IEMSA

July – September 2007

VOICE

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

Iowa Emergency Medical Services Association

We're Proud to Partner with EMS Providers to Provide Advanced Care for our Patients

Mercy Medical Center- Des Moines is the only hospital in Central Iowa to parent with EMS providers to provide pre-hospital Stroke Alert and Level One Heart Attack Protocols for out patients. Both programs eliminate delays and speed the diagnosis and treatment for heart attack and stroke patients.

- Mercy's specialized Stroke Alert program ensures that stroke patients coming to our Emergency department receive early intervention treatments that can limit or eliminate disabilities associated with a stroke. Since the program's introduction, patients are receiving stroke medications 48 minutes sooner than before.

- Our Level One Heart Attack Protocols reduce the rates of death, recurrent heart attack, or a disabling stroke for patients. Rapid treatment is critical to prevent heart muscle damage and can dramatically improve patient outcomes.

Mercy
Excellence.
Every Day in Every Way.™

MERCY ONE

IEMSA Vol. 2007-03, July - September, 2007
VOICE

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

Apply for an IEMSA Educational *Scholarship*

For the third straight year, IEMSA Scholarships will be offered for enrollment in the following training programs:

- **First Responder:** $150.00
- **EMT-Basic:** $250.00
- **EMT-Intermediate:** $150.00
- **EMT-Paramedic:** $750.00
- **Paramedic Specialist:** $1,000.00

The 2007 application deadline is Friday, October 19, 2007. IEMSA members and immediate family of IEMSA members will be given preference. Other eligibility requirements include Iowa residency, IEMSA membership or family member of an IEMSA member, enrollment in an Iowa-based EMS training program, and financial need. For a complete list of eligibility requirements, download your guidelines and application form today, from the EMS Training page at www.iemsa.net.

Remember to pass the word on to others you know, who have their sights set on a career in EMS. ■

2007 IEMSA MEETINGS

Board Meetings:
The IEMSA Board of Directors will meet on the following dates in 2007. Beginning in April, each meeting (with the exception of the Annual meeting) will now be held at the West Des Moines Public Safety Building #19 located at 8055 Mills Civic Parkway. All meetings, with the exception of the Annual meeting, will be held at 1:00p.m.

2007
- 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

Ambulance For *Sale*

The City of Tama is accepting sealed bids for the following ambulance:

- 1998 Medtec Type III ambulance
- Ford E-450 Chassis. 7.3L Diesel
- 90,500 miles
- Excellent condition
- Starting bid $15,000

Bids will be opened at 12:00 p.m. on August 31, 2007. The council is expected to act upon these bids at their September 4, 2007 meeting. Bids can be sent to:

City of Tama
305 Siegel Street
Tama, IA 52339

For questions or to see the ambulance, call 641-484-2425. ■

Paramedic Specialist *Wanted*

Spencer Hospital is seeking a Paramedic Specialist to work full-time at 72 hours per two-week pay period. This position is primarily days with some nights as needed. Qualified candidates will have current Iowa paramedic license as well as current BLS and ACLS certifications upon hire. Certifications in PALS, PHTLS, START Triage, and Incident Command are required within 12 months of hire. Spencer Hospital EMS is the only full-time ALS service serving Clay County with a population of approximately 18,000. If you would like to work for an aggressive service for above average wages using state of the art equipment, please consider Spencer Hospital EMS as your Team of choice. Spencer Hospital is a progressive 99-bed hospital located in Spencer, Iowa, just minutes from the Iowa Great Lakes area. Please visit our website at www.spencerhospital.org to complete an online application and submit a resume or Human Resources at (712) 264-6205 for more information. ■

CALLING FOR EMTS IN ACTION

Please email your EMT action photos to **communications@iemsa.net**.

A *Message* from the President

John Hill, EMT-PS
IEMSA President
Board of Directors

If you've been in EMS long enough like me to remember a time when we all used the H.E.A.R. system to manually dial into hospital emergency departments using a tone encoded radio transmission, or when our first out rig was a Pontiac or Cadillac, then you've undoubtedly been a witness to incredible changes in emergency medical care systems, not only across our state, but throughout the entire nation.

