IEMSA

April – June 2010

VOICE

A **VOICE** FOR **POSITIVE** CHANGE IN **IOWA** EMS

Iowa Emergency Medical Services Association

THANK YOU

for the work you do every day!

Mercy Medical Center would like to thank all EMS providers for the work they do every day. We are proud to partner with you to provide our patients the fastest and best care. We invite you to join us for **Mercy's 5th Annual EMS Week Celebration**.

Monday, May 17 - Pediatrics

Tuesday, May 18 - 5th Annual EMS Luncheon

Wednesday, May 19 - Trauma Services

Thursday, May 20 - Mercy/EMS Night at the Iowa Cubs

Friday, May 21 - Annual Golf Outing

For more information, please contact Mercy Dispatch at (515) 643-8711.

Mercy
EMERGENCY
TRANSPORT SERVICES
A service of Mercy Medical Center–Des Moines

IEMSA VOICE
Vol. 2010-01, April-June, 2010

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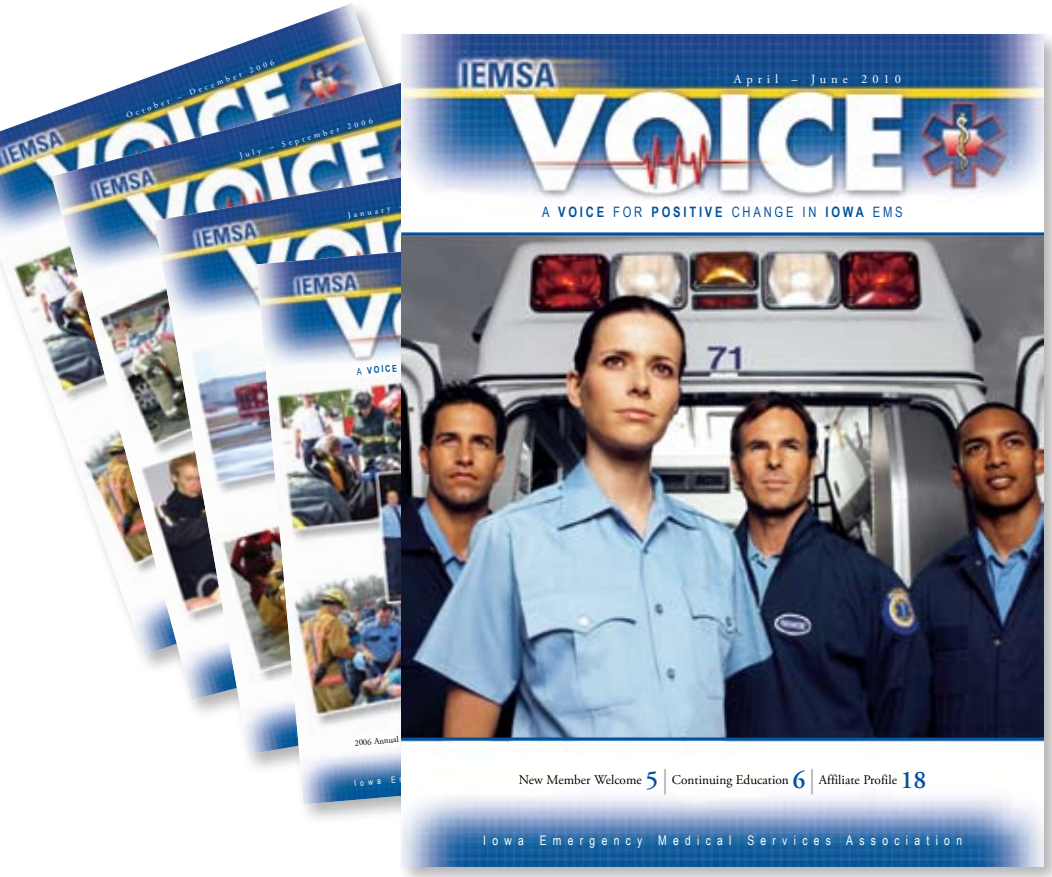
2600 Vine Street, Suite 400 • West Des Moines, IA 50265

The Voice gets a New Look



New for 2010 is the electronic version of *The Voice*, IEMSA's quarterly newsletter. Beginning with the May 2010 issue, IEMSA will offer the newsletter online. *The Voice* will maintain the same content; it will just be delivered to your inbox instead of your mail box.

For those individuals who would like to continue to receive the publication via US mail, that option still exists. Beginning with the next issue of *The Voice*, those interested in receiving a copy delivered through US mail can do so by visiting www.iemsa.net and signing up for a printed subscription. The subscription rate will be $10.00 per year.

To receive *The Voice* via electronic format, you do nothing; it will be sent on a quarterly basis to the email address on file with the IEMSA office.

Now would be a great time to update your e-mail address! ■

2010 IEMSA MEETINGS

2010 Board Meetings:
The IEMSA Board of Directors will meet either in person or via teleconference on the following dates from 1:00-3:00 p.m. unless otherwise noted.*

- **May 20**
  West Des Moines
  EMS Station 19
- **June 17** Teleconference
- **July** *NO MEETING*
- **August 19** Teleconference
- **September 16**
  West Des Moines
  EMS Station 19
- **October 21**
  West Des Moines
  EMS Station 19
- **November 11***
  Annual Meeting
  Polk County Convention Center
- **December 16** Teleconference

Additional Important Dates:

November 11 – 13 , 2010
IEMSA 21st Annual
Conference & Trade Show
Polk County Convention Center
Des Moines, IA

**Meeting time to be announced*

PUBLICATION SCHEDULE

Your newsletter, *The Voice*, is scheduled to be published electronically two more times this year – August 16 and December 20. Watch your e-mail for publication announcements. If you have any articles you would like to include, please send them to communications@iemsa.net.

A Message from the President

JOHN
HILL
EMT-PS,
IEMSA President

Do you know what Coca Cola is? Do you know what a pilot does? Do you know what a doctor, police officer or firefighter does? Do you know what a First Responder or Emergency Medical Technician – Basic does? Well, you might because you are reading this article, but I'll bet if you are reading this in an airport or the local diner, the people around you might not. EMS is an industry plagued with an identity problem. We don't have a brand or an identity that is easy to describe. Even EMS is hard to explain. "What is EMS?," my kids' friends will ask. Emergency Medical Services does not adequately describe what we do all the time, but it is close and we have agreed on this seemingly innocuous term.

If we really want to get respect and get recognized, we need a brand. From Wikipedia (en.wikipedia.org/wiki/Brand): *"Brand is the image of the product in the market. Some people distinguish the psychological aspect of a brand from the experiential aspect. The experiential aspect consists of the sum of all points of contact with the brand and is known as the brand experience. The psychological aspect, sometimes referred to as the brand image, is a symbolic construct created within the minds of people and consists of all the information and expectations associated with a product or service."*

Hair on the neck and eyebrows raise when people start saying we should all be called the same thing. Unfortunately, within our profession the egos of some will likely never allow us to change our name. However, our profession is ripe for a brand. We need something that the newscasters can say, "fire fighters and _____ responded to this call today." After September 11, we all complained that we were labeled "other emergency workers." What was the response from our industry? Let's change the names to EMT, AEMT and Paramedic, and confuse everyone more — even within our profession.

> Our profession is **ripe for a brand**. We need something that the newscasters can say, "fire fighters and _____ responded to this call today."

I'm not in any way saying that we should not adapt the national scope of practice in Iowa. I am referring to a term ("brand") that could be applied to all EMS providers regardless of their certification level.

I wonder if everyone had to call a nurse by their real title whether the nursing profession would be as far ahead. Here is how I see the conversation going:

"Hi, I am Sally your BSN."

"Is that a nurse?" I would ask.

She would reply, "Well, yes, I am a nurse, but I have a four-year degree."

I would then ask, "But you are a nurse right?"

"Yes!," she would reply.

Nursing is not plagued with the brand issues we have. Whether they are certified or licensed as LPN, RN or BSN, they are all nurses. Within the profession they can distinguish between each level, but to the world they are nurses. Oh, and probably the biggest point, they all have nurse in the title. Same thing with Firefighters. They are not labeled as Firefighter Is or Firefighter IIs. They are all known as Firefighters.

I would envision EMS as looking something like this: Everyone is a Paramedic. I would anticipate this would upset the sensitivities of some Paramedics, but I am only trying to provoke some thought here; I am not attempting to make a formal recommendation. It is time that we move our industry forward. Canada did it, for goodness sake, why can't we?

