

two thousand eleven

2011

National Association of EMS Physicians®

A N N U A L

R E P O R T



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Welcome to the NAEMSP® 2011 Annual Report. My first 12 months in office have been focused on building upon the fine work of my predecessors Drs. Cone and Delbridge. Their foresight and investment in pursuing the American Board of Medical Specialties sub-specialization in EMS Medicine and lobbying to reintroduce the *Field EMS Quality, Innovation and Cost-Effectiveness Improvement Act*, H.R. 3144 were visionary milestones for our organization. As President, it has been my honor to lead our members in successfully completing these important tasks. And as only can be appreciated from a President's perspective, I am indebted to the work of our members, Committee Chairs and Board of Directors.

Let me share a few examples of this perspective. The 14 members of the American Board of Emergency Medicine (ABEM) EMS Examination Task Force are all NAEMSP® members. Their arduous task has been to develop the subspecialty defining Core Content of EMS Medicine and write nearly 700 questions for the first examination. In conjunction with ABEM, this effort is being led admirably by Drs. Debra G. Perina and Peter T. Pons. The ABEM is on track to award the first certificates in EMS Medicine in the fall of 2013. Dr. Charles Stewart, the Program Manager for the development of the NAEMSP®/ACEP Subspecialty EMS Board Examination Online Review Course, is organizing his committee that will build a review course designed to help prepare our members for the fall 2013 examination date.

Our partners in Advocates for EMS, the National Association of State EMS Officials, National Association of EMTs and National Association of EMS Educators, under the tutelage of Lisa Tofil and the lobbying firm Holland and Knight, LLP, have convinced Representatives Tim Walz (D-MN) and Sue Myrick (R-NC) to introduce H.R. 3144. Those of you who joined your colleagues at "EMS on the Hill" Day or contacted your member of congress directly know this resolution continues to energize the federal dialogue on the future of EMS in the United States. I would encourage all our members to join in the effort and follow the link (<http://capwiz.com/naemi/issues/alert/?alertid=5749650>) that will automatically send a note to your representative.

The Standards and Clinical Practice Committee, led by Dr. Michael Millin, has published more than a half dozen resource documents supporting NAEMSP® Position Statements. Under the editorial guidance of Dr. Jim Menegazzi, *Prehospital Emergency Care* (PEC) continues to increase its impact factor annually, now 8th out of 23 emergency medicine journals ranked by the Institute for Scientific Information. The Program Committee, chaired by Dr. Kevin Mackey, took us to Bonita Springs, Florida, for another successful meeting with beautiful weather setting great expectations for Tucson's 2012 Annual Meeting. The NAEMSP® National EMS Medical Directors Course & Practicum® and Advanced Topics in Medical Direction™, under the leadership of Dr. Swor and Beth Adams and Dr. Myers, continue to expand the number of student slots to meet our members' demand.

Internationally our members of the Pan-Asian Resuscitation Outcomes Study (PAROS) have co-hosted EMS Medical Director Courses in Seoul, Bangkok and Taipei. Drs. Shin, Pairoj, Ma, Tanaka and Ong have been instrumental in bringing NAEMSP® to Asia. Our Canadian members continue to grow in numbers and are the largest non-US contingency followed, believe it or not, by Korea.

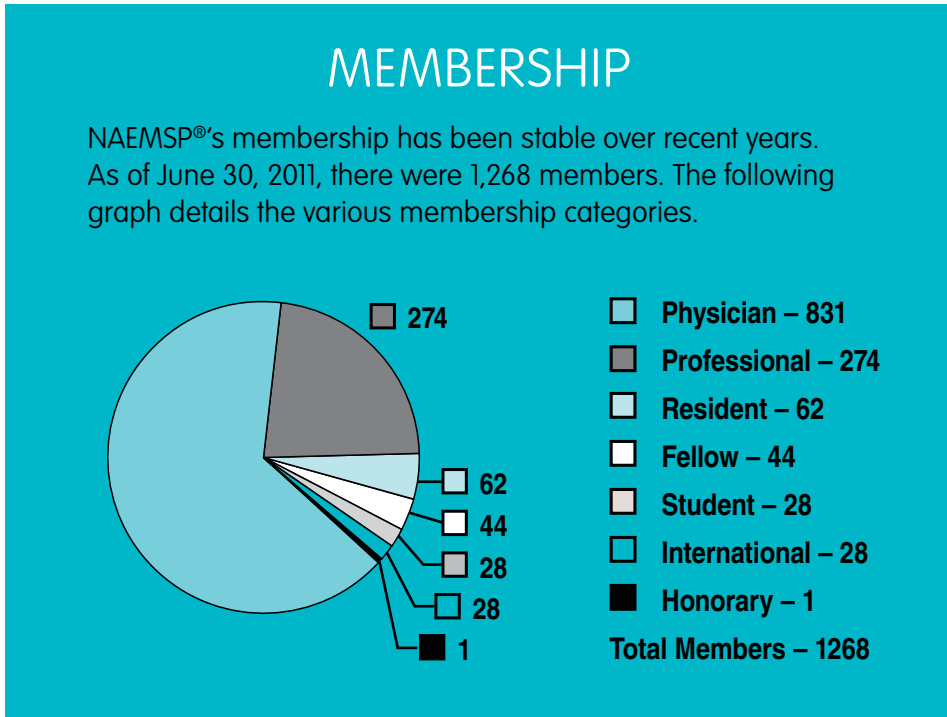
The Board of Directors ratification of a new 5-year strategic plan, focusing on education, research, development/mentorship and advocacy, could not have been possible without cell phones and e-mail turned off for 1.5 days of spirited debate. Look for a posting of the Strategic Plan in the Members-Only section of the NAEMSP® website soon.

