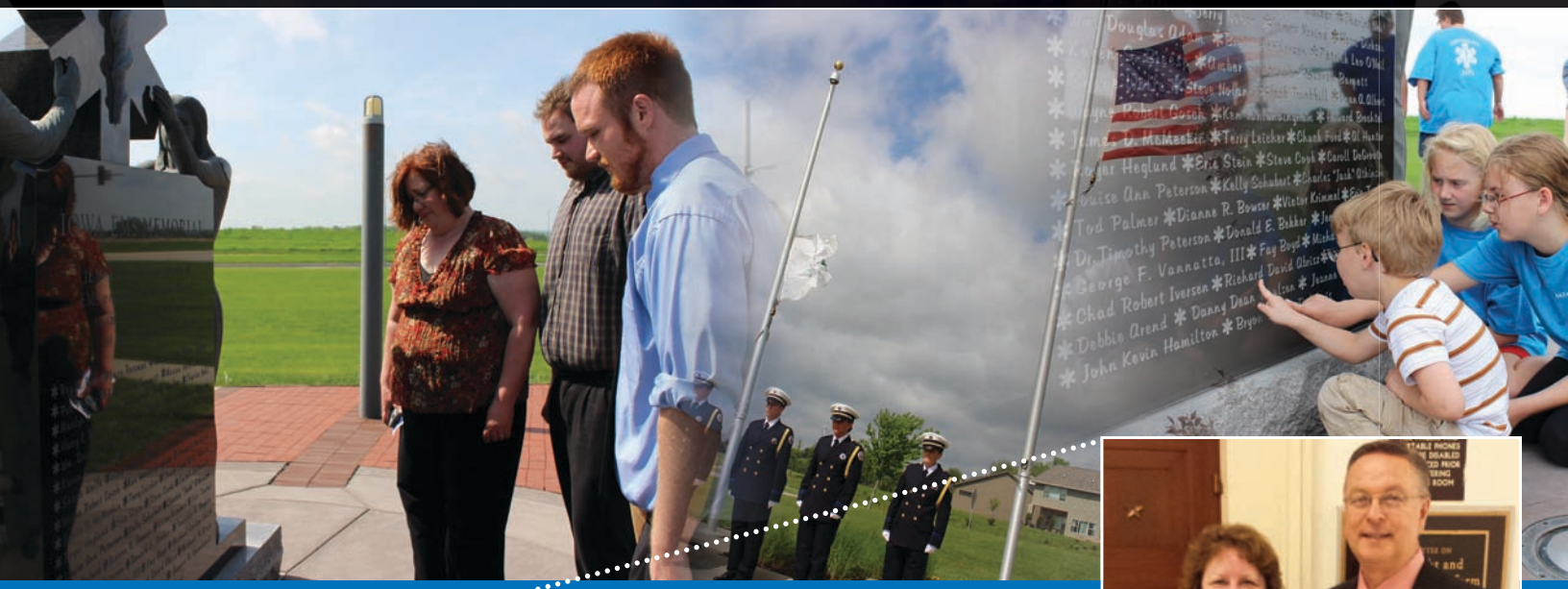
IOWA EMERGENCY MEDICAL SERVICES ASSOCIATION

APRIL/JUNE 2015 • ISSUE 2

IEMS VOICE

A VOICE FOR POSITIVE CHANGE IN IOWA EMS



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WENDY FRENTRESS

IEMSA 2014 Honoree--Awarded Star of Life In Our Nation's Capitol

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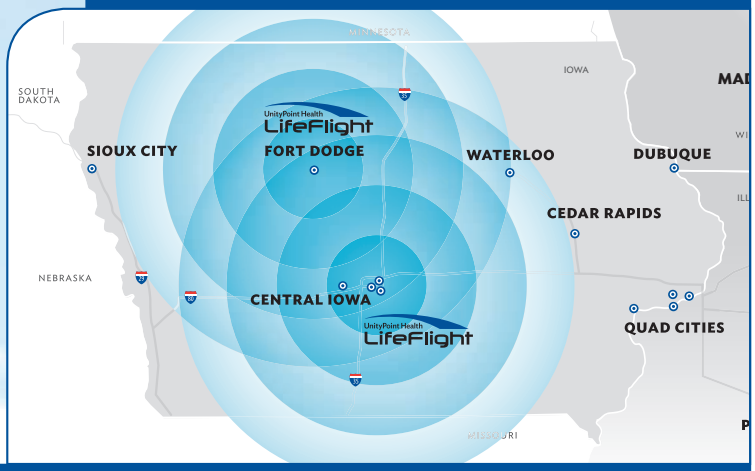

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The VOICE is published quarterly by the Iowa EMS Association covering state EMS issues for emergency medical services professionals serving in every capacity across Iowa. Also available to members online.

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

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BOARD MEETINGS

- **June 19, 2015** WDM Station 19- 1:00—3:00pm
- **July 17, 2015** WDM Station 19- 1:00—3:00pm
- **September 18, 2015** WDM Station 19- 1:00—3:00pm
- **October 16, 2015** WDM Station 19- 1:00—3:00pm
- **November 12, 2015** Iowa Events Center at the Annual IEMSA Conference Time: TBD
- **December 18, 2015** Teleconference - 1:00—3:00pm

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A NOTE FROM OUR

PRESIDENT

LOOKING FORWARD...

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

Spring is finally in the air, and lots is going on with the Iowa EMS Association.

- **To start, the full transition to our new membership software is nearly complete.** This software is intended to improve your customer experience as an important member of the Iowa EMS Association, and offers a number of great amenities. Association members now have the ability to "log in" to the IEMSA membership portal to make updates to personal information, such as demographics, email addresses, and certification information, including levels, and numbers. Improved electronic registration for IEMSA educational offerings, in addition to programs and meetings is up and running, and greatly appreciated by those who have had the opportunity to utilize this option. The IEMSA website will also be substantially redesigned, making it even easier to navigate for our members, as well as others in our profession. Watch for important updates in this area as improvements continue to be made.
- **On April 30, 2015, 81 attendees gathered at the Horseshoe Casino in Council Bluffs, Iowa for the 11th Annual Iowa EMS Association Regional Billing and Management Conference.** As expected, Doug Wolfberg of Page, Wolfberg and Wirth gave outstanding presentation that ranged from important Medicare updates, compliance, and documentation pointers, in addition to a glimpse at the future of Community Paramedicine. Our deepest thanks to LifeQuest Billing Services of Wautoma, Wisconsin for their continued support and sponsorship of this event.
- **National Emergency Medical Services Week was observed May 17-24 this year.** This week provides an opportunity to bring together local communities and medical personnel to publicize safety and honor the dedication of those who provide the day-to-day lifesaving services of medicine's "front line." This year's theme was "EMS STRONG."

The American College of Emergency Physicians (ACEP) was instrumental in establishing EMS Week when President Gerald Ford declared November 3 – 10, 1974 as the first "National Emergency Medical Services Week." This annual observance continued for four more years and was then reinstituted by ACEP in 1982. Around this time the observance of EMS Week was moved to September. In 1992 EMS Week was again moved to be the 3rd week in May. The move was made to separate EMS Week from Fire Prevention week in October. The rationale for the move was the majority of fire and EMS services felt having the two events back to back hurt the effectiveness of each program so EMS Week was moved to May.

