National Association of EMS Physicians®

ANNUAL

R E P O R T



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PRESIDENT'S MESSAGE

The National Association of EMS Physicians® is vibrant, growing, energized and on the move.

NAEMSP® is both fiscally sound and meeting its mission. The pages that follow detail the lifeblood of the organization – our committees. Many mistakenly believe that the work of the organization occurs at the level of the Board of Directors. But this is far from the truth. The real work of the organization occurs at the committee level. This is why it is so critical that each and every one of you make time to attend at least one committee meeting. We need your energy, your ideas and your passion to further the work of the organization.

NAEMSP® thrives because its members are committed to improving care received by patients in the prehospital environment.

Highlights from 2015

- The 2015 Annual Meeting was a huge success. Counting members, guests, vendors and staff, there were over 1,000 people who attended our meeting. We broke yet another record.
- We have developed an international medical directors course. NAEMSP® members delivered this specialized one-day course designed specifically for EMS physicians in the developing world in Cuba and Mexico City.
- This fall, the membership held its annual election:
 - The newly elected physician members-at-large are Jeff Beeson and Michael Levy and Jose Cabañas.
 - Daniel Patterson will be joining the Board as the professional member-at-large.

2015 has been a terrific year for NAEMSP®. At the outset of the year, I asked our Board of Directors to help me to dive deeply into our organization to identify and develop young leadership. We have been successful in this endeavor. We will continue in the coming year to provide leadership opportunities for those of you willing to step up and assume responsibilities. Please feel free to speak to any Board member or myself if you have a particular interest or desire to assist the organization and its mission.

This organization thrives on the energy and passion of its members. Thank you for all you do. I also want to extend my thanks to all the committee chairs who have worked tirelessly this year. You may have thought I wasn't watching but I was. Thank you for your hard work. I also need to thank the unsung heroes of our organization who work behind the scenes – our amazing Executive Director, JerrieLynn Kind, and her incredible staff at AMP. Without their support, NAEMSP® would not be able to implement even a small portion of its dreams and aspirations.

I will see you in San Diego.

Jane H. Brice, MD, MPH NAEMSP® President

BOARD OF DIRECTORS

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Jane H. Brice, MD, MPH Term through January 2017

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Michael Levy, MD, FACEP, FACP Term through January 2016

Jon C. Rittenberger, MD, EMT-B Term through January 2017

Allen Yee, MD

Term through January 2016

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Lynn J. White, MSTerm through January 2016

Program Committee Chair
Paul S. Rostykus, MD, MPH
Term through January 2017

Standards and Clinical Practice Committee Chair

John Lyng, MD, FF/NREMT-P, FACEP

Term through January 2017

During the fall of 2015, the NAEMSP® membership elected the following individuals to the Board of Directors, each for a two-year term beginning January 2016:

Physician Members-At-Large
Jeff K. Beeson, DO
Michael Levy, MD, FACEP, FACP
Jose Cabanas, MD, MPH

Professional Member-At-Large Daniel Patterson, PhD, MPH, MS, NRP



Committee Highlights

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

Advocacy Committee

- Conducted first committee meeting in January of 2015.
- Reviewed and provided feedback to NAEMT regarding the EMS Field Bill.
- Provided support for the EMS Field Bill.
- Reviewed RFPs for lobbying services and recommended the selection of Holland & Knight.
- Sent representatives to EMS on the Hill Day.
- Worked with our lobbying firm to give Drug Enforcement Agency feedback on proposed new regulations.
- Working with Holland & Knight to draft new legislation regarding EMS and the Controlled Substances Act.
- Began working on long-term strategies for:
 - Lobbying goals
 - Member involvement

Air Medical Services Committee

- Working to update position statements related to critical care transport, integrate air medical material into the educational program and develop a repository for best practices through the committee SharePoint.
- Revised the position statements for the following topics:
 - Flight Physician Training (now Transport Physician Training Program)
 - Air Medical Direction
- Reviewed and contributed to the revision of the ACEP Policy Statement:
 - Air Ambulance Medical Transport Advertising and Marketing, which has been changed to "Medical Transport Advertising, Marketing and Brokering"
- Integrated topics in flight physiology and the air medical transport of obese patients into the 2016 education curriculum.
- Established a repository for best practices in air medicine on SharePoint.

Canadian Relations Committee

- NAEMSP® Distinctly Canadian event was a success, with close to 100 participants. The evening was divided into two sessions: academic and business meeting portions.
 - The academic portion had a guest speaker on: Paramedic entry to practice, and then had a panel of four guest speakers giving the East to West Coast experience of "Medical Directives vs. Clinical Guidelines" pertaining to differences in paramedic practice within the country.
 - The business meeting portion was to introduce goals for the committee to work on, and possible position papers. The first "White Paper" is being drafted and the topic is: "Paramedic Education Standards."
 - During the business meeting portion, all different organizations gave their summary of activities: Centre for Security Science Paramedic Portfolio on active research projects; the Heart & Stroke on the FAST approach to community stroke awareness, the Prehospital Evidence Based Practice project for online article reviews and best-practice protocols; EMS Fellowship committee as an update to the college application status; Canadian EMS Research Network's mission, vision and values updates; Paramedic Association of Canada exposed their commitment to selfregulation of Paramedicine and the CANMEDS framework proposal.

