

# National Association of EMS Physicians® **3**

NAEMSP® Executive Office 4400 College Boulevard, Suite 220 Overland Park, KS 66211 info-NAEMSP@NAEMSP.org www.NAEMSP.org

# **President's Report**

**November 2021.** The calendar seems bent on reminding us of the approach of the end of another year...but my mind can't quite accept it. I'm sure there's a 10-step program out there somewhere. Despite a personal lingering feeling of being the *President-in-absentia of the COVID era*, NAEMSP has continued the work of being your EMS voice and resource. A list of the activities of the organization will follow this piece, but I would like to mention a few exciting things.



**Foundations of Medical Oversight Course:** Yes, its acronym is FOMO and for good reason: for those who have had no

formal exposure to the roles and responsibilities of being an EMS medical director, they <u>should</u> have "Fear of Missing Out". FOMOC is a newly re-created, updated version of what was formerly called the MDOC. The presentation format is flexible. It can be presented as one-day in-person, or as a synchronous online (best as two half days). Additionally, a full asynchronous on-line version is in the works. We plan to collaborate with our state chapters to help make this more broadly available, particularly the in-person options. It will be available as a subscription for states or others who prefer. We have partnered with Prodigy EMS for the AV expertise and their work is astounding. A huge shoutout to Maia Dorsett, Tom Grawey, Kacey Kronenfeld and Sabina Braithwaite for their amazing work on this project. This is an important addition to the NAEMSP portfolio for medical oversight: FOMO, then the Three-Day Medical Directors' Course and on to Advanced Topics in Medical Direction. Of course, this is rounded out by our Quality Course offering as well!

**State Chapters:** The growth of NAEMSP State Chapters has exceeded all our expectations, currently numbering 31 with the latest addition being the Alaska/ Hawaii Chapter (said with provincial pride as well as a hint that you might want to plan to attend one of our chapter meetings, neither venue could be that bad, right?). The role that an active chapter can play in the practice of EMS medicine finds no better example than in Colorado. A bill was brought forward in the Colorado State Legislature that sought to legislate our practice of EMS medicine by effectively banning the use by EMS of a specific medication and indication. Although NAEMSP as a national association does not become involved in local legislation, the Colorado Chapter of NAEMSP rapidly rose to the occasion in collaboration with other EMS-oriented organizations within the state, through vigorous, focused action (and using NAEMSP Basecamp as the clearing house for information sharing), was able to temper this bill such that the signed legislation represented an improved outcome to a politically unavoidable conclusion.

**Committees:** 24 Committees are the lifeblood of the Association, they are the foundries from which comes the projects, position papers, research, collaboration, and networking that define NAEMSP and validates your commitment to the Association. I want to thank the committees and their leadership for the work done over the past year. If you want to increase the value of your membership, join a committee and get involved! If you are already a committee member keep up the good work, join another or move to a leadership position. All committees are open to all members.

The NAEMSP Airway Compendium: The January 2022 issue of PEC will have a special, open access supplement, *"The National Association of EMS Physicians Compendium of Airway Management Position Statements and Resource* 

**Documents**", a collection of 15 position statements and resource documents spanning a broad swath of controversial adult and pediatric prehospital/EMS airway topics. NAEMSP unequivocally asserts that these are issues best addressed through the scholarship and experience of this group of content experts in EMS, out-of-hospital medicine. The NAEMSP Board of Directors endorsed this project as a resource for the EMS community in the US and, as applicable, for our worldwide

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#### **Board of Directors**

#### President

Michael Levy, MD, FAEMS, FACEP, FACP Term through January 2023

**President-Elect** Jose Cabanas, MD, MPH, FAEMS Term through January 2023

Secretary/Treasurer Sabina Braithwaite, MD, MPH, FAEMS, FACEP, NRP Term through January 2023

*Immediate Past President* David K. Tan, MD, EMT-T, FAEMS, FAAEM Term through January 2023

*Physician Members-at-Large* Jeff Beeson, DO, FAEMS Term through January 2022

Brian Clemency, DO, MBA, FAEMS

Term through January 2022

Sophia Dyer, MD, FAEMS Term through January 2023

John M. Gallagher, MD, FAEMS, FACEP

Term through January 2023

Toni Gross, MD, MPH Term through January 2023

Douglas Kupas, MD, FAEMS Term through January 2022

**Professional Member-at-Large** Lynn White, MS, FAEMS Term through January 2022

**Program Committee Chair** Josh Gaither, MD, FAEMS Term through January 2023

**Standards and Clinical Practice Committee Chair** Frank Guyette, MD, MPH, FAEMS Term through January 2023

Newly Elected Board of Directors (Two year terms to start in January, 2022)

*Physician Members-at-Large:* Maia Dorsett, MD, PhD, FAEMS, FACEP

Hawnwan Philip Moy, MD, FAEMS

Stacy Weisberg, MD, MPH, FAEMS, FACEP

**Professional Member-at Large** Lynn White, MD, FAEMS (re-elected)



# President's Report (continued)

colleagues. I want to thank the editorial group (Henry Wang, Dave Cone, Frank Guyette, Chris Colwell, Nichole Bosson, John Lyng, Remle Crowe and Joelle Donofrio-Ödmann). This uncompensated group met weekly for about six months to herd this complicated project to completion on a very ambitious nine-month timeline, including other meetings for each of them to oversee the group of papers for which they were the subeditors (the EDC of the gestation was the end of September 2021). We are indebted to them for remarkable leadership and commitment to the specialty. Many thanks as well to the lead authors and the scores of content expert authors who made this possible over a very compressed timeframe. I would also like to thank our corporate partner, Stryker Emergency Care, who provided the funding to PEC for this open access publication. Come and see the "Big Reveal" at the annual meeting in San Diego!

