

IEMSA

January – March 2007

# VOICE



A VOICE FOR POSITIVE CHANGE IN IOWA EMS



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Iowa Emergency Medical Services Association





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# EMS Management and Billing Conference

Attention: EMS Directors, Managers and Billing Staff

Save the date of Friday, April 20, 2007 now for this valuable chance to enhance and refresh your managerial skills and billing knowledge. Hear from returning speaker Doug Wolfberg of Page, Wolfberg & Wirth, LLC and Barb McDaniel of Noridian Administrative Services. They'll be covering numerous topics, including:

- Ambulance documentation
- The EMS law "Top 10" – the year in review
- Navigating the new Medicare appeal rules
- Understanding the Medicare condition codes
- Medicare billing update for ambulance services

This informative session will be held at St. Luke's Regional Medical Center, located at 2720 Stone Park Blvd., Sioux City, IA 51104, and will run from 8:00 AM until 4:30 PM. A certificate of completion will be awarded to conference participants at the end of the day.

## Conference Fees

The standard fee to attend this conference is \$150.00 per person. IEMSA Affiliate Service Members will be admitted at the discounted rate of \$100 per person. Prices include lunch and break refreshments.

## Registration

For convenient electronic registration, visit the EMS Training page at [www.iemsa.net](http://www.iemsa.net), or contact IEMSA's main office as soon as possible for a mail-in registration form at (515) 225-8079, toll-free at (888) 592-IEMS, or by email at [administration@iemsa.net](mailto:administration@iemsa.net).

## Lodging

For discounted lodging, contact the Holiday Inn, located at 701 Gordon Drive, Sioux City, IA, by calling (800) 238-6146 and asking for the EMS rate of \$69.95. The deadline for reserving at the discounted rate is March 23, 2007. Reserve your spot today!



Iowa Emergency Medical Services Association Newsletter is Published Quarterly by:

**IOWA EMERGENCY MEDICAL SERVICES ASSOCIATION**

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

2007

# IEMSA MEETINGS



## Board Meetings:

The IEMSA Board of Directors will meet on the following dates in 2007. Each meeting (with the exception of the Annual meeting) will be held at the West Des Moines EMS Station #19, 8055 Mills Civic Parkway, West Des Moines. All meetings, with the exception of the Annual meeting, will be held at 1:00 p.m.

## 2007

- March 15
- April 19
- May 17
- June 21
- July...

## No Meeting

- August 16
- September 20
- October 18
- November 8...  
**Annual Meeting**
- December 20

## Additional Important Dates:

### Annual Conference & Trade Show

**November 8 – 10, 2007**  
Des Moines, Iowa

As of Friday, February 2, 2007, the Iowa EMS Memorial Committee raised a total of \$48,103. With a goal of \$55,000 to erect and dedicate the memorial, only \$6,897 remains to be raised.

The dedication of the Iowa EMS Memorial will take place on May 19 at its West Des Moines location

## Iowa EMS Memorial — Campaign Update —

to coincide with EMS Week 2007. As dedication details become available, they will be shared through IEMSA E-News and the second quarter edition of *The Voice*.

The Iowa EMS Memorial will pay

lasting homage to those who have given their lives in the line of EMS service. If you haven't yet contributed to the Iowa EMS Memorial campaign or shared this cause with

other EMS supporters, now is the time to help close the gap. Visit IEMSA's website at [www.iemsa.net](http://www.iemsa.net) to learn more and download a donation brochure today.

## Membership Announcements

### Resource CD Now

Available online now, Affiliate Members can access valuable content from the resource CD anytime, anywhere, through the Members Only Section at [www.iemsa.net](http://www.iemsa.net). Logon to review topics such as HIPPA policies and Scope of Practice, or to download a multitude of forms and templates for use within your service's operations.

### Members Only Section

New features continue to be added to the Members Only Section. Visiting the Members Only Section offers access to member benefits such as the online forum, publications archive, resource CD content and much more. Check back often to make the most of your member benefits at [www.iemsa.net](http://www.iemsa.net).

### Membership Database

Occasionally, we make our membership list available to carefully screened companies and organizations whose products and organizations may interest you, as well as board candidates who wish to solicit your vote. Many members find these mailings valuable. However, if you do not wish to receive these mailings via postal service or e-mail, just send a note saying "do not release my name for mailings" to the IEMSA office via fax at (515) 225-9080, e-mail at [administration@iemsa.net](mailto:administration@iemsa.net), or regular mail at 2600 Vine St., Ste. 400, West Des Moines, IA 50265. In order to ensure the correct adjustment to our data base, please include your name, address and membership number.

# A Message from the President

It is an honor, and certainly a privilege, to write to you as the new president of the Iowa EMS Association. It has been only a few short weeks since I became President, and I am humbled and in awe of the tremendous amount of time, talent and commitment shown by the members of this organization. I have prepared myself, and looked forward to the opportunity to serve you in this role. I promise I will not let you down.

This is a time like no other in the nearly 20-year history of this association. We are confronted with a great responsibility and a number of opportunities. The responsibility is to make sure the interests and needs of all levels of EMS providers are understood and addressed in a time when we are facing unprecedented demands on EMS, volunteer and career shortages, and a growing battle for limited resources. The opportunity we have is to capitalize on the rising profile of EMS in public safety, public health and homeland security, and to bring people together to promote EMS from a unified position for the betterment of both patients and providers.

I come to the presidency of IEMSA at a good time. In the last eight years, past Presidents Jeff Dumermuth and Jeff Messerole have put IEMSA on a good path. My goal is to build on the foundation I inherited, which I believe will move us forward in the future as we meet our challenges and celebrate our successes. Our membership is growing, our involvement with critical issues is expanding, our educational programs are reaching the providers across the



**John Hill, EMT-PS**  
IEMSA President  
Board of Directors

state, and our financial health is strong. I will continue on this path.

There is more that we need to do, however. We need to cooperatively work with other associations, agencies and orga-

nizations in this industry. We need to respond quickly with positions and action plans, and communicate, communicate, communicate.

While we are busy with association business, we must never forget that the most important people we serve are the people touching patients and lifting stretchers. I believe it is critically important that we stay in touch with all levels of EMS Providers. As a career paramedic manager and a volunteer, I will continue to go on calls at all hours of the day and night. Issues such as education, recruitment, retention, recognition, continued funding, benefits and the National Scope of Practice are all issues this association must understand and speak about.

Of course, I can't accomplish all of our goals alone. The greatest strengths of IEMSA are its dedicated members, officers and board members. Over the next several months, the board of directors will develop a strategic plan to guide our work in the coming years. This plan will reflect not only the urgent needs of today, but also the dreams of tomorrow. Some of you may be asked to provide direct input to this project, but I want to assure you that I am eager to hear from all members on any issue you feel is important. You can contact me best by e-mail at [jhill@iemsa.net](mailto:jhill@iemsa.net).