As EMS providers, we often struggle with change. Change is difficult. We are creatures of habit who tend to shun any change to the status quo. This doesn't mean that as EMS providers we are locked into doing things the same way as our predecessors did them in 1972. I have been taught that old habits in EMS die hard.

In recent times, I have had both the privilege and opportunity to witness a growing "grass roots" movement at the most basic level, that of the individual provider. This movement has many facets and continues to call for change in our profession. We continually hear the cries for an increase in the scope of pre-hospital practice, skills, education, pay, staffing, professional respect, recognition and many other things from our peers.

As part of this "grass roots" movement, we are witnessing yet another evolution of EMS, yet are we taking the correct path? Let's take a recent example. The movement to initiate the advent of widespread positive change at the federal level via the National Scope of Practice, which grew into a project mired by in-fighting and eventual compromise made to appease a myriad of special interest groups, lobbies and other medical and non-medical specialties.

I believe there are many facets and issues, which contribute to these things I mentioned above.

The first is negativism. Even the brand-new EMS Provider doesn't have to go far to see or hear this represented in his or her peers. Although reality tells us that negativity can be lethally counter productive, few really seem to understand or have valid reasons for its existence.

Negativism and apathy play powerful roles in the ongoing struggles and subsequent "numbing" of our most precious resource, the individual EMS provider. Contributing factors include systems borne of a combination of realities and faults that seem not to respect our providers, fail to easily or readily accept ideas for improvement or change, and continuously force us to accomplish more with less. Over the long term, these stressors contribute to the development of apathy and negativity in general, which can affect our view toward change, improvement and newly increased professional requirements. Pressures such as these will drain an already strained home life and require the expenditure of additional time, effort, and education from a profession which requires huge amounts of all three.

It's time to embrace the challenge of creating a better, safer, more progressive environment for future generations of EMS providers. While I acknowledge that change tends to create some degree of turmoil and uncertainty, the end result is necessary. The benefit of optimistic, highly engaged EMS providers in our state will be immeasurably powerful. I challenge each individual EMS provider who reads this to take the personal risk, unite with your fellow providers, stand up, and be heard. Put aside your tendencies toward the aforementioned, and let's bring ourselves the respect, recognition, and advances that we so richly deserve. Reaching success doesn't have to mean that others must fail. Together, we can generate the strength and optimism to provide a great service to future generations, to include both our customers and ourselves, while creating much needed change that will impact our profession for generations to come.

The gist of this article is that change in EMS is not easy. It comes very slowly and most often includes a great deal of controversy and frustration. Your best bet is to prepare a detailed justification of any proposed change and be willing to defend it and negotiate. Compromise does not signify failure, especially when the net result yields progress. ■

IEMSA BUCKS

For every new IEMSA member that a current member recruits, they will receive $5 in "IEMSA Bucks." IEMSA Bucks may be used toward conference registration, purchase of IEMSA items at the IEMSA booth, or renewal of their own IEMSA membership. So get started now! If you recruit enough new members you could even attend the conference for free! Visit the Membership page of www.iemsa.net to learn more about obtaining IEMSA Bucks.

The Best Medicine

MAILE A. TIMM, NREMTP

IEMSA was approached by the editors of the publications, Chicken Soup for the Soul, to help them attain articles to be considered for a Chicken Soup for the Leader's Soul. IEMSA will, in this and future editions of The Voice, publish articles that have been submitted to this project.

It's easy in the medical setting to become robotic. There are physical symptoms to treat, diseases to diagnose and cure, and cries of pain to ignore. For, if we as medical professionals feel every hurt we treat, we would burst.

This night began no differently than every other night does in our sleepy little town. You see, I am a paramedic for an ambulance service based out of a small rural hospital in the middle of Iowa. No fancy specialists here, and only one doctor and one nurse in this emergency room. We often fill our time sitting at the desk, answering patient call lights and the telephone.

And that's where my partner and I were when we heard the tones of the pager alerting us to our call. The dispatcher's voice was a give away that something about this call was urgent. "Cyclone Ambulance, you are needed at 2118 Brandywine Road for a 37-year-old male with chest pain." It was a routine emergency by paramedic standards.

With every page, our first thoughts go to the treatments we think we may need to provide. For a chest pain patient, our treatment includes oxygen, ECG, 12-lead, aspirin, nitroglycerine, and morphine for pain. The treatment needs to be swift, and we know we will need to alert the Des Moines hospital if this is an acute MI (heart attack for the lay person).