The Elephant on the Sofa: Was it only a few years ago when this entity called the Center for Medicare/Medicaid Innovation proposed a program to begin using and reimbursing EMS in a manner for which we had been advocating, seemingly unsuccessfully, for years? We began to collectively scramble to see how we could get our system lined up to "phone home" to ET3. Imagine, we would be able to treat some patients in place, deliver to alternate, non-ED, destinations and begin to employ effective telemedicine alternatives as well as enhance how we used dispatch. Little did we know that you can also get there by having to move to crisis standards of care as well, sadly. As the pandemic resurged, and patient volumes continued to climb while hospital resources diminished, across the country YOU, the collective leadership of US EMS, championed the means and methods to augment resources in the already strained healthcare system. You either created or expanded mobile integrated health programs to meet the needs of your communities in myriad ways, some published as examples for all and many or most simply the unseen actions of EMS going the extra mile because it's what we do. Many of the things you've done were not termed Mobile Integrated Health (MIH) per se: vaccination clinics, altered dispatch protocols to accommodate new advice lines and the like were not designated as programs perhaps but each of these changes in roles are contributing to public health. There are innovations that are clearly MIH including monoclonal antibody infusions by EMS either at fixed locations or in the home, "load-leveling" programs to help get patients out of the hospital earlier by incorporating EMSsponsored bridges for home IV antibiotics, O2 sat checks, wound care...any number of tasks that we have always had the ability to perform but have often found political or financial barriers. So, the latest nostrum that is overused, even beyond the "if you've seen one EMS system..." is "Never let a good crisis go to waste" and yet, it is worth taking to heart. We now have broken the ice of the potential for widespread MIH. The opportunity for EMS to expand the improvement of the health of our communities by erasing the artificial barriers, revealing a path to a continuum of patient-centric care is becoming more achievable. Challenges remain. What's missing from this vis-a-vis ET3? Oh, yes, guaranteed payment. Can we find sustained financial and political support as the federal funds recede and hospitals return to normal censuses?

Though we see opportunity we acknowledge new headwinds. We have a current workforce shortage which may worsen. The psychological impact of the past 2 years will be with us for some time to come and we need to recognize those among us who are suffering (including yourself, by the way) and provide care. We have political tribalism that subverts basic scientific facts, undermining efforts to control this crisis and avoid those in the future.

As we emerge from our current situation (and we shall!), there will likely be a momentum to return to business as usual, resurrecting the walls of the silos, protecting the interests of those who resist change. We will be confronted by the "business-as-usuals" who will thank us for our efforts but will resist paying you and your agencies for the work because "it's a zero net sum game". This is where we will be forced to draw a line in the sand. NAEMSP unequivocally believes that EMS Medical Direction is as deserving of fair professional compensation as with any other specialty in the house of medicine. We need to ensure a legislative foundation that provides payment for the provision of EMS Medical Direction, the fundamental component ensuring that basic as well as novel (MIH) EMS services provide high quality, safe care to the citizens. NAEMSP will continue to work with any industry partners who explicitly acknowledge this basic fact and are willing to partner with us to move this forward. It will also involve substantial legislative advocacy by NAEMSP. Legislative advocacy by NAEMSP is a necessity for us to achieve our goals. Please keep this in mind and consider giving as generously as you can in your contribution to the NAEMSP PAC.

When we all gather in person again in San Diego this January, I hope that each of you will have the opportunity to gaze around and truly revel in what a gift it is to see and be with our fellow colleagues to share experiences, sometimes verbally, perhaps more often with nonverbal acknowledgment of what we have been through and where we seek to be. See you there.

Michael Levy, MD, FAEMS, FACEP, FACP President





# **Mission Statement**

NAEMSP<sup>®</sup> is an organization of physicians and other professionals providing leadership and fostering excellence in EMS.



# **NAEMSP®** Year in Review

# During 2021, NAEMSP®:

- Held its Annual Specialty Workshops, Scientific Assembly and Trade Show virtually in January due to the ongoing pandemic.
- Passed update NAEMSP bylaws after an extensive revision process with an appointed task force.
- Increased the number of NAEMSP® state/regional chapters from 29 to 31.
- Recognized 27 new Fellows of the Academy of Emergency Medicine Services (FAEMS). There are 396 total FAEMS designees.
- Awarded the eighth NAEMSP®/Stryker EMS Medicine Medical Director Fellowship to Michael Lauria, MD, NRP, FP-C.
- Completed an audit of our finances and continue to be in good financial standing.
- Published our 25th volume of Prehospital Emergency Care (PEC) including six issues.
- Elected, via electronic voting, three physician members-at-large and one professional member-at-large to the Board of Directors who take office in January, 2022, each for two-year terms.
- Created two new task forces: Prehospital Ultrasound and Critical Care Airway.
- Provided liaisons and representative to dozens of organizations and EMS-related activities and conferences.
- Held its mid-year Board of Directors meeting in person in May in Anchorage, Alaska.
- Continued contract with Holland & Knight to provide exclusive governmental affairs efforts to the organization.

#### Executive Office Staff Listing

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

*Executive Director* JerrieLynn Kind jerrielynn@NAEMSP.org

Associate Executive Director Stephanie Newman, CAE stephanie@NAEMSP.org

Meeting and Exhibit Manager Debbie Jennings debbie@NAEMSP.org

Chapters and FAEMS Manager Raven Hardin raven@NAEMSP.org

Education Coordinator Christie Ross, CAE christie@NAEMSP.org

Public Relations/Media Coordinator Robin Applebaum robin@NAEMSP.org

**Communications Manager** Rachel Nathanson rachel@NAEMSP.org

*Membership Coordinator* Candice Miller Info-NAEMSP@NAEMSP.org





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

# **Advocacy Committee**

- Advocated for formalized EMS Physician involvement in treat-in-place/alternative destination protocols.
- Advocated for limitation of legislative mandates with respect to any particular medication or treatment modality, with specific focus on federal legislation involving ketamine.
- Assure payment reforms have appropriate EMS physician involvement and stakeholder input.
- Continued monitoring of rule making process for DEA with respect to Protecting Patient Access to Emergency Medications Act.
- Continued monitoring of drug shortage situation.
- Planning for next in-person legislative academy.

## **Air Medical Services Committee**

- Continued to monitor for changes in the political landscape that could affect air medical services, and apprise the organization and work with the advocacy committee for support as needed.
- Worked with the Board and the Standards and Clinical Practices Committee to identify additional topics of interest that may be areas of focus for position statement/resource document development.
- Continued to seek and support air-based EMS lecture topics for the annual conference.
- Published position statement on Physician Oversight of Air-based EMS.
- Published an update to the original 2013 position statement and resource document on: Appropriate Air Medical Services Utilization and Recommendations for Integration of Air Medical Services Resources into the EMS System of Care: A Joint Position Statement and Resource Document of NAEMSP, ACEP, and AMPA.
- Final review and publication of Air-based EMS Physician training curriculum position statement pending, expected by year end 2021.
- Disseminated information regarding balance billing legislation on the federal level from Dec 2020 and how it impacts air medical transport services.

