipment:		
Office equipment and furniture	11,722	10,899
Less accumulated depreciation	(10,967)	(10,614)
Net property and equipment	755	285
Total Assets	\$ 962,093	\$ 879,952

continue our partnership with AMP for another 5 years. NAEMSP®'s financial health is sound. The financial position and records of NAEMSP® as of June 30, 2010, as confirmed by an independent auditors' report, are in conformity with sound accounting principles. Our reserves remain strong and we have a sound investment policy. The Board of Directors thanks the many dedicated members of NAEMSP® whose financial support of their dues and meeting registration continue to be strong. The Board believes that this is a testimony that NAEMSP® provides each member with a value-added experience professionally, scientifically, and socially.

FEDERAL GRANT CONTRACTS/COOPERATIVE AGREEMENTS

Terrorism Injuries: Information Dissemination and Exchange (TIIDE 2):

Identifying & Disseminating Best Practices by Collaboration of Public Health & the EMS

In 2007, NAEMSP® was awarded a cooperative agreement by the Centers for Disease Control and Prevention (CDC) in the amount of \$70,000 that continues the work of the first TIIDE project. The total project period of the cooperative agreement runs from September 1, 2007 to August 31, 2010. NAEMSP® was awarded \$70,000 again in 2008 for work on year two of this cooperative agreement and was also approved for \$70,000 to fund the work for year three. At the end of year three, the timeline was extended to allow grantees until August 31, 2011 to tie up any loose ends from the project. We will be allowed to continue spending any remaining funds and were approved for \$35,000 in additional funding to be used to complete the project.

Principal Investigator, Richard Schwartz, MD, along with Co-Principal Investigator Brooke Lerner, PhD and Robert O'Connor, MD, MPH completed work on the first two years of this project.

The objectives of this project are to: (1) identify at least two model communities, (2) develop evidence-based, user-friendly products to address model community recommendations, mass triage review findings, and blast lessons-learned findings, (3) develop additional products as directed by the CDC, (4) develop a system for disseminating timely and evidence-based information related to injuries resulting from terrorism and mass casualty events, (5) develop, disseminate, and evaluate at least one training course, and (6) develop a minimum dataset for disseminating information on mass casualty incidents for the purpose of evaluation and sharing lessons learned.

In the past year, the following has been accomplished on this project:

Mass Casualty Triage Project Update

This year the primary focus has been on mass casualty triage. The work in previous years led to the development of a proposed national guideline for mass casualty triage which is called SALT Triage. This year a meeting was held in Washington, DC to develop Model Uniform Core Criteria for mass casualty triage. The Core Criteria are a list of standards that would allow any existing triage system to be brought up to the level of the proposed national guideline. That is, the key components that a triage system should include to meet the proposed national guideline were identified. This will allow flexibility and innovation in triage systems while still creating interoperability between communities.

The workgroup completed its goal of developing the Core Criteria including the writing of a formal position paper. The position paper was endorsed by the American Academy of Pediatrics, American College of Emergency Physicians, American College of Surgeons – Committee on Trauma, American Trauma Society, Children's National Medical Center, Child Health Advocacy Institute, Emergency Medical Services for Children National Resource Center, International Association of Emergency Medical Services Chiefs, National Association of County and City Health Officials, National Association of Emergency Medical Technicians, National Association of EMS Physicians®, National Association of State EMS Officials, National Disaster Life Support Education Consortium™, National EMS Management Association, and Society for the Advancement of Violence and Injury Research. The HRSA/MCHB Emergency Medical Services for Children Program also concurred with the position paper.

A background paper explaining the process for developing the Core Criteria was also completed. This paper is currently undergoing CDC clearance and will be submitted with the position paper to Disaster Medicine and Public Health Preparedness for publication consideration once the clearance process is complete.

