

# IEMSA VOICE

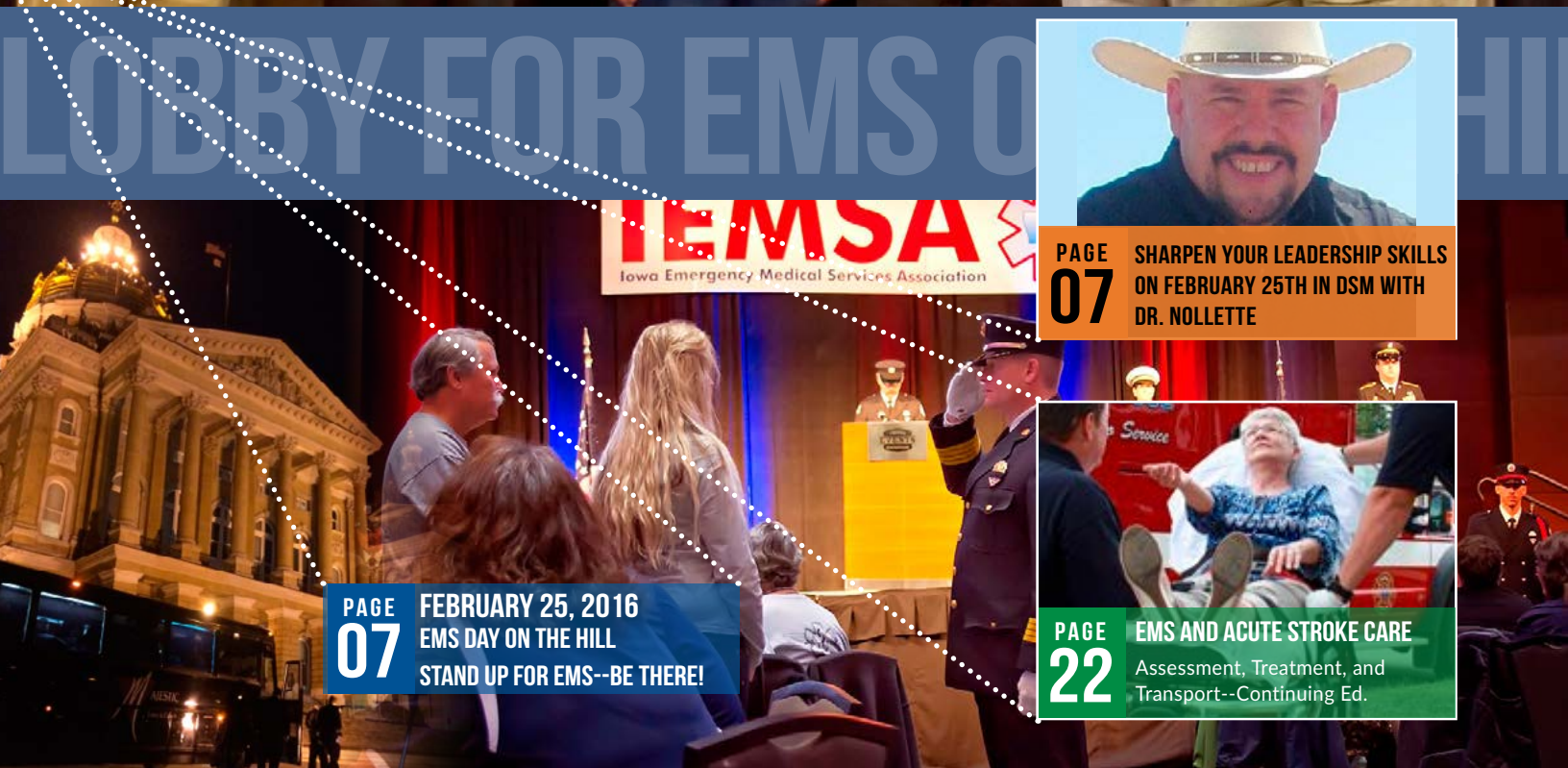
A VOICE FOR POSITIVE CHANGE IN IOWA EMS



2015 Volunteer Service of the Year: **Mediapolis Community Ambulance**

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**IEMSA AWARD RECIPIENTS:  
HONORED AT THE ANNUAL  
CONFERENCE**



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ON FEBRUARY 25TH IN DSM WITH  
DR. NOLLETTE**

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**FEBRUARY 25, 2016  
EMS DAY ON THE HILL  
STAND UP FOR EMS--BE THERE!**

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**EMS AND ACUTE STROKE CARE**  
Assessment, Treatment, and  
Transport--Continuing Ed.



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The VOICE is published quarterly by the Iowa EMS Association covering state EMS issues for emergency medical services professionals serving in every capacity across Iowa. Also available to members online.



Thursday, February 25, 2016

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OUR OPPORTUNITY FOR EMS PROFESSIONALS TO MEET OUR LEGISLATORS! MARK YOUR CALENDAR!



**07 FEBRUARY 25TH -LEADERSHIP CONFERENCE:** FEATURES Nationally Renowned Dr. Christopher Nollette!

OUR PURPOSE : To provide a voice and promote the highest quality and standards of Iowa's Emergency Medical Services.

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## > BOARD OF DIRECTORS

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## > BOARD MEETINGS

- > January 21, 2016  
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- > March 17, 2016  
Teleconference - 1:00—3:00pm
- > April 13, 2016  
WDM Station 19- 1:00—3:00pm
- > June 16, 2016  
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- > July 21, 2016  
Teleconference - 1:00—3:00pm
- > September 15, 2016  
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- > October 20, 2016  
WDM Station 19- 1:00—3:00pm
- > November 10, 2016  
Iowa Events Center at the Annual IEMSA Conference Time: TBD
- > December 15, 2016  
Teleconference - 1:00—3:00pm

## > IEMSA OFFICE

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# A NOTE FROM OUR PRESIDENT

## REMEMBERING KATRINA AND RITA :

### THE TEN YEAR ANNIVERSARY

BY LINDA FREDERIKSEN, Executive Director, MEDIC EMS,  
IEMSA President / Board of Directors



**Early on the morning  
of August 29, 2005  
Hurricane Katrina**

**struck the Gulf Coast of  
our country.**

As the tenth anniversary of the devastation caused by Hurricanes Katrina and Rita is marked, it's important to recall the lessons learned by this major natural disaster, in addition to recognizing the dedicated men and women in public safety who made a difference by driving into a catastrophe that most others were fleeing. These two deadly storms ravaged over 93,000 square miles across the states of Louisiana, Mississippi and Alabama, resulting in the deaths of more than 1,800 people and causing more than 150 billion dollars in damage. Countless EMS and public safety professionals, many from the state of Iowa, deployed within hours to make a difference for those affected by this tragedy, bringing supplies, providing medical care, evacuating survivors, and supporting countless individuals facing the worst nightmare of their lives with a solid, comforting strength. Many of these selfless heroes found a way to stay to assist, some for greater than 30 days, to get communities back on their feet by helping restore basic utilities, medical services, in addition to sufficient food and safe water supplies. Please join the Iowa EMS Association in thanking our EMS and Public Safety Providers for their commitment and service by providing this lifesaving disaster response- the humanitarian relief for those affected will never be forgotten.



### Community Paramedicine/Mobile Integrated Healthcare Practice (MIHP)-Could This Happen in Iowa?



- > We have long known that Paramedics "aren't just for emergencies," and many healthcare professionals have questioned whether Paramedics could fill a gap to become effective in a different role: keeping patients out of the hospital.
- > Can a specially trained paramedic work with patients in structured programs to keep illness, injury, and emergencies from occurring? Many experts feel that they can, and Paramedics are doing just that in several other states.
- > Mobile Integrated Healthcare Practice (MIHP) is a delivery strategy for interprofessional medicine, also known as Community Paramedicine. MIHP does not intend to replace or disrupt patient care delivery models already in place, intending to serve a range of patients in the out-of-hospital setting by providing patient-centered, team-based care using mobile resources. Successful MIHP programs are community-based, with goals of care to provide:
  - The right care,
  - At the right time,
  - In the right location, and
  - At the right cost
- > In 2014, the Iowa EMS Association created a Community Paramedicine Stakeholders' group to investigate the potential of developing a successful Community Paramedicine program in our state. This group meets with the understanding that while EMS Systems in our nation were originally developed to care for patients with serious emergencies, they have undeniably become a part of the healthcare solution for the underserved in our nation's healthcare system.
- > Another driver for MIHP is the Affordable Care Act, which makes it necessary for healthcare delivery providers to transition to a new healthcare structure to survive. For many years, the healthcare industry has been structured around a fee-for-service model. Recent healthcare reform efforts such as the Affordable Care Act are predicated on converting to a value-based model that considers such metrics as:

>>> CONTINUED ON **PAGE 5**



# A NOTE FROM OUR PRESIDENT

> > > CONTINUED FROM **PAGE 4**

- Customer satisfaction ratings,
- Patient outcomes, and
- The avoidance of hospital readmission

> A shift to value-based healthcare will have dramatic effects on EMS delivery. Historically, the primary source of ambulance service revenue has been generated from the transport of patients. When dialing 9-1-1, patients expect to be transported to emergency departments, and ambulance service providers share concerns about potential litigation that could transpire when transport does not occur. Many healthcare providers would agree that the current practice of ambulance transportation for some patients to Emergency Departments fails to provide the resources the patient may need, in addition to being inefficient, costly, and challenging.

> IEMSA recently developed a Community Paramedicine Executive Committee to further identify and explore program legislative needs, educational requirements, and program structure and funding. We are on the brink of an exciting crossroads in emergency medical services, and will be well positioned to meet the needs for our patients today, as well as in the future.

## **IEMSA'S PUBLIC SAFETY LEADERSHIP BOOTCAMP: SEPTEMBER 26 AND 27, 2015 IN BETTENDORF!**

> Once again, Jon Politis conducted an outstanding two-day Public Safety Leadership Bootcamp at the Isle of Capri Casino facility in Bettendorf for 26 participants. Recognized as a legend in our industry, Jon captivated a very engaged and diverse group in this intense, two-day training, sharing proven leadership strategies and tactics for future success in our the EMS industry.

## **THE 2015 IEMSA CONFERENCE AND TRADE SHOW...ANOTHER GREAT SUCCESS!**

> Thanks to Katy Hill and Jeff Dumermuth for chairing another great IEMSA Conference and Trade Show on November 12 through 14 at the Iowa Event Center. Over 1,100 attendees enjoyed listening to great speakers, gaining new information, visiting an expansive vendor hall, and spending time with old and new acquaintances. We were once again inspired by the dedication and contributions of our fellow providers at the "Honoring Our Own" presentation, and took time to recognize a number of very deserving individuals at the annual Awards Banquet. The 2015 Conference was indeed an enjoyable

event to remember, and we can't wait for the 2016 Annual Conference and Trade Show scheduled for November 10<sup>th</sup> through November 12<sup>th</sup>; don't miss it!

## **THANKS TO THE IEMSA BOARD OF DIRECTORS**

- > In closing, I would like to sincerely thank the men and women of the IEMSA Board of Directors for their tireless efforts through this past year. This diverse and energetic group of individuals have demonstrated a true passion for serving our Association membership over the past year, and we look to even more great accomplishments over the upcoming year. As we say goodbye to our retiring Board Members, we look forward to meeting and growing with our six new Board Members-thank you for serving!
- > A special thanks to Lisa Cota-Arndt, our Association Manager for her dedicated efforts to continue to make our Association as successful as it can possibly be, in addition to our incredible Medical Director, Dr. Joshua Stilley. Our lobbyists, Lynzey Kenworthy and Mike Triplett, are experienced, connected, and second to none; we look forward to another successful legislative year in 2016!