I want to wish all of you a safe and prosperous new year. Thanks again for your support. ■

## IOWA EMERGENCY MEDICAL SERVICES ASSOCIATION BOARD OF DIRECTORS 2007

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# EMS Day on the Hill

## FIRST-TIME PARTICIPANT OBSERVATIONS



**Christopher S. Russi, DO**  
IEMSA Medical Director  
Dept. of Emergency Medicine  
University of Iowa

February 1, 2007 was the Annual EMS Day on the Hill sponsored by the Iowa EMS Association. For several hours in the morning, Iowa's prehospital healthcare providers had the opportunity to interact with their elected officials, promote an EMS legislative agenda, and share concerns about EMS care in our state.

As a first time participant, I must compliment the men and women who volunteered time to endorse a brighter future for pre-hospital care in Iowa. I completely respect how some may anticipate this event to be an intimidating experience or environment. However, the elected men and women I spoke with were genuinely interested in the needs of our prehospital community and how it directly impacts the safety and well being of Iowans. It was truly a very interesting day with poignant and focused conversations regarding EMS issues.

Overall, I was encouraged with my conversations, and our legislators expressed equal concern for major issues affecting EMS. We discussed the serious concern of retirement benefit discrepancies with IPERS, as well as the potential for disaster if volunteer medical directors are not provided with some liability protection. In my opinion, one of the most important facts revealed to our lawmakers was that our state and Bureau of EMS

have been without medical direction for approximately seven years. It is discouraging to believe such oversight for evidence-based medical care and protocol derivation at the state level continues to be dismissed in budget appropriations. I am hopeful that this fiscal year will see a new budget line item for such a leadership position. Just as local EMS systems benefit from licensed medical direction, so would the State Bureau of EMS.

I challenge even more of you to join IEMSA at EMS Day on the Hill in 2008. This will send an even stronger message to the legislature about what is important to you, your service, and your community. I have a lofty vision of ambulances surrounding the Capitol building and a swarm of EMS providers in the Capitol Rotunda demanding attention for the constituents and communities we serve. As the only physician medical director present that day (I believe), my hope is that you will invite your medical directors to attend next year and advocate for you and physician medical direction.

Just as IEMSA is "A Voice for Positive Change in Iowa EMS," you, too, have a voice. I encourage you to read the Legislative Report in this issue and subsequently email, call or write to your legislator. Our collective voice can and will make a difference. ■

## What's Up Doc?

**"Anyone using the new Airtraq optical Laryngoscope? Here is the link for those that haven't heard of it: <http://www.airtraq.com/airtraq/portal.portal.action>. I am curious to see if it has affected any services' success rates? Dr. Russi – any opinion?"**

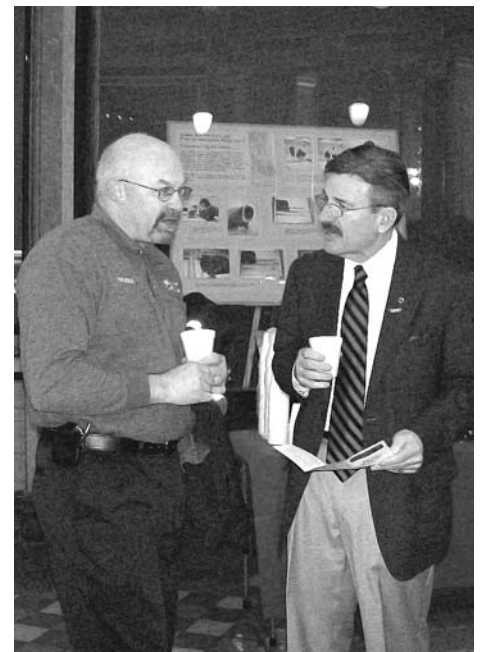
*Posted on 12/01/06 by forum user rescue595*

"I am not aware of anyone using this device clinically. My personal experience in our simulation center using this in a difficult airway manikin has been favorable. I see some benefit from the design, especially for situations involving the need for endotracheal intubation in a confined space (i.e. aircraft jump seat). A clinical trial will be necessary for an effective analysis in the prehospital setting." – **Dr. Russi**

*What's Up Doc? features selected questions and comments from IEMSA's Online Forum. Access the Forum through the Members Only Section at [www.iemsa.net](http://www.iemsa.net).*



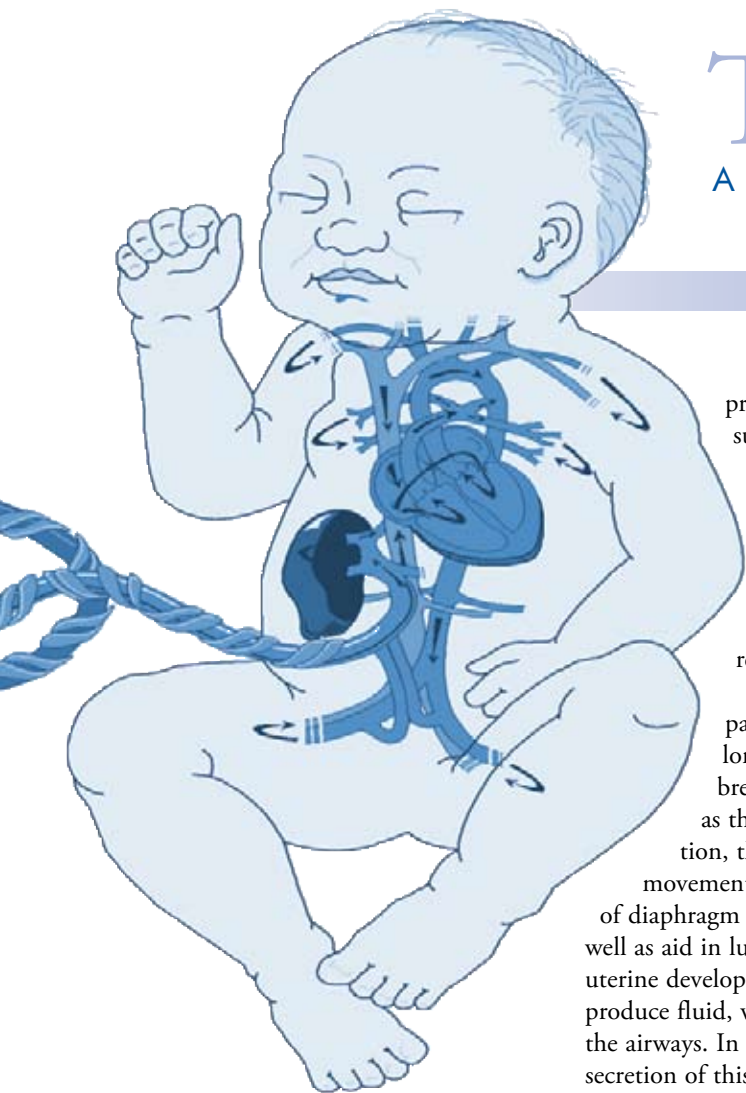
Photos from IEMSA's EMS Day on the Hill



# The First *Breath*

A Look at the Newborn's Transition to Extrauterine Life

BY DAN GLANDON, EMT-P



provides a reduction in alveoli surface tension, allowing the alveoli to expand. Because of these developmental and physical changes, the neonate born prior to 35 weeks gestation may experience varying degrees of respiratory distress.