From members and meeting attendees who provide the bulk of our revenue, to scientific presenters who share their discoveries and publish in PEC to our committee members and chairs who get the work of the organization done, to the vision of the Board of Directors, all are contributing to our NAEMSP® mission. From my Presidential perspective, the joy of leading NAEMSP® is witnessing that we truly are an organization of members serving members.

Ronald G. Pirrallo, MD, MHSA

During 2011, NAEMSP®:

- In partnership with ACEP, recruited for and subsequently contracted with Dr. Charles Stewart as program coordinator for creation of an online review course for the newly approved EMS medical subspecialty. Dr. Stewart and his team will be working through 2012 to create this course.
- Held its Annual Specialty Workshops, Scientific Assembly and Trade Show in Bonita Springs, Florida. It was our second largest attendance ever, with 598 attendees.
- The Board of Directors published eight organization position statements.
- Completed external financial audit and currently in good standing.
- Published its 15th volume of *Prehospital Emergency Care*, including 583 pages.
- Elected, via electronic voting, three physician members-at-large and a professional member-at-large who take office in January 2012.
- Conducted one regional NAEMSP® Medical Direction Overview Course™.
- Provided liaisons and representatives to dozens of organizations and EMS-related activities and conferences.
- Held its mid-year Board of Directors meeting in Milwaukee, Wisconsin, which included a strategic planning session.
- Members of the Board of Directors served on the Board of Directors for Advocates for EMS and participated in the second annual “EMS on the Hill” Day in Washington, DC.
- Presented another NAEMSP® Advanced Topics in Medical Direction™ Pre-Conference workshop.
- Chartered our first NAEMSP® local Chapter in Wisconsin.



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NAEMSP® 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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Sherrie Squyres
Lars Thestrup
Henry Wang
Scott Weir
Keith Wesley
Lynn Wittwer
Arthur Yancey
Ernest Yeh
Paul Zeeb



Committee Highlights

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

Air Medical Services Committee

- Worked jointly with AMPA, the ACEP EMS Committee and Air Medical Section, and the AAEM EMS Committee to achieve consensus approval of a joint position statement on HEMS Safety and Utilization by all of the associated Boards.
- Working jointly with AMPA, ACEP, and AAEM in the creation of a white paper to accompany the position statement on HEMS Safety and Utilization.
- Working to update the existing NAEMSP® position statements relating to Air Medical Transport.
- Monitored the progress of the Model State Air Medical Guidelines project with the expectation of upcoming consideration by the joint NASEMSO/NAEMSP®/AAMS work group
- Held a mid-year committee meeting in October at the Air Medical Transport Conference in St. Louis.

Canadian Relations Ad Hoc Committee

- Recruitment initiatives for Canadian membership in NAEMSP®.
- Organized Canadian-content based pre-conference workshop for the 2012 NAEMSP® Annual Meeting.
- Development of the Canadian national EMS research agenda.
- Discussion of optimal prehospital triage score, including the use of available scoring systems and the creation of a novel score for EMS.
- Recognition of EMS sub-specialization in Canada and abroad.

Communications Committee

- Appointed a new editor for the *NAEMSP® Newsletter* – Joseph A. DeLucia, DO, FACEP, EMT-T.
- Developed a set of business objectives, content framework and design concepts to guide the development of a new NAEMSP® website, which is now in development.
- Helped to grow the number of participants on the NAEMSP® Dialog listserv to more than 300.

EMS Fellow and Fellowship Graduates Ad Hoc Committee

- Revised and updated the EMS Fellowship listing on the NAEMSP® webpage with standardized information for all EMS Fellowship programs.

- Collaborated with the Council of EMS Fellowship Directors on a survey of EMS Fellowships outlining current capabilities for meeting the proposed curriculum requirements.
- Collaborated with the Education Committee on developing plans for an EMS subspecialty review course.
- Disseminated information regarding EMS subspecialty certification for EMS fellows and graduates.

Emergency Preparedness Committee

- Provided input and assistance on topics and speakers on Emergency Preparedness and Response for the 2012 Annual Meeting.
- Discussed ways and means to increase academic activity and submissions to NAEMSP® and other venues on Emergency Preparedness and Response
- Sent representation from NAEMSP® to initiatives such as *Tale of Our Cities: Planning for Interdisciplinary Response to Terrorist Use of Explosives* and *NEMSMA/FEMA Mass Incident Project*.

Education Committee

- Working with Dr. Charles Stewart (Program Manager) on EMS Board Review Course.
- Developed a budget proposal for EMS Board review – Online Course.
- Developed a timeline proposal for EMS Board review – Online Course.
- Working with the Program Committee on getting CE for podcast on top 10 articles presented at NAEMSP® Annual Meeting.
- Finalize Medical Direction Overview Course (MDOC).