## **LOBBYIST UPDATE:**

Our lead IEMSA lobbyist will be:

- > **MICHAEL TRIPLETT – TRIPLETT ENTERPRISES LTD.** A 20-year veteran of the Iowa Capitol, Michael has been our lobbyist for over 15 years. E-mail : michael.triplett@mac.com.

We added two more lobbyist to assist in pushing through our agenda in 2016.:

- > **KARLA FULTZ MCHENRY** - Fultz McHenry Consulting L.L.C. Known for her deep health care and appropriations expertise throughout her 15 years at the Department of Human Services and the Iowa Medical Society, Karla founded Fultz McHenry Consulting in 2011 and quickly became one of the most sought-after health care lobbyists in Iowa. E-mail: kfmchenry@mchsi.com.
- > **ERIC GORANSON** – Goranson Consulting Eric came to the Capitol in 2006 to do multi-client lobbying after stints in fundraising and development. Eric also worked for Gov. Terry Branstad's office and in the Iowa Division of Criminal Investigation from 1996-2000. Eric brings a unique perspective to clients by helping them with their lobbying, grassroots mobilization and social media strategy. E-mail: eric@goranson-consulting.com.

BY MARK SACHEN Legislative Chair and NC Region Board Member

# OUR VOICE ON THE HILL LEGISLATION

IOWA EMS DAY-ON-THE-HILL  
NEW DATE: **FEBRUARY 25**  
See next page 7 for registration  
& hotel information

**DURING THE 2015 86<sup>TH</sup> IOWA GENERAL ASSEMBLY, IEMSA WAS ABLE ACCOMPLISH AND MAKE PROGRESS ON A NUMBER OF IMPORTANT ITEMS ON OUR LEGISLATIVE AGENDA.**

> We were able to hold off the fireworks legislation. By working with a coalition of healthcare and public safety entities, along with our members engaging their legislators on this important item, we kept this piece of legislation from becoming law. The end of the session only means the start of our work for the 2016 87<sup>th</sup> Iowa General Assembly. The hurdles this bill passed this session, assures that it WILL be introduced next year. Our lobbyist, Lynzey Kenworthy, has already met with the coalition to strategize on how to best prevent this from becoming law next session. It will be imperative we remain engaged in the fight to keep Iowans safe from dangerous fireworks. We secured a seat on the Statewide Interoperable Communications System Board. Now, Iowa's EMS providers will have a voice and representation in communications issues going forward.

> **WORK CONTINUES ON DRAFTING A COMPREHENSIVE EMS REFORM BILL.** IEMSA is continuing to solicit concerns through our membership surveys to identify issues that need to be addressed in Iowa. Rather than rush through legislation that would need reworking later, drafting a well thought out piece of legislation that addresses these issues is our

goal. Findings from the National Highway Traffic Safety Administration EMS Assessment will be critical in making a strong case for change.

> **BUILDING A STRONG FOUNDATION FOR MOBILE INTEGRATED HEALTHCARE AND COMMUNITY PARAMEDICINE IN IOWA CONTINUES TO BE A PRIORITY FOR IEMSA.** This is a great opportunity to move EMS forward and provide the best and most appropriate care for our patients.

Medicaid reimbursement is still a challenge. With two years of 10% increases in the Iowa Medicaid reimbursement rate, Iowa still ranks the lowest in the Midwest. With anticipated changes, IEMSA will continue to pursue to bring Iowa's Medicaid reimbursement in line with other states and ultimately, at a parity with Medicare reimbursement rates.

> **OUR IEMSA DAY ON THE HILL EVENT IS MOVING.** Due to conflicts with the Presidential Caucuses to be held at the end of January in Des Moines, it was necessary to move IEMSA's Day on the Hill event to February 25<sup>th</sup>, 2016. I encourage anyone interested in attending to do so. Engaging our legislators will be key to our legislative success in 2016.

> **OUR PRESENCE AT THE NAEMT NATIONAL EMS DAY ON THE HILL WAS PRODUCTIVE.** Educating our Congressional delegation on the Field EMS Bill and seeking co-sponsors for the bill in the House of Representatives was a great experience. It was an honor to request support of a bill to remove barriers and ease the transition for returning veterans serving as combat medics to enter civilian EMS careers to fill predicted shortfalls.

> **IEMSA CONTINUES TO BE THE STRONGEST VOICE FOR EMS IN THE STATE OF IOWA AND BEYOND.** To properly represent the nearly 12,000 EMS providers, WE NEED YOU! If you are already a member, I would like to thank you. If you are not yet a member, please consider adding your voice to IEMSA by becoming a member. There truly is strength in numbers and having your say heard in matters facing EMS in Iowa is important. Contact any of your regional board members or go to our website [www.iemsa.net](http://www.iemsa.net) for information on joining IEMSA.



# STAND UP IOWA DAY-ON-THE-HILL AND LEADERSHIP CONFERENCE

FEATURING **CHRIS NOLLETTE**

Dr. Nollette has over thirty years of involvement in emergency medical services education, with concurrent professional experience in all risk public safety career fields, including: Air Medical, SWAT and special technical rescue. His passionate teaching style allows the opportunity to deliver important points and objectives to a variety of learning styles. He is dedicated to enthusiastic and dynamic teaching as a means of creating and nurturing a lifelong passion for EMS.

## FEBRUARY 25, 2016

**Embassy Suites On the River - Des Moines**

Discounted Hotel Rates at the Embassy Suites and the Hampton Inn -- see below.

**JOIN US FOR IOWA EMS DAY-ON-THE-HILL FOR FREE!**

**Reserve a seat on the bus :** [administration@iems.net](mailto:administration@iems.net) Join us the night before for our Iowa EMS Rally Event--February 24 from 6-8p at the Embassy Suites-Mississippi Room. You will receive the IEMSA Talking Points and other important reference material for our morning on the hill. Pizza and beverages are complimentary.

**LEADERSHIP CONFERENCE REGISTRATION FEE:**

**\$70** for IEMSA Members

**\$80** for Non-Members

**Online Conference Registration :** [<Click here>](#)

Payment must be received prior to the event-you can pay securely online by credit card or register online and select "Mail My Check" at [www.iems.net](http://www.iems.net) (registration is not confirmed until payment is received).

[Click Here to download the conference FAX/Mail Registration Form](#)

## SCHEDULE OF EVENTS FEBRUARY 25, 2016

06:30 **IOWA EMS-DAY-ON-THE-HILL! All Aboard!** Bus leaves the EMBASSY Suites On the River Hotel Parking Lot to arrive at Capitol at 0700 in the Rotunda 2nd Floor. OR you can meet us there.

07:00-09:00 **WE'RE ON THE HILL of course! --It's Iowa EMS Day on the Hill!**

09:30-10:00 Registration (beverages provided)

**LEADERSHIP CONFERENCE :** Featuring Dr. Chris Nollette --Optional CE's applied for.

10:00-10:50 **The Spartan Inside Each Of Us :** Explore how leaders face personal and professional trials and tribulations and find the courage to rise above the challenge and chart a winning course. Leaders do not inflict pain -- they bear it. You will learn strategies that work best to create a humanistic and challenging work environment and explore and evaluate why most people are not leaders but managers and what criteria distinguishes a leader.

11:00-12:00 **Ethics Building Leadership --Creating People Skills: A Generational Look** This lecture centers on how we can be more effective in using our people skills in all social settings. Better understand ourselves and some of the keys we must pursue to unlock the greatness we have inside ourselves. People skills may seem common sense but common sense just isn't so common anymore.

12:00-13:00 Lunch (provided)

13:00-14:00 **Brain Based Learning: As Simple as 1, 2, 3**--Stimulating the brain to: memorize at a higher level, store and retain more information, become more motivated, and engage the participant to bring the brain to a new level of awareness -- thinking for a change! Value the importance of using brain based learning in everyday life. Learn strategies that can bring about better retention and motivation to create opportunities for expanded learning.

14:00-15:00 **Emotional & Social Intelligence: Hillbilly Heaven** --Emotional and social intelligence -- the keys to human interaction. For those that deal with others in a cooperative and collaborative environment and want to truly be more effective in our day-to-day communications. People don't care how much you know until they know how much you care. Learn the value of emotional and social intelligence in their personal and professional live and learn strategies that can make for a more positive and productive interaction in their social network.

15:00-16:00 **Mentoring: Raising the Dead in our Profession** --Mentoring and its effects on a profession. For anyone that has to deal with others in a cooperative and collaborative environment and want to truly be more effective in our day-to-day contact as EMS professionals. Learn the importance of mentoring in your personal and professional lives. Use mentoring strategies to create crucial conversations.



**Discounted Room Rates at the Embassy Suites On-the-River**

**JUST \$159++** Rate Includes Parking for one-night --Limited Rooms --

**Reserve Online Today <Click here> or Call (515) 244-1700 by January 26th to reserve a room.** Ask for the IEMSA Leadership Conference Block Rate Code: IEM



**Discounted Room Rates at the NEW! Hampton Inn**

Located 1-mile from the Embassy Suites. **JUST \$129++** Limited Rooms Parking is

**\$15/nt. Reserve Online Today <Click here> or Call 515-244-1650 by February 3rd to reserve a room.** Ask for the IEMSA Leadership Conference Block Rate





# STEMI IN IOWA

## Upcoming Funding & Education Opportunities

The overall goal of Mission: Lifeline STEMI is to reduce mortality and morbidity in Iowa by:

- >Implementing the AHA/ACC guidelines throughout the state
- >Enhancing a "system of care" that involves the patient, EMS, referral hospitals and PCI Hospitals
- >Funding 12-Lead ECG equipment for rural EMS
- >Funding 12-Lead receiving equipment in rural hospitals
- >Funding participation in Action Registry-Get With The Guidelines (the ACC Data Report)
- >Implementing education to providers at each part of the system of care
- >Holding regional STEMI workshops
- >Public awareness campaign

## Funding for 12-Lead ECG Equipment for EMS

- > **Applications for EMS 12-Lead ECG funding will be open January 4<sup>th</sup> – February 12<sup>th</sup>, 2016.** Applications will then be reviewed by the Mission: Lifeline EMS Advisory Committee with awards being announced in mid to late March, 2016.
- > The awarded funds will cover the cost of the equipment. During the application process, you do not need to obtain quotes or make your final decision on what brand of equipment you want. Mission: Lifeline is working with all of the vendors and have set pricing within the project.
- >It is in the scope of practice for an EMT to "acquire" a 12-Lead ECG and transmit to the hospital. "Interpretation" of the 12-Lead ECG is only in the paramedic scope of practice. Therefore, the funding is open to BLS and ALS services. Early identification is a key component in the STEMI System of Care.
- >Services should apply regardless of whether their critical access hospital has the ability to receive the 12-Lead ECG. We will be working with those hospitals to provide the ability to receive and transmit. Mission: Lifeline has special funding just for that purpose. We are currently reaching out to the hospitals around the state to identify who will need this equipment.
- >A link to the application can be found at [www.heart.org/missionlifelineA](http://www.heart.org/missionlifelineA) under the EMS tab, on the home page of the Central Iowa EMS Directors ([www.ciemsd.com](http://www.ciemsd.com)) web page, on the IEMSA website ([www.iemsa.net](http://www.iemsa.net)) and on the Bureau of EMS page of the Iowa Department of Public Health ([www.idph.state.ia.us](http://www.idph.state.ia.us)). If you have any questions, AHA staff contact is at the bottom of this article.