The workgroup continues to assist agencies and individuals who are interested in teaching providers to use SALT Triage. A set of training slides has been presented to a number of organizations for feedback and pilot tested during two Basic and two Advance Disaster Life Support Courses. The slides are freely provided to all interested parties and there have been numerous requests from across the country. The workgroup has also assisted Milwaukee County and the City of Kenosha in implementing SALT triage by assisting them in developing educational materials for their providers and incorporating SALT into their standard protocols.

Model Communities Project

NAEMSP® has led the Model Communities Project for the TIIDE partners. We worked with the TIIDE partners to select seven communities as models of collaboration between public health and the emergency care community that demonstrated unique approaches to leveraging funds and resources across agencies. This year the workgroup continued to work on developing a manuscript describing its findings on the communities' financial leveraging.

Prehospital Emergency Care (PEC)

Editor's Report

2010 saw the completion of Volume 14 of *Prehospital Emergency Care* (PEC). The volume had 551 pages. The January/March issue included a supplement with 120 abstracts, which were presented at the NAEMSP Annual Meeting. We continue to seek sponsorship of a supplement for presenting the Annual Meeting abstracts, which we hope to make a regular feature. In April, the Spanish-language translation celebrated its second volume of publication. While *PEC Edicion Espanola* is presently only being distributed in Spain, plans to pursue distribution in other languages and in other countries continue.

In July, PEC received its second **Impact Factor**, which increased to an impressive 1.297. This Impact Factor placed PEC as the 7th most off-cited Emergency Medicine journal out of the 19 that are currently rated by the ISI Web of Knowledge. PEC continued to be placed ahead of such well-established journals as *Journal of Emergency Medicine*, *Pediatric Emergency Medicine*, *Journal of Emergency Nursing*, *Emergency Medicine Clinics of North America*, and *European Journal of Emergency Medicine*. Our strategic plan is to continue to advance in ranking. In order to accomplish this, we will need the continued support of NAEMSP® members via submission of their best work to PEC.

PEC continues to utilize iFirst electronic publication ahead of print. This allows more rapid publication as a service to PEC authors and readership. As of this writing, PEC was on pace to receive a record number of submissions. The number of manuscripts submitted to PEC has increased every year since its inception. In terms of peer review, PEC has an average time to first decision of 21 days. The acceptance rate of papers submitted to PEC is 41%.

Additional peer reviewers are always needed. This is especially true in the areas of pediatrics, trauma, education, qualitative research, EMS operations, and air medical services. Those interested should send an email of interest (citing area of expertise with a CV attached) to Dr. Menegazzi at menegazz@pitt.edu.

Some of the highlights of Volume 14 included:

Focus Sections

- Focus on Prehospital Providers
- Focus on Cardiac Arrest (Twice)
- Military Medicine (Twice)

Position Papers

- Role of the State EMS Medical Director
- Regionalization of Care
- Role of EMS in Disaster Response
- Medical Direction for Operational EMS Programs

Resource Documents

The Role of State Medical Direction in the Comprehensive Emergency Medical Services System

Case Conferences

There were six Case Conferences published in this volume of PEC. This is a very nice forum for enabling prehospital providers and junior faculty to get published. We continue to encourage submissions to this section of the journal.

Abstracts

- Abstracts for the NAEMSP® Scientific Assembly
- Educational Abstracts for the NAEMSE/Prehospital Care Research Forum

NAEMSP® News

Under the direction of Cai Glushak, MD, NAEMSP®'s quarterly newsletter provides members with timely information and updates. Each issue is sent electronically to members via our ENews. It is available for download through our website.

2010 Annual Meeting

The 2010 NAEMSP® Annual Meeting: Specialty Workshops, Scientific Assembly and Trade Show was held at the Pointe Hilton Tapatio Cliffs Resort in Phoenix, Arizona. The meeting was chaired by Kevin Mackey who was assisted by all of the members of the Program Committee.