Operational EMS Ad Hoc Committee

- The TEMS Sub-Group organized the 2011 Pre-Conference Workshop "CONTOMS Medical Directors Course" for Tactical EMS.
- The Wilderness Medicine Sub-Group developed and conducted in conjunction with the Wilderness Medical Society, the first ever Wilderness EMS Medical Director Course.
- A technical review of the American Red Cross' Emergency Medical Responder Student Manual was performed.
- The TEMS Sub-Group participated in the "Finalizing a National TEMS Curriculum" Workshop.

- The TEMS Sub-Group continues to maintain a liaison relationship with the International Association of Chiefs of Police.
- The TEMS Sub-Group organized, in cooperation with the Education Committee, a special session in the 2012 Annual Meeting on the Border Patrol & Tactical Medicine: BORSTAR Program.
- The Fire/HazMat Sub-Group organized, in conjunction with the Education Committee and the International Association of Firefighters, a two-day pre-conference Hazardous Materials Operations Course at the 2012 Annual Meeting.
- In recognition of the many activities and accomplishments of the three main Sub-Groups that have made up the Operations Committee, it was decided that NAEMSP® would be best served by establishing each of the Sub-Groups as stand-alone committees.

Pediatrics Committee

- Worked closely with the Program Committee to increase pediatric topic content in the Annual Meeting program. We are pleased to have nationally and internationally recognized speakers presenting topics at the 2012 Annual Meeting, and will look forward to participant evaluations to guide the next year's offerings.
- Participated with the American Academy of Pediatrics Committee on Pediatric Emergency Medicine in formulation of policy statements and guidelines.

Program Committee

- Planned and developed a scientifically sound and engaging Annual Meeting, which is able to capture the interest of our members and meet their learning needs identified in the annual survey and meeting evaluations.
- Increased the amount of quality research being presented to our members by adding one additional oral research session at the Annual Meeting.
- Provided an opportunity for our Canadian Prehospital Colleagues to hold a pre-conference workshop that is responsive to their country's needs.

COMMITTEES

Committee Highlights continued

Research Committee

- Reviewed 201 submitted abstracts for potential presentation at the 2011 annual meeting.
- Accepted 20 abstracts for oral presentation and 130 abstracts for poster presentation.
- Incorporated a fifth oral abstract session and a third poster presentation session into the annual meeting to facilitate increased number of accepted abstracts.
- Have begun using abstract management software to electronically judge poster presentations prior to the annual conference to determine eligibility for research awards.

Rural EMS Ad Hoc Committee

- Well-attended committee meeting at NAEMSP® 2011 Annual Meeting in January.
- Conducted a September conference call.
- Listserv established to enhance communication – ruralEMS@jcem.net.
- Listserv topic of STEMI systems of care – Spring 2011.
- Supported three rural EMS-related presentations at NAEMSP® 2012 Annual Meeting in Tucson – Community Paramedics, Challenges in Rural/Frontier EMS, Medical Oversight of Wilderness EMS.
- Began drafting Community Paramedicine white paper as a forerunner to a possible NAEMSP® position paper.
- Distributed NAEMSP® Rural EMS Committee Survey results to committee members.

Standards and Clinical Practice Committee

- The primary function of the NAEMSP® Standards and Clinical Practice (S&P) Committee is to develop the official positions of the association and their respective supporting documents, often referred to as resource papers.
- The S&P Committee is open to all members of the association and we highly encourage members to participate in the work of the committee.
- Some recent positions developed by the committee include:
 - Ambulance Diversion and Emergency Department Off-Load Delay
 - The Use of Epinephrine for the Out-of-hospital Treatment of Anaphylaxis
 - Termination of Resuscitation of Non-traumatic Cardiopulmonary Arrest
 - EMS Provider Determination of Necessity for Transport
 - Off-Label Use of Medical Products
 - Non-invasive Positive Pressure (NIPPV) Ventilation

BOARD OF DIRECTORS

President
Ronald G. Pirrallo, MD, MHSA
Term through January 2013

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

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

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

Physician Members-At-Large
James V. Dunford, MD, FACEP
Term through January 2012

Kevin Mackey, MD, FACEP
Term through January 2013

J. Brent Myers, MD
Term through January 2012

Kathy Rinnert, MD, MPH
Term through January 2012

David K. Tan, MD, EMT-T, FAAEM
Term through January 2013

Karen P. Wanger, MDCM, FRCPC, FACEP
Term through January 2013

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

Program Committee Chair
David Slattery, MD
Term through January 2013

Standards and Clinical Practice Chair
Michael Millin, MD, MPH
Term through January 2013

During the fall of 2011 the NAEMSP® membership elected the following individuals to the Board of Directors, each for a two-year term beginning January 2012:

Physician Members-at-Large
J. Brent Myers, MD
Allen Yee, MD
Ronald Roth, MD
Term through January 2014