Communications Committee

- Utilizing social media for information distribution and in recruitment for annual conferences.
- Creating social media guidelines for NAEMSP® representatives and for use of its public sites.
- Website search functions and organization improved with assistance of Standards & Clinical Practice Committee
- Reached 5200+ Facebook followers worldwide to date.

Council of EMS Fellowship Directors

- There are currently 46 EMS Fellowships accredited by the ACGME. Much of the late spring and early summer was spent helping programs prepare for upcoming site visits.
- Held several conference calls over the summer to help Fellowship directors prepare for their site visits.
- Posted a document on the SharePoint of what to expect from your RRC site visit.
- Reaching out to other organizations, including ACOEP and SAEM, to establish relationships for ongoing educational efforts.
- Organized the "EMS Esoterica" lecture for this year's Annual Meeting – a two hour session made up of four 30-minute topics not encountered in all EMS agencies.
- Continued to refine and clarify the application, interview and offer process for incoming EMS Fellows to make the process as fair as possible.



Committee Highlights continued

Education Committee

- Collaborated with EMS1.com to provide content for EMS1.com website.
- Developing a list of online resources for use by members of NAEMSP® to serve as a reference. Topics include QA/QI, pandemic preparedness, EMS blogs, cardiac arrest information.
- Served as reviewer for Innovations in Education posters.
- Submitted proposals for the Annual Meeting to the Program Committee.

Emergency Preparedness Committee

- Provided subject matter expert and review input to ASPR/CDC Ebola transport guidance in support of ASPR training for EMS providers.
- Committee proposed disaster preconference for 2016, but not accepted. Continuing to revise with plans to submit, along with possible funding support.
- Policy/resource papers being developed: Volunteers at Disaster Scenes and Bystander Assistance at Disasters.

EMS Fellows and Fellowship Graduates Committee

Developed a survey to determine the needs of the members of the EMS Fellows and Fellowship Graduates Committee to be administered at the NAEMSP® 2016 Annual Meeting in San Diego.

EMS Fellows and Fellowship Graduates Committee, cont.

- Working with the ACEP EMS section to get grant funding to develop and administer a survey to determine the compensation for EMS medical directors with specific delineation of:
 - Fellowship trained vs. non-Fellowship trained
 - Full time vs. part time
 - Public vs. private
- Developed a position statement for consideration by the NAEMSP® Board of Directors to disseminate to entities responsible for hiring EMS medical directors about the importance of hiring Fellowship trained EMS medical directors.
- Future Projects include:
 - Develop programming to help Fellows and Fellowship graduates in the EMS medical director job search.
 - Develop EMS LLSA review programming for NAEMSP® 2017 Annual Meeting.
 - Develop a mentoring program for Fellows and recent Fellowship graduates.
 - Develop a mentoring program for residents and medical students interested in EMS medicine.

International Affairs Committee

- The primary focus for the International Affairs Committee this year has been supporting the development of the International Medical Directors' Course. From purely concept at the New Orleans meeting, it has been developed and now is delivered in both Cuba and Mexico, the latter in Spanish. It is scheduled to be held in South Africa in 2016.
- There is considerable interest in broadening out the program content and format as experience is gained and a manual of content and background reading should evolve from this, potentially as an NAEMSP® product.
- A proposed position paper on Foreign Medical Teams supporting international disaster response will be finalized at the meeting in San Diego and be presented for the Board to consider.
- There is a desire to develop an international Fellowship registry for the NAEMSP® website. A first version of this will hopefully be available for San Diego.

Membership Committee

- Developing a plan for an NAEMSP® mentorship program – initial activities to occur at the 2016 Annual Meeting.
- Developing a plan for identifying potential non-member EMS physicians in states throughout the U.S. – working with the NASEMSO Medical Directors Council.
- Developing a survey of existing membership regarding membership benefits.

Executive Office Staff Listing

The NAEMSP® Staff is listed below. Please feel free to contact us at any time.

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Education Coordinator
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Committee Highlights continued

Mobile Integrated Healthcare/ Community Paramedicine Committee

- First ever CP/MIH pre-conference workshop to be held at 2016 Annual Meeting.
- Participating in MIH Measures Group Consortium developing quality metrics in three areas:
 - Community health intervention
 - Alternative destinations
 - Nurse advice lines
- Ongoing participation/liaising with NASEMSO and NAEMT CP/MIH Committee.
- Ongoing participation in "Promoting Innovations in EMS." Project funded by NHTSA, HHS-ASPR and Homeland Security.
- Participation in inter-association (NAEMT/NASEMSO/NEMSMA/NAEMSE) CP/MIH Nomenclature Committee and development of "New EMS" paper.
- Continuing to work on improving awareness about CP/MIH with nontraditional EMS stakeholder groups like primary care physicians and public health researchers.