## Referral Hospitals and Funding Opportunities

Mission: Lifeline has funds available to provide transmitting/receiving equipment for Emergency Departments. Please let us know if your local hospital is in need of this equipment.

- >Referral Hospitals are a key part of the system of care for the STEMI patient. Their work will include implementation of guidelines to lower "Door In-Door Out" times to safely and quickly deliver the STEMI patient to primary PCI in under 120 minutes. For those unable to meet the 120 minute "FMC to Device time", thrombolytic therapy will be addressed with a continued goal of getting the patient delivered to the PCI Center as soon as possible after administration of the thrombolytic.

## PCI Centers

- >Currently, 19 of the 25 PCI Hospitals in the state of Iowa are participating in collecting data through Action Registry – Get With The Guidelines. Funding offers are pending at 3 PCI hospitals. We will have our first statewide STEMI report in just a few weeks. This will allow us to benchmark across the state, set goals and share best practices.
- >Regional work is getting underway, as well. Every region of the state will be able to use the STEMI guidelines but will need to work in their respective areas to enhance their system of care to overcome unique obstacles and refine their process. The AHA team will be working closely with each region to develop their teams, identify their strong points and challenges and to implement and measure interventions.

## Mission: Lifeline EMS Recognition & Award Winners in Iowa for 2014-2015

- >Clive FD – Bronze EMS Mission: Lifeline Award
- >Council Bluffs FD – Silver EMS Mission: Lifeline Award

**For more information on Mission: Lifeline Awards**, please visit the website at: [www.heart.org](http://www.heart.org) and scroll over Mission: Lifeline and select Recognition & Accreditation.

## Applications for 2015 EMS Recognition will open in January and close March 31<sup>st</sup>, 2016.

Mission: Lifeline STEMI Education Opportunities:

We will be hosting 3 regional STEMI 1-day conferences. Attendance is free to participants but registration is required. Lunch is included. Come to learn more about the STEMI System of Care, Mission: Lifeline, 12-Lead ECG in the prehospital setting and quality and performance improvement initiatives in your region. Continuing education credits will be provided for EMS, Nursing and Physicians. You may visit the attached link to register: (<https://www.surveymonkey.com/r/2016IAMLSTEMIConferences>)

March 30<sup>th</sup>, 2016 – S. Sioux City, NE (8:00 am – 5:00 pm)

May 4<sup>th</sup>, 2016 – Des Moines, IA (8:00 am – 5:00 pm)

May 18<sup>th</sup>, 2016 – Cedar Rapids, IA (8:00 am – 5:00 pm)

For information or to participate in the Statewide Task Force, please contact Heather Maier, Gary Myers or Ngia Mua. You may also visit the website at [www.heart.org/missionlifelineA](http://www.heart.org/missionlifelineA).

Heather Maier, RN CCRN CEN, Mission: Lifeline Director - Iowa, Midwest Affiliate- **American Heart Association, Midwest Affiliate**, (319)750-5729, [Heather.maier@heart.org](mailto:Heather.maier@heart.org)

Gary W. Myers, MS, NREMT, Sr. Mission: Lifeline Director, EMS Consultant for Midwest Affiliate, **American Heart Association, Midwest Affiliate**, (605) 215-1551, [gary.myers@heart.org](mailto:gary.myers@heart.org)

Ngia Mua, Project Specialist - Mission: Lifeline MN, NE, IA, **American Heart Association, Midwest Affiliate**, Phone: 952-278-7934, Fax: 952.835.5828, [ngia.mua@heart.org](mailto:ngia.mua@heart.org)



## > 2015 CONFERENCE SUMMARY:

Our 26<sup>th</sup> Annual IEMSA Conference and Trade Show was held in Des Moines on November 12-14, 2015. Each year our conference committee strives to provide great continuing education that reaches each and every level



of EMS provider. This year, over 1,100 attendees chose from a full schedule of general and specialized topics (40 in all). Some speakers came from the national stage with Scott Bourn, David Page, Reuben (Slim) P. Farnsworth and Debbie Harrell all delivering excellent keynote presentations. With evaluations still pouring in, the overall rating of presenters was 4.16 out of 5 in what many evaluations stated was "one of the best conferences yet!" EMS providers, emergency

communications specialists, law enforcement as well as nurses and physicians attended. We thank each of you for your time and dedication, and know that it is not easy to get away from work, family and community to attend a multiday event like this.

> We hope participants enjoyed not only the educational content but the networking and social aspects provided by attending this conference. So far we have an overall conference satisfaction rating of 4.29 on scale of 1 to 5! Entertainment options ranged from Vendor hall opening reception to live music and dancing at our Thursday night Gathering on Court Avenue and our Main event Friday evening featuring a Hollywood theme with the ever popular Johnny Holm band. The biggest complaint received was that the party ended too early on Friday night! Saturday morning attendees started their conference day bright and early with IEMSA's Honoring our Own ceremony. It was such a moving tribute to EMS providers no longer with us and their families and friends who remembered their lives of service and sacrifice.

> The Vendor Hall was open from Thursday afternoon until after lunch on Saturday and remains an exciting and important part of our conference experience. We hope to expand our vendor hall in 2016 in response to excellent feedback from both attendees and vendors. Any interested vendors please contact us ASAP!



> We know that each of you attend our conference in the hopes of taking home something different. You may be looking for up to date evidence based research, new

protocols, ways to improve your patient care or department moral. We strive each year to bring a large variety of classes and pre-conference offerings so that your choices are many and your overall experience is valuable.

> Keep the comments coming and check our IEMSA website regularly for other upcoming educational opportunities throughout the state. Your feedback is important to us as we plan for our 2016 conference!

### Check out some peer review comments from this year's evaluation!

*"Very good conference - always come away with new ideas and techniques!"*

*"Great conference. Appropriate topics and speakers. Knowledgeable speakers."*

*"I had a great time and I'm looking forward to next year."*

*"Even though some topics are boring, speakers did a great job of keeping it relevant and interesting"*

*"I found the speakers most informative. Thank you for bringing them to Iowa!"*

*"Wonderful knowledgeable instructor hitting a very hard topic flawlessly"*

*"Great to hear data and statistics to support positive change"*



# IEMSA

27TH ANNUAL  
CONFERENCE &  
TRADE SHOW

**SAVE THE DATE**  
**NOVEMBER 10-12, 2016**

## PLAN NOW!

### > EXHIBIT HALL : HYVEE HALL C

LARGE DISPLAY OF THE TOOLS OF YOUR TRADE

#### EXHIBIT HALL HOURS:

- **THURSDAY, NOVEMBER 10<sup>TH</sup>**  
VENDOR HALL WELCOMING RECEPTION  
4:30PM-7PM
- **FRIDAY, NOVEMBER 11<sup>TH</sup> : 9AM-5:40PM**  
**GIVE-AWAY WINNERS ANNOUNCED IN EXHIBIT HALL**  
DRAWINGS BE HELD DURING THE AFTERNOON  
BREAK **MUST BE PRESENT TO WIN.**
- **SATURDAY, NOVEMBER 12<sup>TH</sup> : 9:10AM-1:40PM**  
**GIVE-AWAY WINNERS ANNOUNCED IN EXHIBIT HALL**  
DRAWINGS HELD DURING A.M. BREAK.  
**MUST BE PRESENT TO WIN.**

### > ANNUAL BOARD MEETING :

Thursday, Nov. 10th, 11:15-12:15

Every member is encouraged to attend the annual meeting. Votes will be taken regarding bylaw changes, new board members will be introduced and reports on activity of the Association will be given.

### > AWARDS CEREMONY :

Saturday, Nov. 12th, 1200-1300, during lunch. Awards given for EMS Service - Career and Volunteer, EMS Individual - Career and Volunteer, EMS Instructor, Dispatcher, Friend of EMS, and Hall of Fame. Go to [www.iemsa.net](http://www.iemsa.net) to nominate someone today!

### > HONORING OUR OWN :

Saturday, Nov. 12th, 0730-0815

Please join us in honoring those no longer with us at this moving ceremony.

### > LUNCHES :

Again this year, we have elected to allow you the option and convenience of purchasing lunch during the conference. Our venue is a little farther away from the usual lunch sites, and with the short lunch break, we are encouraging you to include our plated hot lunch in your registration.

### > CONFERENCE HOTEL GROUP RATES :

—WILL BE AT THE SAVERY, MARRIOTT, QUALITY INN AND HAMPTON INN THIS YEAR. RESERVE YOUR ROOM EARLY-- THEY SELL OUT EVERY YEAR.



## BOUND TREE MEDICAL – IEMSA'S NEW GROUP PURCHASING

**PARTNER** – IEMSA's Membership Committee is excited to update you on the Group Purchasing Program. The contract has been awarded to Bound Tree Medical. Bound Tree has entered into a two-year contract with IEMSA to provide our Affiliate Members with considerable discounts on their products.

As the leading EMS distributor in the United States, Bound Tree Medical has been providing emergency medical equipment, supplies and pharmaceuticals to fire departments, law enforcement agencies, military, and other EMS organizations for over 35 years. Bound Tree offers thousands of quality products from leading manufacturers paired with innovative service to help you save time and save lives.

### THE RIGHT PRODUCTS

**Bound Tree offers an extensive product offering including value-priced private label products, recertified equipment and a full line of pharmaceuticals.**

**Private Label Products** – With savings up to 20% off of name-brand medical supplies, Bound Tree's portfolio of private label products enables providers to deliver quality treatment at a better overall value.

**Recertified Equipment** – Bound Tree's line of recertified equipment includes AEDs, monitor/defibrillators, infusion pumps, pulse oximeters, suction

units, ventilators and vital sign monitors from leading manufacturers including Philips, Physio Control, Zoll and Cardiac Science.

**Pharmaceuticals** – Bound Tree offers a full line of EMS pharmaceuticals including Class II and Class IV drugs.

### THE RIGHT SERVICES

**Bound Tree offers valuable services to increase efficiency and accuracy, reduce liability and positively impact your bottom line.**

**Operative IQ Inventory Management** – Maintain accurate inventory records, reduce overhead costs and eliminate costly mistakes.

**UCapIt Controlled Access Rx Dispenser** – Monitor and track accountability for access to pharmaceuticals.

**Bound Tree University** – Help maintain departmental certification with more than 20 hours of FREE, accredited CEUs.

### THE RIGHT INFRASTRUCTURE

**Bound Tree has the resources to offer convenient online ordering as well as efficient, timely deliveries and disaster support services.**

**Nationwide Distribution** – Six distribution centers strategically positioned for operational efficiency and disaster response.

**Disaster Support** – A resource for agencies that encounter incidents that require immediate deployment of emergency medical.

### THE RIGHT SUPPORT

**Bound Tree's dedicated account managers offer valuable input on cost/quality tradeoffs, state/local requirements, industry changes and new product introduction.**



#### Casey Schmeeckle

Casey has more than 6 years of experience as a Medical Sales Professional and is approaching his 3 year Anniversary with Bound Tree Medical. He is a committed Account Manager who is very excited for the opportunity to work with IEMSA agencies on a face to face level to bring even more value to each of its members.



#### Peter Lawrence

Going on three years with Bound Tree Medical, Peter has over 15 years of Medical Sales experience. He is a dedicated Account Manager who works remotely and takes pride in treating all his customers with great sincerity and in the manner that he would like to be treated as a customer.