As EMS continues to evolve and improve, we must continually look beyond the issues of today to prepare for the challenges of tomorrow. More and more, EMS providers are relied upon as providing the default structure to care for both the acute and chronic health care needs of those in their community around the clock, and we accomplish this by embracing the concept of "EMS STRONG." What is EMS STRONG? At the very least, it's a calling of a special few who work together to meet the needs of those on what might be the worst, or sometimes, the best day of their life. It's those individuals who respond to a calling to care for the sick and injured with a dedication and determination that gets them through cold suppers and missed holiday gatherings. Does this describe our EMS Providers in the State of Iowa? You bet it does!

National EMS Week is the perfect time to honor your local EMS professionals and promote awareness of their everyday service to the public. Please make it a point to reach out and thank these community heroes, who without question, personify "EMS STRONG." Thanks to each and every one of you for your service!

IEMSA 2014 VOLUNTEER OF THE YEAR AWARD HONOREE :

WENDY FRENTRESS :

AWARDED STAR OF LIFE AWARD IN DC

Benton County Paramedic and IEMSA's 2014 Volunteer of the Year--Awarded High Honor in the Nation's Capital

IEMSA proudly recognized and presented Wendy Frentress, Paramedic of Blairstown Ambulance with the 2014 IEMSA Volunteer of the Year Award at the Annual Conference held last November, and it is with great excitement we share that The American Ambulance Association presented Wendy with the Star of Life award In Washington DC last month. This award is the highest honor an Emergency Medical Service worker can receive. The award recognizes and honors the dedication of ambulance services professionals — people that stand out in every area of the industry.

Past Stars of Life have included heroic individuals involved with the response to September 11th, Hurricanes Katrina and Sandy, and other National Disasters. "However," Hall notes, "all of our stars have performed a duty equally important to the communities they serve and hold this event to honor their everyday efforts."

- **Wendy's biography submitted for the Stars of Life Award:** *I was working for Aegon USA (now Transamerica) in 2001 when an email arrived that had been sent out company -wide asking if anyone would like to volunteer to join the Medical Alert Team (MAT) and to take the EMT-B class. Instead of deleting the message I replied to the message saying I would like to join. I did not realize at the time how this would change my life and the lives of my family.*

  I started the EMT-Basic class in Feb and in June I received the EMT-B certification. I joined the local ambulance service in July. The first meeting I attended I sat next to a lady who said a paramedic class was starting in September and she asked me if I would like to take the class. I readily said no, but on the eve of 9-1-01 I started the Iowa Paramedic class. In 2007 I advanced up to Paramedic Specialist. I am a Nationally Registered Paramedic.

  My husband, Jim, is an EMT-B and a son who is a 20 year Marine is also an EMT-B/Fireman in Texas. Jim and I have 6 children and 4 grandchildren. We both work full time, Jim at LOWE'S and myself at Transamerica. We both are volunteers for Blairstown Ambulance. We also work for Virginia Gay Hospital. Jim occasionally drives their transportation van and I work in the Emergency Room and Acute Care as a Paramedic. I followed in my father's footsteps because he was a volunteer fireman for over 25 years. He went into cardiac arrest at a restaurant and a young man working there did CPR. I am passing forward what that young man did for my father.

  I have at one time or another been a volunteer for all 4 of the transporting services in Benton County and worked for Iowa County Ambulance Service; was Secretary/Treasurer for Benton County EMS for several years; currently Secretary for Benton County Emergency Management Association; CPR instructor; skills testing evaluator; QA/Training Officer for Blairstown, Norway and Newhall EMS First Responder Services; Director of the MAT team which consists of 30+ people at Transamerica.

  A middle-aged man came to visit one day at work and went into cardiac arrest. We performed CPR and shocked him once with the AED. I am proud to say he is living a full life today.

  I enjoy being a volunteer and look forward to continue being a volunteer for many years.

While in the nation's capital, Wendy joined her fellow Class of 2015 Stars for three days of education and recognition on Capitol Hill. In addition, Wendy met with members of congress, and key congressional aides to discuss legislative issues critical to all Emergency Medical Service professionals. "We are so proud of Wendy for receiving this high honor," says Blairstown Ambulance Director Mindy Fisher, "she has devoted her time, talent and strength to improving the communities she serves and lives. She is an exceptionally caring person who goes out of her way to not only take the best possible care of her patients but is also a wonderful mentor to her fellow EMS providers. We are so fortunate to have Wendy on our EMS crew."

The Blairstown Ambulance EMS crew currently includes 3 Star of Life award winners.

Congratulations Wendy Frentress, you made IEMSA and the Iowa EMS Community and people very proud.

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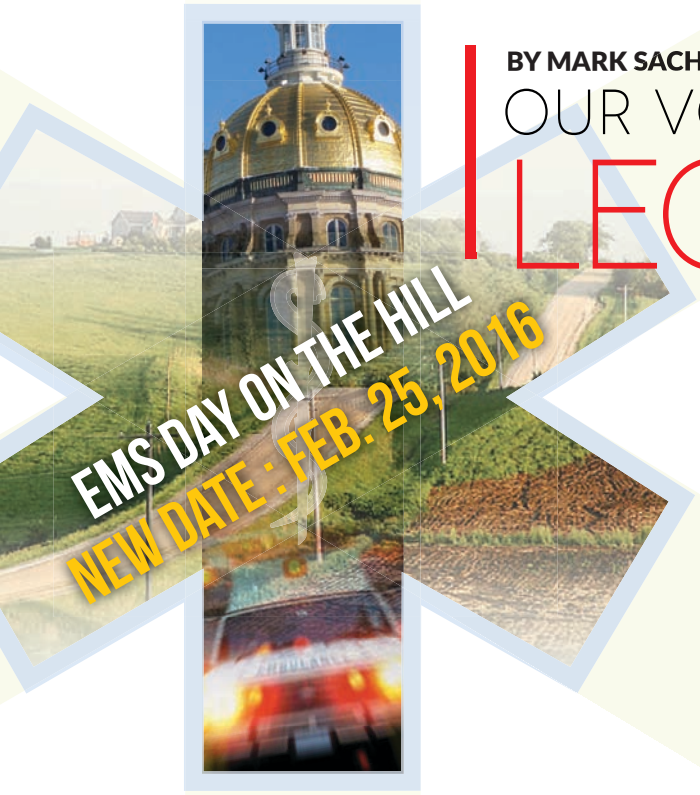

BY MARK SACHEN Legislative Chair and NC Region Board Member

OUR VOICE ON THE HILL LEGISLATION

> VERY IMPORTANT DATE CHANGE: 2016 is a Caucus' year -- therefore we have moved our Iowa EMS Day on the Hill to February 25, 2016.

Please note this change on your calendars, so you can plan to join us. Let's keep the momentum rolling for EMS--our voice is being heard--let's get down on the hill and share our concerns and needs again next year.

> The 2015 Legislative Session is proving to be quite a mixed bag for those of us in EMS. Our efforts have traction and are steadily progressing. The 'EMS Bill of Rights' that we've been working on with Senator Danielson is a giant undertaking-one that needs to be done right. We believe that instead of rushing this through in the short term at the risk of not getting it right, careful thought and planning are needed for long term attainment of our goals for a sustainable EMS system. Key to this are sustainable funding for EMS, education, training and resources for responders, and getting Iowa Medicaid reimbursement rates moving toward Medicare reimbursement rates.