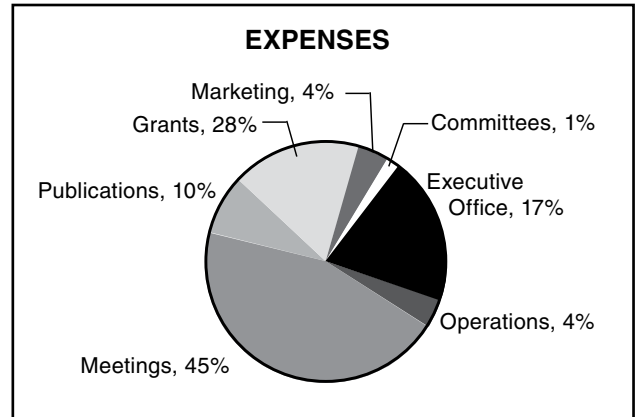
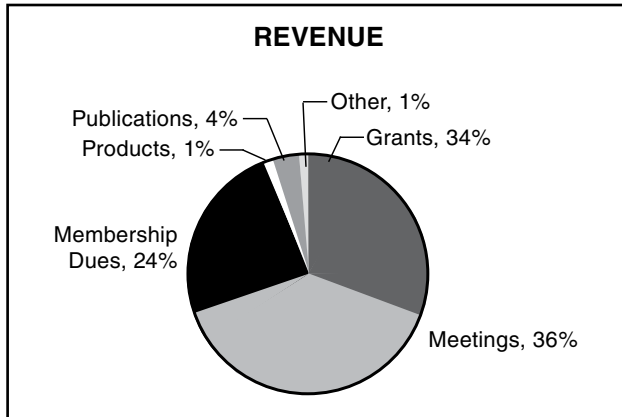
Professional Member-at-Large
Lynn J. White, MS
Term through January 2014

2012 elections will be held during the fall for President-Elect, Secretary/Treasurer, and three Physician Member-At-Large positions.



FINANCES

The following charts indicate sources of revenue and expenses for NAEMSP® through the fiscal year that ended June 30, 2011. – the charts from last year to remain the same style, please update the numbers.



Financial Report

The theme for this year’s financial report is stability. While the economy continues to be volatile and unpredictable, the NAEMSP® treasury has remained stable with some modest growth. We budgeted for a static membership and attendance at the Annual Meeting. While fiscally responsible, our predictions were wrong. We did see a slight improvement in membership numbers and, in addition, participation in the meeting was better than expected. 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.

The 2011 Annual Meeting at the Hyatt Regency Coconut Point Resort & Spa in Bonita Springs, Florida, was a great success with excellent attendance. 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 into offset expenses. Moving forward, we have prepared a budget that plans for modest growth in membership and conference attendance. It is imperative that the organization take advantage of the new subspecialty designation to increase overall member numbers. This will offset the need for increasing dues.

Identifying opportunities for revenue continues to be a priority for the NAEMSP® Board of Directors. This past year, NAEMSP® completed the Ambulance Safety project and continues to conduct the TIIDE grant. While each has associated expenses, it still makes a positive contribution to the bottom line. Moving forward, securing additional grant and contracts will contribute to our overall financial health. Our official indirect expenses rate will also offset administrative expense. Grants and contracts have 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). We are in the early years of a 5-year long contractual relationship with AMP confirming a stable relationship with an excellent

Statements of Financial Position June 30, 2011 and 2010		
Assets		
	2011	2010
Current Assets:		
Cash	\$ 346,390	\$ 271,394
Certificate of deposit		196,000
Investments	663,290	408,819
Accounts receivable – general	4,166	6,140
Accounts receivable – grants	17,693	24,721
Inventory	51,683	8,718
Prepaid expenses	37,986	45,546
Total Current Assets	\$ 1,121,208	\$ 961,338
Property and Equipment:		
Office equipment and furniture	11,722	11,722
Less accumulated depreciation	(11,201)	(10,967)
Net property and equipment	521	755
Total Assets	\$ 1,121,729	\$ 962,093

association management firm at a reasonable expense. NAEMSP®’s financial health is sound. The financial position and records of NAEMSP® as of June 30, 2011, 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 NAEMSP® members whose financial support of their dues and meeting registrations 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 ran from September 1, 2007 to August 31, 2010. NAEMSP® was awarded \$70,000 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 were allowed to continue spending the remaining funds from year three 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 this project.

The objectives of the project were 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.

The following additional objectives were identified for the final year of the cooperative agreement: To assemble a meeting of stakeholder groups and experts in Tactical Medicine (TEMS), including military representatives to develop a national curriculum for TEMS. The meeting was two and a half days and the intent of the sessions were be to: 1) Review the available literature for each of the previously published TEMS competencies, 2) Develop a National TEMS Curricula by establishing Terminal and Enabling Learning Objectives for the resulting competencies, 3) Generate a TEMS research agenda that identifies areas that require additional research, 4) Establish a National TEMS Committee that will sustain the curriculum, competencies, and research agenda. This committee will review new evidence and make periodic updates. 5) Develop a plan for wide spread dissemination of the curriculum.

The final results of the project are as follows:

Objective 1: In partnership with the other TIIDE partners identify at least two model communities per year by placing a competitive call for model communities. Disseminate information about the identified model communities so that other communities can use their processes as a model.