The fetus begins to prepare for extrauterine life long before birth by practice breathing. Beginning as early as the eleventh week of gestation, these practice breathing movements aid in the development of diaphragm and chest wall muscles, as well as aid in lung growth. During intrauterine development, the fetal lungs also produce fluid, which almost completely fills the airways. In the days prior to labor, the secretion of this lung fluid decreases, and at birth about 100 ml of fluid remains in the respiratory passages. As the fetal chest is compressed in the birth canal, intrathoracic pressure increases, forcing most of this remaining fluid from the lungs.

The first breath occurs as the neonate's chest clears the birth canal. The chest recoils as it clears the canal, producing a small amount of passive inspiration. This recoil action draws air into the lungs, replacing the fluid that was squeezed out. As the newborn cries against a closed glottis, the increased pressure leads to an increase in absorption of fluid into the capillaries and the lymph system. Each successive breath stretches alveolar walls and enlarges the alveoli, dispersing the remaining fluid into interstitial tissue. Within two hours, 70% of the fluid has been reabsorbed. Within 24 hours, all of the fetal lung fluid has been reabsorbed. Blood flow to the lungs increases, with the first respirations contributing to the conversion from fetal to neonatal circulation.

As you can see, the neonate's first breath is dependant upon intrauterine development

and extrauterine respiratory movement. The first breath must overcome the surface tension of the alveoli to allow the lungs to expand; surfactant promotes alveoli expansion by reducing this surface tension. On exhalation, functional residual capacity – air remaining in the alveoli – prevents lung collapse. These processes immediately begin to change pulmonary blood flow and cardiac output.

There are many other events that stimulate the infant to breathe. Chemical stimuli, resulting from increased arterial carbon dioxide and decreased arterial oxygen, stimulates the aortic and carotid chemoreceptors, which then trigger the medulla's respiratory center. The medulla also receives stimuli from the skin's nerve endings as the neonate enters the cooler extrauterine environment. Sensory and physical stimuli, such as tactile, auditory, and visual, also help to initiate respiration as the neonate leaves the familiar comfortable environment

**I**n order to thrive, the newborn, or neonate, must adapt well to extrauterine life. This process, to become a separate being, depends on changes to many organ systems and processes. Most adaptations from intrauterine to extrauterine life occur rapidly while others occur gradually. Two of the systems which must surmount radical adaptations are the respiratory and the cardiovascular systems.

## Respiratory System

The respiratory system must function immediately after birth, though many processes and developments must take place early in uterine in order for this to occur. The respiratory system is constantly developing and maturing during fetal life. At 20 to 24 weeks of gestation, alveolar ducts appear. At 24 to 28 weeks, primitive alveoli are present. Surfactant, a substance that is critical for alveolar stability, is formed between 24 weeks and term. Surfactant

## OBJECTIVES:

Each participant should be able to successfully complete a 10-question quiz after reading this piece and be able to:

1. Understand the principles of neonatal circulation.
2. Understand the physiological changes that must take place to convert from intrauterine to extrauterine life.
3. Identify normal vital signs for the neonate.
4. Understand the interuterine growth of respiratory and cardiac systems.
5. Understand the importance of oxygenation and ventilation in the neonate.



of the womb. There are also some factors that oppose the neonate's first breath, such as alveolar surface tension, degree of lung compliance, and viscosity of the lung fluid. Following this first breath, the cardiovascular and respiratory systems become interrelated and interdependent.

## Cardiovascular System

### Intrauterine Circulation

During the intrauterine period, the right ventricle does about two thirds of the total cardiac work. Blood with higher oxygen content is diverted to the heart and the brain while blood flow to the pulmonary, renal and hepatic systems is reduced. To better understand fetal circulation, let's take a look at the structural differences found in the fetus.

Foramen ovale is an opening that allows fetal blood to pass between the right and left atrium.

Ductus arteriosus is a vascular structure that allows blood ejected from the right ventricle to enter the aorta rather than perfuse non-functional lungs.

Ductus venosus is a vessel that leads directly to the vena cava, which allows some oxygenated blood and nutrients to be pumped out of the body without passing through the kidneys.

### Extrauterine circulation

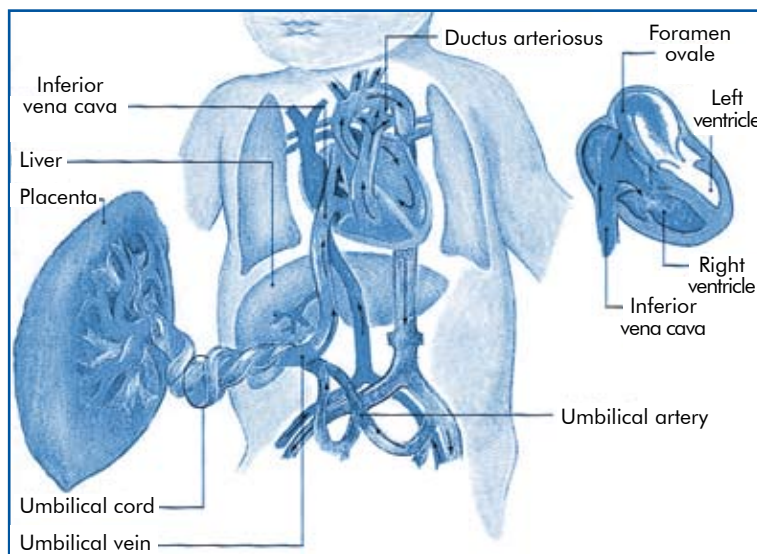
During the first few breaths, the lungs expand decreasing pulmonary vascular resistance and left arterial pressure. Arterial oxygen levels rise. Clamping of the cord helps to raise systemic vascular resistance. During this brief period, there are five major areas of change in circulatory function.

1. Clamping of the cord decreases intravascular space by eliminating the placental vascular bed, which is a low resistance vascular bed. Clamping of the cord also increases systemic blood pressure. At the same time, blood return to the inferior vena cava decreases, lowering pressure within the venous circulation.

2. Systemic resistance increases as the "low resistance" placenta is no longer needed. Pulmonary blood flow increases and, with effective respirations, arterial

oxygen is increased. Pulmonary vessels dilate, reducing pulmonary resistance. This opens vascular beds, allowing perfusion of other body systems.

3. In utero, pressure is greater in the right atrium than in the left atrium. This pressure allows the foramen ovale to remain open. At the first breath, pulmonary blood flow is increased and pulmonary resistance is decreased. This increases pulmonary venous return and increases left atrial pressure, functionally closing the foramen ovale. One to two hours after birth, the foramen ovale closes, but any increase in pulmonary resistance may reopen it. Permanent closure of the foramen ovale occurs within several months of birth.