Unfortunately, the legislature has been distracted with the education budget issue and that has taken attention away from items on our legislative radar. A number of bills have cleared the funnels and we are awaiting their disposition. Some important initiatives that IEMSA supported and are NOT moving forward this session are (HF 51) the 10% increase for Medicaid reimbursement and (HF 251) for mental health/substance abuse transports. In spite of these setbacks, IEMSA continues to work hard to improve EMS in Iowa for all.

> The fireworks legislation (SF 226) has passed the Senate Ways & Means Committee. We've partnered with allied groups to oppose this legislation. We continue to work hard to defeat this legislation and will continue to require the voice of our members to do just that.

> I had the great honor and privilege of representing Iowa's nearly twelve thousand EMS providers at the National Association of EMTs (NAEMT) EMS on the Hill Day. In all, 247 delegates from over 40 states, the District of Columbia and Puerto Rico were present with over 160 scheduled appointments to educate Congress on the Field EMS Bill, promote Mobile Integrated Healthcare/Community Paramedicine initiatives, and remove barriers to transition military medics to paramedics as they return to civilian life.

Congress has a keen interest in Mobile Integrated Healthcare/Community Paramedicine (MIH/CP). Healthcare costs, rising at unsustainable rates, have lawmakers looking for new, innovative ways to deliver better care, more efficiently and at reduced costs or by reducing or eliminating risk factors that cause unnecessary transport and treatment. I gained so much more knowledge of MIH/CP by attending the MIH/CP Summit and have a great deal of information to provide to our MIH/CP Stakeholders group.

As I made my way to the hotel lobby on my way to Capitol Hill, I held the elevator for another hotel guest. I was in my dress uniform and she introduced herself. It turned out she was a national advocate for fall prevention with the National Council on Aging, who were also holding a conference the day after the MIH/CP Summit. We had a great conversation as I spoke with her about how fall prevention is one initiative that some MIH/CP programs have instituted to reduce or eliminate costly ED visits and improve quality of life for the elderly in our communities. Long story short, we exchanged information and I forwarded information for the National Council on Aging to the NAEMT to explore a national level partnership for MIH/CP resources. She forwarded my information to the Iowa contact at the Iowa Association of Area Agencies on Aging. Information I've received from him has been forwarded to our Iowa MIH/CP Stakeholder's group. A chance meeting 800 miles from home with so many positive implications for MIH/CP!

> In closing, I'd like to thank my brothers and sisters in EMS in the North Central Region for giving me the opportunity to serve you on IEMSA's Board of Directors. I would also like to thank my fellow IEMSA Board Members and our Office Manager Lisa Arndt, all of who work so hard to serve all of us in EMS across the state of Iowa.

IEMSA 11TH ANNUAL BILLING & MANAGEMENT CONFERENCE

> On April 30, 2015, the night before the 11th Annual Billing & Management Conference, IEMSA hosted a hospitality suite, sponsored in part by PCC, Inc. Attendees enjoyed appetizers, beverages and great networking with other attendees from across Iowa and the surrounding states. A special thanks to our sponsor PCC, Inc. – An EMS Billing Service for their support of this fun and great networking opportunity for our attendees.

> The next day, nationally renowned Doug Wolfberg of Page, Wolfberg & Wirth took center stage and shared his over 30 years of billing experience and knowledge to a record crowd EMS Billing & Management staff for a full day on the latest billing and affordable care act issues facing EMS Services in this new healthcare billing environment. With 80 in attendance, we had a great day of great food, education and everyone went home with a full set of mandatory NAAC CEs, fresh ideas and concepts to assist in increasing their billing efficiencies. Attendees also enjoyed earning 7.0 of EMS Optional Credits for the day.

Next year's 2016 Regional Billing & Documentation Conference will be held in Des Moines, April 14th, 2016. IEMSA invites EMS Billing and Management professionals from across the mid-west to join us for this popular and much needed educational event.

SPECIAL THANKS TO OUR EVENT SPONSOR :

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NAEMT UPDATE

Serving our nation's EMS practitioners.

BY JAMES J. SARGENT, NRP, CCP

As Iowa's NAEMT Advocacy Coordinator I am an NAEMT member who was appointed by the NAEMT President, Conrad T. "Chuck" Kearns, to help our members build and support NAEMT's national advocacy efforts within our states. My roles and responsibilities will include:

- **CONDUCTING OUTREACH** to NAEMT members in the state to encourage and support member participation in national EMS advocacy efforts;
- **UPDATING MEMBERS** on the status of pending national legislation and regulation;
- **COORDINATING VISITS** to the district offices of Iowa's U.S. Senators and House Representatives to educate congressional leaders and staff about the issues that affect delivery of EMS to communities within Iowa;
- **BUILDING RELATIONS** with the IDPH Bureau of EMS office and state EMS association(s);
- **COORDINATING** state involvement in national advocacy campaigns.

I have been involved in Emergency Medical Services for the past 18 years, working in all aspects of EMS. I started my career as a true non-certified "ambulance driver" for a small private EMS agency in southern Indiana and made my way through the ranks of Dispatcher, EMT, Paramedic, Critical Care Paramedic, Deputy Chief, CQI administrator, and Educator. I have had the privilege to work in both paid and volunteer capacities, as well as for small municipal organizations like, West Des Moines EMS, and large corporate organizations like Acadian Ambulance Services.

As I work for Iowa's EMS providers, I would like to add you to my advocacy network. In doing so, I will be able to provide you with the latest information on federal legislation, NAEMT's advocacy efforts, scheduled appointments with our federal representatives, and upcoming town hall meetings, etc. If you are interested in being part of our state's grassroots federal advocacy network, join the "Iowa NAEMT Legislative Advocacy" group page on Facebook at www.facebook.com/groups/iowa.naemtadvocacy/ or you can send an email to me at iowa.naemtadvocacy@gmail.com or call me at 515-202-1682.

I look forward to hearing from you and serving as your state advocacy coordinator. Please feel free to contact me at any time regarding federal advocacy issues.

Thank you for your service and membership with NAEMT. For further information about how to be an advocate within our state, visit the NAEMT website at www.naemt.org

IEMSA MEMBERS SAVE!

IEMSA IS AN AFFILIATE MEMBER OF NAEMT : ALL IEMSA MEMBERS RECEIVE SAVE $10 OFF (REG. $40/YR.) **THE NAEMT ANNUAL MEMBERSHIP DUES :** Just click the " Affiliate Discount: $30 annual dues" when completing the application for an individual membership or renewing your current membership. Visit www.naemt.org

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STEMI IN IOWA

On February 3rd, 2015, The American Heart Association (AHA) announced the expansion of Mission: Lifeline for STEMI (M:L STEMI) patients with an emphasis on rural Iowa. This has been made possible by a $4.6 million grant from the Leona M. and Harry B. Helmsley Charitable Trust. The total funding for the project will be $6.1 million over 3 years.

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

- Implementing the AHA/ACC guidelines throughout the state
- Developing a "system of care" that involves 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
- Public awareness campaigns

Since February, 2015, the AHA staff have been reaching out to the people that are vested in the care of STEMI patients in Iowa. To date, we have visited 23 of the 25 PCI Hospitals in the state. Each of those centers is working diligently to improve outcomes for patients in their respective areas and working with local entities to strengthen the system.