My first thought is that this most likely is not a heart attack because most 37-year-old men don't have heart attacks, right? I make a list in my mind of other possible causes. It disappears as we enter the second floor apartment.

Our patient, Tim, is sitting on the couch in the living room. He is pale, dripping with sweat and looking at us with that look of doom. It's the look we often see right before a patient goes unconscious and quits breathing. He is clutching his chest and begging us to take away the pain. He says he also feels like throwing up. I calmly reassure him we are there to help, and direct him, with a grin on my face, to turn his head toward my partner if he thinks he may vomit.

Tim tries to laugh, but stops. My partner just rolls his eyes as we both start the treatment that could save his life.

I notice Tim's wife in the corner of the room, a shadow across her face and the beginning of a tear running down her cheek.

The look on both my partner's and my own face show this is not a laughing matter. We know we may have only minutes before Tim goes into cardiac arrest. The 12-lead we perform on the way to the hospital confirms this, and we alert the receiving physician and dispatch an air ambulance to our city.

When we arrive at the hospital, a controlled chaos begins. It's a dance. Cardiac rhythms to read and interpret, more IVs to initiate, drugs to administer, x-rays, blood draws. There are always six or eight people in the tiny little space, the patient lying with his bare chest exposed in the middle of it all. And there, in the corner of a new room, Tim's wife stands. The look of a thousand questions on her face, witnessing our dance, too afraid to ask any of them because the answers she gets may be unfathomable.

The chaos heightens when the flight crew arrives. We need to get all of the monitors, tubes, wires, IV drips, and eventually the patient switched over to their equipment. The cardiac cath lab is waiting to perform their magic and open any blocked arteries in that ever so important heart muscle. And as the cliché goes, time is muscle, and we are nearly one hour into Tim's treatment.

He is on their stretcher now, and we are headed to the helicopter for the flight to Des Moines. As they wheel Tim out of the emergency department, the crew pauses so he and his wife can have a last goodbye. She hasn't let her emotions get the best of her, but her face is filled with concern. After a quick kiss goodbye she musters, "You take care…I love you." And he was off.

I looked at her with a slight smile and a tilt of my head. "You look like you could use a hug," I said as I walked toward her with my arms slightly extended.

For some people, hugs from a stranger are awkward. But that wasn't the case tonight. She had been here alone, waiting, watching. She buried her head into the crook of my neck. Her body felt heavy on me as if it was finally her time to collapse. I held on tight, and I didn't let go until she released, tears streaming down her crumpled face.

No one ever teaches the "hugging class" in paramedic school, but I grew up hugging, and I know its healing effects.

"How ya doing?" I asked. "We haven't forgotten about you. It's just been kind of busy. I'm sorry about that. Has anyone told you what is going on with Tim or why we are flying him to Des Moines?"

"No," she whimpered. "I wanted to ask, but I didn't want to bother anyone. Everyone was so busy taking care of him, and I didn't want to jeopardize that."

"Well, let me fill you in," I said, leaving one hand on her arm. I told her what we thought was happening, what the tests confirmed, and why getting him to a facility with cardiologists and a cath lab was so important. After another quick hug, her sister arrived, and off they headed into the dark night.

It was time for me to go clean up and prepare for that next call, whatever it might be. My job was done, and I finally had a minute to breathe.