Once again, I would like to reiterate that this is not a formal recommendation. It is simply an article to provoke some great conversations and thoughts.

Until next time, be safe and enjoy the summer. ■

Welcome *New* IEMSA Members!

APRIL **2009** — APRIL **2010**

CORPORATE:

EMS Billing Services, Inc.
Foster Coach Sales, Inc
Road Rescue Emergency Vehicles
Whelen Engineering Company

AFFILIATES:

Adams County Rescue
Atalissa Vol. Fire Dept
Buena Vista Regional Medical Center
Newhall First Responders
Advanced Medical Transport of Dubuque

INDIVIDUALS:

Kenneth Abbas
Justin Adams
Rich Adams
Justin Agan
Kimberly Akkermann
Dean Andersen
Clifton Anderson
Troy Anthony
Andrew Baier
Austin Bailey
Kathleen Bartels
Don Bartholomew
Jamie Beaumont
Jo Ann Beck
Christian Bell
Chris Bernard
Joyce Bilow
Jim Bitker
Derrick Blackmore
Joe Blick
Keith Bogaard
Joni Bonar
Allen Brennan
Warren Britt
Matthew Brown
John Brudvig
Denise Buddenberg
Sandy Buffington
Alan Buschmann
Jon Cahoon
Kevin Cannon
Julie Carlson
Dan Case
Cami Cherryholmes
Christopher Clark
Maxton Cook
Kristi Cosgrove
Zachary Counsell
Greg Counsell
David K Courtois
Kelly Cox
Anthony Crabb
Molly Craig
Lanny Creamer
Amanda Crowell
Ben Darling
Robert A Davis
Caleb M. Davis
Joshua Dodd
Christopher Doehrmann
Brian Dotts
Susan Duffy
Matt Duve
Andrea Dyer
Seth Eberhardt
Travis Edwards
William Eggers
James Emery
Carrie Evans
Garrett Feddersen
Susan Fenton-Hite
Dona Fickes
William Fischer
Brian Flake
Kevin Flynn
Sarah Francois
Renee Fraser
Melissa Frederick
James Fyler
Laurie Gebauer
Josh Geigle
Gregory Gengler
Leanne Gerdom
Tony Gerdom
Jeny Gibler
George T. Glass
Michael Glynn
Kevin Greenley
Russell Grim
Jane Hagen
Joshua Hahn
Terri Hale
Sue Hammen
Gene Hammons
Toby Hancock
Dee Handlos
Troy Harmison
Greg Helmuth
Christopher Shane Hemphill
Keith Henkel
Doug Henze
Dean Hess
David Hesse
Ted Hillard
Ty Hobbs
Blake Horton
Douglas House
Brandon Howard
Tina Hunt-Anderson
Denise Jennings
Betty Jensen
Dean Jensen
Mike Jensen
Ben Jepson
Jason Johnson
Jonathon Johnson
Harvey Johnson
Terry Junker
Matthew Jurgensen
Karl Kellen
Dale Kelly
Verlin Keninger
Nancy Kephart
Mike Kirchberg
James Kirkley
Ben H. Kjome
Darrell Kleihauer
Michael Kleinsmith
Patti Klimek
Tyler Kline
Macy Koch
Patricia Kofhenbeutel
Joey Koford
Paul Kraklio
Ann Krizan
Marcy Krumbholz
Anthony Krumbholz
Dawn Lau
Darla Lawson
Richard Leute
James D. Lierow
Kristen Lindholm
Ryan Lockwood
Lisa Logue
Dave Luett
Bart J Lund
Cherri Lynch
Angela Lyons
Edward Magers
Mary Massey
Bonnie Mccarty
Sara Mcmorran
Cindy Mcwhirter
Brian Medinger
Aaron Meredith
William Messinger
Tara Mills
Michelle Morlan
John Morris
Andrew Moses
Lori Murray
Val Nehls
Katie Nemmers
Jessi Nicoletto
Philip Nietfeldt
Daniel Novak
Sharon Novinger
Matthew Nurton
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Mark Riney
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Dawn Roese
Ronnie Ross
Tara Ryan
Michael Salyers
Irene Samples
Kari Samuels
Gregory Saxton
Megan Scharff
Holly Schemmell
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Cory Schmadeke
David Schmidt
Tracy Schmidt
Robert Schoening
Tammy Schuett
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Alicia Smith
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June Talsma
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Brad Weiner
Geoffrey Whitlow
Kandi Wichman
Monty Wilder
Scarlett Williams
William Wilson
Andrew Wilson
Brian Wright
Jamie Xayavong

POST *Cardiac Arrest* INDUCED HYPOTHERMIA

By **CHUCK GIPSON AAS, REMT-P / CCP**

Cardiac arrest survival statistics seems to be a hot topic lately. Specifically, how do we get better outcomes? With cardiac arrest occurring in approximately 450,000 Americans annually, this is a topic that is well worth the effort to explore and improve upon. Two of the commonly gathered statistics include the percentage of patients who have a Return of Spontaneous Circulation (ROSC) and those who are discharged from the hospital alive while being neurologically intact. It is a good feeling as an EMS provider when a cardiac arrest call goes well and at the end the patient is dropped off at the Emergency Department with a pulse and recognizable cardiac rhythm. It is a great feeling to have that sense of pride and accomplishment as a patient is delivered to the hospital with a pulse, but the real reason to celebrate is when we gather the statistic of survival as a patient who is discharged alive. What really matters at the end of the day is how many of those patients go home to live their lives as they once did before their cardiac event.

"What else can we be doing to increase the number of the patients that get discharged from the hospital as **neurologically intact** as when they came in? The answer that is beginning to emerge throughout the world is **post cardiac arrest induced hypothermia**."

There are several factors that lead to increased survivability. Some of them are mainstream in nearly every EMS System and others seem foreign and complicated. Some of the well-known interventions include cardiac medications such as epinephrine, atropine, lidocaine and amiodarone. Other interventions that seemed foreign previously are becoming more and more mainstream, including public access defibrillation. Other factors that lead to better patient outcomes are Emergency Medical Dispatch cardiac arrest pre-arrival instructions and quality bystander CPR. All of these skills are necessary to improve patient outcomes and, when put together, can lead to the best pre-hospital cardiac arrest statistics. But the question that arises is, what else can we be doing to increase the number of the patients that get discharged from the hospital as neurologically intact as when they came in? The answer that is beginning to emerge throughout the world is post cardiac arrest induced hypothermia.

Induced hypothermia is a growing type of therapy in the ICU setting and is becoming common in ICUs across Iowa and America. It is not as common, however, in the pre-hospital setting. Seattle, Washington has been long known as the leader in pre-hospital cardiac care. Many services across the country have aspired to have programs like theirs and are beginning to model their system, which has a very strong focus on bystander CPR and progressive clinical therapies. These treatments are beginning to filter their way throughout the country as the benchmark has been set.

Studies have shown that one barrier to having a positive neurological outcome after experiencing a cardiac arrest is a condition called post-resuscitation syndrome. This condition leads to increased serum glucose and decreased potassium, magnesium, and calcium. Hypothermia treatment will decrease the effects from this metabolic derangement and lead to a better neurologic outcome than without hypothermia treatment. Cells throughout the body begin to mistake re-oxygenated cells for abnormal cells and begin to break down the nucleus and DNA. After this process occurs, macropages (white blood cells) consume the remnants of the cell. Another process that leads to poor neurologic outcomes is the anaerobic metabolism that happens during the time that there is no or little cerebral circulation, causing a buildup of lactic acid. Cooling the patient down for a period of 24 hours after ROSC can have a significant positive effect on the long-term outcomes by reducing the oxygen consumption and carbon dioxide production while cooled.