4. Closure of the ductus arteriosus is the result of increased pulmonary blood flow and the presence of oxygen. The ductus arteriosus is functionally closed within 15 hours of birth. During the first two hours after birth, the ductus arteriosus remains mostly patent. Permanent closure occurs within three weeks of birth. Any decrease in arterial oxygen will cause the ductus arteriosus to remain patent or open.

5. The mechanism for closure of the ductus venosus is not understood completely, but it is believed to be related to mechanical pressure changes. Closure of the ductus venosus forces perfusion of the liver and kidneys. The ductus venosus closes almost immediately. Permanent closure occurs within two months.

If any of these changes fail to occur, fetal circulation will continue in the newborn.

Signs of persistent fetal circulation in the newborn may include tachycardia, tachypnea, diaphoresis, signs of congestive heart failure, transient or persistent cyanosis, difficulty feeding, cyanosis during feeding or crying, and poor muscle tone. It is important to frequently evaluate the neonate.

Shortly after the first cry and the advent of cardiopulmonary circulation, the newborn heart rate accelerates to 175 to 180 beats per minute. Four to six hours later, it slows to about 115 bpm. At 12 to 24 hours, the heart rate levels off at about 120 bpm. Heart rates will range from 100bpm while asleep to 120 to 150 while awake. Murmurs may be present and are usually transient because of incomplete closure of the ductus arteriosus

or the foramen ovale. The neonate's respirations may range from 30 to 60 breaths per minute, with the highest rates found within the first two hours of life. Memory aids should be available to all EMS providers when caring for the neonate and pediatric patients.

## Summary

The neonate's first breath is vital to adapting to extrauterine life. The pressure changes and the oxygen provided are responsible for establishing extrauterine circulation. Any decrease in oxygen or increased pulmonary resistance after

birth may allow the fetal circulation to continue, which may place the neonate in danger. Our understanding of this process can reinforce the need for strict monitoring of oxygenation and respiratory status of the neonate. Our understanding of these events will also allow us to better understand some of the neonatal emergencies related to this transitional period.

## ABOUT THE AUTHOR:

*Dan Glandon is a flight medic with Air Evac Lifeteam based in Ottumwa, IA. He also works at Davis County Ambulance, and as adjunct faculty with Indian Hills Community College. Dan is currently serving as an at large IEMSA board member.*

## 10 QUESTION POST-ARTICLE

## Quiz

- 1) **Surfactant enables the neonate's alveoli to overcome surface tension and expand to allow ventilation.**  
A) True B) False
- 2) **Intrauterine practice breathing aids in development of diaphragm muscles and lung growth.**  
A) True B) False
- 3) **The foramen ovale allows oxygenated blood to flow from the right atrium to the left atrium.**  
A) True B) False
- 4) **Blood from the right ventricle is diverted to the aorta bypassing the pulmonary circulation because of this vascular structure:**  
A) Foramen Ovale  
B) Ductus Arteriosus  
C) Ductus Venosus  
D) Ligamentum Arteriosus
- 5) **Factors that oppose the neonate's first breath include all of the following except:**  
A) Degree of lung compliance  
B) Alveolar surface tension  
C) Recoil of the chest at birth  
D) Viscosity of lung fluid
- 6) **A decrease in oxygen following birth may cause the ductus arteriosus to remain patent (open) allowing a portion of vital blood to bypass the pulmonary system.**  
A) True B) False
- 7) **Once most of the fetal lung fluid is expelled during the neonate's passage through the birth canal, the remaining fetal lung fluid:**  
A) May remain for 48 hours  
B) May remain for 72 hours  
C) May remain for 24 hours  
D) Will always remain
- 8) **Signs of persistent fetal circulation in newborns include:**  
A) Cyanosis and tachypnea  
B) Poor muscle tone and tachycardia  
C) Difficulty feeding and diaphoresis  
D) All of the above
- 9) **Cardiac murmurs may be common in the days following birth due to partial or non-complete closure of the foramen ovale or the ductus arteriosus.**  
A) True B) False
- 10) **After the first few hours after birth, normal neonatal ventilatory rates may range from:**  
A) 12-20 breaths per minute  
B) 15-30 breaths per minute  
C) 60-90 breaths per minute  
D) 30-60 breaths per minute

CALLING FOR EMTS  
IN ACTION

Please email your EMT action photos to  
[communications@iemsa.net](mailto:communications@iemsa.net).

IEMSA  
CONTINUING EDUCATION  
*answer form*

## CLIP AND RETURN

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*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 of continuing education through The Southwestern Community College in Creston, Provider #14.*

*For those who have access to email, please email the above information along with your answers to: [blazek@swcc.cc.ia.us](mailto:blazek@swcc.cc.ia.us).*

*Otherwise, mail this completed test to:*

Cheryl Blazek  
Southwestern Community College  
1501 Townline Road  
Creston, IA 50801

The deadline to submit this post test is  
**MAY 23, 2007**



# IEMSA Endorses National EMS Museum Campaign

IEMSA recently declared its endorsement of the National EMS Museum (NEMSM) in a December 6, 2006 letter to the NEMSM Steering Committee. IEMSA joins the National Association of EMTs (NAEMT) and the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) in support of this project.

## The Future of the Museum

The NEMSM Steering Committee, which includes IEMSA Board Member Julie Scadden, consists of 15 members charged with carrying out the three phases of development for a National EMS Museum.

**Phase One:** A virtual Museum where you can view items, stories, and pictures of the initial and current pioneers of EMS as they shared their thoughts and visions on the development of EMS.

**Phase Two:** Traveling presentations that showcase some of the items from the

donations to the repository museum, as well as state and regional items displayed at your regional or state conference.

**Phase Three:** A Repository Building for permanent display and/or storage of the tools and vehicles specific to EMS, as well as interactive historical presentations and educational materials.

## Guiding Principles

The National EMS Museum Foundation and Steering Committee will work under these guiding principles.

**Vision:** "To preserve the history of EMS in the belief that remembrance promotes understanding, respect, and enlightened progress."

**Mission:** The National EMS Museum is dedicated to memorializing and commemorating the history of EMS and the individuals and organizations that provide emergency care to the sick and injured.

## Remain Informed - Get Involved

In addition to continued coverage through IEMSA E-News and future editions of *The Voice*, you can remain abreast of museum development directly with the National EMS Foundation by subscribing to their e-mail list. Simply logon to the NEMSM website, [www.nationalemsmuseum.org](http://www.nationalemsmuseum.org), and click on the mailing list tab.

The aid of twenty-six regional coordinators and multiple technical archivists will be needed as the first phase of the project gets underway. If you are interested in learning more about these volunteer roles, contact Katharine Rickey at [Katharine.rickey@nationalmuseum.org](mailto:Katharine.rickey@nationalmuseum.org).