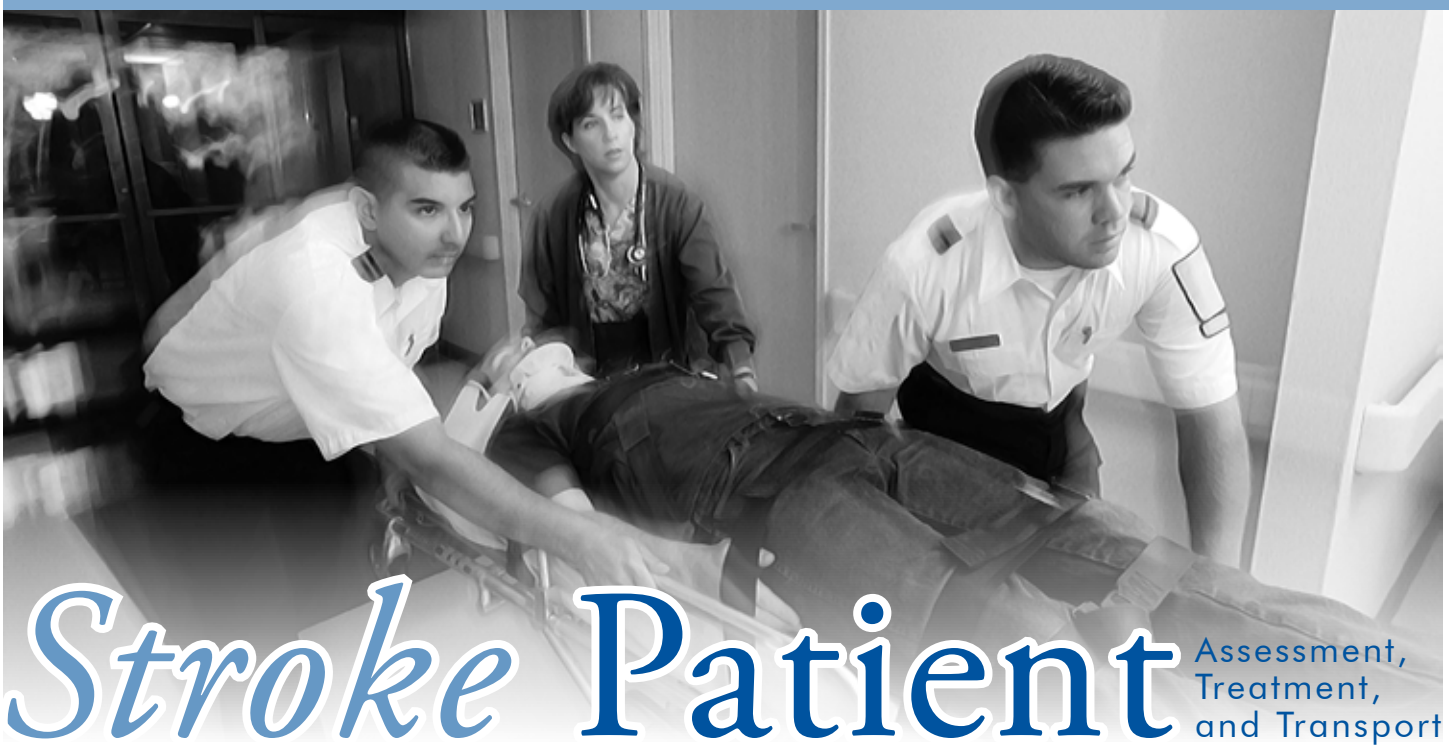
It was nearly a month later when my partner and I stopped into the local sandwich joint. I was intently staring at the menu trying to decide ham or turkey when this familiar voice came from behind the counter, "Oh, my gosh! That's her! That's the one I told you about! You know the one…" She was shaking her co-worker and pointing at me.

I recognized her from the night of her husband's heart attack, and in my head I was prepared to hear, "You know, the one… who helped my husband." I mean, that's what we do. That's what we are trained for. But what I heard was something different.

What I heard was, "You know, the one… who gave me the hug. She took time to give me a hug. I'll never forget that."

Her eyes were again filled with tears. This time, though, it was tears of gratitude. She told us her husband was doing well and thanked us for everything we had done that night, and…for the hug.

I told her to take care of herself and to keep us posted as I left with my turkey sandwich tucked neatly into the brown bag. A hug, I thought. Who knew? ■



Stroke Patient

Assessment, Treatment, and Transport

BY MIKE MCLAUGHLIN

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

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

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

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

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

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

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

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

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

The Anatomy of a Stroke

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

the surface of the brain. For this reason, the occlusion of the distal vasculature is likely to cause cerebral injury or death.

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

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

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

Stroke Facts and Demographics

Every year approximately 700,000 people experience a stroke. Roughly 500,000 of these are new attacks. Of this number, approximately 273,000 will die with stroke as the underlying or contributing cause. (AHA, 2006). Stroke is the third leading cause of death, and is the leading cause of disability in America. (Schwamm, Pancioli, & Acker, 2005). It is estimated that, on average, every 45 seconds someone in the United States suffers a stroke. In 2003, this accounted for one of every 15 deaths (AHA, 2006).