AHA has hosted several informational webinars and attended conferences and meetings to spread awareness regarding the project and funding opportunities. Eight-eight of Iowa counties are eligible for funding from the M:L STEMI project. The areas not eligible for funding are the Federal Metro Statistical Areas (MSA's) for Council Bluffs, Des Moines and Cedar Rapids. This gives us a great opportunity to impact rural Iowa.

- Some of the other work we have been completing during the last few months:
- Building a Statewide STEMI Task Force that includes representation from EMS, Referral Hospitals, PCI Hospitals, IDPH, and other interested parties
- Building a Cardiology Steering Committee with Interventional Cardiologists from all of the PCI Hospitals in Iowa
- Working on the beginnings of educational materials for the Task Force to use in their regions

With so many volunteers to the Task Force, we will be moving forward quickly to start putting all the pieces together. There is plenty of opportunity for involvement at any time in the process. Here are a few key items either in progress or coming very soon:

Statewide Task Force met for their annual meeting for the big "kick off" meeting held in Des Moines on June 3rd, 2015. An update of the following discussion points will be forthcoming:

- Meeting of the Cardiology Steering Committee
- Meeting of the EMS Advisory Committee (subcommittee of the Statewide Task Force)
- The opening of the application process for EMS 12-Lead ECG equipment grants
- All eligible PCI Centers have their "Letters of Agreement" for participation in ACTION REGISTRY.

For more information or to participate in the Statewide Task Force, please contact Heather Maier or Ngia Mua. You may also visit the website www.heart.org/missionlifelineIA.

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UH-OH! PED'S CONFERENCE FEBRUARY 13TH, 2016!

Mark your Calendar's for the 3rd IEMSA Pediatric Conference, to be held in Coralville, February 13th, 2016! You won't want to miss this unique opportunity to learn about our most difficult patience--kids! Seating is limited this year. Watch your e-news for the registration open announcement.

SYSTEM STANDARDS WHERE DO WE GO FROM HERE?

After many regional presentations on System Standards to provide an overview and answer questions of providers and stakeholders across Iowa and presented at the annual conference, where do we go from here? This is a question the members of the System Standards committee have been working on for the past several months. Have we communicated with enough EMS providers, have we answered questions, dispelled myths and given enough education for stakeholders to move forward to make a difference?

As our EMS neighbors or ourselves are struggling with not enough providers or funding, we look to working together to help each other. System Standards can assist by providing the foundation for a stronger system.

The System Standards committee is working on updating and developing standard curricula that can focus on the needs of EMS services to assist in the implementation of System Standards across Iowa.

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, contact Kerrie Hull, khull@calhouncountyiowa.com or 712-297-8619.*

SPOTLIGHT ON TRAINING

IOWA WESTERN

Iowa Western is located in the Southwest Corner of Iowa and serves a 13 county region. The picturesque main campus is located in Council Bluffs but we are also very proud of our 4 other campus locations in Harlan, Atlantic, Shenandoah, and Clarinda. We are proud to offer our students access to one of the most state-of-the-art Simulation Centers in the nation. This center is shared by the Nursing, Surgical Technician, Medical Assisting and EMS programs and offers very realistic experiences to promote the best learning possible. Our center houses 16 high fidelity manikins, 9 hospital rooms, an ER, 1 bedroom apartment, EMS lab, 4 surgical suites and a simulated clinic - all fully equipped for optimal learning.

Emergency Medical Service training is provided to our students in a variety of venues to meet the needs of all of our students. We are very proud of our success with Hybrid classes offered at all levels from EMT to Paramedic, producing some of our best students and pass rates. These courses are a blend of classroom and online learning. The students are able to do the general course work online by listening to recorded lectures and completing the quizzes and exams from their own computer. When the students meet for a scheduled lab session, they are kept busy with hands-on skills to promote and practice the new knowledge. The lectures remain available throughout the program for easy review. No more death by PowerPoint in our classrooms!

ONLINE CLASS START DATES:

- **EMT HYBRID** – August 18, 2015 & January 12, 22016 (16 weeks)
- **HYBRID ADVANCED EMT** – November 23, 2015 (22 weeks)
- **HYBRID PARAMEDIC** – August 27, 2015 (12 months)

Iowa Western EMS is an accredited program that strives to offer the best education in a method that best meets the needs of the surrounding communities. Our instructors love what they do and the students benefit from the enthusiasm and expert knowledge.

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For more information, please contact Cherri Lynch-Fuehring
at 712-325-3446 or clynch@iwcc.edu

Hypothermia

It's Not All That Bad

BY CHERRI LYNCH-FUEHRING, BS, NREMTP Iowa Western Community College • Council Bluffs and IEMSA Board Member

Hypothermia. You learned about this in your EMT classes and some of you may have even experienced it after being paged out to an MVC during a raging Midwestern blizzard. It has been categorized as a traumatic event that can be life threatening, if not treated in a timely manner. So, why are we now encouraged to make some of our patients cold – ON PURPOSE?

As with many aspects of medical care, the rules are always changing with new technology and research. For decades, we have always been taught that low body temperatures can be dangerous and potentially fatal if not treated quickly and correctly. But, we have also known for years that cold water drowning victims stood a much better chance of survival with good neurologic outcomes than someone who had the same experience in warm water. In the American Heart Association's 2010 ECC Guidelines, hypothermic therapies became the standard of care that involved EMS providers and our prehospital care. It simply states:

> *"There is increasing recognition that systematic post–cardiac arrest care after return of spontaneous circulation (ROSC) can improve the likelihood of patient survival with good quality of life…After out-of-hospital cardiac arrest, transport patient to an appropriate hospital with a comprehensive post–cardiac arrest treatment system of care that includes acute coronary interventions, neurological care, goal-directed critical care, and hypothermia."* [1]

The American Heart Association has also taught us that the most effective treatment we can provide in cardiac arrest is high quality chest compressions. Gone are the days when chest compressions are performed by the same law enforcement officer on scene for 20 minutes while the paramedic attempts to get an endotracheal tube placed. No longer do we measure our success during a code by how many yellow medication tops we can flip off onto the floor or how many IVs we can get started by the time we arrive at the ER. We measure our care by how well we can keep the brain, heart and kidneys perfused until we can get the heart beating on its own again. We measure our success not by the return of a pulse, but rather by the return of the patient to a normal and productive lifestyle.

So, what role does hypothermia play in this event, you ask? Surprisingly enough, this method of treatment has been around for decades. In a publication dated 1959 four physicians documented their experiences with using hypothermic care to treat cardiac arrest patients. In this literature they cited that "Hypothermia has been shown to protect the brain against anoxia. There is a reduction in the cerebral blood flow with body cooling. It reduces normal brain volume and reduces brain swelling…" The physicians did an experimental trial that included 19 subjects and investigated the benefits of induced hypothermia for neurological protection in patients who had suffered cardiac arrest. Twelve patients received hypothermia, and 7 patients received conventional therapy. The author reported a 58% survival rate (7 patients) in the hypothermia group compared to a 14% survival rate (1 patient) in the normothermia group. Today, our results are not so different: In a 2004 study the outcomes showed a 56% survival rate with good neurological outcomes using hypothermic therapy, and a 26% of patients without the cold therapy. So we know it works.