- Pre-conference sessions included the NAEMSP® National EMS Medical Directors Course and Practicum®, Research Course, Ambulance Safety Conference, Operational EMS 101: USAR, HazMat, Fireground and Tactical Medicine workshop and returning from last year, NAEMSP® Advanced Topics in Medical Direction™.
- Faculty members provided more than 16 hours of didactic content and more than 5 ½ hours of research presentations.
- Michael Frank, MD, JD presented the C.J. Shanaberger Memorial Lecture and Keynote Address on the topic of HIPPA and EMS.
- Over 550 members, guests, and exhibitors attended the 2010 Annual Meeting.
- Sixty-four exhibitors provided financial support for the association's education program by attending the Annual Meeting and purchasing exhibit space.

Board of Directors Mid-Year Meeting

The Board of Directors held its mid-year meeting this year in July at NAEMSP® Global Headquarters in Olathe, Kansas.

Executive Office Staff Listing

The NAEMSP® Executive Office and staff email address information are listed below for your reference.

General email address to reach staff: Info-naemsp@goamp.com

Executive Director: Jerrie Lynn Kind

Grants Project Director/Association Manager: Stephanie Newman

Meeting Manager: Joyce Miller, CMP

Administrative Assistant: Diane Conner

Liaisons Meetings

- SAEM Annual Conference
- ACEP Annual Symposia
- EMS Expo
- NASEMSO Annual Conference
- Asian Conference on Emergency Medicine
- ACS-COT Meeting
- EMS Workforce Stakeholders Meeting
- COPEM Meeting
- FEMA Meeting
- EMS on the Hill Day
- Disaster Medicine and Public Health Workshop
- ECC Meeting
- Transportation Safety Advisory Group
- National EMS Performance Measures Meeting
- CDC Meeting
- Guidelines for Field Triage of Injured Patients: Recommendations of the National Expert Panel on Field Triage Meeting
- NFPA Meeting

Future NAEMSP® Annual Meetings

January 12-14, 2012 – JW Marriott Starr Pass Resort and Spa - Tucson, Arizona

January 10-12, 2013 – Hyatt Regency Coconut Point Resort and Spa - Bonita Springs, Florida

January 9-11, 2014 – JW Marriot Starr Pass Resort and Spa - Tucson, Arizona

AAP Pediatric Education for Prehospital Professionals (PEPP)
ACEP Task Force on Alternative Health Care Providers in Emergency
Departments
Advocates for EMS (AEMS) – Founding Member
Air Medical Physicians Association (AMPA)
Air & Surface Transport Nurses Association (ASTNA)
American Academy of Emergency Medicine (AAEM)
American Academy of Pediatrics (AAP)
American Ambulance Association (AAA)
American Board of Emergency Medicine (ABEM)
American College of Emergency Physicians (ACEP)
American College of Surgeons (ACS)
American Heart Association (AHA) Emergency Cardiovascular Care
Committee (ECC)
AMPS Air Medical Transportation Conference
Association of Air Medical Services (AAMS)
Brain Trauma Foundation (BTF)
Basic Trauma Life Support International (BTLIS)
Centers for Disease Control and Prevention (CDC)
Center for Medicare and Medicaid Services (CMS)
ComCARE Alliance
Commission on Accreditation of Ambulance Services (CAAS)
Commission on Accreditation of Medical Transport Services (CAMTS)
Continuing Education Coordination Board for EMS (CECBEMS)

E-911
Emergency Nurses Association (ENA)
ENA Task Force on Interfacility Transfer
Federal Emergency Management Agency (FEMA)
Federal Interagency Commission on EMS (FICEMS)
Health Resources and Services Administration (HRSA)
International Association of Fire Chiefs (IAFC)
International Association of Fire Fighters (IAFF)
NAEMT Advanced Medical Life Support Course
NATA Task Force on C-Spine
National Academies of Emergency Dispatch (NAED)
National Association of EMS Educators (NAEMSE)
National Association of EMTs (NAEMT)
National Association of State EMS Officials (NAEMSO)
National Athletic Trainers' Association (NATA)
National Fire Protection Agency (NFPA)
National Flight Paramedics Association (NFPA)
National Heart, Lung, and Blood Institute (NHLBI)
National Highway Traffic Safety Administration (NHTSA)
National Institutes of Health (NIH)
National Registry of EMTs (NREMT)
NSA Brain Attack Coalition
Society for Academic Emergency Medicine (SAEM)
United States Fire Administration (USFA)