[Visit Bound Tree Medical Today!](#)





**TUITION : \$20/IEMSA MEMBERS \$50/NON-MEMBERS (MEMBERSHIP INCLUDED)**

## ATTENTION ALL EMS PROVIDERS! YOUR OPPORTUNITY TO PICK UP SOME CE's

We are proud to present the 7th Annual SE EMS Saturday Conference. The Agenda is set with a full day of training. The agenda is outlined below. **Formal CEHs have been applied for.**

**NON-IEMSA MEMBERS** registering for this conference you will receive a 1-year membership to IEMSA. Many benefits are included with this membership, such as discounted educational opportunities to pick up CE's (including at the Annual Conference in November), a free \$ 10,000 accidental or Line of Duty Death/Dismemberment insurance policy, E-News, and a subscription to the IEMSA Newsletter- The Voice.

### MORNING AGENDA:

7:30AM- 8:00AM	Registration
8:00AM- 8:05AM	Introduction   Welcome —IEMSA Board Member
8:05AM- 8:55AM	Owning the Outcome-Cardiac —Matt Fultz
9:00AM- 9:50AM	Burn! Update —Julie Davis
9:50AM- 10:00AM	Break
10:05 AM- 10:55AM	Meth and EMS —Casey Thompson
11:00 AM- 11:50AM	LVAD & EMS —Julie Davis
11:50 AM- 12:50 PM	Lunch (on your own)

### AFTERNOON AGENDA:

1:00PM 1:50PM	Welcome to Munchkin Land —Jules Scadden
2:00PM 2:50PM	A Spoonful of Medicine —Jules Scadden
2:50PM 3:00PM	Break
3:00PM 3:50PM	EMS Today-Homeland Security to Crime Scene —Rick Sywassink
4:00PM 4:50PM	EMS Today-Homeland Security to Crime Scene —Rick Sywassink
4:50PM 5:00PM	Closing —IEMSA Board Member

## To Register for his 1-Day Conference

**COMPLETE THE ONLINE REGISTRATION FORM BY [CLICKING HERE](#)**

**OR [CLICK HERE](#) AND Follow the log-in Instructions**--Payment must accompany all registrations-you can pay securely online by credit card or select "Mail my Check" --your registration is not confirmed until payment is recieved. **No Refunds after January 8th, 2016, Cancellations prior to the 1/8/2016 are subject to a \$50 cancellation fee.**

**Walk-in registrations are welcome**--with payment by check. However, you must first, register online--so we know to expect you. Just click the "[Mail my Check](#)" button on the payment page.

**If you have any questions**, please call our office at 515-225-8079. We look forward to seeing you on the 9th.







## EMS INDIVIDUAL VOLUNTEER PROVIDER

**CHERYL VAN DYKE**, Nichols First Responders

Cheryl is a vital part of Nichols First Responders as well as the community she serves. She is the Volunteer every EMS Service wishes they had. She makes sure her service is represented at every community event including health fairs, EMS days and public education events. She also participates in training new personnel and CPR to the Public. She is a leader in promoting EMS in our County and encourages the rest of us to do the same. She constantly pushes her personnel in the area of training to be the best that they can be and although she is "seasoned" herself, she continues to build on her education every chance she gets. She understands EMS in every aspect and is not afraid of change. In fact, she was one of the first EMS providers in our County to push for System Standards. With her knowledge and experience in EMS she knew how important system standards were. With her guidance we have implemented many system standards in our County.

Cheryl has worked hard for many years making sure her service is second to none all while having limited



funds. She just always seems to make things work out for the betterment of her Service. She has done the same at the County EMS level taking on the role of Muscatine County EMS Association Secretary for many years now. She has been instrumental in helping our County EMS Association apply for and receive grants.

Cheryl has always been a role model to me and I can't give her enough appreciation. I think it's time we show the rest of the EMS providers in Iowa our gem, our treasure Cheryl Van Dyke!



## EMS INDIVIDUAL CAREER PROVIDER

**JAMEY ROBINSON**, New Sharon, Iowa

Jamey Robinson CCPM, is a paramedic that takes what he does very seriously and at the same time makes everyone feel relaxed as though they are part of his family.

His care doesn't just stop with the patients either, he takes a whole family approach and makes sure the patient and their families are taken care of. He teaches and molds young medics to make sure they know what they are doing out on the streets. I have seen him take medics that others wanted nothing to do with and work with them so they are competent in themselves. I have seen Jamey take on some of the most complex calls and he does it with pride and compassion. Jamey is very respected by others in EMS and in February of this year my respect for his ability grew more and here's why.

In February of this year on a routine transfer back from Mason City I lost control of the ambulance on ice. The ambulance rolled at least twice after striking a ditch head on damaging to the cab of the ambulance. Initially Jamey was knocked out, after taking a Toughbook to the head, but once he came too he was calm and called 911 (as the Radio was destroyed) He was bleeding from his head and found a way to control the bleeding and then forced his way out of the ambulance to assist me. He had to force my door open as well and then focused on my care. I initially couldn't move, my back hurt, I was very upset about what had happened, and I was buried in totes and binders and whatever else was there. He removed stuff, immobilized me, assessed me, and was calm the whole



time telling me it was ok. I told him I was so sorry as he stood before me covered in his own blood, he calmly told me “don’t worry about it, we will be ok”. He stood by me and kept me calm until another EMS unit showed up he gave them report about what had happened and what he did for me, they too were surprised to see him standing there giving report. From there we were transferred to the hospital and once released he asked the Dr. if he could go back to work.



## EMS DISPATCHER

**JILL CAWIEZELL**, Medic EMS

Jill Cawiezell was hired at MEDIC EMS on September 15, 1986 starting as a Paramedic. In 1991 Jill became the first System Status Controller at MEDIC EMS in the newly created communication center within MEDIC EMS (MED-COM).



Jill was promoted to the position of MEDCOM Supervisor on May 26th, 1997.

Jill is currently the Education Supervisor in the MED-COM and has played a big part of the center becoming the 150th Accredited Center of Excellence (ACE) in the world through the International Academies of Emergency Dispatch in 2011 and then re-accreditation in 2014. As the Education Supervisor, Jill oversees all training of new employees from their first day through system certification.

Jill is held in very high regard by all MEDIC EMS employees as well as dispatch agencies within the Scott Emergency Communications Center (SECC) and is seen as a Subject Matter Expert when it comes to ambulance dispatch and the use of Emergency Medical Dispatch (EMO). Jill is a leader who assisted MEDIC EMS in moving the dispatch center to the SECC which is a consolidated center in which we are co-located with other public safety dispatch agencies including the Scott County Emergency Management Agency.

Along with the MED-COM Quality Supervisor, Jill attends and oversees the Dispatch Review Committee (DRC) and the Dispatch Steering Committee (DSC) to

guide new practice and protocols and ensure the delivery of high quality EMO call taking. Jill is a graduate of the Communications Center Manager (CCM) program through the International Academies of Emergency Dispatch. With all of these responsibilities, Jill still maintains her State of Iowa Paramedic Certification. She has recently retired from 22 years active service and is still an associate member with Durant Ambulance, a Scott County Volunteer Service in her community.

Jill was instrumental in creating the call taking and dispatch center that we have today, and is very deserving of this prestigious award.



## EMS INSTRUCTOR

**TERRY SUDRLA**, Sioux City, Iowa

EMS personnel in Northwest Iowa have most likely had their lives touched in one way or another by Terry Sudrla, an EMS instructor and paramedic who has taught untold numbers of students over the course of the years.

Terry brings a special talent to his classroom students, as both a teacher, and an excellent caregiver. Terry has been working in the EMS system in and around the Sioux City area for nearly three decades. Terry is currently employed full time at Western Iowa Tech, and part time at Siouxland Paramedics in Sioux City. He has worked as a field paramedic, flight paramedic, EMS Instructor, EMS Director, and an EMS evaluator.

I have had the honor to work with Terry in EMS, and have witnessed his skills, his wonderful bedside manner, and most of all, his caring heart. Terry has taught me how important it is to not only care for his patient's physical condition, but their emotional well-being also. Terry brings that same enthusiasm to his classrooms, and tries to instill his same caring values in his students. He had been influential on many students over the years, and they will likely not ever forget the valuable medical education he has made accessible to them. We can only hope, for our sake, that he has passed a big piece of his caring heart to the EMS providers of tomorrow. There will likely be one of his students caring for us or our families one day, and we can rest easy knowing that they were taught well.





## EMS VOLUNTEER SERVICE MEDIAPOLIS COMMUNITY AMBULANCE



Mediapolis Community Ambulance Service has played a vital role in protecting Northern Des Moines County for 34 years. The dedicated volunteers of the ambulance service are not a random group of individuals who came together to provide an EMS service, these random individuals came together and formed a family. They care for their patients with the compassion of a parent would for a child, a sibling for a sibling, a child for a parent or grandparent. The volunteers consider it an honor to be called on during the most tragic times in their neighbor's lives.

Because of the compassionate care given by these volunteers, Mediapolis Community Ambulance Service has not had to tax their citizens in over 15 years and has not had to do any fund raising. The ambulance service is solely supportive through its 225/ year ambulance runs, generous memorial donations, grants and other donations.

Mediapolis Community Ambulance has 25 loyal volunteers whom provide 24-7 coverage for their community. However, their commitment does not stop there. Many of them are involved in other organizations to include but not limited to Lions Club, Church Boards, City Council, County Government, Boy Scouts, Ducks Unlimited and others. There are several members whom have been honored to be named Mediapolis Citizen of the Year for their dedication to making Mediapolis a better place to live and raise a family.

Ambulance Service members were an integral part in taking lead roles in EMS System Standards. Des Moines County was a pilot for EMS System Standards and numerous policies, procedures and programs are now being used by other EMS services and systems throughout the state. Mediapolis Community Ambulance blazed a path on how to keep small volunteer first responder units available in even the smallest communities such as Yarmouth, Iowa. Without the

efforts of Mediapolis volunteers through the EMS System Standards pilot program, numerous rural communities would no longer be in existence today which has effected the lives of numerous citizens across Iowa. Members of the ambulance service continue today to be a guide for other EMS services in developing system standards within other communities.

The spirit of volunteerism is declining throughout the state and country. That spirit remains alive in Mediapolis through the volunteers of the ambulance service. Currently, other EMS Services from Iowa and Illinois call Mediapolis for advice on setting up system standards and to ask for guidance on how to bring other area services together to work as one team. I believe in the future, Mediapolis will be guiding others throughout the state and country in answering the question "How do you continued to get volunteers?" It is for these reasons that I nominate Mediapolis Community Ambulance Service for IEMSA 2015 Volunteer Ambulance Service of the Year.



## HALL OF FAME INDUCTEE MARK FARREN (posthumous)

*Award accepted by his family.*

Hero-someone who has shown an admirable quality such as great courage or strength of character. Selfless- putting other people's needs, interests, or wishes before your own. Volunteer-someone who works without being paid. Mentor-an experienced person who advises and guides others.



Our beloved and late Chief Mark Farren, during his lifetime, met each of these definitions and much, much, much more. He made a life time of giving every ounce of himself to others. He never, ever once asked for anything in return. He truly had a servant's heart. Let us share with you why Chief Mark Farren, should be IEMSA Hall of Fame 2015 recipient.

We could submit with our application many emails, texts, twitter feeds, telephone calls or letters of recommendation to support our application. However, the Board Members of IEMSA do not have enough time left this year to read all of them. It is only fitting that the department he built honor him publicly one last time.