## **Canadian Relations Committee**

- The focus of the Canadian Relations Committee for the 2021 calendar year has been twofold: 1) establishing the discipline of Prehospital and Transport Medicine (PTM) in Canada subsequent to its formal recognition by the Royal College of Physicians and Surgeons of Canada and 2) creating a national repository of prehospital leadership in Canada.
- The Canadian Relations Committee has been active in promoting Prehospital and Transport Medicine as a newly recognized domain in Canada. In early 2021, PTM gained formal recognition by the Royal College of Physicians and Surgeons of Canada, the national specialty and subspecialty governing body. The route for Universities to submit their Fellowship programs for accreditation is now open. The first program received its accreditation in November 2021, and the second program is currently undergoing accreditation review. Trainees completing an accredited program will be eligible for formal recognition upon submission of a comprehensive portfolio to the Royal College. In addition, the Practice Eligible Route is also open for candidates with significant expertise and leadership experience in the domain. The application process for practice-eligible candidates is also via portfolio, with the first three such applicants receiving recognition in November 2021. The Committee will continue to assist programs and individuals submitting for recognition in this new domain.
- The Canadian Relations Committee is also engaging with stakeholder groups to develop a national repository of PTM educators, content experts, and leaders in Canada. While many informal networks exist, there is not one single cohesive entity where one can go to access a complete listing of relevant individuals and groups nationally. The Committee has reached identified and reached out to the relevant stakeholder groups, identified the relevant details of interest, and created a survey method to capture these details. This is a work in progress, with the goal of completing this initiative by mid-2022. The Committee's initial goal was to complete the survey by late 2021 and review its preliminary results at NAEMSP's 2022 annual meeting, but this timeframe proved unrealistic given the impact of the pandemic due to SARS-CoV2.



## Community Paramedicine/Mobile Integrated Healthcare Committee

- Transition the "Role of the Medical Director" SBAR into a position statement.
- Work on creating an off-cycle educational opportunity for MIH/CP.
- Continue the collaboration with TMF Health Quality Institute.
- Create a discussion group for ET3.
- Create an updated paper reviewing the evidence for EMS determination of necessity of transport.
- Working with the educational committee to create a longitudinal educational pathway for beginners to MIH.
- Collecting lectures from members to place on Prodigy
  Learning Management System.
- Monthly meetings held for those interested in ET3.
- Continue to work on the EMS determination of the necessity of transport.
- Consider engaging CMMI regarding ET3 extensions.

# **Communications Committee**

- Developed monthly social media posting calendar. Plan to stay > 1 month ahead with scheduled posts so that the monthly Comm Comm can review the following month's posts a few weeks in advance.
- Build in support for other chapters/committees so that Comm Comm becomes a facilitator for the rest of the organization and the public at-large to learn of the work going on from NAEMSP.
- Continue to support NAEMSP's media profile on controversial issues in the community, interview requests, position statements, etc.
- Be the microphone by which the President and the Board of Directors can communicate the position and vision of NAEMSP to our membership, constituency, and the public at-large.
- Worked with the Diversity in EMS Task Force and Women in EMS Committee on posts highlighting Black History Month, Women Physician's Day, Latin American History Month, Native American History Month, etc.
- Worked with Kellen to develop the posting "NAEMSP celebrates..." to call out on social media the great work by committees and task forces.
- Supported efforts to unite the chapters for the Ketamine bill in Colorado, the medical society support for COVID vaccine mandates, Ambulance Wall Time symposium, etc.

## **Council of EMS Fellowship Directors**

- Continue collaboration with EMRA.
- Discuss with membership if a survey of fellowship program directors about fellows post training positions and EMS involvement would be beneficial.
- CEMSFD will coordinate with the Education committee to formulate a preconference.
- CEMSFD will formulate 2 topics for the 2022 conference.
- Discuss with membership if a more formal process of mentorship is needed or if the current less formal process is adequate.
- Revisit remote didactics via synchronous and asynchronous online platforms and see if a more structured process needs to be implemented.
- Formalize CEMSFD members as liaisons to other organizations in order to have a more structured flow of information back to CEMSFD.
- Focus on collaborating with outside organizations beginning with EMRA.
- CEMSFD will coordinate with the Education committee to formulate a preconference.
- Develop a process for CEMSFD to mentor and assist programs and program directors with accreditation issues to include possible site visits.

# **Diversity in EMS Task Force**

Our goals are to:

- Submit numerous Diversity, Equity and Inclusion (DEI) workshops, and presentations for the NAEMSP national conference and be able to present.
- Complete a meta-analysis manuscript on DEI in EMS.
- Complete our DEI taskforce position statement
- Start new DEI projects and initiatives.
- Many DEI related workshops and presentations accepted for NAEMSP annual conference.
- Preparing to submit DEI position statement
- Next meeting to discuss next steps on the vision of the task force and other additional tasks.

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# **Education Committee**

- Foundations of Medical Oversight (FOMO)
- o The program was piloted, and an official course was offered in 2021.
- o Developing an asynchronous version with Prodigy EMS and plan to offer more live courses in person and via zoom in 2022.
- o Partnered with SOMA to integrate FOMO curricula into their medical director's course.
- Continuing Education
  - o NAEMSP blog continues to post content covering multiple topics in EMS.
    - From Jan Oct 2021 there were 45,000 visits to the page. 8 articles were re-posted on EMS1 and had 18,000 additional views.
  - Content from previous annual meetings is being placed on the NAEMSP Learning Management System for members to view online.
  - NAEMSP has developed a new partnership with Prodigy EMS to host our Learning Management System (LMS). We are developing new content for the LMS to be posted in 2022.
- Educational Resource Page
  - o To increase resource sharing in the organization, an educational resource page was created where NAEMSP members can share educational content (power points, curricula, etc..) among one another.
  - o Content uploaded to the website by NAEMSP members is vetted by a peer-review process before being available for download.
- EMS Educator's Collaborative Course
  - o In partnership with NAEMSE, a year-long course in EMS education has been developed that will launch its first cohort in January 2022.
- Position Papers
  - o Published a position paper entitled "EMS Curriculum Should Extend Beyond a Technical Scope of Practice".
  - o Authored a position paper for the airway compendium on "Prehospital Airway Management Training and Education" to be published in January 2022.