Approximately 15 percent of all strokes are preceded by a transient ischemic attack or TIA. These TIAs increase the patient's risk of stroke by more than 15%. Approximately half of the individuals who experience a TIA do not report it to their healthcare provider. Within a year, 25% of all TIA patients in the United States will die (AHA, 2006).

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

Signs and symptoms of stroke include...

- Weakness or paralysis on the opposite side of the stroke (hemiparesis or hemiplegia)
- Numbness on the opposite side of the stroke
- Inability to speak or understand words (aphasia)
- Confusion or coma
- Seizures
- Incontinence
- Double vision (diplopia) or partial vision loss
* Slurred speech (dysarthria)
- Headache
- Dizziness
- Unsteady gait (ataxia) (Sanders, 2006).

Pre-Hospital Evaluation, Treatment and Transport

Pre-hospital evaluation and treatment of the stroke patient centers on early recognition, rapid evaluation, and expedited transport to the nearest appropriate facility. After initial patient assessment and stabilization of the airway, breathing, and circulation, the EMS provider should perform a brief assessment that looks for signs of a possible stroke. The state of Iowa's stroke protocol lists the Cincinnati Pre-hospital Stroke Scale (CPSS) as the tool to use (Bureau, 2005). This instrument looks for facial droop (have the patient smile), arm drift (patient holds up arms, palms down while eyes are closed), and speech disturbances (the patient repeats the phrase "The sky is blue in Cincinnati"). If the result of any one of these tests is positive, the EMS provider should include stoke as a possible diagnosis.

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

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

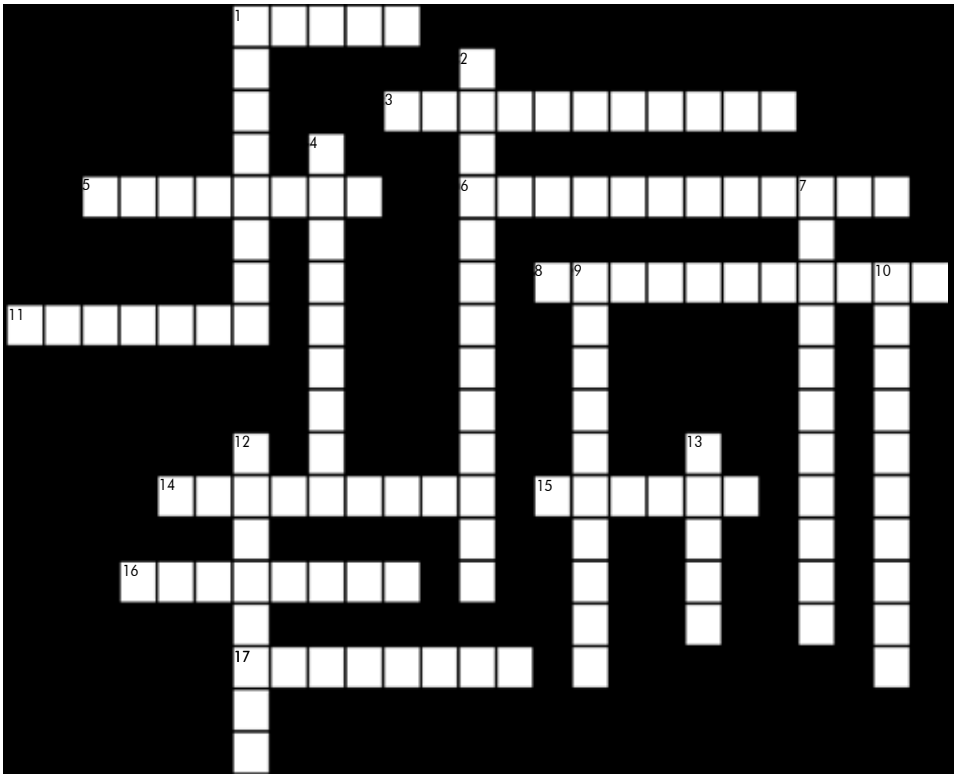
Since not all hospitals have 24-hour CT scan capabilities or the medical personnel to properly care for stroke patients, it is important that EMS providers include early notification and transport decisions in their protocols and on-scene decision-making process. With a three-hour time frame, it is essential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