What has changed are the methods by which we cool the patients. We no longer dunk these patients into a tub of ice and hope for the best. We use devices that help cool the core of the patient and reduce the chance of skin break-down, frost bite, and other injuries. The most sophisticated are probes that are actually placed in the large vein of a patient to cool the blood directly, thus reducing the chance of activating the skin receptors and causing shivering. These probes can sometimes be covered with a chemotherapy drug to reduce the chance of clot formation on the probe. More commonly, we find cooling pads, blankets and beds that reduce the body temperature in a regulated and measured method.

The question for EMS provides has been how much difference can we make by starting this process in the field? Many times we only have these patients with us for mere minutes before they are released to the ER staff. Does this few minutes of cooling actually make a difference in the grand scheme of things? The answer is YES, it makes a measurable difference!

Here are some numbers for you to ponder:

- For every hour delay to onset of cooling, mortality increased by 20%
- 2-3L of Ringers or Saline at 4C decreases body temperature
  - No effect on Left Ventricular Ejection Fraction by echo
  - Improved hemodynamic indices
- 125 patients randomized to prehospital vs ED cooling
  - 20/29 patients had good neurological outcomes with prehospital cooling vs 10/22 who did not have prehospital cooling
  - **65% increase in favorable outcomes by starting cooling prior to arrival to the ER**
  - **Average temp at ED arrival differed by only 1°C**

> > > CONTINUED ON **PAGE 14**

So how do we do make this happen? It can be as simple as turning on the AC and removing the patients clothing. Cold packs in the groin and armpits are a good option for BLS providers. Many cooling devices are available for purchase that can be used in the field by both basic and advanced providers. The most popular are cooling pads that can be placed on the trunk and back of the body as well as around the thighs to cool the patient's surface. If advanced care is available, consider starting IVs and using cold saline boluses.

Patients receiving hypothermic therapies will require round-the-clock care, which will include labs, 12-lead ECGs, temperature regulation and sedation. The goal is to maintain the body temperature <33°C for 12-72 hours after Return of Spontaneous Circulation (ROSC). Because of the changes in body temperatures, there will be significant electrolyte shifts and cellular changes. These changes can cause cardiac disturbances, rhythm changes, and will require constant monitoring and medication administration.

Shivering is the body's defense against cold to produce more heat. Because this will work against our cold therapy, we have to think one step ahead and do all we can to prevent this from happening. Advanced providers can prevent shivering by administering Meperidine (25 mg adult dose) or fentanyl (25-50 mcg adult dose) at regular intervals. There are other options that will also be effective in reducing shivering, such as Vecuronium, propofol, Dexmedetomidine infusion or clonidine, which may not be as available in the prehospital setting.

Rewarming of these patients is the most dangerous step. Once again we are causing a huge electrolyte shift that will cause changes within each cell. A big concern is the vasodialtion that will occur, dropping the blood pressure to dangerously low levels. Many times boluses of fluids are required (1-3 liters) to help sustain the BP. Other great concerns are seizures, increased ICP, and hyperkalemia. This is a slow and passive process, bringing the body temp back to normal in a 24 hour period.

So, since data clearly shows that hypothermic therapies play a significant role in patient's neurologic recovery after cardiac arrest, hepatic encephalopathy with cerebral edema (loss of brain function that occurs when the liver is unable to remove toxins from the blood), near hanging, neonatal asphyxia, elevated ICP, and ischemic stroke patients shouldn't we make this a priority in our EMS care? If one degree can make a difference in patient outcomes, then let's talk about how we can make that happen in our communities. After all, saving lives is what we do.

[1] *2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care*

Hypothermia

Continuing Education Quiz

Current dues paying IEMSA Members can earn 1 hour (1CEH) of optional continuing education credit by taking this informal continuing education quiz. You must answer all questions, and achieve at least an 80% score. If you successfully passed --you will receive your Certificate by email link.

Deadline: September 15, 2015

Complete this Quiz and:

- **mail to** 5550 WILD ROSE LANE, STE. 400 WEST DES MOINES, IA 50266
- **fax to** (877) 478-0926
- **or email to** administration@iemsa.net

1. **Based on the 1959 study, what percentage of patients had positive outcomes following hypothermia care?**
   A. 48% B. 58%
   C. 14% D. all of them
2. **What is the body's defense mechanism that will work against pre-hospital providers when cooling a patient?**
   A. Goose bumps B. Vasodilation
   C. Hypotension D. Shivering
3. **What is the average temperature difference resulting from prehospital cooling?**
   A. 2 degrees lower B. 3 degrees lower
   C. 1 degree lower D. No measurable difference
4. **For every hour that cooling is delayed, mortality increases by:**
   A. 20% B. 22% C. 12 % D. 24%
5. **Starting cooling measures in the field can increase favorable outcomes by:**
   A. 60% B. 40% C. 65% D. 70%
6. **_____ is a concern when rewarming a patient who has been receiving hypothermic therapy.**
   A. Vasoconstriction
   B. Hyperkalemia
   C. Dangerously low sodium levels
   D. Shivering
7. **Hypothermia was first published as a treatment for post cardiac arrest patients in:**
   A. 1950 B. 1970 C. 1988 D. 1959
8. **The end of the intravascular probe used for cooling is sometimes coated with _____.**
   A. chemotherapy drug B. KY jelly
   C. Teflon D. a soft rubber substance to prevent injury

Name_____

Cert#_____

email:_____

IEMSA
Iowa Emergency Medical Services Association

PUBLIC SAFETY
LEADERSHIP BOOT CAMP
INTENSE, HIGH QUALITY LEADERSHIP TRAINING

SEPTEMBER 26 & 27, 2015
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TUITION : $250 (INCLUDES TEXTBOOK AND RESOURCES THUMB DRIVE)

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DAY #1—8 AM - 5PM --8 HOURS:
- Making the transition from buddy to boss
- Learning to lead
- Ethical boundaries
- Analyzing performance issues
- Case studies in supervision

DAY #2 —8 AM - 5PM --8 HOURS:
- Just Culture in Public Safety
- Coaching counseling and corrective action
- Progressive discipline
- Communication and role playing
- Case studies in supervision

A 16 HOUR COURSE TO **SHORTEN YOUR LEARNING CURVE**

REGISTRATION FORM ON NEXT PAGE

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Located at 1800 Isle Parkway, Bettendorf

Room Rate: $108.99/nt.++ Single/Double Standard
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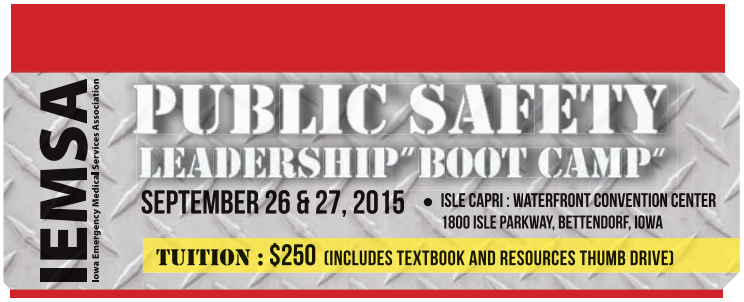

CALL1-800-843-4753 use Discount Code IEMS925
to receive the above discounted rates.