Operational EMS: Fireground/Hazmat/ Tactical Committee

- Set up discussion groups and folder on the online communities.
- Finished submission of Fireground Rehab position statement.
- Submitted plan and budget for Adv. Hazmat Life Support education program for Annual Meeting.
- Submitted proposals for educational tracts for 2016 Annual Meeting.
- Gathered topic lists for 2017 Annual Meeting.
- Posting of resources and information to Communities.
- DEA guidebook project placed on hold until ACEP/NAEMSP® deliberations conclude.
- Antidote alternatives discussed and resources posted.

Pediatrics Committee

- Contributions to the Annual Meeting from committee – Three pediatric specific topics were presented at the Annual Meeting in January 2015. Twelve (12) pediatric specific abstracts were accepted for presentation. Created the "Best Pediatric EMS Presentation Award." Planning for additional presentations at next year's Annual Meeting.
- Recent activities of Pediatrics Committee: Feedback to NAEMSP® QI committee for EMS benchmarks; feedback to NAEMSP® EBG workgroup on draft proposal; representation on Pediatric Life Support Collaborative; and reviewed several outside organization draft policies.
- Updated EMS education for the PEM provider.
- Received approval and have begun drafting new policy statement "Pediatric Pre-Hospital Readiness" with AAP/ACEP/ENA/NAEMT.
- Module updates for "EMS education for the PEM provider" have been completed.
- Positions statement "Role of Pediatric Clinical Coordinator for EMS systems" revisions complete
- Supporting Pediatrics Committee members to sit for the EMS Boards.
- Supported AAP efforts in Federal Legislation Airplane KITS Act of 2015 that would require the FAA to undertake rulemaking within one year of enactment to update the contents of the EMKs onboard U.S. commercial airlines.
- Continuing to refine and expand Pediatric Online Med Control Course being developed with Denver Health Medical Center.

Public Health Committee

- Participated in joint ACEP/ NAEMSP® Human Trafficking Recognition and Intervention project. Topic is on agenda for 2016 meeting.
- Participated in NHTSA sponsored EMS Innovations project.
- Continued to develop mass gathering medicine resources and finalize resource document for NAEMSP® position statement.
- Ongoing Projects:
 - Develop position statement on EMS and Public Safety interface with public/home delivery of narcotic reversal agents.
 - POLST and use by EMS
 - EMS education for end of life medical care
 - Protocol development and documentation
 - Develop pilot curriculum on end of life care for EMS providers (work with NAEMSE).
 - Debate of the issue from the California Coalition for Compassionate Care (Catholic Bishops)
 - Interface with EMS and population health (National Health Security Strategy 2015-2018).
 - Assessment integration of public health with emergency disaster preparedness – improve resilience
 - Develop and implement community assessment tool with eventual ratings/gap analysis.
 - Post disaster recovery and role of EMS resilience.
 - Prevention illness/injury (water)
 - Medication support
 - Develop model for development of local healthcare coalitions (social services, psych care).



Committee Highlights continued

Public Health Committee, cont.

- Continue pushing out work on mass gathering medicine.
- Assess ongoing efforts and EMS roles in communicable disease and Injury prevention.
- Develop EMS compliance with flu vaccine – position statement.

Quality & Safety Committee

- Committee renamed to Quality & Safety Committee to more accurately reflect the areas of interest, and to incorporate a focus on safety as well in keeping with the EMS Culture of Safety Strategy.
- Participation in NASEMSO EMS Performance Measure Project/EMS Compass project developing EMS Performance Measures. Additional info at EMSCompass.org. Current clinical measures in development center involving stroke care.
- National Assessment of Clinical QA in EMS Survey (IRB approved project, led by Michael Redlener) deployed to numerous national organizations in an effort to reach a wide range of EMS agencies nationwide, of all types. The goal is to better understand the current state of EMS clinical quality programs. This effort is complementary to the EMS Compass project above which is creating measures going forward.

Research Committee

- A total of 193 abstracts were submitted to the Research Committee for consideration of presentation at the 2016 NAEMSP® Annual Meeting. The total number of submissions was slightly lower when compared to previous years. One potential explanation is a newer requirement that abstracts be directly EMS-focused.
- The total number of accepted abstracts was 156 of 193 (80 percent). The presentation format will include 16 orals, 10 lightning orals, 96 posters and 34 electronic posters. The Research Committee reviewed all abstracts submitted and devoted additional discussion and review for abstracts that fell on/near the cut point for inclusion.

Plans for 2016 Annual Meeting is our trial with lightning orals: a brief oral presentation format. The committee hopes this will increase exposure and opportunity for presentation. We plan to evaluate the pros and cons of the lightning oral vs. the electronic poster format for future consideration.