Chief Farren grew up and graduated from his treasured town of Colo. Chief Farren joined Colo Fire Rescue in 1976 and served as Chief for 32 years, he along with his wife





## HALL OF FAME INDUCTEE DR. RICHARD VERMEER



Dr. Richard Vermeer has been the medical director for MEDIC EMS since the date of its inception in 1982.

He is the first, as well as the current medical director at MEDIC EMS and still carries the original MEDIC

employee number of "100", which was the first number issued 33 years ago. Dr. Vermeer also serves as the medical director for Eastern Iowa Community Colleges EMS programs, the Scott County Emergency Medical Services Association, and many of the Fire and EMS services within Scott County.

Dr. Vermeer has been a leader in the EMS community in Eastern Iowa for many years and has been a leader in patient care innovation procedures such as pre-hospital hypothermia induction post cardiac arrest, Dispatcher activation of Stroke Alerts from call intake information prior to ambulance arrival on scene, aggressive care of excited delirium patients with MOCT (Multiple Officer Control Tactics) including pre-hospital administration of Ketamine as well as many other medical innovations.

He is always on the leading, but not the bleeding edge of pre-hospital care by being an early adopter of clinically proven care. He spends time researching new equipment and care by attending local and National conferences with his service personnel to learn of new information for possible implementation. He is innovative and progressive enough to be willing to implement new practice, while at the same time being reserved enough to not jump into something too soon. He is or has in the past been involved or chaired many committees on the local and National level which have all been rooted to make a difference in the EMS communities of Eastern Iowa.

Dr. Vermeer is an anchor to the high performance system of EMS in Scott County and makes sure that all services are using the same protocols and have the same direction of patient care in mind whether they are the First Response Agency or the Transport agency, Paid or Volunteer.

Julie, raised 5 daughters and 6 grandchildren. He was a full time farmer and previously had worked at the Iowa Donor Network as a recovery technician. He custom built fire apparatus for his department. And yes, still managed to devote hours and hours to our department. He was always the first to arrive on a call, training, community events, meetings, and frequently the very last one to leave. Chief Farren led by example, not only with his family, but with the community and the fire department.

Chief Farren grew up and graduated from his treasured town of Colo. Chief Farren joined Colo Fire Rescue in 1976 and served as Chief for 32 years, he along with his wife Julie, raised 5 daughters and 6 grandchildren. He was a full time farmer and previously had worked at the Iowa Donor Network as a recovery technician. He custom built fire apparatus for his department. And yes, still managed to devote hours and hours to our department. He was always the first to arrive on a call, training, community events, meetings, and frequently the very last one to leave. Chief Farren led by example, not only with his family, but with the community and the fire department.

Three years ago Chief Farren was diagnosed with pancreatic cancer. He went through major surgery and chemotherapy to defeat this ugly disease that was growing within him. In the fall of 2014, he received the news that the cancer had returned. Again, Chief Farren battled the ugly beast that lived within him. March 2015 a benefit was planned to give people a chance to give back to this man that had given so much too so many. More meals than the population of Colo were served that night.

On July 5, 2015 Chief Farren lost his heroic battle with cancer. Over 700 people attended his funeral, with over 40 EMS/Fire Apparatus in his processional line to show honor to him.

Chief Farren's story and impact did not end with his death. His impact was a pebble thrown into a calm lake. His actions are like the ripples, never ending.

As members of the department he built, we have not only lost our Chief, but our mentor, advisor, supporter, friend and family member. If love, respect, dedication, admiration, appreciation, and gratitude were enough, we would not have had to say goodbye to our Chief.

If you were someone who was lucky enough to have met him, consider yourself fortunate. I know we did.



## HALL OF FAME INDUCTEE RUTH ANN HAMLIN

"Friend of EMS"—those words can encompass a wide variety of people and their many duties and commitments to an EMS organization. In the rural areas of Louisa



County, the ambulance services, first responder units, and fire departments are all staffed by volunteers, as in most areas of Iowa. Many ambulance services function with a certified EMS provider and a certified driver—no ambulance leaves the station without these dedicated people.

In Morning Sun, Iowa, the ambulance service is staffed by 7 certified individuals and 7 drivers. Ruth Ann Hamlin has been a driver for this ambulance service most of the 27 years that the ambulance service has served the community. Ruth Ann has a full time job—she is the dietary supervisor at the Morning Sun Care Center. Ruth Ann has a husband and two teenage children who are involved in the many activities that are available at school. Ruth Ann also is involved in the many community organizations that small towns are famous for. And Ruth Ann is the primary driver for the Morning Sun Community Ambulance service. It does not matter whether it is a weekday, a week night, a weekend day or night, or a holiday—we can find Ruth Ann behind the wheel of Morning Sun's ambulance and her voice is the one that we hear on the radio. She and her husband, an EMT, staff the ambulance 4 days each week since her husband has a weekend job. (Her employer is gracious enough to allow her to leave during the work day to respond to calls, since a large percentage of Morning Sun's call volume is generated by the Care Center residents). But even while her husband is at work, or nights and weekends, she is available to the Morning Sun community and the ambulance service. All of this call time, as we all know, means that Ruth Ann always carries her pager; she is always within response range of the station; she is always willing to respond in the middle of the night. This is a commitment that small town residents are famous for, and that Ruth Ann generously and graciously honors.

In addition to the willingness to be on call and to

respond to calls, Ruth Ann is a significant asset to the patients. She knows a very large percentage of the patients that are transported by Morning Sun's ambulance. She is a life-long resident of Morning Sun, and many of the residents of this community are like extended family to her. In addition, she knows all of the Care Center residents, knows their family history, and also many of their personality traits, and is a definite comfort to these elderly patients when they are ill or injured. Her knowledge of these patients is a great help to the EMT attending the patient as well. Ruth Ann exemplifies the "Friend of EMS"—she is dedicated to the EMS service, the EMS provider, and the EMS community.

In addition to interaction with the patients, Ruth Ann's knowledge of the local area assures that Morning Sun's ambulance is going to get to the correct address in a timely manner. She is very familiar with the local addresses, response area, and resident's names. In the course of these many years, she has become familiar with the most efficient and comfortable route to the hospital of the patient's choosing.

Ruth Ann responds to the vast majority of calls that Morning Sun Ambulance makes in the course of a week, month, or year. Should something happen to her, the service would have a significant challenge filling the void. It is for these many reasons that I feel Ruth Ann Hamlin should be considered for the IEMSA award to a Friend of EMS.



## HALL OF FAME INDUCTEE KENNETH RASING

I'm not certain which award most represents Ken Rasing the best, as he is a part time instructor, EMS is not his fulltime career and he volunteers many nights and weekends to EMS, but his work and years of service are also Hall of Fame worthy.

Ken Rasing is retiring within the next year, after serving 38 years in Chickasaw County. Ken has spent almost every day of those 38 years on-call as the County Sanitarian, E-911 Service Plan Director, Medical Examiner Investigator, Emergency Management Services Director and EMT with Chickasaw County Rescue Squad. He has worn many hats during his service but he is most proud of the role that he has played in building the foundation and development of the Chickasaw County Rescue Squad, the countywide first responder and rescue group that handles 170 calls annually.



Chickasaw County Rescue Squad is the countywide First Responder and Rescue group serving 9 communities and 12 townships. Ken came on as the County's Emergency Management Services and Rescue Director in 1990. His efforts have expanded the capabilities of the group by adding equipment and specialized training. Ken recognizes the challenges that rural communities have with timely EMS care, manpower and specialized extrication. Ken's dedication has helped to lead this group to be trained and be better prepared responders for agricultural emergencies, farm equipment and jaws extrication, and rehab support for small fire departments.

Ken's dedication to EMS is obvious through the credentials he maintains. He is an EMT, EMS Instructor, Evaluator and Emergency Rescue Technician. Ken goes above and beyond what is expected of his "day job" by volunteering his evenings and weekends to train volunteers, responding to calls and facilitating Rescue Squad activities. He has been the primary instructor in the county for all first responders and Rescue Squad members for almost 25 years. Rasing shares his enthusiasm for EMS with his community by volunteering countless hours instructing CPR. He has taught CPR not only for medical personnel, law enforcement and EMS responders but for a variety of civic groups, Scout Clubs and churches. He has shared his passion for EMS by involving his wife, Shari, and their 3 sons Travis, Blake and Jacob with Rescue Squad activities, exercises, and fundraisers over the years. It is unknown how many students Ken has had through the past 2 decades but it is obvious that his work has impacted the quality of EMS delivered to not only his community but an entire rural county.



## HALL OF FAME INDUCTEE KEVIN FROST

After 37 years of dedicated service to Decatur County Hospital Ambulance, Paramedic Kevin Frost retired in March of 2015. In his 37 years, Kevin Frost became a name synonymous with Emergency Medical Services in Decatur County. Kevin's well-known throughout



Decatur County and the surrounding areas by patients he rendered care to and their families.

Kevin began his career with DCH Ambulance in the late 1970's as an Emergency Medical Technician, working his way to the level of Paramedic and Ambulance Director, a role in which he served from 1989-2015. Notable achievements of Kevin's career include implementation of 24/7 in-house staffing of EMS providers at Decatur County Hospital as well as creation of the Decatur County E-911 Addressing System.

Kevin's dedication to his community extends beyond his faithful service with DCH Ambulance including serving as a past member of Leon Fire & Rescue, Decatur County Emergency Management Agency Commission, Decatur County E-911 Council, Decatur County EMS Council, and Decatur County Emergency Preparedness Council.

EMS in Decatur County is forever impacted, in a positive way, by Kevin Frost.



## WELCOME NEW IEMSA BOARD MEMBERS

# 2016



### SOUTH WEST REGION : SARAH SOLT

My EMS career started in 2008 as a volunteer EMT in Villisca. I am currently a Paramedic with Villisca Volunteer Ambulance Service and I work full time as a Critical Care Paramedic at Clarinda Regional Health

Center. I am an EMS instructor through Iowa Western and Southwestern Community Colleges and I teach BLS courses at Clarinda Regional. I am pursuing a Master's degree in EMS through Creighton University. I appreciate the opportunity to serve on the IEMSA board.

Contact Info: Clarinda Regional Health  
102 E. 5th St., Villisca, IA 50864-1205  
712-621-9893 work, ssolt@clarindahealth.com



### NORTH WEST REGION : TRACY FOLTZ

I originate from Sioux Falls, SD. I have been involved in EMS since 1991 and have been a medic since 1993. Have worked for hospital based systems (Brookings, SD), fire based systems (Omaha Fire Dept), private and city based systems. 12 years of flight paramedic experience. 10+ years of EMS management experience. Currently serve as the Chief Medic



for the Sioux Center Ambulance Service and as a flight paramedic for Mercy Air Care in Sioux City.

Contact Info: Sioux Center Ambulance  
Mercy Air Care/Med-Trans Corp  
1272 S Main Ave., Sioux Center, IA 51250  
605-310-7112 cell or 712-722-2453 work  
tracy.foltz@iemsa.net



### **SOUTH EAST REGION : MATT FULTS**

From Marengo, Iowa--Matt began his career with Blairstown Ambulance in 2006 after completing his EMT with Kirkwood Community College. Matt continued to work for Blairstown Ambulance and North Benton EMS until

2008 when he and his wife, Angela, moved to West Des Moines. While in central Iowa Matt worked as an EMT while completing his paramedic education at the University of Iowa EMSLRC. After completing his paramedic education Matt was employed West Des Moines EMS and Dallas County EMS until 2012. Since relocating to eastern Iowa, Matt has served Iowa County EMS in both a full-time and part-time role. In April of 2015 Matt began work at the University of Iowa EMSLRC as a paramedic educator. Matt currently is the clinical coordinator for EMSLRC students and serves as educational faculty for the EMT, Paramedic, and continuing education classes.