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

Conclusion

In March of 2005, the American Stroke Association, a division of the American Heart Association, published its Recommendations for the Establishment of Stroke Systems of

IEMSA CROSSWORD PUZZLE *Challenge*



ACROSS

1 The main artery, which receives blood from the left ventricle and delivers it to the other arteries that carry blood to the tissues of the body.
3 Slow heart rate, less than 60 beats/min.
5 Widening of a tubular structure such as a coronary artery.
6 To shock a fibrillating (chaotically beating) heart with specialized electrical current in an attempt to restore a normal rhythmic beat.
8 Rapid heart rhythm, more than 100 beats/min.
11 Fainting spell or transient loss of consciousness.
14 One of two (right and left) lower chambers of the heart. The left lower chamber receives blood from the left atrium (upper chamber) and delivers blood to the aorta. The right lower chamber receives blood from the right atrium and pumps it into the pulmonary artery.
15 One of two (right and left) upper chambers of the heart. The right upper chamber receives blood from the vena cava and delivers it to the right ventricle. The left upper chamber receives blood from pulmonary veins and delivers it to the left ventricle.
16 The part of the body, or any body part, nearer to the head.
17 The part of the body, or any body part, nearer to the feet,

DOWN

1 Complete absence of heart electrical activity.
2 A state in which the heart fails to generate an effective and detectable blood flow, pulses are not palpable, even if muscular and electrical activity continues in the heart.
4 The back surface of the body, the side away from you in the standard anatomical position.
7 The one-way valve that lies between the left ventricle and the aorta. It keeps blood from flowing back into the left ventricle after the left ventricle ejects its blood into the aorta. One of the four heart valves.
9 An irregular or abnormal heart rhythm.
10 Death of a body tissue, usually caused by interruption of its blood supply.
12 The front surface of the body, the side facing you in the standard anatomic position.
13 The inside diameter of an artery or other hollow structure.

Crossword puzzle solutions printed on p. 17. *Reprinted with permission from Jones & Bartlett Publishers.*

IEMSA GROUP PURCHASING *Update*

JON PETERSEN, AFFILIATE MEMBER COMMITTEE CHAIRMAN

The Iowa EMS Association is pleased to announce that Tri-anim Health Services, Inc. and Alliance Medical have been chosen, once again, to partner with IEMSA in our Group Purchasing program. Tri-anim and Alliance were selected based on their willingness and ability to provide considerable discounts on their products to IEMSA's Affiliate members.

IEMSA is confident that the products and customer service provided by Tri-anim and Alliance will be extraordinary and will benefit Affiliates greatly. ■

Continued from p. 7

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

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

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ABOUT THE AUTHOR:

Mike McLaughlin is the Director of Health Occupations at Kirkwood Community College in Cedar Rapids, Iowa and is the chairperson of the pre-hospital subcommittee of the Iowa Stroke Task Force. He has been a paramedic for 12 years, working for both air and ground-based services. He currently works for Keokuk County Ambulance in Sigourney, Iowa.

EMS EDUCATORS!

IEMSA is in need of authors for its quarterly continuing education articles in this newsletter! Please consider sharing your expertise with the IEMSA membership through this venue. All you will need to provide is an article on a topic of your choice (with appropriate references), a 10-question post test, and a biographical sketch of your background. Contact Karen Kreider at kqkreider@iemsa.net regarding your interest in this project.

10 QUESTION POST-ARTICLE Quiz

1) The State of Iowa Standard Protocols recommend that EMS providers use the _____ stroke scale.
A) Los Angeles **B)** Cincinnati
C) Duluth **D)** Miami

2) The most common type of stroke is the _____ stroke.
A) Ischemic **B)** Transient
C) Hemorrhagic **D)** Aphasic

3) A CT scan is crucial in the diagnosis of an ischemic stroke if the patient is to receive:
A) Aspirin **B)** Oxygen
C) rtPA **D)** Cardioversion

4) Within a year ____ percent of all patients experiencing a transient ischemic attack will die.
A) 10 **B)** 90 **C)** 45 **D)** 25