Discount Room Block Rate cut-off date is September 10, 2015. Any reservation request received after this date may be accepted on "space available" basis at the prevailing hotel rates.

Hotel check in time starts at 4pm and check out is at 11am.

TO REGISTER ONLINE:

Go to www.iemsa.net --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 this time. Once Logged-in--go to the "Online Store" tab at the top of your screen, click on the "BOOT CAMP" icon, complete the registration form, add to your cart, process payment and you're registered. You will receive a receipt and confirmation immediately by email. The payment options include: credit/debit card or select "Mail my Check". Registrations are not complete until payment is received, and must be paid prior to the conference. Mail Checks to: IEMSA, 5550 Wild Rose Lane #400, West Des Moines, IA 50266.

TO REGISTER BY MAIL or FAX: Complete this form and return with your check to: IEMSA, 5550 Wild Rose Lane #400, West Des Moines, IA 50266 -- or FAX with Credit Card Info this form to: 877-478-0926. You will receive a confirmation email once your payment is rec'd and/or processed. If you do not receive an email--please contact the office ASAP to confirm your registration was rec'd.

PUBLIC SAFETY LEADERSHIP "BOOT CAMP" REGISTRATION FORM

Attendee Name .....

Address .....

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Organization/Service : .....

❍ **$250 : Public Safety Leadership Boot Camp Registration**
(includes textbook and resources thumb drive)

Total Enclosed: $_____

Payment Method: ❍ **MasterCard** ❍ **Visa** ❍ **Check**

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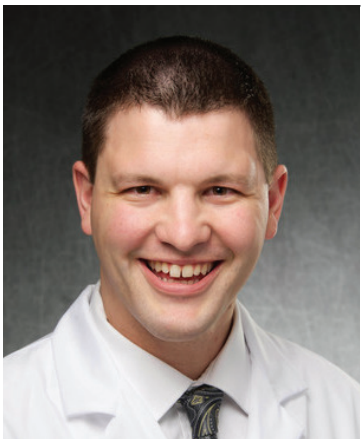
No Refunds after September 1, 2015, Cancellations prior to the 9/1/15 are subject to a $50 cancellation fee.

MEDICAL DIRECTOR UPDATE

BY DR. JOSH STILLEY



SEPSIS is a disease process that is seen frequently in the pre-hospital environment. From 1992 to 2001 sepsis resulted in 2.8 million ED visits (Strehlow, 2006). The landmark paper that changed the course of hospital treatment of sepsis was published in 2001. With this paper by Rivers et al, Early Goal-Directed Therapy became a common process in the ED. In summary, patients who are thought to be at significant risk of sepsis are treated first with aggressive fluid boluses and early antibiotic initiation (Rivers, 2001). However, it is sometimes unclear if the timely intervention required to save lives in sepsis carries over into the pre-hospital environment in the same was as does trauma, cardiac disease, and stroke. Sepsis can be even more dangerous than some of these other conditions with mortality as high as 20% (Seymour, 2012).

Sepsis is the combination of a systemic inflammatory response syndrome (SIRS) and an infection. SIRS is comprised of four elements; these include hyperthermia or hypothermia (T > 100.4 or < 96.8), tachycardia (HR > 90), tachypnea (RR > 20), and leukocytosis or leukocytopenia (WBC > 10,000 or < 4,500) (Snyder, 2012). Any two of these criteria should increase a provider's clinical suspicion for a significant reaction to something. Common causes of sepsis seen by the pre-hospital provider include pneumonia and urinary tract infection.

Severe sepsis is the presence of the above sepsis criteria and a low blood pressure that responds to an initial fluid bolus. Septic shock is a patient is hypotensive but does not respond to fluid but instead requires pressors for adequate blood pressure control.

So why does it matter if sepsis is identified prior to hospital arrival? In the Rivers study there was a 16% difference in survival in patients in the severe sepsis or septic shock categories when they were given early fluid resuscitation and appropriate antibiotics. The current push among some large hospitals is three liters of crystalloid for every patient identified as having severe sepsis or septic shock. When was the last time you gave one patient three liters of fluid? In fact, adherence to these targets will be tied to CMS payment for services starting this year giving hospitals even more reason to accurately identify septic patients. However, even when intervention was targeted during a study, less than half the patients that should have received fluids did (Seymore, 2010). This indicates that in order for EMS to make a major impact on sepsis care in the field there would have to be a big push for education.

EMS provider recognition of sepsis and communication to the ED personnel may have an impact in the ED. Studnek et al found that if an EMS provider informed the ED they suspected the patient had sepsis the patient was likely to receive fluids and antibiotics in a shorter duration of time (69 minutes v 131 minutes) (Studnek, 2012). It is nice to know that what is done by us in the field can make a strong and significant beneficial impact for our patients.

With that I would implore you to continue learning about sepsis and the prehospital interventions you can take in order to significantly benefit your patients. I believe that just as we have pushed to make trauma care, cardiac care, and stroke care pillars of EMS; we will soon push to make sepsis care a major part of what we do. It has been shown that EMS can intervene in sepsis and that intervention saves lives.

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Studnek, J. (2012). The impact of emergency medical services on the ED care of severe sepsis. Am J Emerge Med, 51-56.

EMS BUREAU UPDATE

BY REBECCA CURTISS IDPH, Bureau Chief-Bureau of Emergency & Trauma Services

Injury is the leading cause of death for persons in the age group one through 44 as well as the most common cause of hospitalization for persons under the age of 40. The financial costs of injuries are staggering: injuries cost billions of dollars in health care and social support resources.

- **The Center for Disease Control and Prevention reports that in 2012 the cost of crash injuries totalled $18 billion in lifetime medical costs.** In addition, work lost because of crash injuries cost an estimated $33 billion. These estimates do not include the emotional burden resulting from the loss of a child or loved one, or the toll of severe disability on the injured person and his or her family. Each year over 33,000 people lose their lives on our nation's roads, and approximately 70 percent of those fatalities occur on rural highways. The National Highway Traffic Safety Administration (NHTSA) is charged with reducing death and injury on the nation's highways. NHTSA has determined it can best use its limited EMS resources if its efforts are focused on assisting States with the development of integrated emergency medical services (EMS) programs which include comprehensive systems of trauma care.
- **The Iowa Department of Public Health, Bureau of Emergency and Trauma Services requested the assistance of NHTSA.** NHTSA agreed to utilize its technical assistance program to provide a technical reassessment of the Iowa statewide EMS program. NHTSA developed a format whereby the EMS staff coordinated comprehensive briefings on the EMS system.
- **The Technical Assistance Team (TAT) assembled in Des Moines, Iowa, April 27-30, 2015.** For the first day and a half, over 25 presenters from the state provided in-depth briefings on EMS and trauma care. Topics for review and discussion included the following:
  - General Emergency Medical Services Overview of System Components
  - Regulation and Policy
  - Resource Management
  - Human Resources and Education
  - Transportation
  - Facilities
  - Communications
  - Trauma Systems
  - Public Information and Education
  - Medical Direction
  - Evaluation
  - Preparedness

The forum of presentation and discussion allowed the TAT the opportunity to ask questions regarding the status of the EMS system, clarify any issues identified in the briefing materials provided earlier, measure progress, identify barriers to change, and develop a clear understanding of how emergency medical services function throughout Iowa. The team spent considerable time with each presenter so they could review the status for each topic.