Initiating induced hypothermia has shown a marked decrease in mortality as well as reducing neurologic insult if initiated within six hours of the ROSC, but has better outcomes the earlier it is initiated. Cooling is best if it is done at a controlled rate of temperature loss down to a target temperature of around 92 degrees Fahrenheit or 33 degrees Celsius with a target temperature that is maintained for 24 hours. The patient is then re-warmed gradually over the next 24 hours, as warming too rapidly can lead to vasodilation and hypotension. There are several products that can be purchased to achieve this target in the hospital setting, most of which use some type of pads, jackets, or helmets that are applied to the patient and have cold water pumped through them. Another less common practice is circulating chilled saline through an endovascular catheter that is generally placed in the femoral artery. Currently 225 of the more than 5,700 hospitals in America have adopted protocols for hypothermia induction and have installed machines to control the process. It is estimated that hypothermia treatment has contributed to a 16% increase in hospital discharges with that patient neurologically intact after they have experienced cardiac arrest. A study by the World Congress of Cardiology shows that 10% of cardiac arrest patients who do not receive induced hypothermia treatment are discharged from the hospital alive, and approximately 10-30% of those have some brain injury. New England Journal of Medicine published an article of a study that included 275 cardiac arrest patients. The patients were divided into two groups: 137 received induced hypothermia and 138 did not. The results showed that 55% of the patients receiving induced hypothermia were discharged with a neurologic outcome of normal to minimal disabilities compared to the non-hypothermia group in which only 39% were discharged with a neurologic outcome of normal to minimal disabilities.

Cooling can begin in the field before the patient arrives in the Emergency Department by first responders or EMS providers. BLS providers can initiate cooling by placing ice packs on the pulse points in the groin and axilla. ILS and ALS providers can further facilitate the cooling by initiating two large bore IVs and infusing two liters of Normal Saline chilled to 38 degrees Fahrenheit as a bolus. Many EMS services have protocols that include treatment similar to these. A logistics issue that a service will have to address is the best way to keep the saline chilled for the duration of a shift. One option is to have a cooler with ice packs in it that is replaced from a temperature-controlled refrigerator after a predetermined period of time. Another option, if the vehicle is equipped with a power inverter, is to use an electric powered cooler to keep the temperature of the saline constant while remaining in the ambulance at all times. The generally accepted temperature of the saline to be infused is 38 degrees Fahrenheit. Patients who wake up after EMS treatment are not candidates for hypothermia induction as they have not been in a metabolic state long enough to cause permanent brain damage. Many services choose to initiate hypothermia treatment only on patients who have achieved ROSC, while fewer choose to initiate the treatment on all patients who have suffered a cardiac arrest whether or not the patient achieves ROSC.

A concern for cooling a patient is the fact that a patient who has this treatment implemented will begin to shiver as they begin cooling. Care must be taken to maintain a level of sedation and paralysis to prevent this from happening. As a patient begins to cool, the hypothalamus tells the body to shiver and they begin to increase their core temperature. The patient will also experience hypothermia-induced dieresis in the long term and should be treated with appropriate IV fluid replacement. There is a slight risk of

"Patients who **wake up** after EMS treatment **are not candidates** for hypothermia induction as they have not been in a metabolic state long enough to cause **permanent brain damage**."

the patient having a cardiac arrhythmia such as Ventricular Fibrillation, and hearts that are in a hypothermic state will be less responsive to defibrillation therapy.

All of these considerations will add up to increasing the neurologic outcomes of patients who have suffered Sudden Cardiac Arrest, allowing them to resume the lives they once had before the event. ■

References

New England Journal of Medicine 2002 346:557-563

World Congress of Cardiology 2008 Summary

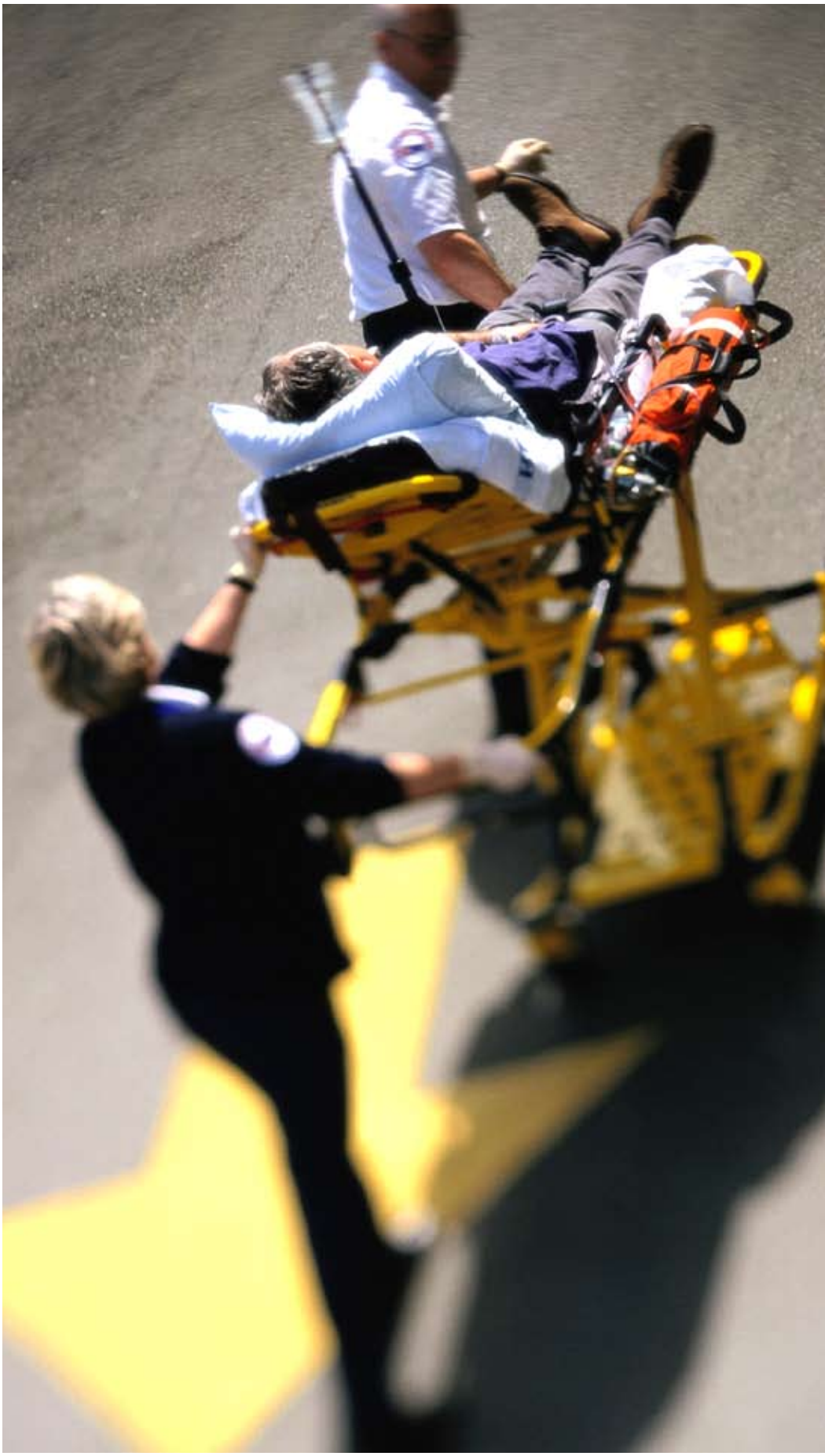
Therapeutic Hypothermia Working Group of the Mount Siani Hospital Critical Care Cardiac Arrest Protocol

Medical News Today "Benefits of lowering body temperature in cardiac arrest victims"

Newsweek's July 23 cover story. "This Man Was Dead. He Isn't Anymore"

MEDIC EMS and Scott County Protocols and Procedures

Chuck Gipson is with MEDIC EMS where he has been a paramedic for 13 years and spent several years as a supervisor before becoming the Quality / Education Manager. He is tasked with coordinating all of the company and community education for MEDIC, as well as being the Clinical Support Specialist by overseeing the Critical Care Paramedic Program. He earned his Associates degree from Eastern Iowa Community College, where he has been an educator for the past 10 years teaching EMS programs. He is currently a student at the University of Iowa, and is also the Co-Chairman of the medical committee for the John Deere Classic PGA Tour event. Chuck was honored with the IEMSA Full Time EMS Instructor of the Year award in 2008.



IEMSA
CONTINUING EDUCATION
answer form

CLIP AND RETURN

(Please print legibly.)