# **Emergency Preparedness Committee**

- Continue EP Document Review Rapid Response Task Force by providing at least one consultation/review
- Continue work on EMS Role in Disasters position resource document.
  - Maintain/update online resources
  - o Stop-the-Bleed toolkit
  - Disaster medicine/mass casualty resource list
     Active shooter resource list
  - Update committee website with new material
- Completed and published revision to NAEMSP's EMS Role in Disasters position statement.
- Position statement resource document on hold by request of workgroup members due to regular work demands/pandemic response, anticipate resumption in 2022.
- Provided input regarding air-EMS integration into disaster planning/response on NAEMSP position statement on utilization of air-medical EMS.
- Assisted NAEMSP in recruiting EMS experts for NHTSA project on EMS provider mental health and infectious diseases.
- Updated online resource lists (Stop-the-Bleed, active shooter, mass casualty/disaster.)
- Contributed material posted to NAEMSP social media feeds.

## EMS PA/NP Task Force

- Published NAEMSP Position Statement: The Role of the EMS Physician Assistant (PA) and Nurse Practitioner (NP) in EMS Systems.
- Established baseline of current roles EMS PAs/NPs are performing in their systems.
- Expand current membership base by joining and advocating for EMS PA/NP practice in other NAEMSP Committees.
- Work collaboratively with other committees to enhance PA/NP exposure to EMS.

# **Membership Committee**

- Review of all international, professional and physician FAEMS applications are complete and have been approved. See our FAEMS listing. https://naemsp.org/ NAEMSP/media/NAEMSP-Documents/Press-Release-2021-FAEMS.pdf
- Recognized all FAEMS at the 2021 meeting.



# **International Affairs**

- The International Affairs Committee's overarching goal is to support the development and professionalism of EMS internationally by supporting EMS education and systems development and strengthening partnerships with professional organizations and international colleagues.
- Build relationships with professional societies who focus on global emergency care.
- Provide educational opportunities for EMS and Global Emergency Medicine physicians on the development of EMS in low resource settings.
- Develop plan to highlight EMS work/research in other countries.
- Ongoing engagement with the Society of Academic. Emergency Medicine's Global Emergency Medicine Academy (GEMA).
- Establishment of the GEMA EMS Committee, which has created a platform for knowledge sharing between EMS. physicians and global emergency medicine physicians
- Planning process underway for educational sessions on the building blocks of EMS systems in low resource settings.

## **Operations Committee**

- Reviewed current position statements related to operational medicine to determine which require updates and which could be expanded upon by resource documents.
- Completed SBAR for law enforcement medicine/ physician oversight of TEMS. Writing group nearing completion of a resource document and white paper as an expanded effort instead of a position statement. Estimated completion early 2022.
- Successful development and approval of a new preconference session in Event Medicine.
- Began developing content for the operations committee website.
- Supported multiple requests for expert opinion and research assistance from NAEMSP members related to operational medicine.
- Created new subcommittee for event medicine; operations committee will now be law enforcement/ tactical, fire ground, hazmat, and mass gathering/event.
- Writing group completed and published position statement on Event Medicine.
- Assisted development of limb amputation survey for FDNY EMS section.

# **Pediatrics Committee**

- Research continues to be a strong foundation of the Pediatric Committee, with a focus this year on Behavioral Health Emergencies. Additional research foci this year are prehospital asthma management and evaluation and management of sepsis. 2. We look forward to the completion of several manuscripts that are currently in progress. 3. We look forward to ongoing collaborative efforts with the American Academy of Pediatric Sections on Emergency Medicine and Transport Medicine. 4. We aim to reinvigorate our participating in the advocacy committee 5. We look forward to going advocacy for pediatric prehospital care at the National level through Dr. Adelgais' participaton in NEMSAC and the participation of several of our members in EMS for Children and PECARN.
- Several committee members have completed their review and manuscript evaluating COVID 19 Protocols in the United States and Territories. Publication is pending. 2. Committee members continue to work with the EMS Improvement and Innovations Center (EIIC) in the production of materials for the Pediatric Workforce Development Collaborative (PWDC). 3. Termination of Resuscitation. Kate Remick is a lead on a multi-speciality organization collaborative evaluating the full spectrum of pediatric cardiac arrest care. Additionally, Matthew Harris, Jen Fishe and their collaborators published research on Termination of Resuscitation in the Journal Resuscitation. Additional publications are pendina. 4. Members of the Pediatrics Committee authored three sections of the upcoming Prehospital Airway Compendium, describing Pediatric Airway Management, Education and Quality Improvement. 5. Members of the Committee have coupled with the AAP SOEM to develop EMS education for PICU and NICU trainees. 6. Our members continue to be liaisons with seven other committees and have leadership positions in the Women in EMS and Diversity in EMS committees. 7. Members contributed to several external projects including a call for review of the upcoming revisions to the CDC Field Triage Guidelines.

## **Program Committee**

- Planned the 2021 NAEMSP Annual Meeting, our first ever virtual meeting as we pivoted from an in-person meeting to remote meeting in the face of COVID travel restrictions.
- Pre-Conference workshops included the NAEMSP National EMS Medical Directors Course and Practicum; NAEMSP Advanced Topics in Medical Direction; Faculty Development for EMS Fellowship Directors, Quality & Safety, Educational Tools & Techniques for Disaster Education, Mobile Integrated Health (MIH) & Community Paramedicine for Beginners and MIH Advanced Topics. Presenters used a variety of teaching tools to bring these half to full day conferences into participants' living rooms.

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# **Public Health Committee**

- Renewed efforts on a position paper on the intersection of Public Health and EMS. We are currently awaiting input from members of the committee.
- Committee discussed further evaluating EMS role in mass vaccination and Crisis Standards of Care. Will collaborate with MIH and Disaster Preparedness Committee.
- Working with the education committee on creating an educational resource in Trauma Informed Care for the Educational Resource Library.
- The Human Trafficking education module was successfully completed and the committee is currently working with Prodigy EMS to create an educational resource to be uploaded to the NAEMSP Educational Resource Library in conjunction with the Education Committee.