NAEMSP® ANNUAL AWARDS

NAEMSP® was pleased to recognize the following individuals at our awards luncheon in Phoenix in January 2010:

Ronald D. Stewart Award

Daniel Spaite, MD



Keith Neely Outstanding Contribution to EMS Award

Douglas F. Kupas, MD



Friends of EMS Award

William Ball, GM OnStar



EMS Fellowship Recognition Award

Paul Barbara, MD
Matthew Bitner, MD
LTC Robert T. Gerhardt, MD, MPH
Derek Isenberg, MD
Capt. Christopher K. Lawler, DO
Fergal McCourt
Jeff Shafer, MD, EMT-P
Christian C. Zuver

2010 Abstract Awards

■ Best Scientific Presentation

#8 – BASIC LIFE SUPPORT TERMINATION-OF-RESUSCITATION GUIDELINE IMPLEMENTATION TRIAL (TORIT) Laurie J. Morrison, Don Eby, Precilla V. D'Souza, Cathy Zhan, Alex Kiss, Michelle Welsford, Chris Loreto, Vince Arcieri, Cathy Prowd, Marty Pilkington, Tim Dodd, Jim Scott, Elma Mooney, Erica Reichl, Jeannette M. Verdon, Tim Waite, Richard Verbeek, *Li Ka Shing Knowledge Institute, St Michael's Hospital*

■ Best Student/Resident/Fellow Research Presentation

#16 – LIFTING AS AN ALTERNATIVE TO THE LOG ROLL TECHNIQUE IN THE PREHOSPITAL MANAGEMENT OF TRAUMATIC SPINAL CORD INJURY Bradley L. Demeter, John D. Borstad, *The Ohio State University College of Medicine*

■ Best EMS Professional Research Presentation

#105 – THERE IS INCREASED CARDIOPULMONARY RESUSCITATION VARIABILITY DURING GROUND AMBULANCE TRANSPORT OF PATIENTS IN CARDIAC ARREST Mark Venuti, Terence Mason, Gary Smith, Gordon Ewy, Frank LoVecchio, Steve Stapczynski, Lani Clark, Margaret Mullins, Annemarie Silver, Bentley Bobrow, *SHARE Resuscitation Writing Group*

■ Best Poster Abstract Presentation

#63 – PREDICTING TRAUMA CENTER NEED USING THE MECHANISM OF INJURY CRITERIA E. Brooke Lerner, Manish N. Shah, Robert Swor, Jeremy T. Cushman, Karen Brasel, Clare Guse, Alan Blatt, Gregory J. Jurkovich, *Medical College of Wisconsin*

■ Best Cardiac Arrest Presentation Sponsored by ZOLL

#6 – EFFECT OF CREW SIZE ON OBJECTIVE MEASURES OF RESUSCITATION FOR OUT-OF-HOSPITAL CARDIAC ARREST Christian Martin-Gill, Francis X. Guyette, Jon C. Rittenberger, *University of Pittsburgh, Department of Emergency Medicine*

NAEMSP® Executive Office

P.O. Box 19570

Lenexa, KS 66285

800/228-3677

Fax: 913/895-4652

info-naemsp@goAMP.com

www.naemsp.org

Further your Career: If you are not currently a member, apply online at www.naemsp.org. If you are a current member, let us know if you are interested in participating on a committee and/or being a liaison to an EMS-related project or organization.