Contact Info: Marengo Memorial Hospital  
899 Cherry St., Marengo, IA 52301-1012  
C - (319) 389-6443. Matthew.fults@iemsa.net



### **NORTH CENTRAL REGION : GARY MERRILL**

I have lived in Iowa since I was two years old, and have never found any place I'd rather call "home." I started my career in EMS as a Firefighter/

EMT-B with the Denison Volunteer Fire Department in 2000. It wasn't long before I realized that I had never done anything in my life that felt so meaningful and rewarding and I left a job with a technology company to pursue a full-time career in EMS. I started full-time as an EMT-B with the Crawford County Ambulance Service in Denison, and upon completion of the paramedic program at Iowa Western Community College, I accepted a position with the Palo Alto County Ambulance in Emmetsburg in 2007. In 2010, I was offered the opportunity to serve as the director

of the Algona Ambulance Service in my hometown. It was an easy decision to return to the town where I grew up, and I am happy to give back to this great community and state. I live in Algona with my wife, Bernadette, and three children, Alison (15), Ryan (12), and Joey (7).

Contact Info:

Algona Ambulance Service (City of Algona)  
1515 S. Phillips St, Algona, IA 50511-2921  
(515) 295-7513 work  
gmerrill@ci.algona.ia.us or gary.merrill@iemsa.net

### **SOUTH CENTRAL REGION : BRAD VANDELUNE**

Hello All, My name is Brad Vandelune. I was born and raised in Prairie City. I currently live in Altoona and work for West Des Moines EMS. I have 17 years of EMS experience. My employment history includes private, county based, municipal and air medical EMS experience. My interests include EMS instruction, and student precepting. I am married and have 2 kids in the Southeast Polk School District. I am currently a fulltime student attempting to complete my bachelor's degree. In my free time I like to attend my kid's activities, hunt and fish. I look forward to serving my fellow EMS providers, and I appreciated the opportunity.

Contact Info : City of West Des Moines EMS  
1507 Alderwood Drive, Altoona, IA 50009  
515-401-8811 cell or 515-957-8786 home  
brad.vandelune@wdm.iowa.gov



### **NORTH EAST REGION : AMY GEHRKE**

Currently I'm a flight nurse with AirCare 2 based at Covenant and Chief of the Denver ambulance. I have been a nurse for 19 years and EMT for 16

years. I love EMS and that is why I love flight nursing because I get the best of both worlds. I have been an IEMSA member for 15 years and have attended the conference most of those years. I look forward to representing my region on the IEMSA board and getting involved at the state level.

Contact Info: AirCare 2 w/Covenant- Waterloo Waverly EMS, EMS Instructor at Hawkeye, Denver ambulance, 1110 Donna St. Denver, Ia. 50622  
319-404-4681 cell 319-984-5509 home  
amyjornemt@hotmail.com

## IT IS WITH A GRATEFUL HEART that we say

**"thank you" to the outgoing board members who have served so faithfully on the IEMSA Board** but have seen their terms come to an end. Without these members and their selfless dedication and giving spirit, Iowa EMS would not be what it is today. I consider myself a newbie on the team, and watching these seasoned members in action has been both inspiring and mind-boggling. For those who have not been an active part of the IEMSA meetings or activities, you cannot imagine how much work and time goes into supporting Iowa EMS. The monthly meetings always have a full agenda and tackle critical issues facing our EMS family. The activities of IEMSA impact everything from Iowa law to the local volunteer. (And you thought IEMSA was just an awesome conference that you can't wait to attend each year!) The members of this group make that happen on a daily basis. So join us when we say, "Our hats are off to you, members who have served so well!"

### DAVE JOHNSON NORTH WEST REGION



Our sincerest thanks to Dave Johnson, who returned to the IEMSA Board of Directors to fill a vacant one-year term in the North Central region. As many of you might recall, Dave served two previous terms on the IEMSA Board from 2007-2010, holding the office

of Vice President from 2008 to 2009. Always ready and willing to lend a hand, Dave was known for pitching in to help with many IEMSA Board of Directors projects, and was a tremendous presence in vendor hall each year at the conference. Thanks for your service Dave!

### BOB LIBBY SOUTH EAST BOARD MEMBER



Well-known and respected by many, Bob Libby served on the IEMSA Board of Directors for three two-year terms, starting in 2010. Well known for his incredible work ethic, Bob was commonly seen zipping around the annual conference, lending an expert hand where ever

it was needed. We thank Bob for his years of service, and wish him well!

### CURTIS HOPPER NORTH EAST REGION



Serving the Northeast Region since 2008, Curtis brought a great deal of experience to IEMSA's Board, and has served as a mentor to many in our profession. Curtis recently chaired the an exhaustive effort for the request for proposal effort for IEMSA's Group

Purchasing Contract, spending countless hours on this project. Curtis was a great team player on the Board of Directors, and will be greatly missed; thanks for your contributions, and best of luck!

### CHERRI LYNCH SOUTH WEST REGION



A bundle of sparkling energy, Cherri served an ambitious single term, representing our South West region. Known for her ever present smile and positive attitude, Cherri worked tirelessly to bring NAEMSE Instructor classes to IEMSA's

annual conference, with resounding success. Thanks for your contributions, and best of luck Cherri!

### JEFF DUMERMUTH SOUTH CENTRAL REGION



The man...the myth...the legend. Since he began serving on the board of directors in 1998, Jeff Dumermuth has worn a great many hats for our Association, and has worn them very well. Holding all Executive Officer positions with the exception of Treasurer, Jeff has

invested a great deal of time, effort and passion to grow our organization into what it has become today. A leader with incredible vision and integrity, Jeff determinedly guided IEMSA to develop into the outstanding organization it is today. We applaud Jeff's dedicated nine term tenure on the Board of Directors, and wonder what he'll do in his free time? Without question, Jeff's selfless contributions, and drive to never settle for second-best have truly made IEMSA what it is today. Thank you Jeff!

# 

The Iowa Emergency Medical Services Association is proud to offer annual scholarship opportunities in 2016. Funds are intended to assist those hoping to enter the emergency medical services job force or for established members of the EMS community looking to advance their education and certification level. Emergency Medical Services personnel are essential features of any disaster management effort. Whether paid or volunteer, EMS is often the first to arrive at accident sites, making split-second life-saving decisions during every shift. Quality education and comprehensive training is essential for EMS providers and paramedics, because no two disasters, emergencies or accidents are alike. The goal of the IEMSA annual scholarship fund is to encourage continued improvement and advancement for our state's providers.

Initial certification requires schooling, and continuing education, and it also plays an important role in keeping EMS personnel on the cutting edge of life-saving first responder protocols. College level programs exist at two and four-year colleges. Whether basic or advanced – EMT, school can be costly. IEMSA would like to assist individuals with scholarship funding to help achieve or further career goals.

## **SCHOLARSHIP SELECTION PROCESS**

1. Only those applications which are complete, accurate and received by the deadline will be considered. (**Current Scholarship Application Deadline : June 1, 2016**)
2. IEMSA will notify all applicants by email of the status of their application.
3. EMS scholarships are not awarded for course work already taken.
4. Scholarship payments are made directly to the recipient of the scholarship.

>>> CONTINUED ON **PAGE 21**

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> > > IEMSA SCHOLARSHIPS CONTINUED FROM PAGE 20

5. The following criteria will be used in the scholarship selection process:

- Dedication to the profession
- Financial need
- Dedication to the community
- Service as a positive ambassador for IEMSA

Please consider applying for one of these scholarships or forward information on to other potential recipients.

Click Here to print the scholarship application:

[http://iemsa.net/pdfs/Scholarship\\_Application.pdf](http://iemsa.net/pdfs/Scholarship_Application.pdf)

## 2015 SCHOLARSHIP RECIPIENTS ARE:



**> NATHAN MORK** -- Nathan spent 6 years serving in the Army Reserve, will be taking his NREMT and is currently working on his paramedic certification.



**> SHAWN SNAITH** -- Shawn is currently working as an EMT for Anamosa Area Ambulance and is working on his paramedic certification at Northeast Iowa Community College. His long-term goal is to become a Flight Medic.



**> IOWA CENTRAL COMMUNITY COLLEGE** recieved the first EMS Training Center Scholarship-monies will be awarded at the discretion of the college.



# > uh-oh! Peds! CONFERENCE

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**Registration Tuition: JUST \$80** for IEMSA Members **and \$110** for Non-Members (includes an IEMSA Membership) Lunch is included in your Registration Tuition.

**REGISTER ONLINE--**[Click Here](#) **or call 515-225-8079** You will be prompted to log-in to your IEMSA Account to register--Usernames are set to the email address on file and everyone's temporary password is set to IEMSA2014 which is case sensitive and contains no spaces. Passwords can be reset at the time of initial login. Once logged in--go to the "Online Store" tab at the top of your screen, click on the "Uh-oh! Peds!" icon, complete the registration, process payment and you're registered! You can **PAY BY CREDIT CARD OR** Register online and check the "MAIL MY CHECK" option and send the check to: IEMSA, 5550 Wild Rose Lane, Ste. 400, West Des Moines, IA 50266 - No refunds after January 29th. All refunds prior to January 29th will be subject to a \$50 cancellation fee.



# EMS and Acute Stroke Care

## Assessment, Treatment, and Transport

BY Ben Symonds & Mike McLaughlin, Kirkwood Community College



### INTRODUCTION

It is a brisk fall day as you and your partner drive through town on your way to get breakfast. You are debating whether a chocolate muffin is a breakfast or a desert when your pagers go off, informing you that you are being dispatched to a farm residence five miles outside of town for a 'disoriented male'. You acknowledge the page and go en route. The time is 0740. Since your partner is fresh out of school you quiz him on the differential diagnosis for altered mental status. He hits on the usual suspects- including diabetes, intoxication, head injury and dehydration. He also suggests that it may be a possible stroke.

You arrive on scene and at the patient at 0745 to find a 63 year old male seated at the kitchen table of a well kept residence. He is conscious and breathing. His wife is by his side and states that she was talking to her husband when he began to slur his speech and his words came out garbled. He has had no recent illnesses or injuries. Other than a history of high blood pressure for which he takes HCTZ, he has been very healthy. He does not drink or smoke and is very physically active.

As you talk to the wife your partner gets a set of vital signs. He explains what he is doing as he takes the patient's pulse and blood pressure. The patient follows the conversation and obeys commands but does not speak. His pulse is 88 and irregular. His blood pressure is 160/78 and his respiratory rate is 22 breaths per minute and unlabored. His skin is warm and dry. His lungs are clear in all fields and his pulse oximeter reading is 98% on room air.

Your partner asks the patient to close his eyes and raise his arms in front of him- palms up. He complies but can only lift his left arm. When he is asked to smile the left side of his face does not move. When asked to repeat the phrase "The sky is blue in Cincinnati" he only looks at you. A tear runs down his left cheek. You ask the patient's wife what time her husband started to act like this. She says she is not sure but that she called 911 within five minutes of when he started talking funny.

You and your partner quickly load the patient onto your cot and move him to the ambulance. It is now 0752. Your partner assists the patient's wife into the front of the ambulance. As he gets in the driver's seat you ask him to drive with lights and sirens to St. Michael's Hospital. It is only five miles away and has 24 hour emergency department and CT scanning capabilities. You also ask him to get the exact time of call from dispatch and to notify St. Michael's that you are en route with a possible emergent stroke.