Progress: We led the workgroup with the other TIIDE Partners that placed a call for model communities and identified seven new model communities. The workgroup developed and held a moderated panel discussion with the identified model communities on leveraging funds and resources among agencies

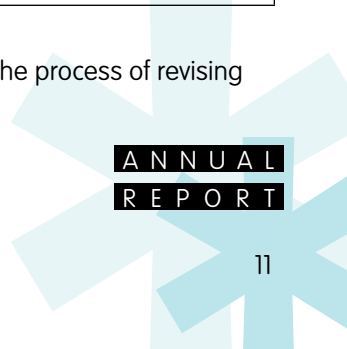
Results: Seven model communities were identified that had good collaborations between public health and the emergency care community and illustrated novel approaches toward leveraging funds and resources. The selected communities are listed below:

Community	Community Contact
Aurora, CO	Sara Garrington MMRS Program Specialist City of Aurora Office of Emergency Management 15151 E. Alameda Parkway #4100 Aurora, CO 80012 Office: 303/326-8995 • Cell: 720/394-1885 Fax: 303/326-8986 sgarring@auroragov.org

GRANTS AND CONTRACTS

Community	Community Contact
Danbury, CT	<p>Scott LeRoy, MPH, MS Director of Health Danbury Department of Health, Housing & Welfare 155 Deer Hill Ave. Danbury, CT 06810 Tel: 203/797-4626 • Fax: 203/796-1596 S.LeRoy@ci.danbury.ct.us</p>
Indiana County, PA	<p>Danny Sacco Committee Chair Director of Safety and Security, Indiana Regional Medical Center 835 Hospital Road PO Box 788, Indiana, PA 15701 Tel: 724/357-7154 • Cell: 724/388-3881 Dsacco@indianarmc.org</p>
Southwest Michigan 5th District	<p>William Fales, MD, FACEP Associate Professor and Director of Prehospital Care Michigan State University Kalamazoo Center for Medical Studies</p> <p>Medical Director Kalamazoo County Medical Control Authority and 5th District Regional Healthcare Emergency Preparedness Project 1000 Oakland Drive Kalamazoo, MI 49008 Office: 269/337-6600 • Cell: 269/998-2167 Fax: 269/337-6475</p>
Minneapolis/ St. Paul, MN	<p>Mark A. Lappe Director Safety, Security and Emergency Management Hennepin County Medical Center Mail Code RL 701 Park Ave S Minneapolis, MN 55415 Office: 612/873-3869 • Cell: 612/369-2456 Mark.lappe@hcmed.org</p>
Orlando, FL	<p>Dave Freeman, Manager Orange County Health and Family Services Department Office of the Emergency Medical Services Medical Director 4401 Vineland Road, Suite A-11 Orlando, FL 32811 Office: 407/650-4031 ext. 225 • Fax: 407/318-3288 Pager: 407/244-1416 • Cell: 321/231-9880 Dave.freeman@ocfl.net</p>
Southern New Jersey	<p>Rick Hong, MD, FACEP Cooper University Hospital Head, Division of EMS/Disaster Medicine Department of Emergency Medicine Office: 856/342-2627 • Fax: 856/968-8272 hong-rick@cooperhealth.edu</p>

Publications: None. We have drafted a manuscript describing the findings of the panel, and are in the process of revising and finalizing the manuscript.



GRANTS AND CONTRACTS

Objective 2: Develop evidence-based, user-friendly products to address model community recommendations, mass casualty triage review findings, and blast lessons learned findings. We will also develop additional products as directed by the CDC. We focused on mass casualty triage and worked to attain better national agreement on a national guideline for mass casualty triage. We proposed holding a meeting of national stakeholder agency representatives and trying to achieve wider consensus on a national mass casualty triage guideline by developing Model Uniform Core Criteria for Mass Casualty Triage.

Progress: We convened a mass casualty workgroup, which was expanded to include representatives from the current TIIDE partners and other key stakeholder organizations including the National Association of State EMS Officials, National Association of Emergency Medical Technicians, and the American Academy of Pediatrics. We held a one-time, face-to-face meeting of these stakeholders and developed a position paper outlining the Model Uniform Core Criteria.

Results: The Model Uniform Core Criteria for Mass Casualty Triage were developed and approved by the workgroup. We obtained endorsements from 14 national organizations and concurrence from one government program.

Endorsement:	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
	Society for the Advancement of Violence and Injury Research
Concurrence:	HRSA/MCHB Emergency Medical Services for Children Program

Publications:

1. Model uniform core criteria for mass casualty triage: Endorsed by 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; Society for the Advancement of Violence and Injury Research Concurrence by Health Resources and Services Administration/ Maternal and Child Health Bureau Emergency Medical Services for Children Program. *Disaster Med Public Health Prep* Jun 2011;5(2):125-8.
2. Lerner EB, Cone DC, Weinstein ES, Schwartz RB, Coule PL, Cronin M, Wedmore I, Bulger EM, Mulligan DA, Swienton R, Sasser SM, Shah UA, Weireter Jr L, Sanddal TL, Laird J, Markenson D, Romig L, Lord G, Salomone J, O’Connor R, Hunt RC: Mass Casualty Triage: An Evaluation of the Science and Refinement of a National Guideline. *Disaster Med Public Health Prep* 2011; 5(2):129-137.