Name _____

Address _____

City _____

State _____ ZIP _____ – _____

Daytime
Phone Number _____/_____–_____

E-mail _____

Iowa EMS Association
Member # _____

EMS Level _____

1.	A. ☐	B. ☐	C. ☐	D. ☐
2.	A. ☐	B. ☐	C. ☐	D. ☐
3.	A. ☐	B. ☐	C. ☐	D. ☐
4.	A. ☐	B. ☐	C. ☐	D. ☐
5.	A. ☐	B. ☐	C. ☐	D. ☐
6.	A. ☐	B. ☐	C. ☐	D. ☐
7.	A. ☐	B. ☐	C. ☐	D. ☐
8.	A. ☐	B. ☐	C. ☐	D. ☐
9.	A. ☐	B. ☐	C. ☐	D. ☐
10.	A. ☐	B. ☐	C. ☐	D. ☐

IEMSA Members completing this informal continuing education activity should complete all questions, one through ten, and achieve at least an 80% score in order to receive the one hour (1 CEH) of optional continuing education.

Please email the above information along with your answers to: administration@iemsa.net.

If you do not have email access, please mail this completed test to:
Ginny Richardson-Driggers
IEMSA
2600 Vine Street, Ste. 400
West Des Moines, IA 50265

The deadline to submit this post test is
JULY 31, 2010

10 QUESTION POST-ARTICLE Quiz

1) Hypothermia induction can be used on patients who have suffered cardiac arrest and:
- **A)** Achieved ROSC only
- **B)** Have not achieved ROSC
- **C)** Have not suffered a cardiac arrest
- **D)** Both A and B

2) Patients who receive induced hypothermia treatment have a _____ long-term prognosis than patients who do not receive the treatment.
- **A)** Worse
- **B)** Better
- **C)** Same
- **D)** Indifferent

3) Which of the following methods are appropriate for in hospital-induced hypothermia?
- **A)** Cooling helmets
- **B)** Cooling jackets
- **C)** Endovascular catheters
- **D)** All of the above

4) Hypothermia induction should be initiated within _____ hour(s) of ROSC
- **A)** One
- **B)** Two
- **C)** Four
- **D)** Six

5) The generally accepted target cooling temperature for an induced hypothermia patient is _____ degrees.
A) 90 **B)** 92 **C)** 94 **D)** 96

6) Hypothermia induction treatment can contribute to a _____ increase in neurologically intact discharges from the hospital after treatment.
A) 10% **B)** 12% **C)** 16% **D)** 20%

7) Pre-hospital providers can assist in cooling a patient before arriving at a hospital by applying the following:
- **A)** Chilled Saline Bolus IV
- **B)** Ice packs in the groin
- **C)** Ice packs in the axilla
- **D)** All of the above

8) The generally accepted temperature of the saline to be infused is _____ degrees.
A) 32 **B)** 35 **C)** 38 **D)** 40

9) A heart that has been cooled with induced hypothermia may have a(n) _____ response to defibrillation therapy.
- **A)** Decreased
- **B)** Increased
- **C)** Unchanged
- **D)** Unknown

10) In addition to induced hypothermia treatment, survivability could be increased with_____.
- **A)** Widespread public CPR education
- **B)** Use of pre-arrival dispatch CPR instructions
- **C)** Public access defibrillator programs
- **D)** All of the above

What's NEW @MEDIC EMS

Hypothermia Initiative

This summer, MEDIC EMS will be implementing post cardiac arrest induced hypothermia treatment. The local hospitals they are partnered with are currently finalizing their programs to be able to receive the patients post cardiac arrest who have been cooled with hypothermia treatment, maintaining the hypothermia for a set period of time prior to re-warming. MEDIC's protocols will include infusing two liters of 38-degree chilled saline IV or IO with ice packs in the groin and axillary areas. Studies have shown an increase in positive neurologic outcomes with patients who receive this treatment.

Sepsis Alert!

Based in part on the Institute for Healthcare Improvement's Surviving Sepsis Campaign, MEDIC EMS in Davenport has partnered with Genesis Health Systems to implement a protocol for the pre-hospital recognition and treatment of sepsis. Recent national statistics estimate the mortality associated with Severe Sepsis as between 30% and 50%. This systemic inflammatory response syndrome (SIRS) is a clinical manifestation of an infectious or noninfectious illness. The extent of the illness can range from end-organ dysfunction, to the more serious Septic Shock and even death.

Beginning this summer, MEDIC EMS pre-hospital providers will work through a "3-Box" algorithm for the early recognition and treatment of sepsis.

Box #1: Risk Factors for Sepsis 10 questions used to assess the patient's risk factors for sepsis such as recent influenza or surgery, productive cough or altered mental status.

Box #2: History Suggestive of New Infection Nine questions, some of which are: Does the patient have an indwelling urinary catheter, presence of skin or soft tissue infection, or an infection of a peripheral IV?

Box #3: SIRS Criteria Looks specifically at those vital signs directly related to SIRS: 1) Temperature >100.9 or <96.8 F; 2) End tidal CO2 of <32mm Hg; 3) HR >90/min; 4) RR >20/min; 5) Acutely altered LOC; and 6) Glucose >120mg/dL.

If the answer is yes to at least one question in each of the first two boxes, and the patient presents with at least two of the criteria in the third box, the paramedic will advise medical control at the receiving facility of a "Sepsis Alert." Pre-hospital treatment for the adult patient consists of establishing IV access and administering a rapid 250-500mL fluid bolus while monitoring cardiac rhythm. The pediatric fluid dose is 10mL/kg (0-30 days), and 20mL/kg (30 days–puberty).

Through this partnership of early recognition and initial treatment in the pre-hospital setting and then alerting the emergency department of the need to rapidly assess, diagnose, and begin definitive treatment, the goal is to realize a decrease in the mortality of Sepsis.

MEDIC EMS Begins Bariatric Transports

More and more often emergency medical technicians have to move bigger and bigger patients. And now, MEDIC EMS has a new tool to do that. It is a bariatric cot.

A typical cot is about 24 inches wide and can hold about 700 pounds. This one is eight inches wider and is rated for 1600 pounds. Jerry Williams, Community Relations Manager for MEDIC EMS says, "This gives us a safety margin for someone who is very heavy."

It also keeps smaller cots from breaking and first responders from back pain that comes with heavy lifting. That's because, with this system, there isn't any. A winch hoists the patient and cot up a ramp and into an ambulance. MEDIC EMS got the cot in November. So far, they've used it four times.

"Patients we've used this on have been between 500 and 850 pounds," Williams says. "And it worked really well in all cases. The biggest problem we have encountered is getting them out of the house after securing them on the cot. We have had to have doors removed to get the patient to the ambulance."

The bariatric cot and ramp system costs about $3,000 or $4,000 more than others already being used by MEDIC.

Crews tell us right now one of these cots seems to be enough. But we think the way the bariatric population is growing, we do expect to get another. ■


Ambulance Only
AMERICAN MED
AMP
E350

HEALTHCARE REFORM

HOW IT WILL AFFECT *Your* AMBULANCE SERVICE

The healthcare reform law enacted in March will affect the ambulance industry in many significant ways. One immediate change already in effect is shortening the time you have to submit Medicare claims! The new law contains much more than just the temporary expansion of the 2% urban and 3% rural bonus payments for ambulance services in 2010. The law is a literal "Pandora's Box" of new healthcare initiatives that will make major changes to reimbursement methods and greatly intensify federal and state efforts to combat waste, fraud and abuse in Medicare and Medicaid.

Page, Wolfberg & Wirth, the National EMS Industry Law Firm, has examined this mammoth piece of legislation with a fine tooth comb, and discovered many provisions that have not been widely reported — but these are changes that will have significant impact on the ambulance industry now and in years to come. Among the many changes:

- Did you know that the maximum period to submit Medicare claims has been reduced under the new law?
- Are you aware that your organization may be eligible to claim tax credits on next year's return if you provide health insurance to your employees?
- If you are a billing agent, did you know that the federal government is going to require you to register with state Medicaid under this new law?
- Did you know that improper "discounting" arrangements with facilities under the Anti-Kickback Statute can now be "false claims" under the Federal False Claims Act, now allowing whistleblowers (including your competitors!) to sue for these practices?

The many questions and myths floating around about this complicated piece of legislation will be addressed in a comprehensive and practical webinar presented by the attorneys of Page, Wolfberg & Wirth. The 2010 National Healthcare Reform Webinar is scheduled for Monday, May 24, from 2:00 – 4:00 PM Eastern Time. Association members will receive a $20 discount off of their registration fees.