Visit [www.nationalemsmuseum.org](http://www.nationalemsmuseum.org) to learn more about the National EMS Museum. Also, read other news coverage on the museum in the December 2006 edition of *JEMS*, as well as a January 10 article posted on [www.EMSResponder.com](http://www.EMSResponder.com).

# Already in the Works

## THE 2007 ANNUAL CONFERENCE & TRADESHOW

First and foremost, save the dates. IEMSA's 2007 Annual Conference and Tradeshow will take place in Des Moines on November 8 – 10, 2007 at the Polk County Convention Complex (The Plex).

Though it seems that the 2006 conference was only yesterday, IEMSA board and staff are already hard at work on planning the 2007 events. In addition to the

popular anchor events and attractions, such as Annual Awards, Honoring Our Own Ceremony, a jam-packed exhibit hall, and EMS speakers from far and wide, the conference committee is striving to create an education and entertainment experience for you that rivals any past gatherings.

The Renaissance Savery Hotel, located at 401 Locust St., Des Moines, (515) 244-

2151, is prepared now to accept reservations for the event in November. Don't forget to mention the IEMSA block when you call.

Watch future editions of *The Voice* and IEMSA E-News for mounting details on featured speakers, entertainment, registration and lodging options. ■



The Polk County Convention Center

## IEMSA Board of Directors Elects 2007 Executive Committee

At the December 2006 IEMSA board meeting, the board of directors elected officers for the following Executive Committee positions.

- **President** – John Hill of Spencer Hospital
- **Vice President** – Brad Madsen of Clive Fire Department
- **Secretary** – Cheryl Blazek of Southwestern Community College

The Executive Committee also includes:

- **Immediate Past President** Jeff Dumermuth of West Des Moines EMS
- **Treasurer** – Linda Frederiksen of MEDIC EMS

Please, take some time to acquaint yourselves with your new IEMSA leaders by reading their bios located in the Contact Info and Links page at [www.iemsa.net](http://www.iemsa.net).

Congratulations Officers!

# What's *New* with the *Bureau*

ANITA J. BAILEY, PS

## We're Off and Running: EMS System Standards

EMS System Standards Committee facilitators Larry Cruchelow and Craig Keough welcomed 27 of Iowa's best and brightest EMS leaders to Altoona for the initial meeting of the EMS System Standards Committee on January 30. An orientation PowerPoint® presentation provided an overview of the history of Iowa EMS system development, current challenges, assumptions, and why EMS system standards are so critical to the future of EMS. Committee member roles, responsibilities, and a very aggressive timeline were discussed. The "parking lot" concept will be implemented to help focus the group and provide a list of related issues that will need further consideration.

As members of the group introduced themselves and stated why they were interested in helping develop system standards, comments ranged from dramatic to amusing. It was clear that everyone in attendance has plenty of passion and talent to share. More than one participant shared a healthy distrust of government regulations, which caused a chuckle or two. "I'm still trying to figure out if, and why, we need more standards. Seems to me things are going pretty good in our area. More is not necessarily better," stated Thomas Toycen, RN, Air and Mobile Critical Care, Iowa City. Brian Jacobsen of Davenport Fire Department said, "I figured I could sit in the tall grass and complain about it or I could participate and hopefully make a difference. This is the right time to move EMS forward."

Bureau of EMS Chief Kirk Schmitt explained the history of the draft document,

Iowa EMS System Standards Version 1.0. He challenged the group to develop a product that is best for all patients and can be implemented and sustained. It is time to answer the question, "What should every Iowan reasonably expect from EMS in Iowa?"

Jerry Johnston, President of the National Association of EMTs and Director of

career, fire, hospital, and private EMS," said Johnston.

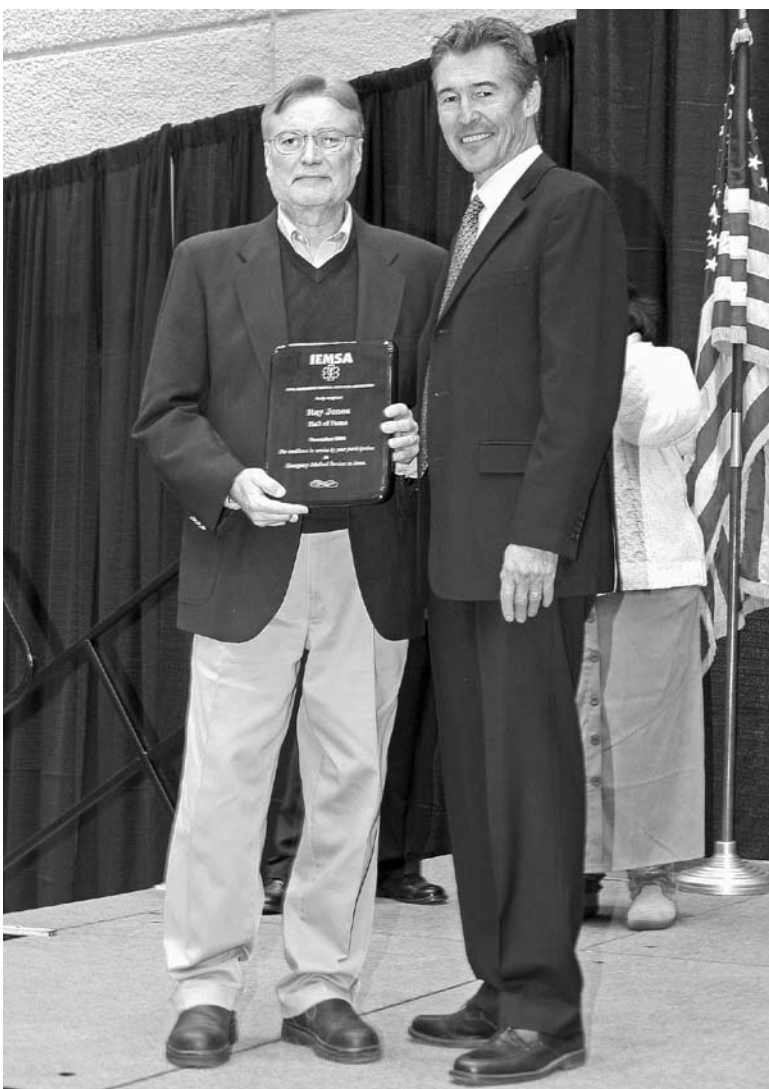
To try to meet the aggressive timeline, the committee will meet monthly and provide progress reports to the Iowa Emergency Medical Services Advisory Council (EMSAC) in April and July. Final draft EMS System Standards will be sub-

mitted for approval at the October 10, 2007 EMSAC meeting. Pilot evaluations will be conducted through October 2008. Data from the evaluations will be used to address funding and legislative needs.

Following several hours of productive discussion, a consensus was reached on the first 10 standards under System Organization and Management. Ten down, 82 to go! Good luck to this group – may the wind be at your back.