While en route you re-assess the patient's vital signs and place him on oxygen via a nasal cannula at 2 liters per minute. You also do a finger stick to check his blood sugar (which is 88 mg/dl) and place him on the cardiac monitor. The rhythm appears to be irregular- atrial fibrillation at a rate of 80-90 beats per minute.

Throughout transport you talk to the patient- explaining what you are doing and what he can expect to happen when he arrives at St. Michael's. You re-check the arm drift, facial droop, and speech as you near the hospital.

When you enter the emergency department you are greeted by the physician who has heard your partner's report. The time is 0758. He does a quick assessment and asks the patient and his wife some questions - all the time walking down the hall to the CT scanner where the technician and radiologist are waiting.

Later that afternoon when you are dropping another patient off at St. Michael's you learn that your patient was diagnosed with an acute ischemic stroke and is receiving clot-busting drugs in the ICU. His symptoms have almost completely resolved and he is talking to his wife and holding her hand.



His wife is by his side and states that she was talking to her husband when he began to slur his speech and his words came out garbled.



>>> CONTINUED ON **PAGE 23**



## The Anatomy of a Stroke

A stroke, or cerebral vascular accident (CVA) results when the blood flow to the brain is compromised or disrupted. The brain is a vascular organ- fed with a rich supply of blood through the two carotid arteries and the two vertebral arteries. The vertebral arteries combine to form the basilar artery. 80% of cerebral blood flow occurs through the carotid arteries- with the remaining 20% running through the basilar artery (Sanders, 2006). There is very little collateral circulation beyond the surface of the brain. For this reason the occlusion of the distal vasculature is likely to cause cerebral injury or death.

### Signs and symptoms of stroke can include:

- weakness or paralysis on the opposite side of the stroke (hemiparesis or hemiplegia)
- numbness on the opposite side of the stroke
- inability to speak or understand words (aphasia)
- confusion or coma
- seizures
- incontinence
- double vision (diplopia) or partial vision loss
- slurred speech (dysarthria)
- headache
- dizziness
- unsteady gait (ataxia) (Sanders, 2006).

Strokes can be classified as ischemic or hemorrhagic. Ischemic strokes occur when a blood vessel narrows and the flow of blood is disrupted due to plaque build up (thrombotic stroke) or when a clot or piece of plaque breaks free from somewhere else in the body and travels to the brain where it forms an occlusion (embolic stroke). A hemorrhagic stroke occurs when one or more of the blood vessels in the brain ruptures or leaks. Blood supply to a portion of the brain is compromised and cell injury or death occurs.

Since ischemic strokes often result from the normal aging process of the brain and blood vessels, they are often more likely to occur in older patients and patients with other medical problems including heart arrhythmias, diabetes, and high blood pressure. Hemorrhagic strokes are more likely to occur in the young and are often a result of stress or exertion. Cocaine and other drugs that tend to speed up the heart and raise a person's blood pressure are also contributing factors in the occurrence of hemorrhagic strokes.

Of all strokes, 88 percent are classified as ischemic and 12 percent are hemorrhagic (AHA, 2006). What is perhaps most striking for prehospital providers is that over 50 percent of stroke-related deaths occur in the out-of- hospital environment (AHA, 2006). While CVAs may last several minutes to several hours, a stroke that resolves within 24 hours of the onset of signs and symptoms is classified as a transient ischemic attack.

### Stroke Facts and Demographics

Every year approximately 795,000 people experience a stroke. Roughly 610,000 of these are new attacks (Sinz, Navarro, Soderberg & Calloway, 2011). Approximately 273,000 will die with stroke as the underlying or a contributing cause. (AHA, 2006). Stroke is the third leading cause of death and the leading cause of disability in America. (Schwamm, Pancioli, & Acker, 2005). It is estimated that in 2010, on average, every 40 seconds someone in the United States suffers a stroke (AHA 2014). In 2003 this accounted for one of every 15 deaths (AHA, 2006).

Approximately 15 percent of all strokes are preceded by a transient ischemic attack or TIA. These TIAs increase the patient's risk of stroke by over 15%. Approximately half of the individuals who experience a TIA do not report it to their healthcare provider. Within a year 12% of all TIA patients in the United States will die(AHA, 2014).

While treatment with recombinant tissue plasminogen activator (rtPA) remains the gold standard for treatment in acute ischemic stroke, less than 25% of all stroke patients arrive at the hospital emergency department within three hours of the onset of signs and symptoms (Schwamm, Pancioli, & Acker, 2005).

### Prehospital Evaluation, Treatment, and Transport

Prehospital evaluation and treatment of the stroke patient centers on early recognition, rapid evaluation, and expedited transport to the nearest appropriate facility. After initial patient assessment and stabilization of the airway, breathing and circulation, the EMS provider should perform a brief assessment that looks for signs of a possible stroke. The state of Iowa's stroke protocol lists the Cincinnati Prehospital Stroke Scale (CPSS) as the tool to use (Bureau, 2015). This instrument looks for facial droop (have the patient smile); arm drift (patient holds up arms- palm up while eyes are closed for 10 seconds); and speech disturbances (the patient repeats the phrase "The sky is blue in Cincinnati"). If any one of these tests is positive the EMS provider should include stroke as a possible diagnosis. When this stroke assessment tool is





## EMS and Acute Stroke Care

> > > CONTINUED FROM **PAGE 23**

used correctly, the EMS provider's sensitivity for stroke identification increases to approximately 86% to 97% (Sinz, Navarro, Soderberg & Calloway, 2011).

For patients with a suspected stroke time is a crucial factor. The definitive treatment for ischemic strokes is the administration of the clot-busting drug rtPA. This drug breaks up the fibrinogen that forms around a clot or embolus and allows blood flow to return to the deprived area of the brain. The recommended window for administration of rtPA is within three hours of the onset of symptoms. Because there is no diagnostically conclusive way to differentiate an ischemic stroke from a hemorrhagic one in the prehospital environment it is imperative that all suspected stroke patients whose onset of symptoms falls within the three hour window receive a CT scan that can be read by a radiologist, neurologist, or trained ER physician.

In these situations the EMS provider will need to play detective. If the patient woke up with the stroke symptoms or was found by a neighbor the time of onset must be assumed to be the last time the patient was seen or can self-report as asymptomatic. In these situations it is very helpful to have the patient's friend or loved one serve as a liaison in gathering information. Regular daily benchmarks such as times meals are eaten or TV shows are watched can serve to narrow the time of onset of signs and symptoms.

Since not all hospitals have 24 hour CT scan capabilities or the medical personnel to properly care for stroke patients, it is important that EMS providers include early notification and transport decisions in their protocols and on-scene decision-making process. With a three hour time frame, it is essential that a hospital be ready and able to care for the emergent stroke patient.

Most of the prehospital care of the possible stroke patient centers on supportive measures and maximizing the time available. After initial evaluation and stabilization most treatments and reassessment may be performed while en route. Oxygen via nasal cannula, a blood sugar check, IV access, continuous cardiac monitoring and 12 lead EKG (if within the provider's scope) all serve to reduce time spent between 'door to drug' and should integrate seamlessly with the early notification and patient hand-off when EMS arrives at the receiving hospital.

### Conclusion

In March of 2005 the American Stroke Association- a division of the American Heart Association published its Recommendations for the Establishment of Stroke Systems of Care. In it the authors emphasized the role of EMS providers when they wrote,

"Recognition of stroke by EMS personnel is needed to guide both the transportation of patients to the most appropriate facilities and the initiation of stroke-specific basic and advanced life support before the patient's arrival at the hospital. Effective communication between EMS responders and receiving emergency departments is important in optimizing the efficiency of the hospital's response to acute stroke" (Schwamm, Pacioli, & Acker 2005 p.5)

This emphasis not just on prehospital stroke care but also on the collaboration and communication that is necessary to improve outcomes and ensure that all stroke patients receive the best possible care in the timeliest fashion is a crucial element to EMS and systems thinking in the prehospital environment.

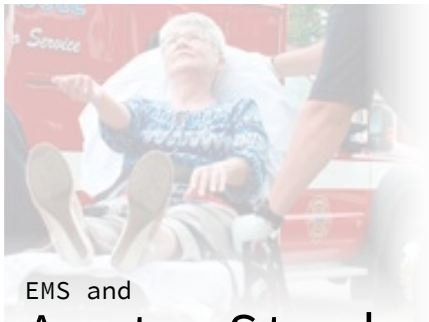
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*Mike McLaughlin is the Dean of Health Occupations and Director of the Katz Family Healthcare Simulation Center at Kirkwood Community College in Cedar Rapids, Iowa. He has been a paramedic for 20 years- working for both air and ground-based services.*

*Ben Symonds is the Paramedic Program Director for Kirkwood Community College in Cedar Rapids, Iowa. He has been a paramedic for 4 years- working with both rural and fire-based EMS services. He currently works for Iowa County Ambulance Service in Marengo, Iowa.*

> > > TEST ON **PAGE 24**



EMS and

# Acute Stroke Care

## Continuing Education Quiz

IEMSA Current members can earn 1 hour (1CEH) of optional continuing education credit by taking this informal continuing education quiz. You must answer questions 1 through 10 and achieve at least an 80% score.

Deadline: March 31, 2016

Complete this Quiz and:

- mail to IEMSA (CE Test)  
5550 WILD ROSE LANE, STE. 400  
WEST DES MOINES, IA 50266
- fax to (877) 478-0926
- or email to [administration@iemsa.net](mailto:administration@iemsa.net)

1. The state of Iowa Standard Protocols recommend that EMS providers use the \_\_\_\_\_ stroke scale.

- a. Los Angeles
- b. Cincinnati
- c. Duluth
- d. Miami

2. The most common type of stroke is the \_\_\_\_\_ stroke.

- a. Ischemic
- b. Transient
- c. Hemorrhagic
- d. Aphasic

3. A CT scan is crucial in the diagnosis of an ischemic stroke if the patient is to receive:

- a. Aspirin
- b. Oxygen
- c. rtPA
- d. Cardioversion

4. Within a year \_\_\_\_\_ percent of all patients experiencing a transient ischemic attack will die.

- a. 10
- b. 90
- c. 45
- d. 25

5. Prehospital care for the suspected stroke patient focuses on rapid \_\_\_\_\_ and expedited \_\_\_\_\_.

- a. Vascular access; CT
- b. Evaluation; transport
- c. Oxygen; cardiac monitoring
- d. rtPA; transport

6. It is recommended that patients experiencing an acute ischemic stroke receive rtPA with \_\_\_\_\_ hours of the onset of signs and symptoms.

- a. Five
- b. One
- c. Two
- d. Three

7. Which of the following is not a test used in the Cincinnati Prehospital Stroke Scale?

- a. Arm drift
- b. Facial droop
- c. Hand grip
- d. Abnormal speech

8. The primary blood supply for the brain is the \_\_\_\_\_.

- a. Basilar artery
- b. Vena cava
- c. Vertebral arteries
- d. Carotid arteries

9. Which of the following is not a common sign or symptom of a stroke?

- a. Headache
- b. Slurred speech
- c. Bilateral arm weakness
- d. Confusion

10. Stroke is the \_\_\_\_\_ leading cause of death in the United States.

- a. Fourth
- b. Third
- c. First
- d. second

**NOT A MEMBER?** But would like to earn this CE. Join our Voice for positive change in EMS by joining IEMSA today. Visit [www.iemsa.net](http://www.iemsa.net), go to our membership page and apply online today at [www.iemsa.net](http://www.iemsa.net). --just \$30/year.