Following the briefings by presenters from the Iowa EMS, public and private sector providers, and members of the medical community, the TAT sequestered to evaluate the current EMS system as presented and to develop a set of recommendations for system improvements. The final report has been received by BETS and will be available on the IDPH website before the end of May, 2015.

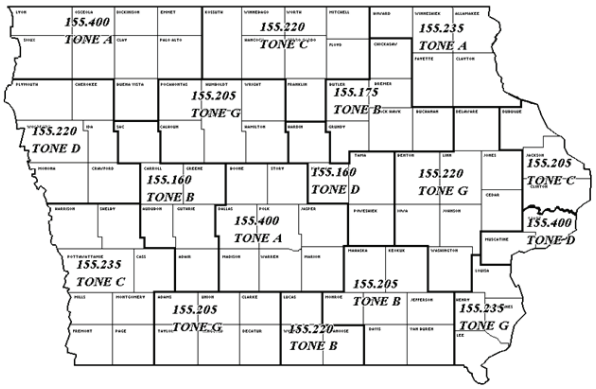
CHANNELS, CHANNELS, CHANNELS

WHAT ARE ALL THESE CHANNELS IN MY RADIO?

BY ROB DEHNERT NRP

As I have written about previously, our radios are our most importable piece of equipment that we probably know the least about. I bet there are channels in your radios that you have no idea what they are for or who you can communicate with on them. Let's attempt to scratch the surface of all these channels in our radios.

First and foremost, there is an Iowa EMS Communications Plan. The first Iowa EMS Communications Plan was published in February of 1973. The plan was subsequently updated and republished in 1978, 1991 and the most current version from 2002. The plan established a regionalized frequency and tone plan for the state as well as standards for communications center circuitry. Elements of the very first plan from 1973 are still in effect today.



The plan describes seventeen multicounty regions across the state. These seventeen regions are assigned one of six frequencies and five tones. The assignment of these frequencies and tones are made to avoid interregional interference from bordering regions. For example, here in Central Iowa, our eight county region is assigned frequency 155.400MHz with tone 82.5Hz. No region bordering our region is assigned our frequency nor our tone to avoid inference. All ambulances and hospitals should have their region's frequency and tone. The name of this channel varies around the state, but likely is named something "regional".

In addition to the regional channels, the plan includes a statewide EMS channel: 155.340MHz. This channel uses the same tone as assigned to the region. For example, here in Central Iowa, we use tone 82.5Hz. Some base station radios in hospitals may also decode tone 210.7Hz as a statewide tone. All ambulances and hospitals should have this statewide common channel. The name

of this channel varies around the state, but likely is named "nationwide", "statewide", "common", "comm", VMED28 or something similar.

The channel name, VMED28, is the new nomenclature for frequency 155.340MHz per the Association of Public Safety Communications Officials (APCO) and National Public Safety Telecommunications Council (NPSTC) Standard Channel Nomenclature for the Public Safety Interoperability Channels (APCO/NPSTC ANS 1.104.192010). The letter "V" in the name designates that the channel is in the VHF-High band. The "MED" indicates that the channel is primarily used for interagency incident communications by Emergency Medical Service licensees. The number "28" is the unique channel identifier within the VHF band.

Other notable new channel nomenclatures include VFIRE21 and VLAW31. VFIRE21 was previously known as "fire mutual aid" at 154.280MHz. VLAW31 was previous known as "law mutual aid" at 155.475MHz.

In addition to the regional and statewide EMS channels, some larger metropolitan areas, such as Des Moines, are assigned "metro" channels. Here in Des Moines, 155.220MHz with tone 82.5Hz is our "metro" EMS channel. All of the Des Moines metro area hospitals are capable of communicating on this channel.

To summarize, you should be able to locate these channels in your radio:

- Your regional EMS channel
- The nationwide common EMS channel (VMED28)
- The nationwide law enforcement mutual aid channel (VLAW31)
- The nationwide fire mutual aid channel (VFIRE21)
- Your radio likely has many more channels, but the above channels are likely the minimum channels that are in every EMS radio in the state.

Please send your questions, comments or concerns regarding public safety radio communications to Rob Dehnert at rob.dehnert@wdm.iowa.gov or call 515-273-0762.

2015 IEMSA AWARD NOMINATION FORM

It's not too early to be thinking about nominations you may want to make for the Annual IEMSA Awards. The awards are announced at the annual conference.

EMS Providers give of themselves every day, with little or no recognition or show of appreciation. If you know someone who has given above and beyond, please nominate that person for this prestigious recognition. **To nominate a person or service for one of these awards** you must:

1> complete this form.
2> include a letter of recognition/nomination.
3> submit your nomination to the IEMSA office before September 17, 2015. Return the completed form to the by mail to IEMSA, 5550 Wild Rose Lane, Ste. 400, WDM, IA 50266, e-mail to administration@iemsa.net or fax to 877-478-0926.

> **Individual EMS Provider of the Year**
  - ❍ Volunteer
  - ❍ Career

> **EMS Service Provider of the Year**
  - ❍ Volunteer
  - ❍ Career

> ❍ **Instructor of the Year**
> ❍ **Dispatcher of the Year**
> ❍ **Friend of EMS**
> ❍ **Hall of Fame**

EXPLAIN WHY THIS NOMINEE SHOULD RECEIVE THE AWARD **(ATTACH A SEPARATE SHEET IF NEEDED):**

Nominating Service/Person --Contact Name

Nominating Service/Organization Name

Nominating Contact E-Mail Address

Nominee's Info-- Name

Company/Service

Address

City/State/Zip

Phone Number

E-Mail Address

2015 IEMSA BOARD MEMBER
NOMINATION FORM

IT IS TIME TO CONSIDER YOUR REGIONAL REPRESENTATIVES TO THE IEMSA BOARD OF DIRECTORS. The regional representatives elected will serve two-year terms beginning in December, 2015. Those board members whose terms expire in December, 2015 are as follows:

- North Central Region-Dave Johnson
- Northeast Region-Curtis Hopper
- Northwest Region-John Jorgensen
- South Central Region-OPEN
- Southeast Region-Bob Libby
- Southwest Region-Cherri Lynch Fuehring

To nominate a person or service for one of these awards you must:

1> complete this form.
2> include a brief biography describing EMS Involvement.
3> **submit your nomination to the IEMSA office before September 25, 2015.**

Click to go our ONLINE to www.iemsa.net to download this Nomination Form. Print, complete and return this form to the IEMSA Office by mail to IEMSA, 5550 Wild Rose Lane, Ste. 400, WDM, IA 50266 or email to administration@iemsa.net.