## EMS System Standards Committee Members:

Rick Benson, Thomas Craighton, Jeff Doerr, John Fiedler, Tricia Holden, Gene Haukoos, Brian Jacobsen, Jerry Johnston, Don Lucas, Dave Luers, Kerrie Hull, Dr. Dennis Mallory, Dave Miller, Angie Moore, Marty Parbs, Frank Prowant, Ray Rex, Randy Ross, Julie Scadden, Scott Slough, Dave Springer, Jim Steffen, David Tice, Maile Timm, Thomas Toycen, Dave Wilson, and Steve Vandenbrink.



2006 Hall of Fame Award recipient Ray Jones pictured with Randolph Mantooth

Emergency Services at Henry County Health Center in Mt. Pleasant, Iowa, encouraged the committee to set personal preferences and loyalties aside. "Considering the wealth of knowledge and experience of the people in this room, we should be able to develop minimum system standards that work for volunteer,

## With great sadness we say, "Farewell Ray..."

The bureau wishes to thank everyone for the outpouring of kind words and deeds that have come our way as we had to say goodbye to our pal Ray Jones. Our heart goes out to his family and the EMS world. You left us way too soon, Ray. May you rest in peace. ■



# Welcome New IEMSA Members

NOVEMBER, 2006 - JANUARY, 2007

## AFFILIATES:

Community Ambulance Service  
Polk City Fire Dept.

## INDIVIDUALS:

Amanda Barnett  
Rita Beattie  
Lloyd Bier  
Mark Box  
Cindy Boyce  
Gregory Britcher  
Geoffrey Burn  
Jan Campbell  
Dustin Capps  
Kevin M. Chesnut  
Leslie Clary  
Kevin Condon  
Leo Cowman  
Kara Dickerson  
Chris Ebbers  
Dave Farley

Martha Farley  
Crystal Farnsworth  
Leslie Ferguson  
Lana Garside  
Brian Glover  
Danielle Graham  
Cory Graham  
Matthew Gray  
Jen Handevitd  
Dwayne Hansmann  
Scott Harkins  
Lori Harris  
Travis Hawe  
Heath Heimer  
Sue Henderson  
Lance Hiekens  
James Horn

Alec Horton  
Dennis Jacobsen, Jr.  
Haley Kahler  
Alan Kamies  
Mike Kaufman  
Rosalie Kluch  
Bob Knapp  
Jamison Koele  
Tom Kozisek  
Mary Leeper  
Jesse Lennox  
Andrea Lewerke  
Johnna Lindstrom  
Andrew Littler  
Leann Locker  
Bradley Love  
Andrea Lundberg

Beth Meyering  
Bridget Moe  
Charlie Mohning  
Patrick Murphy  
Laura Nemeth  
Kim Norstrud  
Christopher Osman  
Christine Parbs  
Robert Patterson, Jr.  
Brian Paugh  
Louise A. Peterson  
Christopher Petrick  
Steve Plants  
Gary Pontius  
Gary Repp  
Shaunna Robinson  
April Runnells

Jeffrey Safley  
Dave Sanders  
Sarah Schemmel  
Dan Shafraneck  
Kelly Shanahan  
Johnny Shanahan  
Ben Shour  
Chris Starkenburg  
Dan Sterner  
Ryan Stremlow  
Jacob Todd  
Carol Voss  
Randy Walton  
Deborah Wardlow  
Deb Wilkinson  
Elizabeth Wyman  
Cory Young

## STUDENTS:

Colby Adams  
Sue Alexander  
Aaron Andersen  
Kimberly Arrowood  
Deborah Barnes  
Erica Braymen  
Jake Briley  
Lisa Burg  
Wendy Carlson  
James Crouch  
Stacey Darnold  
Allen Devos

Michael Dickhaut  
Larry Dreessen  
Kimberly Dyke  
Brena Elwood  
Christopher Figland  
Ryan Foster  
Robert Frye  
Marlin Gafford  
Elizabeth Glade  
Tony Gomez  
Amy Hardie  
Dorothy Heilman  
Abigail Jackson

Megan Jans  
Katlin Karzin  
Whitney King  
Nicole Knudson  
Anthony Kobusch  
Ryan Koch  
Lucas Maas  
John Mains  
Macey Mark  
Mark Nelson  
Denise Nelson  
John Nielsen  
Doug Opheim

Tiffany Paxton  
Lief Poore-Christensen  
Alex Popenhagen  
Todd Poppie  
Andrew Primmer  
Angeline Quinn  
Richard Radtke  
Nan Reeves  
Jennie Reisner  
Nicole Roberts  
Martha Rockwell  
Tom Santacroe III  
Jacob Seaton

Brenton Sherwood  
John Shirley  
Greg Thys  
Bethany Trimble  
Marty Wagner  
Rosan Walters  
Steve Waugh  
Daniel Wells  
Jenna White  
Kara Wiegand  
Benjamin Wohlers  
Ben Wyant  
Rich Young

## Highlights of Membership Benefits

### Free or Discounted Products and Services IEMSA Merchandise

All IEMSA members qualify for discounts on IEMSA logo merchandise, ranging from shirts and hats to patches and briefcases. Now, shopping is easier than ever with online browsing and payment options. Remember to access the merchandise through the Members Only Section to receive the discount.

### NAEMT Membership

Members of IEMSA receive a 25% savings on individual membership dues for the National Association of EMTs. Call (800) 34-NAEMT to learn more.

### Group Purchasing

Affiliate Members – Don't forget to check out the discounts available through IEMSA's Group Purchasing program. Visit the Group Purchasing Page in the Members Only Section at [www.iemsa.net](http://www.iemsa.net) to get connected with Alliance Medical, Inc. and Tri-Anim Health Services, Inc.

### Insurance Benefits

**\$10,000 Accidental Death & Dismemberment Insurance Policy**  
Every Active Individual Member qualifies for a \$10,000 AD&D policy, completely free of charge. However, the policy is valid only when members complete the beneficiary form. Individual Members – take a few moments to access the form from the home page of IEMSA's website today at [www.iemsa.net](http://www.iemsa.net).

### AAA Insurance Products

Now available to IEMSA membership at the Association discount rate. Contact Melissa Frievalt, Group Relationship Manager for Iowa, at (800) 236-1300, x 2418.

### AFLAC Insurance Products

Now available to IEMSA membership at the Association discount rate. Contact Marvin A. Wittrock, District Sales Manager, at (515) 432-0578.

### Communications Benefits Submissions to IEMSA E-News

Affiliate and Corporate Members

receive various levels of free and discounted submissions to IEMSA's weekly E-News publication. Read the E-News Submission Policy at the Publications page of IEMSA's website at [www.iemsa.net](http://www.iemsa.net) for more information, or contact Abby Russi at [communications@iemsa.net](mailto:communications@iemsa.net).