# **Quality and Safety Committee**

- Expand our Quality and Safety Preconference into regional courses with associated course objectives and content.
- Refine current course objectives for the preconference based on feedback from the first virtual course.
- Partner with NEMSQA to implement a national performance improvement project.
- Support NEMSSC.
- Successfully adapted our in-person course to a virtual format, with additional changes made to make the course adaptable to a regional format.
- Successful implementation of our first NY regional quality and safety course in May 2021.
- Currently working hard toward the development of a national performance improvement project with NEMSQA in the area of reduction in use of lights and sirens.

# **Rural EMS Committee**

- Complete filming of agricultural Stop the Bleed.
- Interface with ACOG regarding rural EMS efforts.
- SBAR regarding telemedicine to be submitted.
- The IA/MO/NE Chapter is starting a research collaborative amongst the states that will hopefully be opened up to the larger committee to address research agenda items pertinent to rural EMS.

# **Standards and Clinical Practice Committee**

- Provide review for position statements suggested by committees of the organization and collaborating organizations.
- Support efforts to build an Airway Management Compendium.
- Develop a Position Statements Completed means to provide evidence-based reviews for key topics in prehospital medicine.
- Position Statements Completed: NP/PA position
   statement, Air Medical Integration into Disaster.
   and Machine Disaster for All LCD Preserves
- and Medical Direction for MIH-CP Programs
  Reviewed Trauma Field Triage Guideline.
- Ongoing review of Flight Physician Training, Lights and Sirens Position Statement and DEI Position Statement.

## Wilderness Committee

- Increase awareness of Wilderness EMS topics through encouraging and supporting committee members submissions for presentations and programming at 2022 Annual Meeting.
- Host Wilderness EMS medical director course in 2022.
- Create database of sample evidence-based Wilderness EMS protocols for membership to draw from.
- Support other organizations work in wilderness medicine and advocate for the role of medical oversight and EMS system integration.
- Several members had successful submissions for WEMS related presentations at the 2022 meeting, including two first-time presenters.
- The first WEMS Medical Director Course since 2018 will be held at the 2022 NAEMSP annual meeting as a preconference workshop with four committee members serving as faculty.
- Progress continues organizing a working group to build sample WEMS protocols.
- The committee is providing input to the International Board of Specialty Certifications initiative to create an international exam for certification as Wilderness Paramedic, similar to the Flight Paramedic (FP-C) exam.
- Committee Members Seth Hawkins and Chris Davis are both representing NAEMSP on a consensus guidelines project with the Wilderness Medical Society for medical oversight of Search and Rescue teams.



# Women in EMS Committee:

- The SBAR on return to work policies for EMS fellows and physician parents will be completed by the workgroup
- The committee will be re-vamping the quarterly regional mentoring calls for 2022- with dates time selected by regional leads and team (Eastern, Midwest/Central, Western)
- The committee will re-initiate a speakers' series with featured speakers from across the specialty and will seek to refer speakers for the NAEMSP townhalls series.
- We will be evaluating success of the 2019-2020 fundraising/scholarship effort for sponsoring a student or professional membership
- Liaison members to other committees will be reporting on synergistic opportunities (research, education, pub health, etc.)

- One research subgroup of the WEMS Committee published a cross-sectional descriptive study of characteristics and experiences of NAEMSP women members, forthcoming in PEC: https://www.tandfonline. com/doi/full/10.1080/10903127.2021.1992051
- A number of members of WEMS Committee participated in the Diversity, Equity and Inclusion Taskforce, participating in writing an SBAR of best practices in DEI for EMS
- As former chairperson, Dr. Sophia Dyer, is now serving on NAEMSP Board, a new chairperson and vice chairperson were selected: Dr. Mary Mercer and Dr. Jessica VanVoorhees, respectively. A new Midwestern Regional chairperson was selected as well: Dr. Angela Wright

# **Committee Member Participation**

NAEMSP values and understands the key roles our volunteers play in enabling us to grow year-round and create relationships with our members and partners. It is most important we continue to advance our services together, ensuring the best content programming, services and advancement in EMS. We are truly grateful for your continued support – without you, all that NAEMSP does would not be possible. Please click **here** to view all NAEMSP® committee rosters.

# NAEMSP<sup>®</sup> Committee Chairs:

**Advocacy** Brent Myers Raleigh, NC

#### **PAC** David Tan St. Louis, MO

**Air Medical Services** John Lyng Minnetonka, MN

**Canadian Relations** Russell MacDonald Toronto, Canada

**Chapter Task Force** Joseph Zalkin Raleigh, NC

**Communication and Social Media** Clayton Kazan Monterey Park, CA

**Council of EMS Fellowship Directors** Noel Wagner Saginaw, MI **Critical Care Airway Task Force (CCAT-F)** Christopher Stephens Sugarland, TX

**Diversity in EMS Task Force** Sylvia Owusu-Ansah Pittsburgh, PA

**Education** Tom Grawey Oak Creek, WI

**Emergency Preparedness** Jason Liu Milwaukee, WI

**International Affairs** Erin Noste San Diego, CA

Membership Co-Chairs: Steven Zils Mequon, WI

Jacob Keeperman Las Vegas, NV Mobile Integrated Healthcare/Community Paramedicine Melissa Kroll St. Louis, MO

Operational EMS: Fireground/HAZMAT/ Tactical Nathan Woltman Baltimore, MD

**PA/NP EMS Task Forc**e David Wright St. Louis, MO

**Pediatrics** Matthew Harris Denver, CO

**Prehospital Ultrasound Task Force** Kasia Hampton St. Louis, MO

**Program** Josh Gaither Tucson, AZ **Public Health** Lekshmi Kumar Atlanta, GA

**Quality and Safety** Joseph Grover Chapel Hill, NC

**Research** Elliot Carhart Madeira Beach, FL

**Rural EMS** Eric Ernest Omaha, NE

**Standards & Clinical Practice** Frank Guyette Pittsburgh, PA

**Wilderness EMS** Chris Davis Winston Salem, NC

**Women in EMS** Mary Mercer San Francisco, CA



# **Finances**



## Revenue

Meetings	34%
Membership Dues	30%
Fellowship	5%
Publications	8%
Grants	2%
Products	1%
Interest and	
Other Income	20%