# SPOTLIGHT ON TRAINING

## > REGIONAL CENTER FOR EMS EDUCATION (RCEMSE) AT KIRKWOOD COMMUNITY COLLEGE

> The Regional Center for EMS Education (RCEMSE) at Kirkwood Community College was formed in partnership with St. Luke's Hospital, Mercy Medical Center, and Area Ambulance Service. By combining resources, RCEMSE is able to provide high quality, accessible EMS education programs in the seven county area served by Kirkwood Community College. Since this initial partnership in 1998, we have continued our commitment to provide quality EMS Education. On March 16, 2007 our Associate of Applied Science degreed Paramedic program received initial accreditation for three years by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). Most recently our CAAHEP accreditation has been extended until September 2016.

- > Kirkwood is authorized by the Iowa Department of Public Health Bureau of EMS to provide training in Emergency First Responder, Emergency Medical Technician, Advanced Emergency Medical Technician and Paramedic. We also offer EMS continuing education to all levels of EMS providers. Currently for fall of 2015 we have 75 students enrolled in our EMS courses. We offer our college credit EMT course each semester and have an annual start of the credit Paramedic program.
- > We're very excited about the Kirkwood Healthcare Simulation Center. This 12,000 square foot addition to Linn Hall, which opened in August of 2009, integrates high fidelity simulation into a realistic healthcare environment. From the pre-hospital apartment, to the in-patient ICU, each of the seven rooms has the look, feel and smell of an authentic healthcare setting. Each room is equipped with state of the art audio and visual recording capabilities. Not only can we simulate an EMS call, but the instructor can view the live scenario from the control room to monitor the students' assessment skills, treatment and professionalism.

### > FOR MORE INFORMATION

about any of our programs visit our website at [www.kirkwood.edu/ems](http://www.kirkwood.edu/ems) , or if you happen to be in the area feel free to stop by and take a look at our facilities.







# MEDICAL DIRECTOR UPDATE

BY DR. JOSH STILLEY

- > It has been a pretty busy season in Iowa EMS with the NHTSA assessment, renewed push for trauma verifications, and several new staff members at the Bureau of Emergency and Trauma Services.
- > We all know that some of the greatest impact we can make as providers occurs before we even reach the patient. Interventions such as seatbelts, helmets, and airbags have a more profound effect on a patient's survival than I can as a provider. Appropriate first aid prior to arrival of EMS can have an equally profound effect on survival, especially in the area of cardiac arrest. This is the whole basis behind the Chain of Survival in the cardiac, stroke, and trauma worlds.
- > The application of bystander (non-EMS) provided chest compression increased the rate of survival to hospital discharge from 7.0% to 11.2% in a study by McNally [1]. In a subset of the population who has a witnessed collapse and was found to be in a shockable rhythm, survival to discharge was 30.1%. This study also highlighted an important point in that only 43.8% of people who had a witnessed arrest received bystander provided compressions. Think about that for a minute; half of the patients in whom they were witnessed to have a cardiac arrest by another individual did not receive CPR. From the initial numbers above we know that survival almost doubles (7% to 11.2%) with bystander CPR, but half of the patients in this group did not receive it.
- > A different study by Rea looked at no CPR, dispatcher-assisted CPR, and CPR without dispatcher assistance. They found that patients who received dispatcher-assisted CPR had almost the equal rate of survival as those who had bystander CPR but did not require dispatcher

assistance (Adjusted Odds Ratio of 1.45 v 1.69) [2]. The adjusted odds ratios are statistically equivalent. This means that a patient who received dispatcher-assisted CPR was 1.45 times more likely to survive than one who did not and the rate of survival is equivalent to those who receive bystander CPR without needing dispatcher instructions.

- > There is a continuing trend for bystander CPR to be compression-only. Fortunately there is a study that looked at this as well. In dispatcher-directed CPR, those who received instruction in compression-only techniques had a rate of survival equal to those who received instruction in compressions with rescue breathing [3]. In fact, the rate of survival to hospital discharge was higher in the compression-only group, but this difference was not statistically significant (12.5% v 11.0%)
- > To summarize the data above, we know that people who receive bystander CPR have a higher rate of survival than those who do not, dispatcher directed CPR is equally effective to bystander CPR, and dispatcher-directed compression only CPR is effective. Additionally, when we look at interventions we can provide as medical professionals, a 1% difference in survival is a big deal, let alone a 50-100% difference in survival. Aspirin is about the only medication we can give in the pre-hospital environment that has improvement in survival, and that only conveys about a 20% reduction in mortality, which is still huge [4].
- > With this information in mind, does your Public Safety Answering Point (PSAP) provide pre-arrival instructions? This is very dependent on your PSAP as Emergency Medical Dispatch is not mandated in the state of Iowa. In fact medical training

of any kind is not proscribed as a requirement for dispatchers [4]. EMD provides a symptom-based approach that identifies the medical need, provides basic care instructions, and sends the appropriate unit in the appropriate manner. In many areas of our state the same units respond no matter what the complaint, but the need for dispatch priority if multiple calls come in at the same time is a real possibility. In some cases a request for medical assistance may be able to be appropriately triaged to a nursing hotline or an alternative mode of transportation if EMS care is not required. This does require specific protocols and training. EMD implementation can have a significant effect in other areas of patient care such as high-risk pregnancy, early stroke recognition, and aspirin administration.

- > We have often thought of PSAPs as a Law Enforcement entity in our state. Many of them are under the umbrella of the Law Enforcement agency in the area such as the Sheriff's department. Even though this is often the case, our responsibility to provide appropriate services to our patients starts well before we arrive. EMD does require buy-in from the PSAP leadership, the dispatchers themselves, the EMS system, and Medical Direction. CQI is an integral part of assuring EMD, just as it is an integral part of EMS.
- > In summary, think about the care provided to your patients. Could EMD provide a benefit that you cannot make up without it? As always, please let me know if you have questions or thoughts on other topics.

B. McNally and et al, "Out-of-Hospital Cardiac Arrest Surveillance - Cardiac Arrest Registry to Enhance Survival (CARES), United States, October 1 2005 - December 31, 2010," *Morbidity and Mortality Weekly Report*, pp. 60(SS08);1-19, 2011.





# BUREAU OF EMERGENCY AND TRAUMA SERVICES UPDATE

BY REBECCA CURTISS : BUREAU CHIEF-EMERGENCY & TRAUMA SERVICES



## > THE IOWA DEPARTMENT OF PUBLIC HEALTH, BUREAU OF EMERGENCY AND TRAUMA SERVICES, IS READY TO EMBARK ON THE NEXT PHASE OF THE IMAGE TREND SOFTWARE UPGRADE FOR EMS DATA COLLECTION.

- > In accordance with Federal requirements, **EMS data submitted after December 31, 2016 must be NEMSIS Version 3 compatible.** Image Trend's "ELITE" is a NEMSIS V3 compatible software and is ready to go live in Iowa on January 1, 2016. The online, web based version of Image Trend's ELITE is offered to all authorized Iowa EMS programs free of charge.
  - > All EMS programs using software vendors other than Image Trend must work with your specific software vendor to assure your program will have a NEMSIS V3 compatible system in place by **December 31, 2016.**
  - > For Iowa EMS programs currently using Image Trend's **IOWA RESCUE BRIDGE** (NEMSIS V2 compatible) product, you can continue to use this system to submit data throughout 2016; however, your EMS program must transition to a NEMSIS V3 compatible software system by **January 1, 2017.** To assist current **IOWA RESCUE BRIDGE** users with this transition, we will be migrating your current service and staff information to the new ELITE. You will be able to repeat this migration in the future if needed. In addition, your current IOWA RESCUE BRIDGE sign on information will remain the same for ELITE. We would suggest you make your transition at the start of a new calendar quarter (January, April, July, or October). While not required, we feel it would be beneficial should you need to access legacy data.
  - > For those EMS programs that are ready to start with ELITE and are not current IOWA RESCUE BRIDGE users, you must send an email to [terry.smith@idph.iowa.gov](mailto:terry.smith@idph.iowa.gov) requesting sign on information.
  - > For EMS programs using software vendors other than Image Trend, we will be posting a document to our website that walks you through the steps to manually upload your NEMSIS V3 compatible data to ELITE. We also encourage you to visit with your software vendor about automated data uploads.
  - > The Bureau of Emergency and Trauma Services (BETS) will be providing software training for all Iowa EMS Service Data Administrators at various locations over the entire state through October 2016. Every EMS Service Data Administrator (Ambulance and Non-Transport) in the state that will be entering data directly into Image Trend ELITE should attend a session. BETS staff are providing the training specifically to Data Collection/Submission Administrators that are designated by the EMS Service. Additional EMS service staff are then to be trained by that person(s).
  - > EMS Service Directors will be receiving an e-mail at least monthly from the BETS Chief-Rebecca Curtiss with the training dates, times and locations-please forward these e-mails as necessary. Registration will be expected.
  - > Your primary points of contact at the Bureau for this project are Terry Smith ([terry.smith@idph.iowa.gov](mailto:terry.smith@idph.iowa.gov)) and Clark Christensen ([clark.christensen@idph.iowa.gov](mailto:clark.christensen@idph.iowa.gov)). Terry and Clark will be happy to assist you with any questions you may have regarding this upgrade.
- The EMS Bureau will continue to provide updates through this publication and through the bureau website <http://www.idph.state.ia.us/ems/>

## **RESPONSE TIMES OF YOUR SYSTEMS AS PART OF SYSTEM STANDARDS**

BY **KERRIE HULL**: RN, EMERGENCY SERVICE COORDINATOR-CALHOUN COUNTY



**Looking at the self-assessment document as part of the System Development Grant requirement can look like a huge undertaking.** Don't try to start at the beginning and work your way through, start with some of the easier standards first. It will open up the lines of communication within your system and start the movement towards standards and a true EMS System in your area.

**Look at Standard 4.04  
Response & Transportation:  
Response Time Standards**

**The data is easy to obtain and determine whether you meet the standard as an agency.**

You need to take only the

emergent responses (don't include transfers or non-emergency calls). Remember it is the percentage. As a first response agency, you may have had a call that took 25 minutes to respond on scene due to weather, second call out, no one available, etc., but for the other 9 calls that year, you responded in 15 minutes or less in your rural community. As an agency you have met this standard 90% of the time. You can also obtain data such as average response time overall, times of day or night that have prolonged response time, etc.

**Now that you have your agency data, you need to determine do you meet the minimum standard as a system?** This means you need to get together with your system partners and share information. Why is this important? First it is a requirement of the grant to do a system evaluation. But more importantly, if the lines of communication are open with each other, as a group, you can determine what, where and when there are potential areas of prolonged response times. Pull everyone's data together, looking at first responder, transport services and ALS. As a system is the minimum standard of 80% being met? The data becomes your documentation for meeting this standard. Now take it a step further. As a group you can determine what do we need to do? What is best for our system with our combined resources (personnel, vehicles, etc.) and start the planning process.

**From here on out, meet as a group to review the standards, pick some of the easier ones or the ones that you know need to be started on now because of potential areas of risk.**

If you have questions, would like to be a part of this committee or would like assistance from a member of the Iowa EMS System Standards Committee, please contact Kerrie Hull, [khull@calhouncountyiowa.com](mailto:khull@calhouncountyiowa.com) or 712-297-8619.