### Advertising in The Voice – IEMSA's quarterly newsletter

Considering joining at or upgrading your membership to the Corporate Level? Enjoy various levels of free advertising in IEMSA's quarterly newsletter, *The Voice*. Current Corporate Members can utilize their free advertising benefits by contacting Abby Russi at [communications@iemsa.net](mailto:communications@iemsa.net).

### Classifieds Online

Members may post equipment and employment advertisements on the Employment and Equipment page at [www.iemsa.net](http://www.iemsa.net). Send ads to [communications@iemsa.net](mailto:communications@iemsa.net). Please specify that the ad is for the website.



# Legislative Report

— RIC JONES, IEMSA PUBLIC POLICY CHAIR —

## 2007 Update

The Legislative Session is in full swing. Governor Culver has introduced his proposed budget. The new Democratic Majority is moving cautiously. While they've been in the minority for a long time and may feel that it's their turn, there simply is not a lot of spare cash lying around. Innovative funding solutions are being sought. Bills are moving, though. The evenly split Senate of the last two years did not produce much law. I don't think that problem will exist this year!

IEMSA has grown our professional advocacy team this year. In addition to the very talented Cal Hultman, who remains our lead lobbyist, his associate Mike Triplett is also lobbying on our behalf. They make a great team and are making an impact.

On Monday, January 29, we had the third meeting of the Interim (I'm not sure it's still "interim" three weeks into the session) joint committee on Emergency Services. Two meetings ago, we provided testimony on the state of EMS. The committee is sending four committee resolutions to the Senate and House:

- The first is to provide additional funding of three to five million dollars to get the regional emergency services training centers to the next level. There was a lot of discussion, and it is clearly the Legislature's intent to assure that these centers are serving all emergency services – not just fire.
- The second resolution recommends the co-location of the Iowa Law Enforcement Academy with the Fire Service Training Bureau.
- The third is a push for interoperability in all of our statewide communications systems.

- The fourth is to make code changes that would permit a few voluntary regionalizations of fire and EMS resources in a limited number of pilot projects.

All of these require legislative approval in each chamber and the signature of the Governor to happen.

Thursday, February 1 was our EMS on the Hill Legislative event. The paramedic class from DMACC joined us and helped make up a formidable presence. We had at least 60 EMS responders swarming the Capitol. We had good conversations with many lawmakers on the possibility of actually passing a tax credit for volunteer providers and fixing our IPERS inequity. We ran out of everything. It was a good problem to have. We will increase our resources for next year.

Impressive as that was, we still need your advocacy at home to make the things happen that we want to. In case you forgot, or missed it, here's the agenda:

1. Provide for equity of pensions for public employees in EMS. Currently, fire fighters and law enforcement officers under the Iowa Public Employment Retirement System (IPERS) receive a higher retirement benefit earned with fewer years of service than EMS providers.
2. Protection of any and all current language on scope of practice and area of practice for EMS providers.
3. Provide a permanent funding stream for the provision of emergency medical services for all Iowans. This includes (a) fully funding the Bureau of EMS (including the restoration of a full-time physician medical director and an AED Coordinator), as well

as (b) providing money for training and equipment for individual EMS services in the State.

4. Provide a system to reward volunteerism in public safety. This might take the form of an Iowa income tax credit or the ability to earn a pension for volunteer service in EMS, fire or law enforcement.

5. Provide support for other initiatives and organizations working to improve the health and safety of Iowans.

6. Require that counties shall make provision for, by whatever means necessary, emergency medical services treatment and transport for all within the county.

7. Require complete criminal background checks on all EMS providers and students, or allow the EMS Bureau and EMS Service Directors access to any and all criminal records of any EMS student or provider.

8. Provide liability protection for volunteer physician medical directors.

9. Provide tuition rebates for EMS Provider certification training for persons who become active EMS volunteers.

10. Allow EMS service directors to sign off on eligibility for EMS license plates.

11. Support the Bureau of EMS' four agenda items: Require counties to provide EMS; Establish a patient transport fee; Require electronic data submission; Require criminal background checks on all EMS providers.

Additional information about this agenda can be found on the home page of [www.iemsa.net](http://www.iemsa.net) – Legislative Talking Points. The way to make these things happen is to contact your lawmakers directly, in person, by



phone, or e-mail and explain to them why these are important issues to you. Explain that we believe that job number one for every elected official is to keep Iowans safe and healthy in their homes, at work, at leisure and in transit. This includes fully funded, well trained and dedicated law enforcement, fire and emergency medical services resources throughout the state. To contact your lawmakers, go to <http://www.legis.state.ia.us/FindLeg/>

### These Bills Are On Our Radar

*Thanks to Mike Triplett for keeping us up to date!*

SF 7, introduced by Senator Tom Hancock (D-Epworth), would allow a qualified organization that represents a volunteer EMS provider to hold an annual "game night" fundraiser. Currently Iowa law prohibits this. The bill was referred to the Senate State Government committee.

Sen. Hancock also sponsored SF 9, which would eliminate the requirement that EMS advisory boards submit an annual budget to the jurisdiction providing the services. Instead, the EMS advisory board could submit "nonbinding recommendations" to the jurisdiction. The bill was

referred to the Senate Local Government committee.

Sen. Mark Ziemann (R-Postville) sponsored SF 12, which would give volunteer firefighters and EMS workers a \$500 individual tax credit against their Iowa income taxes. The bill has been referred to the Senate Ways and Means committee.

SSB 1026 increases the line-of-duty death benefit for certain public safety officers. SSB 1027 makes changes to the hospitalization and medical attention procedures for certain public safety officers.

Both bills are in the Senate State Government committee. SSB 1026 will be managed by Sen. Mike Connolly (D-Dubuque), with Senators Jeff Danielson (D-Cedar Falls), Jack Kibbie (D-Emmetsburg), Larry McKibben (R-Marshalltown) and Mark Ziemann (R-Postville) rounding out the subcommittee. The subcommittee members for SSB 1027 will be the same as with SSB 1026, but with Sen. Kibbie replacing Sen. Connolly as bill manager.

SF 45 is a bill that would give volunteer EMS personnel a \$250 credit against the volunteer's state income tax liability. The bill was introduced by Sen. Tom Hancock

(D-Epworth), and has been referred to the Senate Ways and Means committee. A House companion bill, HF 105, was introduced by Rep. Steve Lukan (R-New Vienna) on Wednesday and referred to the House Ways and Means committee.

In the House, two bills were introduced that are companion bills to similar Senate legislation. HSB 39 amends the Iowa Code on the responsibility for medical care for certain public safety officers injured in the performance of their duties. Its companion bill in the Senate is SSB 1027. HSB 42 amends the line-of-death benefit available to certain public safety officers. It is a companion to SSB 1026. Both House Study Bills have been referred to the House State Government Committee.

SF 90, by Sen. Frank Wood (D-Eldridge) provides that local emergency management commissions may also provide joint emergency response communications services. The bill has been referred to the Senate Local Government committee.