## Expenses

Meetings	9%
Executive Office	35%
Publications	13%
Fellowship	6%
Products	1%
Communications	8%
Grants	1%
Advocacy	10%
Operations	16%
Committees	1%

Statements of Financial Position June 30, 2021 and 2020 Assets			
Current Assets:	2021	2020	
Cash and Cash equivalents	\$686,864	\$546,082	
Investments	\$1,442,519	\$1,146,740	
Accounts receivable - general	\$12,843	\$28,113	
Inventory	\$7,351	\$13,193	
Prepaid expenses	\$15,790	\$3,395	
Total Current Assets	\$2,165,367	\$1,961,321	
Property and Equipment:			
Website/LMS Development costs	\$97,708	\$97,708	
Office equipment	\$11,646	\$11,646	
Less Accumulated Depreciation	<u>(100,563)</u>	<u>(67,994)</u>	
Net Property and Equipment	\$8,791	\$41,360	
Other Assets:			
Intangibles: Trademarks	863	863	
Total Assets	\$2,175,021	\$1,779,746	



# **Finances**

## Financial Report: 2020-21 Fiscal Year

In spite of all the turmoil and unpredictability of the past year, your Association remains strong financially. Your Board has worked diligently to make decisions that were best for the organization's health as conditions have taken us into uncharted waters. Our Executive Director, JerrieLynn Kind and her staff have also found ways to cut expenses as we experienced income losses from decreased attendance at the virtual conference, among other things. While some of these decisions were difficult, including having to rapidly pivot to a fully virtual conference in 2021, as EMS physicians and professionals, we are familiar with having to make the best decision based on currently available information and reassess and regroup as needed!



Our investments have continued to grow under the strong management of JFS Wealth Advisors, increasing by 25.8% in the past year thanks to the strong performance of the stock market. The stability that these investments give us cannot be overstated, and your leadership's decision to put these funds aside years ago have helped us weather the COVID storm as an organization. Our investment performance has allowed us to fund initiatives such as the new Foundations of Medical Oversight(FOMO) course, a relationship with a new and more user-friendly online Learning Management System, Prodigy EMS, that will house future courses that generate income, and advocacy initiatives to advance (and protect) the practice of EMS medicine. The upcoming January 2022 publication of the PEC Airway Compendium was fully funded by generous sponsorship from Stryker and not by the association.

Our membership revenue has suffered with the collateral effects of the pandemic, with an overall decrease of 8% in membership revenue. Now, more than ever, our association needs members in every category to move forward our mission. While our mission is only partly (30%) supported by dues payments, a periodic review of dues value validated that members receive greater value than the dues dollars support, including the Prehospital Emergency Care journal, at a deficit to the organization of over \$75,000. Our Bylaws were extensively revised and adopted by your vote in fall 2021, including simplification and update of membership categories. The recent related realignment of dues structure after six years without increases only partly closes that value gap. Your Board is committed to limiting dues increases and instead seeking additional sources of revenue for the organization such as online CME and grant funding opportunities. Recruitment of additional members and strong participation in our Annual Meeting, which is our major income-producer, are critical to our continued financial strength. We look forward to welcoming everyone back to San Diego in person in January!

I look forward to continuing to assist the Board in thoughtful stewardship of our association finances for the next year. As always, your Board welcomes your input and involvement in assuring our organization's vitality and continuing to meet our mission of providing leadership and fostering excellence in EMS.

Stay well and take care of each other - we're an unstoppable team together!

Thank you, Sabina Braithwaite MD, FAEMS 2021-23 Secretary-Treasurer



# **EMS Medical Directors Workforce Assessment**

The EMS Physician Medical Director Workforce Assessment (EMSMDWA) is investigating and defining key attributes of EMS medical directors across the United States to create a national picture of prehospital medical direction. No other detailed description of EMS medical directors at the local level has been previously created.

The EMSMDWA survey was distributed from September 13th until October 11th, targeting regional, county, and local prehospital medical directors of EMS agencies, fire departments, air medical services, emergency medical dispatch centers, and law enforcement departments with the goal of determining:

- 1. What are the professional qualifications, medical education history, and demographic background of these physicians?
- 2. What are the legal agreements and insurance protections extended to these physicians?
- 3. What is the compensation that medical directors receive for their work?
- 4. How many and what types of prehospital agencies do EMS physicians work with?

Of the 892 EMS physicians that began the survey, 692 completed the entire survey and 461 submitted a partial response. These physicians included 824 EMS and Fire Departments, 143 air medical services, 264 911/emergency medical dispatch centers, and 146 law enforcement medical directors. Responses per state ranged from 1 from Delaware to 61 from Texas and Virginia. Data analysis is ongoing, and results expected in the coming months.

# **Chapter Reports**

NAEMSP<sup>®</sup> currently has chartered 29 chapters, and two others are in the process of meeting charter requirements. Annual reports from each of the chapters from the 2020/21 fiscal year can be found on their respective webpages.

- Alabama Chapter Alaska/Hawaii Chapter Arizona Chapter California Chapter Colorado Chapter Florida Chapter Georgia Chapter Illinois Chapter Indiana Chapter Kansas Chapter Kentucky Chapter (pending)
- Louisiana Chapter Maryland Chapter Massachusetts Chapter Michigan Chapter (pending) Military and Federal Agency Chapter Minnesota Chapter Missouri/Iowa Chapter New Jersey Chapter New Mexico Chapter New York Chapter North Carolina Chapter
- Ohio Chapter Oregon Chapter Pennsylvania Chapter Tennessee Chapter Texas Chapter Virginia Chapter West Virginia Chapter Wisconsin Chapter Wyoming Chapter





# **Publications**

# Prehospital Emergency Care - Editor's Report 2021

2021 saw the completion of Volume 25 of Prehospital Emergency Care (PEC), which was comprised of 871 pages. The sixissue volume was published bimonthly in January, March, May, July, September, and November. The January/February issue featured the 180 abstracts that were presented at the virtual 2021 NAEMSP Annual Meeting.