Rural EMS Committee

- Six members attended the JREC (Joint Commission on Rural and Emergency Care) sponsored conference in Cheyenne, WY. Investigating committee sponsorship for the 2016 conference in San Antonio and have been invited to join the conference planning committee.
- Received invitation from Kevin McGinnis to participate in the update of "Rural and Frontier Emergency Medical Services: Agenda for the Future." NAEMSP® did not contribute to the original document and look forward to the opportunity for medical director collaboration.
- In support of the Education Committee, submitting articles for EMS1.com. The first article titled "Five Things You Should Expect from Your Rural Medical Director."
- Planned contribution to the rewrite of JREC's strategic plan: "Improving Access to EMS and Health Care in Rural Communities."

Standards & Clinical Practice Committee

- 2015 has been a busy year for the Standards & Clinical Practices Committee. We've been doing a significant amount of joint work with ACEP and other organizations to revise existing and create several new position papers:
 - Naloxone for Public Access and Public Safety Agencies
 - Refusal of Medical Aid
 - Physician Medical Direction of EMS Education Programs
 - Alternate Ambulance Transportation and Destination

- Unsolicited Medical Personnel Volunteering at Disaster Scenes
- Air Medical Transport Medical Direction
- Air Medical Physicians Training Policy (Revised)
- Critical Care Transport Physician Training
- Air Medical Marketing (Revised)
- Pediatric Prehospital Readiness
- Coordinating revamp of website
- Nearly 100 documents to confirm citations for and identify weblinks
- Projects on Deck:
 - EMS transport of patients with weapons
 - Equipment for ambulances

Wilderness EMS Committee

- Launched and is currently managing a national-scale Delphi method inquiry into establishing definitions and scopes of practice for Wilderness EMS certifications.
- Building an "Orientation to Wilderness EMS" fact sheet for new medical directors who are tasked with providing medical oversight for wilderness, remote, austere or resource-deficient services.



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COMMITTEES

Advocacy Ritu Sahni, Chair

Jane Brice Ted Delbridge Jeff Goodloe Paul Hinchey Julie Houle Jacob Keeperman **Brent Myers** David Tan Avery Thornhill

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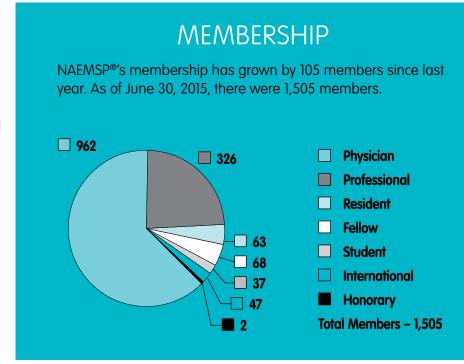
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NAEMSP® YEAR IN REVIEW

During 2015, NAEMSP®:

- Held its Annual Specialty Workshops, Scientific Assembly and Trade Show in New Orleans, Louisiana at the Hyatt Regency New Orleans. We continue to grow each year and attendance was over 950 attendees.
- Held our annual NAEMSP® National EMS Medical Directors Course and Practicum® as a pre-conference workshop as well as the following workshop offerings: Advanced Topics in Medical Direction™; Building a Robust Quality Improvement Program; Ebola: U.S. Experience with EMS Transport and Management; Patient and Provider Safety; and Resuscitation Academy.
- Recognized the EMS subspecialty Board certified physicians at our conference for the second year in a row; to date, 237 ABEM diplomates are EMS medicine certified. The second testing administration was held on November 9, 2015.
- Awarded the second NAEMSP®/Physio-Control EMS Medicine Medical Director Fellowship to Michael Bohanske, MD.
- Completed a review of our finances and are currently in good standing.
- Published our 19th volume of *Prehospital Emergency Care* including 559 pages.
- Elected, via electronic voting, three physician members-at-large and a professional member-at-large to the Board of Directors who take office in January 2016.
- Provided liaisons and representative to dozens of organizations and EMS-related activities and conferences.
- Held its midyear Board of Directors meeting in Olathe, Kansas at the NAEMSP® global headquarters building.
- Participated in the sixth annual EMS on the Hill Day in Washington, DC.
- Contracted with Holland & Knight to provide exclusive governmental affairs efforts to the organization.
- Held Medical Direction Overview CoursesTM (MDOC) in Hood River, Oregon, Rome and Taiwan.



- Created a new International EMS Medical Direction Overview Couse (IMDOC) which was held in Havana, Cuba and Mexico City, Mexico.
- Changed NAEMSP®'s mission statement to include the EMS Medicine subspecialty.