As always, you can follow the action at [www.legis.state.ia.us](http://www.legis.state.ia.us) and don't hesitate to contact me if you have questions, concerns or ideas! [Ric@RicJones.org](mailto:Ric@RicJones.org). ■

If you are working on a project or program that may inspire other providers or services, share it with other IEMSA members. If your service wins an award or a staff or community member accomplishes something extraordinary, share it. If you have a desirable opportunity or equipment available for purchase within your organization, share it. If you have a new or novel idea that you think will take hold in the Iowa EMS community, share it.

IEMSA employs many tools to project its "voice for positive change in Iowa EMS." As an IEMSA member, these tools are also at your disposal, often for free or at discounted rates. Consider whether your News to Share may be appropriate for one or more of the following:

#### Online Classifieds

Extend the reach of your employment and equipment classified ads by posting them on IEMSA's website, free of charge. Simply send your ad to [communications@iemsanet.org](mailto:communications@iemsanet.org), noting that the ad is meant for the website.

## News to Share

#### Online Forum

The online forum is a discussion board accessible only to IEMSA members. This tool is still in its infancy and will evolve into what forum users deem worthy of discussing, debating, or deliberating. Enter the Members Only Section at [www.iemsanet.org](http://www.iemsanet.org) and login to the Online Forum to check out this new tool. Here, you may make your mark on what can undoubtedly become one of Iowa EMS's most powerful communication tools.

#### IEMSA E-News

This weekly electronic publication exists to distribute time sensitive EMS news in the weeks and months between the quarterly publications of IEMSA's newsletter. Consider submitting your employment or equipment classifieds, event announcements or even want ads to IEMSA E-News. View the E-News Submission Policy for

benefit discounts, rates, and content requirements at [www.iemsanet.org/publications.html](http://www.iemsanet.org/publications.html). Then send your news to [communications@iemsanet.org](mailto:communications@iemsanet.org).

#### The Voice

IEMSA's quarterly newsletter is the perfect platform for sharing current events, both local and national. Simply prepare a press release (with photos, if appropriate) and e-mail it to [communications@iemsanet.org](mailto:communications@iemsanet.org) by April 23 for the second quarter 2007 edition of The Voice, to be mailed on May 23. The Newsletter Committee will review all articles submitted and reserves the right to edit the articles, if necessary. Please contact IEMSA Communications Specialist, Abby Russi, at the e-mail address given above to learn more about advertising opportunities in The Voice.

For additional details, to share suggestion or for answers to questions related to IEMSA's communications tools, contact Communications Specialist, Abby Russi, via email at [communications@iemsanet.org](mailto:communications@iemsanet.org). Or, contact the main office at (515)225-8079 or toll free at (888)592-IEMSA.

# Affiliate Profile

## MASON CITY FIRE DEPARTMENT

Mason City Fire Department (MCFD) was established in 1870 as the municipal fire department for the city of Mason City. Since the early 1970s, the MCFD has cross trained its firefighters as EMTs to assist the local EMS provider with medical responses. In 2004, MCFD was tasked by the City Council to provide 911 EMS service to the citizens of Mason City, as well as a few local communities throughout Worth and Cerro Gordo County. In 2005, MCFD became the sole provider of ALS to Mason City, Cerro Gordo County (including Clear Lake), Worth County, and sections of Floyd County. This occurred in a matter of minutes following a call from the county Sheriff that a private provider had ceased operation immediately. MCFD command staff and personnel banded together and created the proper logistical base to perform the service. The transition took place flawlessly.

MCFD responds to over 5,000 calls for service per year – more than 4,000 EMS calls – in a 700 square mile area in North Central Iowa from one central fire station. The average response time within Mason City city limits is four minutes.

MCFD is a paramedic specialist service, with critical care endorsement. In addition, MCFD provides inter-facility transports from Mercy Medical Center-North Iowa to tertiary centers throughout Iowa and Minnesota. MCFD routinely provides ALS Intercept to several BLS providers within North Central Iowa, and dispatches the EMS Director to responses that meet certain criteria, such as MCIs, scene flights and responses involving multiple MCFD ambulances. MCFD also houses a

multi-county hazardous material response team, and provides technical rescue throughout the region, including ice and open water dive rescue, high angle rescue, confined space rescue, trench rescue, swift water rescue, structural collapse rescue, and extrication. MCFD EMS also maintains a bike medic team for special events, consisting of an ALS/BLS team and an all-terrain vehicle for transport. MCFD provided EMS coverage for several dignitaries



during the 2004 election year, including Vice President Cheney and President Bush.

Chief Bob Platts and Deputy Chief Jerry Bergdale direct MCFD operations. The EMS Director is Captain Dave Johnson. MCFD has a sworn staff of 44 personnel, and a civilian clerk. More than 30 of the 44 are paramedics or paramedic specialists. MCFD is staffed by three battalions who work 24 hour shifts, and are led by three battalion Captains. MCFD averages 14 calls per shift. Minimum staffing is 11 for two ALS engine companies, a truck company and two medical companies. MCFD houses six ALS ambulances. MCFD completes three hours of training – either fire or EMS/rescue-based – every duty day.

The MCFD staff participates in a number of public service activities, the most recent being a color-coding kids pediatric emergency care campaign. This initiative is a three-part plan to color-code the children of Mason City and Cerro Gordo County, and is provided from a \$100,000 grant to the Cerro Gordo county EMS association from IDPH.

The MCFD mission statement is “Serving those in need – safely.” MCFD serves a vital function not only Mason City, but also to North Central Iowa. It is the goal of the MCFD to deliver the highest level of prehospital care to its constituents, without revenue from tax dollars. That’s right – MCFD operates strictly on EMS revenue from patient transport, and does not rely on tax dollars! MCFD credits its success to the men and women on the front lines at MCFD, working the long hours and doing what they do best. A number of the staff completed paramedic training on their own time, sacrificing valuable personal and family time, making MCFD

what it is today.

Mason City Fire Department became an IEMSA Affiliate Service Member in 2004, because membership benefits the service and the community, as well as the organization (IEMSA) that serves EMS in Iowa. MCFD believes that the work IEMSA does for EMS in Iowa is a necessary part of the EMS chain of survival, and MCFD looks forward to many more years as an Affiliate!

“I am very proud of my staff, and look forward to providing the best possible service to our region, and to serve those in need – safely,” says MCFD EMS Director, Captain Dave Johnson. ■





# In Action

MASON CITY FIRE DEPARTMENT

# QUALITY Price Service

Alliance Medical™ is building partnerships for a safer world. Whatever your EMS, Fire, Law Enforcement, or Medical Professional needs are, Alliance Medical is there to service you. Products, re-orders, customization or fast delivery... we are here to make your purchasing easier. We carry thousands of products from many different vendors from all across the U.S.A., including our AllMed® brand products that are specifically designed to make your job easier. We carry the quality you need, at a price you can afford, with service you deserve.



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