Related but not supported by this funding

1. Deluhery M, Lerner EB, Pirrallo RG, Schwartz RB: Paramedic Accuracy using SALT Triage after a Brief Initial Training. *Prehospital Emergency Care* 2011; 15(4):526-532.
2. Lerner EB, Schwartz RB, Coule PL, Pirrallo RG: Use of SALT Triage in a Simulated Mass Casualty Incident. *Prehospital Emergency Care* 2010; 14(1):21-25.
3. Lerner EB, Cone DC, Weinstein ES, Schwartz RB, Coule PL, Cronin M, Wedmore I, Bulger EM, Mulligan DA, Swienton R, Sasser SM, Shah UA, Weireter Jr L, Sanddal TL, Laird J, Markenson D, Romig L, Lord G, Salomone J, O’Connor R, Hunt RC: Mass Casualty Triage: An Evaluation of the Science and Refinement of a National Guideline. *Disaster Med Public Health Prep* 2011; 5(2):129-137.

4. SALT mass casualty triage: concept endorsed by the American College of Emergency Physicians, American College of Surgeons Committee on Trauma, American Trauma Society, National Association of EMS Physicians, National Disaster Life Support Education Consortium, and State and Territorial Injury Prevention Directors Association. *Disaster Med Public Health Prep* Dec 2008;2(4):245-246.
5. Kahn CA, Lerner EB, Cone DC: *Triage. Koenig and Schultz's disaster medicine: comprehensive principles and practices*. 2009;12:174-183.
6. Lerner EB, Schwartz RB, McGovern JE, Prehospital Triage For Mass Casualties In Cone DC, O'Conner RE, Fowler R (Eds.): *Emergency Medical Services: Clinical Practice and Systems Oversight*. Vol.4, 2009: National Association of EMS Physicians. pg. 11-5.
7. Schwartz R, Lerner EB: Part 1: Operational Issues: Triage in Mass Casualties (MASCAL). In: *Special Operations Forces Medical Handbook*, 2nd Edition. 2008: U.S Government Printing Office section 1, pg. 4-7.
8. Lerner EB, Schwartz R: Principles of Disaster Triage. In: Reilly M, Markenson (Eds.): *Healthcare Emergency Management: Principles and Practice*. (In Press)
9. Lerner EB, Schwartz RB, Coule PL, Weinstein ES, Cone DC, Hunt RC, Sasser SM, Liu JM, Nudell N, Wedmore IS, Hammond J, Bulger EM, Salomone JP, Sandal TL, Lord GC, O'Conner RE: In Reply: Mass Casualty Triage: Universal Versus Specific. *Disaster Medicine and Public Health Prep* 2009;3(2):71-72.
10. Lerner EB, Schwartz RB, Coule PL, Weinstein ES, Cone DC, Hunt RC, Sasser SM, Liu JM, Nudell NG, Wedmore IS, Hammond J, Bulger EM, Salomone JP, Sanddal TL, Lord GC, Markenson D, and O'Connor RE: Science and Evidence-based Considerations for Fulfilling the SALT Triage Framework—Reply. *Disaster Med Public Health Prep* 2010; 4:12.
11. Byrum S, Lerner EB, Coule PL: SALT Triage Drill. *Disaster Medicine and Public Health* 2009;3:129.
12. Lerner EB, Triage in Incidents with Multiple Victims. *Prehospital Emergency Care (ed. esp.)* 2011; 4(1):79-81.

Objective 3: Develop a system for disseminating timely and evidence-based information related to injuries resulting from terrorism and mass casualty events to the Emergency Care Community.

Progress: As we worked on our main project, further developing SALT triage, we also worked on ways to disseminate information through publication in the literature, web-based information, newsletter announcements to our membership and other means.

Results: All of the CDC announcements and TIIDE Partner announcements that were sent to us were disseminated to our membership. We also published information about SALT Triage in our newsletter.

Publications: No specific publications but information has been shared with NAEMSP®'s membership.

Objective 4: Develop, disseminate, and evaluate at least one training course. We focused on finalizing the SALT triage training materials and circulating them nationally.

Progress: We developed and pilot tested SALT triage training materials in the form of a PowerPoint lecture. These were circulated to the workgroup for comment and finalized.

Results: We have provided these materials to anyone who has requested them including a variety of EMS, fire, and state organizations and we have provided them to the National Disaster Life Support Courses. We also provide lectures whenever requested.

Publications: None specifically. We have provided training to many organizations without using any of the funding from this project. All Milwaukee county EMS providers were trained in SALT and their retention of the information was studied, demonstrating that a 20 minute training session is sufficient. A training DVD of the slides was created and has been distributed throughout the state of Wisconsin. All requests for training materials have been responded to, these requests were not tracked but the slides have been sent across the country. We have also been asked by international partners to present information on SALT, this included a mass casualty triage conference in Spain and a disaster meeting in Korea. Further, SALT has been completely integrated into the National Disaster Life Support program, which is taught around the world.

Objective 5: Develop a minimum dataset for disseminating information on mass casualty incidents for the purpose of evaluation and sharing lessons learned.

Progress: The AMA led this objective and we agreed to partner with them. We provided NAEMSP® members to participate in this workgroup.