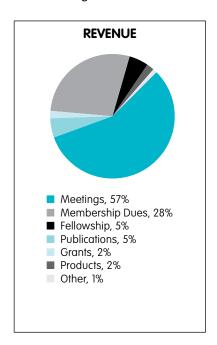
MISSION STATEMENT

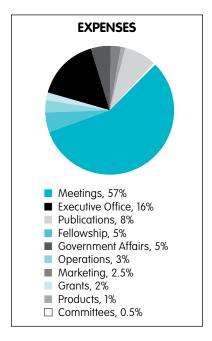
NAEMSP® is an organization of physicians and other professional partnering to provide leadership and foster excellence in the subspecialty of EMS medicine.



FINANCES

The following charts indicate sources of revenue and expenses for NAEMSP® through the fiscal year ending June 30, 2015.





Statements of Financial Position June 30, 2015 and 2014 Assets		
	2015	2014
Current Assets:		
Cash	\$532,737	\$476,814
Investments	1,106,945	1,108,088
Accounts receivable – general	85,949	42,998
Inventory	14,518	10,955
Prepaid expenses	26,868	12,278
Total Current Assets	\$1,767,017	\$1,651,133
Property and Equipment:		
Office equipment and furniture	11,646	11,646
Less accumulated depreciation	(11,113)	(10,885)
Net property and equipment	533	761
Intangibles: Trademarks	863	863
Total Assets	\$ 1,768,413	\$1,652,757

Financial Report: 2014-15 Fiscal Year

I have always appreciated the work and dedicated effort put forth by my predecessors who have served the association as secretary/treasurer. After serving my first year in this position, however, I truly have a renewed sense of respect for the thoughtful process involved in the management of our financial health. A couple of members have shared with me their disappointment that the association felt the need to increase annual membership dues for 2016 in addition to a modest increase in our scientific assembly registration fee. Keep in mind that it has been six years since the last dues increase and three years since any change in registration fee. The Board did not take this decision lightly, and I am personally a bit saddened that some members are unable to look beyond themselves and see the greater vision of what NAEMSP® represents and the important tasks ahead in the maturation and growth of our newly recognized specialty.

For the last several years, NAEMSP® has increased its involvement and influence in far-reaching state, national and international endeavors on behalf of its members and the advancement of the subspecialty. In spite of a yearly increase in expenses, we have largely been able to balance the budget without an increase in fees or dues and without cutting any benefits or programs despite these annual increases. Keep in mind that this feat also occurred during the economic downturn where deft financial management by my predecessors even allowed us to come closer to our goal of having a one year reserve fund to ensure the sustainment and viability of our organization.

In order for NAEMSP® to maintain a seat at the proverbial table of key legislative and industry issues that directly impact our membership, it was felt that aggressive efforts at advocacy on behalf of you, our members, benefits each and every one of us and was worth a substantial expenditure at embracing advocacy head-on with the professional firm of Holland & Knight. It has already produced dividends for us on multiple levels, and we must continue to forge ahead at being the voice for EMS medicine across the country and, in some instances, around the world.

A series of incremental benefits is expected to accompany these changes some of which you've already seen such as the newly updated textbook series, legislative and advocacy representation for major issues, larger, more metropolitan meeting venues with added amenities and our cutting-edge podcast hosted by our own, Phil Moy, MD. Next year, we plan to add an additional two issues annually of the premier journal for EMS medicine, *Prehospital Emergency Care*.

However, we have also reduced financial liabilities by streamlining the speaker compensation policies for the Annual Meeting, discontinued certain partnerships that have not been value-added to our membership, and renegotiated our management contract with Applied Measurement Professionals (AMP).

As we close our fiscal year, the good news is we remain a financially healthy organization overall with proactive strategies to maintain a flexible, yet stable, posture. While our investment accounts have not grown as steadily compared to prior years, our consultants at H.L. Zeve & Associates have assured us that the results are not inconsistent with the periodic ebb and flow of the economy and market fluctuations. We remain in a moderately conservative position watching the markets closely and keeping a percentage of our assets liquid to maintain a nimble starting point for unanticipated projects or issues that would be worthy of funding to benefit the association.

You have entrusted the Board of Directors to manage funds wisely and to utilize them for the direct benefit of the membership. As your secretary/treasurer, I help oversee this process and can assure you that we will continue to do all we can to advance the science and practice of our subspecialty, advocate for issues that directly benefits the membership, and work toward achieving a healthy reserve. Please feel free to speak with any of your representatives on the Board with further questions or comments.

- David K. Tan, MD, EMT-T, FAAEM

REPORT



FEDERAL COOPERATIVE AGREEMENTS

National Prehospital Evidence-Based Guidelines Strategy

In September 2013, NAEMSP® was awarded a cooperative agreement by the National Highway Traffic Safety Administration (NHTSA) in the amount of \$90,000. That cooperative agreement was completed in September 2015. Christian Martin-Gill, MD, MPH, NREMT-P served as the principle investigator for this project.