In July PEC received its 2020 impact factor, which was **3.077, up from 2.290 in 2019.** As a measure of the journal's stability, the 5-year impact factor remained rock steady at 2.578. PEC is currently ranked **8th of the 31 emergency medicine journals** that are currently rated by the ISI Web of Science. PEC also ranked 83/193 in the Public, Environmental, & Occupational Health category. PEC has always been in the top ten emergency medicine journals, and is the only prehospital medicine journal in the top ten.

The ISI Impact Factor system is not the only measure of a journal's influence. PEC's h-index is currently 63, meaning the journal has published 63 articles each of which has been cited 63 or more times. There are also other services that rank journals' impact. Scopus has created a new metric, the **Scopus CiteScore**, in which PEC currently ranks 7th out of 110 EM journals.

As of this writing, PEC was again on pace to receive a record number of submissions. At the going pace, there will be over 750 submissions (up from a record 607 set in 2019). The number of manuscripts submitted to PEC has increased every year since its inception. In 2020 we received submissions from forty-nine different countries. In terms of peer-review, PEC has an **average time to first decision of 11 days.** The acceptance rate of papers submitted to PEC in 2020 was **15.5%.** This is indicative of the health of the journal quality-wise, as it remains difficult to get published in PEC (i.e. the bar for quality continues to be raised).

Some of the highlights of Volume 24 included:

#### **Two Special Contributions**

- Code of Ethics for EMS Physician Medical Directors
- The Role of Emergency Medical Services in the Opioid Epidemic

#### **Focus Sections**

- Education and Practice (2) International EMS
  - International EMSFocus on the EMS
  - COVID-19 and EMS Focus on Trauma (2)
- WorkforceMilitary Medicine
- Focus on Pediatrics (2)
- Focus on Cardiac Arrest (2)

## **Position Statements**

- NAEMSP Position Statement: Clinical Care and Restraint of Agitated or Combative Patients by Emergency Medical Services Practitioners
- NAEMSP Position Statement and Resource Document: EMS Curriculum Should Educate Beyond a Technical Scope of Practice
- ACS-COT, ACEP, NASEMSO, NAEMSP, and NAEMT Joint Position Statement: Ketamine Use in Prehospital and Hospital Treatment of the Acute Trauma Patient: A Joint Position Statement
- NAEMSP Position Statement: Mass Gathering Medical Care
- NAEMSP Position Statement: Role of Emergency Medical Services in Disaster Response
- A Joint Position Statement of NAEMSP, ACEP, and AMPA: Physician Oversight of Air-Based Emergency Medical Services

- NAEMSP Position Statement and Resource Document: Medication Dosing Safety for Pediatric Patients: Recognizing Gaps, Safety Threats, and Best Practices in the Emergency Medical Services Setting
- NEMSMA Position Statement and White Paper: Process and Outcomes Data Sharing between EMS and Receiving Hospitals

## **Case Conferences**

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

## Abstracts

• Abstracts for the 2021 NAEMSP Annual Meeting

#### Peer Reviewers Needed

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. Cone at david.cone@yale.edu.

# Meetings

# 2021 Annual Meeting

The 2021 NAEMSP Annual Meeting was our first ever virtual meeting as we pivoted from an in-person meeting to remote meeting in the face of COVID travel restrictions. The Program committee, chaired by Toni Gross, MD, not only planned an amazing in-person conference but then went on to make significant changes so that the live content made a successful transition to both an interactive and enjoyable virtual format that each member could enjoy from their new home office.

Pre-Conference workshops included the NAEMSP National EMS Medical Directors Course and Practicum; NAEMSP Advanced Topics in Medical Direction; Faculty Development for EMS Fellowship Directors, Quality & Safety, Educational Tools & Techniques for Disaster Education, Mobile Integrated Health (MIH) & Community Paramedicine for Beginners and MIH Advanced Topics. Presenters used a variety of teaching tools to bring these half to full day conferences into participants living rooms.

The conference opened with the keynote address from Chetan Kharod MD, MPH who delivered an inspirational talk on becoming a better leader through compassion. The first two days of the conference went on to include several live sessions covering a diverse set of operational EMS topics from push dose pressors to oral research abstracts on airway management. The final day of the conference covered some subspeciality areas such as critical care transport and pediatric bereavement.

With a focus on live interactive sessions in the virtual format, the normal breakout sessions or concurrent sessions were moved to an on-demand format with a large list of ondemand sessions covering topics ranging from new DEA rules to the care of children with special needs.

With COVID fatigue setting in and a successful 2021 virtual conference behind us, we are all looking forward to a live conference in 2022 and hope that we will be able to see our friends and colleagues in person again in San Diego.

## **Board of Director Mid-Year Meeting**

The NAEMSP® Board of Directors held its mid-year meeting in Anchorage, Alaska in May.

# **Future NAEMSP Annual Meetings**

**January 23-28, 2023** JW Marriott Tampa Water Street & Marriott Tampa Water Street Tampa, Florida

> **January 8-13, 2024** JW Marriott Austin Austin, Texas

**January 6-11, 2025** Manchester Grand Hyatt San Diego, California **January 26-31, 2026** JW Marriott Tampa Water Street & Marriott Tampa Water Street Tampa, Florida

> **January 11-16, 2027** JW Marriott Austin Austin, Texas

January 10-15, 2028 Manchester Grand Hyatt San Diego, California

# 2021 Award Winners Ronald D. Stewart Award

Craig Manifold, DO, FAEMS

Keith Neely Award Maia Dorsett, MD, PhD, FAEMS

Friends of EMS Award Jon Krohmer, MD, FAEMS, FACEP



# **President's Award**

Toni Gross, MD, MPH Ryan Jacobsen, MD, FACEP, FAEMS

NAEMSP/Stryker EMS Medicine Fellowship Award

Michael Lauria, MD

# **NAEMSP® Annual Awards**

## 2021 Award Winners

The National Association of EMS Physicians® (NAEMSP®) and Stryker, one of the world's leading medical technology companies, announced Michael Lauria, MD, as the winner of the NAEMSP® / Stryker EMS Medicine Medical Director Fellowship.