In this comprehensive and expanded two-hour webinar, the attorneys at Page, Wolfberg & Wirth will discuss all of the critical impacts of the new law and how they will affect your bottom line. In addition, the many significant fraud and abuse provisions that are sure to increase compliance costs and place more administrative burdens on your organization will be highlighted.

Topics to be addressed during the 2010 PWW National Healthcare Reform Webinar include:

- New mandatory compliance program requirements
- New claim filing deadlines
- Expansion of Medicaid
- New Medicare bundled payment initiatives
- Employer tax credits
- New provider enrollment and verification provisions
- New overpayment obligations and timelines
- Major changes to the False Claims Act
- New Anti-Kickback Law changes
- Increased monetary penalties for fraud
- Expansion of the RAC program to Medicaid
- Immediate increases to ambulance payment rates
- Potential negative inflation adjustments in the future years
- Requirements for billing company enrollment in Medicaid

Be proactive and understand the critical healthcare reform changes so that you are armed with the information you need to develop strategies for dealing with these changes in a way that benefits your business operations. PWW will help you do just that! To register for this Healthcare Reform Webinar, visit the PWW Events page of www.pwwemslaw.com, and use Coupon Code HR524A when registering to receive the $20 discount.* ■

**New registrations only. Discount cannot be applied toward previous registrations.*

This webinar is approved for 2.0 Continuing Education Units through the National Academy of Ambulance Coding (NAAC).

IEMSA 2010 Conference PREVIEW

2010 Annual Conference

November 11-13 at the Polk County Convention Complex

Spring is in full bloom, and it is hard to imagine that the IEMSA Annual Conference and Trade Show is just around the corner. We hope that many of you will make the trip to Des Moines for what is shaping up to be another great opportunity to get some high quality pre-hospital education, network with other providers and have some well-deserved fun.

The entertainment committee is working hard to assure that you have a good time while in Des Moines. Watch for the details of our EMS parties both Thursday and Friday night.

Hotel rooms do fill up quickly! Consider making your reservations today. Our host hotels include:

- Renaissance Savery 1-800-514-4706
- Marriott Downtown 1-800-514-4681

Enjoy the rest of your summer and look for the conference brochure to hit mailboxes around the middle of August.

Honoring Our Own 2010

Please join us for Honoring Our Own 2010, a moving service paying honor and respect to those volunteer and career EMS/Fire personnel from Iowa who are no longer with us.

If you know of someone who has died within the last 10 years and was part of our "family," please plan to include them in this year's presentation during IEMSA's Annual Conference. To do so, you can mail two photos (good quality pictures are a must) to Tom Summitt, Honoring Our Own, 1718 Timberline Drive, Muscatine, Iowa 52761. You can also scan and email the photos to tcsummitt@machlink.com. Please note "Honor Our Own" in subject line and indicate whether or not the death was in the line of duty (it does not have to be a line-of-duty death to be featured in this presentation). Any Service wishing to be featured in the Honoring Our Own video can also contact Tom to discuss the details.

If you have never seen our presentation at the Iowa EMS Conference, please plan to attend the next one at the 2010 Annual Conference. It is a beautiful remembrance of precious life that once served Iowa EMS.

If you have any questions, please contact Tom Summitt at 1-563-506-0103. ■

IEMSA EMS Documentation, Billing & Management *Conference*

On Wednesday, April 14, 2010 approximately 40 attendees from across the state gathered in Dubuque, IA to attend IEMSA's annual EMS Documentation, Billing and Management Conference. This annual event, which was sponsored by LifeQuest, was a one-day conference that addressed the following topics:

- Pricing and discounting
- EMS law case studies
- The 2010 Coding Clinic
- Healthcare reform and performance-based reimbursement
- Medicare and reimbursement updates

Presenting these topics in depth was renowned EMS speaker, Doug Wolfberg of Page, Wolfberg, and Wirth, LLC (PWW). Mr. Wolfberg is a founding partner of PWW and has been involved in EMS for more than 25 years, first as an EMS provider and instructor, then as an EMS administrator serving at the county, regional, statewide and Federal levels. Doug easily held the attention of all participants during the day, and here is what a few had to say about their conference experience.

"I really both enjoyed and appreciated the afternoon session, which was a hands-on Coding Clinic," said Linda Frederiksen, Executive Director of MEDIC EMS. "It was extremely helpful and interesting to gain perspective from the experienced billing professionals who attended this conference."

Attendee Janice Collins, Muscatine Fire Department Billing Manager, stated the conference was very beneficial and informational, and really enjoyed the 2010 Coding Clinic topic. "Having taken the Certified Ambulance Coder course, I felt I had a better understanding of the broad topics that Doug presented," said Collins.

"I appreciate IEMSA's invitation to come to Iowa each year to present the latest information on billing, coding and management at this annual billing and documentation workshop. IEMSA members are among the best informed anywhere, and it is a pleasure to interact with such a forward-looking group," said Doug Wolfberg of Page, Wolfberg & Wirth, LLC.

> "IEMSA members are among the **best informed anywhere**, and it is a pleasure to interact with such a **forward-looking** group."
>
> — *Doug Wolfberg*

"I wish I could have sent my entire staff here, especially the ones who complain about me getting on them for poor charting, signatures, forms, etc. Then they would understand my frustrations," said Wayne Dow, Dubuque Fire Department EMS Supervisor.

LifeQuest, a premier billing, collection, and data management service for more than 150 fire and ambulance service providers across the Midwest, presented an informational display. LifeQuest's professional, dedicated team provides an ultimate package of services: complete turnkey billing, collection, and data management services. They also offer specialized consulting on EMS-specific accounts receivable issues for providers, including (but not limited to) Medicare and Medicaid Assistance, and commercial audits, reviews, and recommendations. LifeQuest representative Chip Kramer was available to interact with the conference participants about their products and services.

Many entities came together to make this event possible. IEMSA offers special thanks to LifeQuest Services for their generous sponsorship, Dubuque County Emergency Management Agency Training Center for providing the facility, and several IEMSA Board Members for assisting in the coordination of the location and logistics of the conference. IEMSA is pleased and proud to partner with these individuals and organizations, and we look forward to hosting this conference again next year in a different part of the state. Medicare, billing, reimbursement, documentation, HIPPA, Red Flag Rules, and Doug Wolfberg. What more could you ask for? ■

Corporate Profile

FOSTER COACH SALES, INC.

MEDTEC DEALER OF THE YEAR SINCE 1991

Foster Coach Sales, Inc., was founded in 1957 by Floyd E. Foster in Sterling, IL, selling funeral coaches, limousines and ambulances. It evolved into the business today from years of hard work, honest and sincere feelings for the customer, quality products sold, and the best service available. In June of 1973, Steve Foster joined his father primarily to sell ambulances. Floyd thought trucks should deliver product, not people. Steve had an EMT license and a feel for how a vehicle should perform to meet the needs of the EMT. Floyd retired in 1985 remaining in Sterling to "keep an eye" on the business and to be close to his family and friends. He passed away in 2002 after an extended illness. Steve presently lives in Sterling, concentrating on the day-to-day operations of the business in Sterling and sales primarily in the Chicagoland area.

In 1995, a decision was made to discontinue the sale of funeral coaches and limousines, and to concentrate on the core of their business — sales and service of ambulances. This has proven to be a good decision as each year the sales of ambulances has increased. Even in tough economic times, they have grown 10% in sales in each of the last two years alone. They currently sell approximately 120 new ambulances per year and have increased their remount business by 100%. Foster Coach Sales, Inc., has been the Dealer of the Year for Medtec Ambulance every year since 1991.

Sales Staff

Kevin Klocke joined Foster Coach in 1985, starting in the parts and service department and then being promoted to sales, covering the territory of Iowa and Southern Wisconsin. His working knowledge of the ambulance and service background has proven invaluable to his success in building a new client base and maintaining the current one. Over his tenure, Kevin has consistently led the Medtec sales department in sales volume.

Andrew Foster, Steve's oldest son, joined Foster Coach in 2004 and covers Western and Downstate Illinois. Andrew has a sales background and brings a desire to continue to grow the family business. Having grown up around the business, he has seen the successes of the company and has learned what customers expect from an ambulance purchased from Foster Coach. Andrew is very enthusiastic about the business and servicing his customers.

John Hogg joined the sales department as the regional sales rep in Missouri. He brings a wealth of experience in the fields of EMS and sales, having been a flight and ground medic for 30 years. He is a past EMS director for Boone Hospital and a former competitor of Foster Coach. His views and experience from both sides of the table make him a valuable asset in seeing the needs of the customer.