This project supported the involvement of national EMS organizations in the development of a comprehensive written strategy describing a sustainable process to promote the development and implementation of evidence-based guidelines for prehospital care in the United States. The objectives of this project were to:

- 1. Identify national, state, tribal, and local stakeholder organizations whose missions include improving prehospital clinical care;
- 2. Develop mechanisms to build and sustain relationships among these identified organizations, encouraging their participation in EBG efforts;
- 3. Expand existing opportunities to conduct scientific research supporting EBGs and opportunities to present research findings to diverse audiences;
- 4. Identify ways to promote interest in EBG development among researchers, emergency physicians, prehospital care providers and EMS officials;
- 5. Identify pathways to promote the incorporation of new EBGs into EMS education standards, the National Scope of Practice Model and continued competency training; as well as stimulate related training resources for use by EMS educators and by state, local and tribal EMS agencies;
- 6. Promote the dissemination and implementation of EBGs;
- 7. Identify ways to promote standardized evaluation of EBG effectiveness, including assessing their implementation and their impact on patient-centered outcomes and EMS resource utilization; and
- 8. Promote funding for future EBG activities.

Following a stakeholder meeting and several conference calls, a Draft National Prehospital EBG Strategy was written and subsequently distributed on August 20, 2014. Additional input from stakeholders was sought through an open comment period that ended on October 20, 2014.

In addition to NAEMSP®, 58 national organizations contributed to and supported the development of the National EBG Strategy. A key action item of this strategy is creation of a Prehospital Guidelines Consortium with representatives and liaisons from national organizations that have an interest in prehospital EBGs, which will facilitate carrying out other elements of the Strategy in a sustainable manner. Thirteen national organizations, including NAEMSP®, provided letters of support to become Executive Committee members and support the initial budget of the consortium.

The Draft National Prehospital Evidence-Based Guidelines Strategy was introduced at the January 2015 Annual Meeting of the National Association of EMS Physicians® in New Orleans, Louisiana. Subsequent presentations of the strategy were also given to other stakeholder groups at the 2014 National Association of State EMS Officials annual meeting, the 2015 EMS Today Conference and 2015 National Collegiate EMS Foundation Conference.

A manuscript summarizing the National Prehospital EBG Strategy has been accepted for publication in *Prehospital Emergency Care*.

Work is in progress for planning the first in-person meeting of the Prehospital Guidelines Consortium to take place concurrently with the NAEMSP® Annual Meeting in January 2016.



PUBLICATIONS

Prehospital Emergency Care (PEC)

Editor's Report 2015

2015 saw the completion of Volume 19 of *Prehospital Emergency Care (PEC)*. The volume had 559 pages. The January/March issue included 157 abstracts, which were presented at the 2015 NAEMSP® Annual Scientific Assembly.

In July, *PEC* received its 2014 Impact Factor, which went down slightly from 1.806 to 1.763. However, as a measure of the journal's stability, the five-year Impact Factor went up from 1.78 to 1.843. *PEC* is now ranked 8th of the 24 emergency medicine journals that are currently rated by the ISI Web of Knowledge (with the sixth highest five-year Impact Factor in emergency medicine). *PEC* ranked 76/162 in the Public, Environmental & Occupational Health category. *PEC* is placed ahead of such well-established journals as *Journal of Emergency Medicine, Pediatric Emergency Medicine, Emergency Medicine, Dournal of Emergency Medicine, Journal of Emergency Nursing,* and *European Journal of Emergency Medicine.*

The ISI Impact Factor system is not the only measure of a journal's influence. There are other services that rank journals' impact as well. SCOPUS has an alternative method. Its Scimago system produces an "H Index". By this method, *PEC* ranks 7th out of the 73 emergency medicine journals that are ranked by SCOPUS. We continue to strive 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*.

As of this writing, *PEC* was again on pace to receive a record number of submissions (expected to be approximately 400). The number of manuscripts submitted to *PEC* has increased every year since its inception. In 2015, we received submissions from 31 different countries. In terms of peer-review, *PEC* has an average time to first decision of 22 days. The acceptance rate of papers submitted to *PEC* in 2015 was 24 percent, which is a record low. This is indicative of the health of the journal quality-wise, as it has become increasingly difficult to get published in *PEC* (i.e. the bar for quality continues to be raised).

In February/March of 2015 our former publisher, *Informa*, transferred *PEC's* production and management to *Taylor and Francis*. The transition was virtually seamless and a very good working rapport with the Philadelphia-based staff has been established. However, the most exciting news of 2015 was the changing of *PEC* from a quarterly to a bimonthly publication starting in January of 2016 (i.e. starting with Volume 20). So *PEC* will now publish in January, March, May, July, September and November.

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@ejtt.edu.

Some of the highlights of Volume 19 included:

Special Contribution

Considerations for Safe EMS Transport of Patients Infected with Ebola Virus

Focus Sections

- Focus on EMS Workforce
- Focus on Hemorrhage Control
- Focus on Triage
- Focus on EMS Research Design
- Focus on Pediatric EMS
- International EMS

Position Statement

National Association of EMS Physicians® Position Statement on Mass Gathering Medical Care

Case Conferences

There were a record number of seven 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 iournal.