Results: None

Publications: None

GRANTS AND CONTRACTS

Objective 6: To assemble a meeting of stakeholder groups and experts in Tactical Medicine (TEMS) including military representatives to develop a national curriculum for TEMS. The meeting was two and a half days and the intent of the sessions were to: 1) Review the available literature for each of the previously published TEMS competencies, 2) Develop a National TEMS Curricula by establishing Terminal and Enabling Learning Objectives for the resulting competencies, 3) Generate a TEMS research agenda that identifies areas that require additional research, 4) Establish a National TEMS Committee that will sustain the curriculum, competencies, and research agenda. This committee will review new evidence and make periodic updates. 5) Develop a plan for wide spread dissemination of the curriculum.

Progress: A two-day meeting was held in August 2011 with more than 30 participants. A national committee was established to sustain the work that was completed. The competency domains were assessed and terminal and enabling learning objectives were developed for each. Five of the competency domains were confirmed during this meeting with more than 80% agreement for each learning objective by members of the panel. The remaining 12 competency domains had draft learning objectives developed. These were posted on a limited access website and the group has been working to complete the learning objectives, and will hold a second non-CDC funded face-to-face meeting in December 2011.

Results: A committee has been established to complete and sustain the group's work. The group is working to finalize its work and its dissemination plan.

Publication: None at this time.

REPRESENTATIVES AND LIAISONS TO OTHER ORGANIZATIONS

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 (BTLI)
 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 (NASEMSO)
 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)

Prehospital Emergency Care (PEC)

Editor's Report

The year of 2011 saw the completion of Volume 15 of *Prehospital Emergency Care* (PEC); the volume had 583 pages. The January/March issue included a record-high 134 abstracts, which were presented at the NAEMSP® Annual Scientific Assembly. We continue to seek sponsorship of a supplement for presenting the Annual Meeting abstracts, which we hope to make a regular feature.

In July, PEC received its third **Impact Factor**, which increased to an impressive 1.889. This Impact Factor placed PEC as the 8th most oft-cited Emergency Medicine journal out of the 23 that are currently rated by the ISI Web of Knowledge. PEC had an even more impressive **Immediacy Index**, which indicates how rapidly articles that are published in PEC are cited in the same year. PEC had an Immediacy Index of 0.533. **This ranks PEC 4th** out of the 23 EM journals that are ranked in terms of being rapidly cited. 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, but has leveled off in recent years. In terms of peer review, PEC has an **average time to first decision of 20 days**. The acceptance rate of papers submitted to PEC is 40%. In September 2011, PEC Managing Editor Ashley Petrylak left Informa to take a position with Oxford Press. Our new Managing Editor is Angelina Wagner.

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 reviewers should send an e-mail of interest (citing area of expertise with a CV attached) to Dr. Menegazzi at menegazz@pitt.edu.

Some of the highlights of Volume 15 included:

Focus Sections

- Focus on EMS Provider Health and Safety
- Focus on Airway Management
- Focus on STEMI
- Focus on EMS Utilization
- Focus on Trauma (Twice)
- Focus on Firefighter Physiology
- Focus on Cardiac Arrest (Thrice)
- Focus on HEMS
- Military Medicine (Twice)

Position Papers

- Noninvasive Positive Pressure Ventilation
- Off-Label Use of Medical Products
- Field Triage of the Injured Patient
- Termination of Resuscitation of Non-Traumatic Cardiopulmonary Arrest
- Ambulance Diversion and Emergency Department Offload Delay
- Use of Epinephrine for the Out-of-Hospital Treatment of Anaphylaxis
- Reimbursement for EMS Response, Medical Care, and Transport
- EMS Provider's Determination of Necessity for Transport

Resource Documents

- Role of EMS in Disaster Response
- Expert Witness Qualifications and Ethical Guidelines for EMS litigation
- Non-Invasive Positive Pressure
- Termination of Resuscitation of Non-Traumatic Cardiopulmonary
- Ambulance Diversion and Emergency Department Offload
- EMS Provider Determinations of Necessity for Transport and Reimbursement for EMS Response, Medical Care, and Transport: Combined Resource Document
- The Use of Epinephrine for Out-of-Hospital Treatment of Anaphylaxis

Case Conferences

There were six Case Conferences published in this volume of PEC. This is a 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 its new editor, Joseph A. DeLucia, DO, FACEP, EMT-T, NAEMSP®'s quarterly newsletter provides members with timely information and updates. Each issue is sent electronically to members via our *E-News*. It is available for download through our website. A big thank you to Joe for re-energizing our newsletter!



2011 Annual Meeting

The 2011 NAEMSP® Annual Meeting: Specialty Workshops, Scientific Assembly and Trade Show was held at the Hyatt Regency Coconut Point Resort & Spa in Bonita Springs, Florida. 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®, NAEMSP® Advanced Topics in EMS Medical Direction™ and the CONTOMS course.
- Faculty members provided more than 16 hours of didactic content and more than 5 ½ hours of research presentations.
- Highlighted presentations included Preparedness for Emergency Medical Services: The DHS Perspective – Alexander G. Garza, MD, MPH; Culture of Safety afternoon seminar, EMS Subspecialty Certification: Implications & Implementation – David Cone, MD; Jane Brice, MD, MPH; and Debra G. Perina, MD
- Debuted the James O. Page Memorial Lecture & Keynote Address: A Legacy Remembered, A Vision for Tomorrow – Keith Griffiths
- Nearly 600 members, guests, and exhibitors attended the 2011 Annual Meeting
- More than 60 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 June in Milwaukee, Wisconsin.