> **This nomination is for a Regional Board Representative for the _____ IEMSA Region that this nominee resides in.**

Nominated by : Name/Service

Nominee's Info: Name

Company/Service

Address

City/State/Zip

Phone Number

E-Mail Address

BRIEF BIOGRAPHY DESCRIBING EMS INVOLVEMENT (E-MAIL OR MAIL A SEPARATE SHEET IF NEEDED TO: ADMINISTRATION @ IEMSA.NET OR IEMSA, BOARD NOMINEE, 5550 WILD ROSE LANE, STE. 400, WEST DES MOINES, IA 50266)

The nominations will be checked to ensure compliance with the nomination process. The nominee's membership status will also be verified. Successful nominations will comprise the final ballot which will be emailed to active members by region on October 15, 2015. Voting will cease on October 30, 2015. Detailed instructions will be provided on the ballot. Should you require a paper ballot, please contact the office by calling 515-225-8079 or email administration@iemsa.net.

We urge all members with an interest in becoming involved with their professional organization to consider nomination. Your involvement truly makes a difference.

ALWAYS MISSED • NEVER FORGOTTEN

2015 IEMSA MEMORIAL CEREMONY

MAY 16, 2015 • WEST DES MOINES STATION #19 • 8055 MILLS CIVIC PARKWAY • WEST DES MOINES

L to R : Linda Frederiksen, IEMSA President, Rev. Jennifer L. Hall, MDiv, Bobby Kaufmann, Iowa House Rep.; Paul Hudson, FACHE COO, ACUTE CARE, INC.; Rebecca Curtiss, BETS, IDPH

Bobby Kaufmann, Iowa House Rep.

Byron Bulthuis' children reflect and remember at the EMS Memorial where their father's name is engraved.

Roses and IEMSA Commemorative Coins were presented to each family of the honorees.

May 16th, 2015--EMS providers, legislators, family and friends gathered to honor four fallen dedicated EMS providers at the EMS Memorial in West Des Moines. Each year we honor and remember those that gave so much of their life to the service of others. They answered the call and although all of them would be humble and shy away from the recognition, we take time to honor their service. This ceremony delivered an emotional and sincere "thank-you!"

The distinguished panel of speakers, Bobby Kaufmann, Iowa House Rep.; Paul Hudson, FACHE COO, ACUTE CARE, INC.; Rebecca Curtiss, BETS, IDPH presented eloquent speeches that assured more progress for EMS in Iowa and reflected on the sacrifice that goes beyond the provider to their families.

The West Des Moines EMS Honor Guard lowered the flag and there was a fly-over by Unity Point Lifeflight to close the ceremony.

BYRON
DUANE BULTHUIS

Byron Bulthuis, 66, of Le Mars, Iowa passed away Thursday, December 25, 2014 at Unity Point Health – St. Luke's in Sioux City. He was the son of Henry and Leona (Slagter) Bulthuis. He attended school in Danube, MN and graduated from Danube High School. He graduated from Northwestern College with a B.A. in Theatre and Drama.

In 1976, Byron began his career with the Le Mars Ambulance Service, first as an EMT, and later as a Paramedic and Co-Director. When Byron retired, he had served with the ambulance service for over 30 years. Byron was also a social worker for special needs adults in Le Mars.

He is missed by his community, his family-his wife of over 44 years, Lynda of Le Mars; two son's, five grandchildren and many other family and friends.

JOHN
KEVIN HAMILTON

John Kevin Hamilton was born on November 26th, 1961 in Minneapolis, Minnesota to Frank and Mary Hamilton.

He was the baby of the family, with five older siblings. He spent most of his childhood in the small town of Adrian, Minnesota where he graduated from high school in 1979.

In October of 1993, John and Karen purchased the Titonka Food Center and relocated the family to Titonka.

Outside of work, John was a very active member of his community. He proudly served on the Titonka Ambulance Crew for nearly 20 years, first as a driver and later as an EMT. He served as a fireman for nearly as long. He had been a Boy Scout leader. He was president of the Titonka Community Club and a member of the Titonka Area Economic Development Corporation, and previously had served on the library board. He was

also president of the Lions Club. He was a very active member of his church and had taught Sunday school.

A hard-working and kind man, John was greatly loved, and he will be greatly missed.

John K. Hamilton died Saturday, February 14, 2015. He was 53.

He was survived by his wife Karen of Titonka; three sons, Jacob Hamilton and his wife Haley of North Mankato, MN, Zachary Hamilton of Roseville, MN, and Nathan Hamilton and his wife Amy of Titonka.

DANNY
DEAN PAULSEN

Kind of a big deal. That's what Dan Paulsen was to many people. Whether it was teaching EMS students or helping someone who was having the worst day of their life, Dan gave his heart and soul to others.

Dan started his career at the age of 17 in Nora Springs, Iowa,

and quickly knew that being an EMT was what he was put on this earth to do. Dan also worked for West

Franklin EMS, Mary Greeley Medical Center, Story City Ambulance, Dallas County Ambulance and the Pocahontas Hospital Ambulance until his death on December 12, 2014.

Dan was also a member of the Iowa Department of Public Health's Bureau of Emergency Medical Service Quality Assurance, Standards and Protocol Subcommittee and a

Dan Paulsen's children at the EMS Memorial

member of the Board of Directors of the Iowa Emergency Medical Service Association.

Even while Dan was under Hospice care, he never stopped helping others. He was always in charge and answering questions from his ambulance crew to make sure everyone's needs were met.

Dan taught many of us, many things, from how to splint a broken bone, to knowing when someone just needed a hand to hold. He is dearly missed.

Dan is deeply loved by his wife Jessica and their children, Makayla 10, Abigail 8 and Christian 4, his brothers and sisters, family, and friends.

JEANNE
ANN VARENHORST

Jeanne Ann Plueger served 16 years on the Merrill Ambulance Service in Merrill, Iowa.

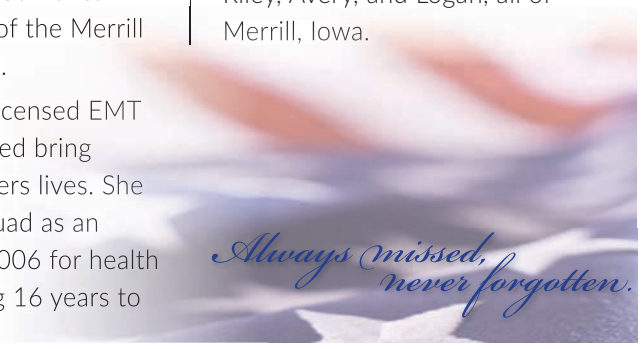
She had a passion for helping people. This passion drove her to become a member of Merrill Ambulance in Merrill, Iowa and an EMT in 1990. Jeanne loved working with and for her local community and it lead her to serving as director of the Merrill Ambulance in 2001.

Jeanne was also a licensed EMT Instructor that helped bring EMS into many others lives. She retired from the squad as an active member in 2006 for health reasons, after giving 16 years to something she loved so dearly. She is greatly misseed by all those she helped along the way.

In addition to her service to her community through the Merrill Ambulance squad, she also served with the Plymouth County Disaster Services, a volunteer with Hospice of Siouxland, and served on the Plymouth County Hospice Advisory Board.

Most of all, Jeanne loved her family, who all made sacrafices so she could serve her community -- as her heart lead her to do.

Jeanne passed away Dec. 2nd, 2014. Survivors include her husband of 48 years, Dean, of Le Mars; a daughter, Shelly Lawrence, and her husband, Stacy, of Sioux City; a son, Mark Varenhorst, and grandson, Dominic, and his wife, Trish, and her children, Cameron, Riley, Avery, and Logan, all of Merrill, Iowa.



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