Abstracts

- Abstracts for the 2015 NAEMSP® Scientific Assembly
- NAEMSP® Fellow Education Abstracts Innovations in EMS Fellow Education

NAEMSP® News

Under the direction of Editor Joseph A. DeLucia, DO, FACEP, EMT-T, NAEMSP®'s quarterly newsletter continues to provide members with timely information and updates. Dr. DeLucia has added case reports and abstracts to the newsletter to make for more interesting reading. Each issue is sent electronically to members via our monthly NAEMSP® E-News. It is available for download through our website along with archives.



MEETINGS

2015 Annual Meeting

The 2015 NAEMSP® Annual Meeting: Specialty Workshops and Trade Show was held at the Hyatt Regency New Orleans in New Orleans, Louisiana. The meeting was chaired by Jon Rittenberger with the assistance of the Program Committee members. More than 950 members, guests and exhibitors attended the 2015 Annual Meeting; 61 exhibiting companies provided financial support for the association's education program by attending the Annual Meeting and purchasing exhibit space.

Specialty workshops offerings included the three day NAEMSP® National EMS Medical Directors Course & Practicum; Advanced Topics in Medical Direction™; Building a Quality Improvement Program; Patient and Provider Safety; and Resuscitation Academy. Oral, poster and electronic research presentations took place during several sessions on Thursday and Friday. NAEMSP® committee meetings were held Wednesday evening, during lunch on Thursday and Friday, and at breakfast on Saturday.

The focus of the first day (Thursday) was "The State of the Art." The conference was opened with an introduction by NAEMSP® President Ritu Sahni, MD and Program Chair Jon Rittenberger, MD. The day opened with a discussion of "Controversies in the EMS Management of Severe Traumatic Brain Injury." Other general sessions for the day included an update on EMS Board certification, medication shortages, the upcoming AHA 2015 guidelines and the opioid overdose public health crisis. Two sessions were short hot topics on carbon monoxide poisoning and remote ischemic conditioning.

Day Two's (Friday's) theme was "The Future of EMS." Dr. Ziad Memish from Saudi Arabia started the morning with a presentation on "Mass Gathering at the Hajj." Statewide implementation of an EMS evidence based guideline and pediatric longboards were the two hot topic presentations of the day. The afternoon concurrent breakout sessions included "How to evaluate your workforce," "Exercise-induced Hyponatremia," "Psychology of Pediatric Resuscitation and TOR," "Developing "Core Measures" for EMS" and the EMS LLSA article review. The day ended with General Russell Honoré (Ret.) describing Hurricane Katrina's effect on New Orleans 10 years previously and the Friday evening Prehospital Airway Management workshop by Wayne, Cooney and Hodnick.

Saturday, the third and final day, was dedicated to "Making it Happen in My System." The day started out with the top innovations for 2015 and ended with the five articles that should change your practice. In between, there were general sessions on best practice implementation of mobile integrated healthcare (MIH), implementing evidence-based guidelines into EMS practice, reducing pediatric asthma recidivism and a decade of CARES. Also interspersed were three hot topic sessions on naloxone administration, D10 vs. D50 and prehospital blood products. The midday awards luncheon honored many NAEMSP® members – details on Page 18.

The closing reception allowed those still in attendance some relaxed time for catching up and farewells before the next meeting in January 2016 in San Diego. NAEMSP® made a profit of \$67,591 for this meeting.

Board of Director Midyear Meeting

The NAEMSP® Board of Directors held its midyear meeting in Kansas City, Missouri in July.

Future NAEMSP® Annual Meetings

January 26-28, 2017 Hyatt Regency New Orleans New Orleans, Louisiana

January 11-13, 2018 Manchester Grand Hyatt San Diego, California

Liaison Meetings

- American College of Emergency Physicians Conference (ACEP)
- Asian Conference on Emergency Medicine
- Brain Attack Coalition
- Bystander Preparedness
- Developing EM
- Commission on Accreditation of Ambulance Services (CAAS)
- Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP)
- Commission on Accreditation of Allied Health Education Programs (CAAHEP)
- Commission on Accreditation of Medical Transport Systems (CAMTS)
- Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS)
- Committee on Military Trauma Care
- EMS on the Hill Day
- EMS Today
- EMS World
- HHS/CDC EMS Stakeholder meeting
- IAFF EMS Medicare Section Summit
- JNEMSLP Meeting
- NAEMSE Conference
- NASEMSO Conference
- NAEMT Conference
- NATA Meeting
- Pediatric Life Support Collaborative Meeting
- Special Operations Medical Association's Scientific Assembly (SOMSA)
- Spring EMS Section Membership Meeting
- Transportation Safety Advisory Group Meeting