Executive Office Staff Listing

The NAEMSP® Executive Office and staff e-mail address information is listed below for your reference.

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

Executive Director: Jerrie Lynn Kind

Grants Project Director/Association Manager:
Stephanie Newman

Meeting Planner: Megan Finnell

Administrative Assistant: Diane Conner

Liaisons Meetings

- Advocates for EMS
- CDC Trauma Triage meeting
- Culture of Safety meeting
- EMS on the Hill Day
- EMS Summit – EMS Today
- Expert Consensus meeting for Ambulance CPR
- IAFF EMS Medicare Section Summit
- Mass Care meeting
- NAEMSE Conference
- NAEMT Conference
- NASEMSO Conference
- National Fallen Firefighters Foundation Symposium
- NFPA Technical Committee on EMS
- Pan-Asian Resuscitation Outcomes Study Meeting
- ROC Steering Committee meeting
- Spring EMS Section membership meeting
- Transportation Safety Advisory Group meeting

Future NAEMSP® Annual Meetings

January 10-12, 2013 – [Hyatt Regency Coconut Point Resort & Spa](#) – Bonita Springs, Florida

January 9-11, 2014 – [JW Marriot Starr Pass Resort & Spa](#) – Tucson, Arizona

NAEMSP® was pleased to recognize the following individuals at our awards luncheon in Bonita Springs, Florida, in January 2011:

Ronald D. Stewart Award

Debra Perina, MD



**Keith Neely Outstanding
Contribution to EMS Award**

Brian Schwartz, MD



Friends of EMS Award

Gary Freeman, ZOLL



EMS Fellowship Recognition Award

Zuhair Alsharafi, *University of Toronto*
 Jose Cabanas, *University of North Carolina*
 Catherine Cleaveland Henry,
University of Virginia
 John Garrett, *Carolinas Medical Center*
 Aaron Hettinger, *University of Rochester*
 Christopher Lee, *Yale University*
 Kevin Lobay, *University of Alberta*
 John Lyng, *SUNY Upstate Medical University*
 Kevin Munjal – *New York City Fire Department
 and LIJ Medical Center*
 Rosalyn Reades – *Carolinas Medical Center*
 Damien Ryan – *University of Toronto*
 Leah Watson – *University of Toronto*

2011 Abstract Awards

■ **Best Scientific Presentation**

#2 – The Resuscitation Outcomes Consortium (ROC) PRIMED Impedance Threshold Device (ITD) Cardiac Arrest Trial: a Prospective, Randomized, Double-Blind, Controlled Clinical Trial

Tom P. Aufderheide, Graham Nichol, Thomas D. Rea, Siobhan Everson-Stewart, Brian Leroux, Peter J. Kudenchuk, Jim Christenson, Paul E. Pepe, Mohamud R. Daya, Paul Dorian, Clifton W. Callaway, Ahamed H. Idris, Douglas Andrusiak, Shannon W. Stephens, David Hostler, Daniel P. Davis, James V. Dunford, Ronald G. Pirralo, Ian G. Stiell, Catherine M. Clement, Alan Craig, Lois Van Ottingham, Terry A. Schmidt, Henry Wang, Myron L. Weisfeldt, Joseph P. Ornato, George Sopko, *Medical College of Wisconsin*

■ **Best Student/Resident/Fellow Research Presentation**

#13 – Helicopter Versus Ground Ambulance Transport For Trauma: The Threshold Mortality Reduction Needed To Be Cost-Effective

M. Kit Delgado, Jeremy D. Goldhaber-Fiebert, *Stanford University School of Medicine*

■ **Best EMS Professional Research Presentation**

#12 – Time to First Compression Using Medical Priority Dispatch System CPR Pre-Arrival Instructions Does Not Vary With Dispatcher Experience

Lee M. Van Vleet, Michael W. Hubble, *Wake County EMS*

■ **Best Poster Abstract Presentation**

#56 – A Comparison of Proximal Tibia, Proximal Humerus, and Distal Femur Infusion Rates under High Pressure (>300 mmHg) Using the EZ-IO Intraosseous Device on an Adult Swine (*Sus scrofa*) Model

Julio Lairet, Vikhyat Bebartha, Kimberly Lairet, Robert Kacprowicz, Christopher Lawler, Rebecca Pitotti, Jerry Cowart, Anneke Bush, *Wilford Hall Medical Center*

■ **Best Cardiac Arrest Presentation Sponsored by ZOLL**

#8 – Treatment of Out-of-Hospital Cardiac Arrest with an Impedance Threshold Device and Active Compression Decompression Cardiopulmonary Resuscitation Improves Survival with Good Neurologic Function

Ralph J. Frascione, Tom P. Aufderheide, Marvin A. Wayne, Brian D. Mahoney, Robert A. Swor, Robert M. Domeier, Michael L. Olinger, Richard G. Holcomb, David E. Tupper, Demetris Yannopoulos, Keith G. Lurie, *Department of Emergency Medicine, Regions Hospital*

■ **Best Disaster Presentation**

#132 – Over-Commitment of EMS Personnel in North Carolina

Cameron Watkins, Frances Shofer, Greg Mears, Theodore Delbridge, Jeff Robertson, Jane H. Brice, *University of North Carolina*

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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.