Since 2002, Lauria has experienced a unique depth and breadth of prehospital emergency care. From working in a suburban fire department, to combat zones as a US Air Force Pararescueman, to hospital-based critical care transport, he has just about worked in every environment on several continents. Lauria has been blessed and honored to serve his community over the last 18 years and now plans to translate lessons learned from these varied experiences to improve EMS systems locally, nationally and globally. He plans to use the fellowship to help fund the time and resources needed to research several prehospital topics, including the development of new educational methods to improve clinical performance in stressful situations.

NAEMSP® recognized the following individual at our awards virtually in January 2021:

# NAEMSP/AMR-FRE EMS Fellows Research Grants

NAEMSP and the AMR Foundation for Research and Education (AMR-FRE) presented two \$5,000 research grants to help NAEMSP members conduct prehospital care research. This year's grants will support the following projects:

# Assessment of Physiological Stress of Lights and Sirens on Patients Under EMS Ground Transport

Adam Benzing, MD, University of Texas Health Science Center at San Antonio

## Pulmonary Function Testing of Patients Under EMS Ground Transport

Amninder Singh, MD, University of Texas Health Science Center at San Antonio

# **NAEMSP** Professional Awards

**The Ronald D. Stewart Award** honors a person who has made a lasting, major contribution to the national EMS community.

Winner: Craig Manifold, DO, FAEMS, UTHSCSA,

**(posthumously)** for his dedication and commitment to the development of quality emergency medical services throughout the world. This award was accepted on Craig's behalf by his family in an online presentation with recorded sentiments by Craig's wife and children.

#### The Keith Neely Outstanding Contribution to EMS Award

honors an active or past member of NAEMSP who has provided significant leadership to the association. Winner: **Maia Dorsett, MD, PhD, FAEMS,** *Attending Physician, University of Rochester,* for her leadership and commitment to advancing the science of the EMS subspecialty.

The Friends of EMS Award honors an individual or organization furthering NAEMSP's mission by helping to influence or implement national public policy. Winner: Jon Krohmer, MD, FAEMS, FACEP, Team Lead, COVID-19 EMS/Prehospital Team, Director, Office of EMS, National Highway Traffic Safety Administration, for his dedication and efforts to the EMS community.

**The President's Award** honors a member or members of NAEMSP who have demonstrated exceptional commitment to the organization by creating new initiatives or furthering the work of the organization.

Winners: **Toni Gross, MD, MPH** and **Ryan Jacobsen, MD, FAEMS, FACEP,** for their tireless work and commitment to accurately represent NAEMSP and its values during their terms as committee chairs.



# NAEMSP® Annual Awards (continued)



2021 Ronald D. Stewart Award Craig Manifold, DO, FAEMS



2021 Keith Neely Award Maia Dorsett, MD, PhD, FAEMS



2021 Friends of EMS Award Jon Krohmer, MD, FAEMS, FACEP



2021 President's Award Toni Gross, MD, MPH Ryan Jacobsen, MD, FACEP, FAEMS



2021 NAEMSP/ Stryker Fellowship Michael Lauria, MD





#### **NAEMSP Research Awards**

#### **Best Scientific Presentation**

# Effect of Airway Strategy Upon Chest Compression Quality in the Pragmatic Airway Resuscitation Trial

Henry Wang, Xabier Jaureguibeitia, Ahamed Idris, Unai Iruste, Erik Gonazalez, Tom Aufderheide, Matthew Hansen, Ryan Huebinger, Robert Schmicker, Jestin Carlson, M. Riccardo Colella, Richard Gordon, Robert Suchting, Elisabete Aramendi The University of Texas Health Science Center at Houston

#### Best Student/Resident/Fellow Presentation

#### A Machine Learning-based Dispatch Rule for Dronedelivered Defibrillators

K.H. Benjamin Leung, Jamal Chu, Sheldon Cheskes, Paul Snobelen, Gordon Nevils, Ian Drennan, Timothy Chan *University of Toronto* 

#### **Best EMS Professional Research Presentation**

## Evaluation of Computer Algorithmic Indicators in Predicting COVID-19 Positive Patients in the Prehospital Setting

Timothy Burns, Roger Stone, Benjamin Kaufman, Alan Butsch, Christopher Touzeau Montgomery County (MD) Fire and Rescue Service

#### **Best Poster Abstract Presentation**

#### Comparison of Benzodiazepines, Ketamine and Antipsychotics for Prehospital Sedation of Patients Experiencing Behavioral Health Emergencies with Combativeness

Remle Crowe, Paul Pepe, Antonio Fernandez, Scott Bourn, Craig Manifold, J. Brent Myers *ESO* 

#### **Best Cardiac Arrest Presentation**

#### Association of Small Adult Ventilation Bags with Return of Spontaneous Circulation in Out of Hospital Cardiac Arrest

Bonnie Snyder, Natalie Bulger, Robert Walker, Andrew Latimer, Betty Yang, Charles Maynard, Nicholas Johnson, Thomas Rea, Catherine Counts, Michael Sayre University of Washington School of Medicine

#### **Best Pediatric Presentation**

#### Applying a Set of Termination of Resuscitation Criteria to Pediatric Out-of-hospital Cardiac Arrest

Matthew Harris, Jennifer Fishe, Remle Crowe, Salvatore D'Acunto, Kathleen Adelgais, Jennifer Anders *Cohen Children's Medical Center - Northwell Health* 

## **Quality and Safety Course Best Project Awards**

#### **EHR Documentation Improvement**

R. Allgood NRP, R. Crowe PhD, T. Lardaro MD, T. Arkins MHI, D. Kelley NRP Indianapolis Fire Department

#### Improving Capture of Outcome Data

William Leggio, EdD, NRP; Jason Gilliam, BS, LP; Shandel Milburn, MBA, LP; Frank Urias, LP; Travis Baker, MCHS, PAC, EMTP; Jason Pickett, MD, FACEP; & Remle Crowe, PhD, EMT

# Use of Emergency Warning Devices During EMS Transport to Hospital

Bryan Wilson, MD, NRP, FAAEM | Stephanie Ashford Ed.S., NRP St. Luke's University Health Network | St. Charles County Ambulance District





Contact NAEMSP 4400 College Blvd Suite 220 Overland Park, KS 66211 (800) 228-3677 or (913) 222-8654



# January 23-28, 2023

JW Marriott Tampa Water Street Tampa, FL