Service Department

According to Steve, "Our service department is our backbone — quality people with a true concern for the customer and

Right: An inside look at Foster Coach Sales, Inc.

Bottom: Foster Coach Sales, Inc. building.

their needs. On call after hours, and constantly striving to deliver a better product to the customer." Ron McNinch is the parts and service manager with a Ford customer service background. Ron has been with the company since 1994. He also handles inside sales and internet sales. Ron makes the shop run as smooth as possible and has been a dedicated employee, going above and beyond for the customers and Foster Coach.

Perry Ports is a certified EVT technician with a knack for just about everything from cabinets to air conditioning. Doug Adams is also EVT-certified and has as close to a photographic memory as anyone they have known, especially when it comes to electrical problems. Dallas Greenwalt has been with Foster Coach since 2006 and combined with Perry, they specialize on the remounts that keep them very busy. Matt Lahey also joined Foster Coach in 2006 after graduating from WYO Tech with an advanced automotive degree. His youth and knowledge bring a new, modern perspective to the service department. All of the technicians are Medtec certified and are often contacted for trouble shooting factory problems. They all are totally dedicated to the customer having a dependable vehicle before and after the delivery.

Body Shop

Foster Coach Sales, Inc., also has a body shop, Rock River Auto Body, Inc., that specializes in emergency vehicle repair. They are trained body technicians with a desire to be the best there is in their work. They offer loaner and rental vehicles to substitute for a unit while it is being serviced.

Mona Peterson, Office Manager, has been with Foster Coach since 1987 and keeps the day-to-day operations going by monitoring paperwork with each state, invoicing, accounts payable and accounts receivable, as well as answering the phones.

Foster Coach Mission

To provide each and every community we serve the best quality ambulance possible for the dollar spent, and the best service in the industry.

Foster Coach Motto

Sales sells the first unit, service sells the rest of them.

Foster Coach Sales, Inc. has been servicing the State of Iowa continuously since 1957. For more information, please visit Foster Coach Sales at www.fostercoach.com. ■

Affiliate Profile

SIOUXLAND **PARAMEDICS**

Siouxland Paramedics (SPI) was established as Siouxland Health Services (SHS) on September 1, 1982. Siouxland Health Services began as an ALS Ambulance service operating out of St. Joe's hospital at 2101 Court Street, Sioux City, IA. The business was formed and funded in a joint effort by Marian Health Center (currently Mercy Medical Center Sioux City) and St Luke's Regional Medical Center to meet the communities' needs for an emergency and non-emergency advanced medical ambulance service.

Siouxland Health Services continued to grow, and as Paramedics got their training, the service was upgraded to a Paramedic level. Many of the first employees got their training at the first paramedic program at Western Iowa Tech in Sioux City. The class began in late 1981 and ended in early 1982. Nancy Lyons taught the class and Dr. Gary Carlton was the Medical Director for the program. SHS is proud to say that he remains as the Medical Director for Siouxland Paramedics, Inc., Sioux City Fire and Rescue, along with Woodbury Co. Communications Center yet today.

Rick Vomacka was appointed as the initial Executive Director of Siouxland Health Services. Chuck Sundberg became Executive Director a few months after the formation of the company. Call volume was nowhere near what it is today, and the billing was handled by one person with a pencil and a typewriter.

The year 1987 brought another chapter in SHS history when Marian Health Center started its Air Medical Service. Eight full-time Siouxland Health Service paramedics were rotated in and out of flight in four-week rotations. They flew in a Bell Long Ranger Helicopter, which was later traded off for the more familiar BK-117. In 1989, SHS responded when United Flight 232 crashed at Sioux Gateway Airport. Responses to many other smaller mass casualty incidents included: Car vs. Cruses Restaurant, West Middle School ceiling collapse, and explosion at the Terra Port Neal plant.

Steve Kilstrom became the Executive Director in the early 90s. Siouxland Health Services also experienced a name change to Siouxland Paramedics, Inc. Siouxland Paramedics added a third station in North Sioux City, SD. In 1997, Siouxland Paramedics purchased Wheel Chair Services, adding 16 wheel chair vans and four minivans to the fleet and a completely separate dispatch center. In 1999, Siouxland Paramedics purchased the Akron Ambulance Service. In 2000, Karen Van De Steeg became the Executive Director. Computer charting of reports through computer-aided dispatch and billing software from ZOLL was added. In 2002, the Medicare cuts hit and wheel chair services were reduced. In 2005, Siouxland Paramedics went into partnership with the city of Sioux City. In 2007, an agreement with Mapleton for management services was reached. Siouxland Paramedics achieved a three-year Accreditation from CAAS (Commission on Accreditation of Ambulance Services) in 2008, becoming one of only three services in the State of Iowa to achieve this standard. In 2009, Siouxland Paramedics, Inc. started the first STEMI program in the tri-state area – a bariatric transport unit serving the tri-state. In that year, Siouxland Paramedics received the honor of being selected as the recipient of IEMSA's Career Service of the Year award. Their Training Officer received the Instructor of the Year award, and one of their Akron volunteer providers received the Volunteer of the Year award. This recognition from IEMSA was very meaningful to all members of SHS.

Siouxland Health Services started with three ambulances in 1982, running two rigs per shift. Posting of these rigs would consist of one operating out of the Woodbury Co. Emergency Operations Center (EOC) during the day and return to Court Street at night. The other rig was posted at 2101 Court Street. Today, Siouxland Paramedics has eight ambulances in Sioux City, running four ambulances per shift out of three different locations serving the tri-state area, as well as two ambulances in Akron and two ambulances in Mapleton to serve Monona County.

The Siouxland Paramedics, Inc. mission statement is: Siouxland Paramedics, Inc. commits to providing the highest quality patient

transportation. Siouxland Paramedics, Inc. will provide to its patients state-of-the-art technology acquired through careful consideration of cost and patient benefit. A staff of leading professionals will constantly monitor quality indicators to ensure the best in patient care. SPI will strive to nurture an atmosphere of caring and compassion in order to preserve the dignity and quality of life for patients and their families

Siouxland Paramedics, Inc. is the sole 911 ambulance provider for Sioux City, North Sioux City and western Plymouth County. They also provide tiered response paramedic service to the entire Siouxland tri-state area. They have a volunteer station located in Akron, IA, serving Plymouth and Sioux counties in IA, along with part of Union county in SD. Siouxland Paramedics also manages the Mapleton Ambulance Service and has four vans that transport ambulatory patients within a 150-mile radius of Sioux City to the Cancer Center and back home.

Siouxland Paramedics, Inc. is staffed with 24 full-time field personnel, 24 part-time field personnel, one full-time training officer, three full-time billing specialists, one part-time billing specialist, six part-time van drivers, one full-time office manager, two full-time accountants, two field supervisors, one director of operations and one executive director at our Sioux City location. Akron is staffed with 18 volunteers and Mapleton is staffed with 16 volunteers.

Siouxland Paramedics and the Sioux City Fire Department work together to ensure that a First Responder is on the scene in under four minutes and a Paramedic Ambulance is on the scene in less than eight minutes within the city limits of Sioux City, 90% of the time (fractile time).

Siouxland Paramedics, Inc. shares their expertise by serving as preceptors and instructors for area EMT programs. They also offer free Continuing Education classes monthly to their employees and surrounding EMS squads, participate in several disaster drills yearly, and provide Life Guard Training at the community swimming pools. Siouxland Paramedics has a "Bike Medic" program that serves special events such as River Cade, Alzheimer Walk, Diabetes Walk, RAGBRI, Saturday in the Park and Awesome Biker Night.

Siouxland Paramedics provides free service to many community service events annually. These include covering and participating in walks for different organizations, local safety day events, pediatric orientation programs at local hospitals, orientation programs at local day care centers, as well as others. Siouxland Paramedics is also very active in organizations such as Woodbury, Plymouth and Monona County EMS Associations, Sioux Lakes EMS Tri-State Disaster Planning, Plymouth County 911 board and several others.