NAEMSP® ANNUAL AWARDS

NAEMSP® congratulates all of this year's award winners:

Ronald D. Stewart Award

Robert O'Connor, MD

Keith Neely Outstanding Contribution to EMS Award

Marcus Ong, MD, MPH Sang Do Shin, MD

Friends of EMS Award

Cardiac Arrest Registry to Enhance Survival (CARES)

EMS Fellowship Recognition Award

Ingrid Bloom, MD Emory University

Stephanie Crapo, MD University of North Carolina Chapel Hill

> Michael Hilton, MD, MPH University of Pittsburgh

Ryan Hodnick, DO University of New Mexico

Dustin LeBlanc University of Cincinnati

Walter Lubbers
University of Cincinnati

lan Medoro Yale University School of Medicine

Hawnwan Moy, MD University of North Carolina

Elizabeth Powell University of Cincinnati

Mark Quale, MD
University of North Carolina

William Selde University of New Mexico

> Christopher Tanski University at Buffalo

Katie Tataris, MD University of California San Francisco

> Jenna White, MD University of New Mexico

2015 Abstract Awards

Best Scientific Presentation

ASSOCIATION BETWEEN LOWEST PREHOSPITAL SYSTOLIC BLOOD PRESSURE AND NON-MORTALITY OUTCOMES IN MAJOR TRAUMATIC BRAIN INJURY: IS THERE A "HYPOTENSION" THRESHOLD?

Uwe Stolz, Kurt Denninghoff, Dan Spaite, Bently Bobrow, Vatsal Chikani, Duane Sherril, Bruce Barnhart, Josh Gaither, David Adelson, Chad Viscusi, Terry Mullins, Will Humble, *University of Arizona*

■ Best Cardiac Arrest Presentation sponsored by

STATEWIDE IMPLEMENTATION OF A STANDARDIZED PRE-ARRIVAL TELEPHONE CPR PROGRAM IS ASSOCIATED WITH INCREASED BYSTANDER CPR AND SURVIVAL FROM OUT-OF-HOSPITAL CARDIAC ARREST

Bentley Bobrow, Daniel Spaite, Micah Panczyk, Uwe Stolz, Tyler Vadeboncoeur, John Sutter, Blake Langlais, *Arizona Department of Health Services*

■ Best Student/Resident/Fellow Research

CAN PREHOSPITAL ACTIVATION OF A "STROKE CODE" DECREASE TIME TO THROMBOLYSIS?

Jaroslav Christopher Fabian, Christian Vaillancourt, Kristy Smaggus, Doug Socha, Cathy Clement, Jim Lumsden, Marco Sivilotti, Ian Stiell, *Department of Emergency Medicine*, *University of Ottawa*

Best EMS Professional Research

REAL-TIME FATIGUE REDUCTION IN EMERGENCY CARE CLINICIANS: THE SLEEPTRACKTXT TRIAL

Daniel Patterson, Daniel Buysse, Matthew Weaver, Jack Doman, Charity Moore, Brian Suffoletto, Kyle McManigle, Clifton Callaway, Donald Yearly, *University of Pittsburgh*

Best Poster

OUT-OF-HOSPITAL CARDIAC ARREST PATIENTS HAVE BETTER OUTCOMES AFTER ENDOTRACHEAL INTUBATION COMPARED TO SUPRAGLOTTIC AIRWAYS: A META-ANALYSIS

Justin L. Benoit, Ryan B. Gerecht, Michael T. Steuerwald, Jason T. McMullan, *University of Cincinnati*

■ Best Disaster Research

sponsored by

DO YOU SEE WHAT I SEE? INSIGHTS FROM USING GOOGLE GLASS FOR DISASTER TELEMEDICINE TRIAGE

NDLSF

Mark X. Cicero, Barbara Walsh, Yauheni Solad, Travis Whitfill, Geno Paesano, Carl Baum, David C. Cone, *Yale University*

Best Pediatrics Research

PEDIATRIC CRITICAL PROCEDURES PERFORMED BY EMS IN THE UNITED STATES

Elizabeth J. Gannon, Henry E. Wang, Jestin N. Carlson, N. Clay Mann, Karen E. Jacobson, Mengtao Dai, Caroline Colleran, Department of Emergency Medicine, Allegheny Health Network



Chapter Report

Oregon NAEMSP® Chapter

Erin Burnham, MD – President William Reed, MD – Vice President Paul Rostykus, MD – Immediate Past President Jonathan Chin, Paramedic – Secretary-Treasurer

2015 Activities

- NAEMSP® Medical Direction Overview Course (MDOC) May 28-29, 2015 – Salem
- Oregon EMS Forum September 24-25, 2015 – Hood River
- Legislative Advocacy
- Adrenal Insufficiency
- CPR for High School Graduation
- EMS Compact

Questions regarding the Oregon Chapter should be directed to: Paul Rostykus, MD rostykusmd@mind.net.





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.