Siouxland Paramedics provides Paramedic/Critical Care level ambulance services 24 hours a day, seven days a week. More than 10,000 patients each year are served by Siouxland Paramedics. They are very appreciative of the dedication and service of their employees; they are what makes Siouxland Paramedics, Inc. the outstanding service that it is today. ■

Siouxland Paramedics Inc.
SIOUX CITY, IOWA

NEWS TO SHARE

Are you working on an exciting program that needs to be shared with the membership of IEMSA? Do you know of an EMS-related educational program that needs to be showcased? Has your service won an award or done something outstanding? Do you want to honor a special member of your staff or community? Do you have an EMS story you want to share? If so, you can submit an article to be published in the IEMSA newsletter! In order to do this, just prepare the article (and pictures, if appropriate) and e-mail it to administration@iemsa.net. They will be considered for inclusion in the next edition.

The Newsletter Committee will review all articles submitted and reserves the right to edit the articles, if necessary.

FUN FACTS:

The Year Siouxland Paramedics Started — 1982

JANUARY 24
Super Bowl 16: San Francisco 49ers beat Cincinnati. MVP: Joe Montana.

FEBRUARY 1
Late Night with David Letterman debuts on NBC-TV

FEBRUARY 13
"Dark Side of the Moon" is on charts for 402nd week.

FEBRUARY 25
Final episode of *The Lawrence Welk Show* airs

MARCH 20
Joan Jett and the Blackhearts' "I Love Rock 'n' Roll" goes #1 for seven weeks

MARCH 29
54th Academy Awards: *Chariots of Fire*, Henry Fonda and Katharine Hepburn win

MAY 7
Oakland Raiders to move to Los Angeles

MAY 29
"I Know What Boys Like," by The Waitresses hits #62

AUGUST 29
Steve Miller's "Abracadabra" hits #1

OCTOBER 19
Automaker John DeLorean arrested on cocaine charges (not guilty)

NOVEMBER 16
Space Shuttle Columbia completes its first operational flight

NOVEMBER 20
Drew Barrymore at age 7 hosts *Saturday Night Live*

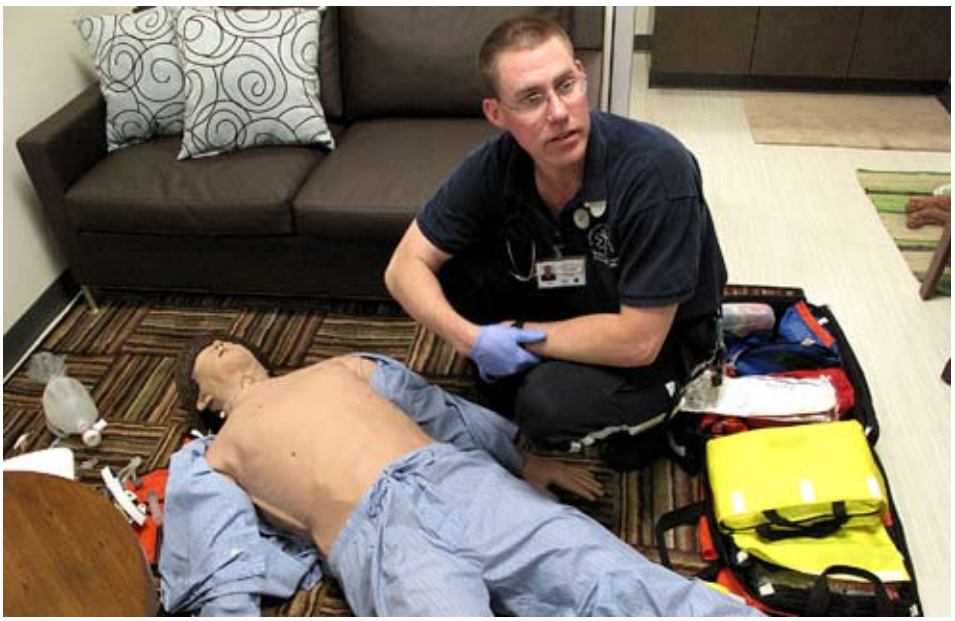
DECEMBER 1
Michael Jackson releases *Thriller*

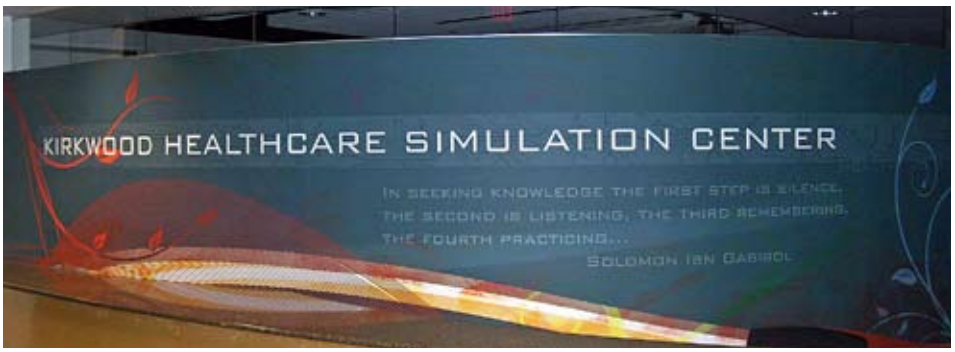
DECEMBER 29
Coach Paul "Bear" Bryant ends his career with Alabama (323 wins)

1982 MOVIES INCLUDE:
E.T., The world according to Garp, Conan the Barbarian, Pink Floyd — The Wall, and *Rocky 3*.

Training Profile

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, RCEMSE has continued its commitment to provide quality EMS Education. On March 16, 2007, their 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, their CAAHEP accreditation has been extended until March 2011.

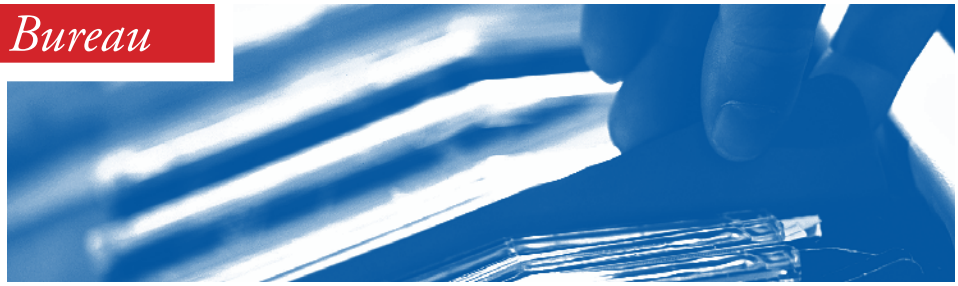
Kirkwood is authorized by the Iowa Department of Public Health Bureau of EMS to provide training in First Responder, EMT-Basic, EMT-Intermediate 85, Iowa Paramedic, and Paramedic Specialist courses. They also offer EMS continuing education to all levels of EMS providers. There were 180 students enrolled in their EMS courses in the fall of 2009. They offer their college credit EMT-Basic course each semester and have an annual start of the credit Paramedic Specialist program.

Kirkwood Community College is very excited to announce the grand opening of its new 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 RCEMSE/Kirkwood Community College's programs, visit their website at www.kirkwood.edu/ems, or if you happen to be in the area feel free to stop by and take a look at their facilities. ■

What's New with the Bureau

ANITA J.
BAILEY
PS



Busy Times for the Bureau of EMS

It was difficult for the Bureau of EMS to bid farewell to our colleague and pal John Fiedler, Trauma System Coordinator since 2005. The economic downturn has imposed reductions in force throughout state government just as it has in nearly every business and industry. Additionally, SE Regional Coordinator Evelyn Wolfe's hours have been trimmed to 28 hours per week. The reductions were not position-specific, nor based on staff performance, but rather the "luck-of-the-draw." Like all of state government, our bureau employees are squeezing in our Mandatory Unpaid Days before June 30 to help shrink the budget shortfalls.

But never fear! The dedicated bureau staff is working lean and energizing our partners to help us seek solutions to reduce the impact to Iowans. Merrill Meese, NE Regional EMS Coordinator, has volunteered to provide oversight for Iowa's Trauma System on an interim basis. The other coordinators are pitching in reviewing Trauma Care Facility applications.

On March 24, nearly 80 EMS experts attended the Joint EMS and Trauma System Advisory Councils and System Evaluation Quality Improvement Committee meeting. IDPH Director Newton and Deputy Director Mary Jones addressed the leaders, urging grassroots advocacy for EMS and the Trauma System. Meeting notes and the EMS and the Trauma System Management – Interim Plan are posted at www.idph.state.ia.us/ems.

The Bureau is grateful for the overwhelming concern and support that has been expressed by the EMS community, and we fully intend to use this momentum to drive us to solutions that benefit patients and providers alike.

The Train has Left the Station

It's official! Iowa will transition to the four levels of EMS providers as described within the National Scope of Practice Model. The new definitions were included in revisions to Iowa Code Chapter 147A that was signed by Governor Culver on April 19.

The Quality Assurance, Standards and Protocols (QASP) subcommittee of the EMS Advisory Council (EMSAC) is reviewing the skills for each level. It is anticipated that QASP will make a recommendation to EMSAC in July or October to accept the scope as written, to accept the scope and make specific changes, or to adopt the scope and allow the physician medical director (within limits) to add skills and assure competency locally.

Members of the Gap Analysis Group are expert educators and training institution representatives. Their charge is to determine what cognitive differences exist between the current curriculums and the new educational standards. These industry leaders are volunteering to help develop strategies that will make the process as painless as possible.

These types of improvements take a lot of time and patience. Education standards, valid testing, classroom materials, code and rule revisions, instructor orientation and lesson plan development are just a few of the items that must fall into place within specific timeframes. It's a complicated process, but Iowa can be proud that with the help of EMS leaders and partners, we are well on our way and miles ahead of most states.

It is anticipated that the train will pick up speed as early as the fall of 2011 and should reach the final destination in 2018. When the train coasts into the depot, all EMS providers, services and the training institutions will have completed the transition. All functioning Iowa EMS providers will be known as one of the four new levels: Emergency Medical Care Provider, EMT, Advanced EMT and Paramedic.

2009 EMS Status Report

The 2009 Bureau of EMS Status Report is posted on the Bureau website. Visit www.idph.state.ia.us/ems and select Bureau and then Bureau of EMS Status Report. We hope you find this new look of the Iowa EMS Status Report refreshing and informative. This report intends to graphically illustrate and comparatively highlight the resources within Iowa's EMS system. Technological advances in data collection have given us access to data that was previously unavailable. We fully anticipate that EMS services and systems will use this data for local comparison.

New, Exciting, Revised Service Director Workshop

The Service Director Workshop is being updated and includes much more student participation. Students share best practices, leadership tips and tricks, and work in small groups to Build-A-Policy. Core content focus is on the onsite inspection process and simple implementation strategies for CQI. The course was tested at the April 5 session in Remsen. Eighteen of the 21 students had previously attended a Service Director Workshop and seemed to enjoy the new format. Evaluations were quite favorable, and some changes will occur based on that input. The next Service Director Workshop will be held in Fort Dodge on the ICCC campus in Room 107 in the Vo Tech Building on June 3 from 6:30 to 9:30 PM. Pre-registration is required as space is limited. Let Merrill Meese know if you will attend by sending an email to mmeese@idph.state.ia.us.

The schedule for 2010 Physician Medical Director, Service Director and the Rural Budget Workshops are posted at www.idph.state.ia.us/ems.

Northwest Iowa EMS Leaders work in groups at the April 5, Revised Service Director Workshop.

And Finally...

We understand that after May 28 the fish in SW Iowa had better beware. It is bittersweet that we bid a fond farewell to our SW Regional EMS Coordinator, Larry Cruchelow. We hope he enjoys a long, happy and healthy retirement. Larry's quiet demeanor and even temperament made it a pleasure to work with him every day. ■

Medical Director's Report

DARRELL **FORSLUND**
PS, IEMSA MEDICAL DIRECTOR

Besides being the Medical Director for IEMSA, I serve on the Iowa EMS Advisory Council. There is a lot happening with EMSAC and EMS in Iowa, so I thought I would give you a brief update of the goings on there.

The first big project is reformatting of the Iowa State EMS Protocols. The state protocols are meant to be the minimum standard, and your medical director can add to them as he or she sees fit for your service. However, the current format of the protocols does not lend itself to easy modification. Also, the "box" format can be hard to follow. We discussed various formats, but in the end, we decided that keeping things as simple as possible would be best.

The protocols will be streamlined and linear, and will start with basic interventions and then add more advanced interventions. To the side will be a marker that indicates the minimum level that can perform that intervention. Education information is being removed from the protocols, as education should not be the focus of protocols. Also, Pediatric Protocols will be separated out into their own section.

Funding will be available to help those who want to **move up to new levels** to adjust to the new NSOP. The Iowa legislature has set aside **$50,000** for this.

This process involves much editing and it is very time consuming. The editing will not be completed by July 2010, which is the normal protocol update time. The goal is to release the new updates in January 2011. Thereafter, January will be the annual protocol update time. This may be a benefit as it is a less busy time of year than August.

The other major item is the move to the National Scope of Practice. I know that this is a concern to many of you. Here are the things that are being discussed to make this as easy as possible. Funding will be available to help those who want to move up to new levels to adjust to the new NSOP. The Iowa legislature has set aside $50,000 for this. EMSAC and the EMS Education committee are working on the education that will need to be done to accomplish this. Also, adequate time will be allowed to complete this education.

EMSAC also discussed three possible options concerning migration of some skills within the National Scope of Practice model. The options are: One, totally adopt as is – no changes; two, adopt and allow changes decided at the state level and; three, adopt the NSOP and allow flexibility for each physician medical director to make changes and ensure competency locally with limits. I am supporting option number three. This will give local services more flexibility to provide the education and services they need.

These issues are far from being all worked out, so I will keep you updated as things progress. Have a wonderful Spring. ■

MEMBERSHIP ANNOUNCEMENT

Please Update Your Email Address

Since email addresses are so easy to establish and change, we know it's likely that yours could be out of date with IEMSA's database. Please send any email address updates to administration@iemsa.net to ensure that you are receiving IEMSA eNews, as well as other notices regarding special events or calls to action.

NATIONAL EMS WEEK

"Anytime. Anywhere. We'll Be *There"*

National Emergency Medical Services Week, a celebration to honor approximately 750,000 EMS providers nationwide who deliver lifesaving emergency care, is scheduled for May 16 — 22, 2010. This year's EMS Week theme, "EMS: Anytime. Anywhere. We'll Be There," speaks to the dedicated response to emergencies 365 days a year, 24 hours per day.

Activating 911 and starting CPR are things a bystander can do to save someone's life. The first few minutes after a life-threatening injury or medical crisis are the most important. Iowa emergency medical services (EMS) workers respond to provide critical lifesaving services throughout Iowa. Access to quality emergency care dramatically improves survival and recovery of those who experience sudden illness or injury. EMS provides immediate access to health care through an organized system of response, treatment and transportation.

In Iowa, nearly 13,000 certified EMS providers are dedicated to saving lives; providing comfort and care by responding 24 hours a day, seven days a week. Annually, EMS providers respond to over 240,000 calls for assistance from the public. "EMS providers are the critical link in providing emergency health care to the citizens and visitors of Scott County. Please join me in recognizing National EMS Week, May 16 — 22, 2010" said Jerry Williams, Fleet/Community Relations/ADM Manager at MEDIC EMS.

Locally, MEDIC EMS will have an ambulance on display at Northpark Mall on Thursday, May 20 through Saturday, May 22, 2010. There will be EMS equipment on display, and "Mikey Medic," a robotic ambulance, will educate the children with an explanation of the 911 responses from the EMS community here in Scott County.

"This job is different from any other job you can have," says Linda Frederiksen, Executive Director of MEDIC EMS. "EMS providers work under tremendous pressure every day, and must react quickly with the ability to make critical decisions. This is a week to recognize EMS providers and services for making a difference in our community through their hard work and dedication." ■

MEMBERSHIP ANNOUNCEMENT

Access to the Members Only Website

Register for a Member Login and Password

1) Visit www.iemsa.net.
2) Follow the "Click here to register" link at the top of the page.
3) Fill in the text boxes on the brief registration form and click 'submit'.
4) You will receive a confirmation screen and a confirmation email sent to the email address you provided in the registration form.
5) After your IEMSA membership is confirmed, you will receive a second email confirmation with your Member Login and Password. Click on the link in the confirmation email or access the website, www.iemsa.net, to log in for the first time.

Existing Member Login and Password

1) Visit www.iemsa.net.
2) Enter your existing Member Login and Password in the text boxes at the top of the page.
3) Click "submit."

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With nearly 150 clients, PCC is committed to working closely with Fire & EMS Services to ensure clients success.