5) Prehospital care for the suspected stroke patient focuses on rapid _____ and expedited _____.
A) Vascular access; CT
B) Evaluation; transport
C) Oxygen; cardiac monitoring
D) rtPA; transport

6) It is recommended that patients experiencing an acute ischemic stroke receive rtPA within ____ hours of the onset of signs and symptoms.
A) Five **B)** Two **C)** One **D)** Three

7) Which of the following is not a test used in the Cincinnati Pre-hospital Stroke Scale?
A) Arm drift
B) Facial droop
C) Hand grip
D) Abnormal speech

8) The primary blood supply for the brain is the _____.
A) Basilar artery **B)** Vena cava
C) Vertebral arteries **D)** Carotid arteries

9) Which of the following is not a common sign or symptom of a stroke?
A) Headache
B) Slurred speech
C) Bilateral arm weakness
D) Confusion

10) Stroke is the number ____ leading cause of death in the United States.
A) Four **B)** Three **C)** One **D)** Two

Welcome New IEMSA Members

APRIL – JUNE, 2007

AFFILIATES: Pleasant Hill Fire Department

INDIVIDUALS:
Megan Christensen
Pamela Coder
Cindy Freeman
Nancy Hodges
Ronda Lamb
Jennifer Peden
Jacob Schweitzer
Lacey Walgren
Andrea Werner
Molly Wilson

STUDENTS:
Ryan Anton
Julie Carr
Samantha Gillson
Jean Goodloe
Jae Hun Sub
Mark Jensen
William Jeong
George Kathrens
Jenn Kathrens
Amy Keller
Michael Knapp
Ashley Knutson
Mansour Manci
Isaac Miller
Stephen Robinson
Abby Schubert
Nicole Sporrer
Zachary Willis
Mechiele Winters

IEMSA
CONTINUING EDUCATION
answer form

CLIP AND RETURN

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State _____ ZIP _____ – _____

Daytime
Phone Number _____/_____–_____

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Iowa EMS Association
Member # _____

EMS Level _____

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

IEMSA Members completing this informal continuing education activity should complete all questions, one through ten, and achieve at least an 80% score in order to receive the one hour of continuing education through Indian Hills Community College in Ottumwa, Provider #15.

For those who have access to email, please email the above information along with your answers to: administration@iemsa.net.

Otherwise, mail this completed test to:
Angie Moore
IEMSA
2600 Vine Street, Ste. 400
West Des Moines, IA 50265

The deadline to submit this post test is **NOVEMBER 12, 2007**

What's *New* with the *Bureau*

ANITA J. BAILEY, PS

Child Passenger Safety Training

In mid-June, 20 participants attended the four-day Child Passenger Safety training at Fire Station #3 in Sioux City. The students came from all corners of Iowa representing EMS, Fire, Public Health, Law Enforcement and child advocacy community organizations. The instructor team included Bureau of EMS staff, Cynthia Heick and Katrina Altenhofen, Lori Baldwin with the Siouxland District Health, and Jody Brinks of Carroll. The training is a combination of lecture and hands-on, finishing with a car seat check-up event. The event gives students an opportunity to be mentored as they interact with children and educate parents and care-givers on proper installation of safety seats.

Terry Mentzer, President of the SW Webster Ambulance Service in Gowrie said, "Before the class, I couldn't imagine why it would take four days to learn how to install a car seat. The class was fabulous, the instructors were great, and I came away with not only new knowledge, but a whole new attitude on safety. I can't wait to have check-up events in our community. 'Kid-calls' are the most stressful for EMTs. This type of initiative is a win-win for EMS and citizens. Prevention is today's EMS."

Cindy Heick, Injury Prevention Specialist for the Bureau of EMS, reported that since 1998, more than 800 people in Iowa have been trained in Child Passenger Safety. Currently, there are 378 technicians statewide. Iowa ranks in the top 10 in the nation with a 43.3% recertification rate. "Of course, we'd love to improve those numbers and get technicians in the twenty counties that do not have technicians," said Heick. "We have 13 instructors in Iowa and annually conduct trainings strategically located though out the state. The next trainings are scheduled for August 6 through 9 in West Burlington, and October 17 through 20 in Mason City. The trainings are open to everyone." Contact Cindy at cheick@idph.state.ia.us or 515-281-0609 for more information.

EMS System Standards

Since October 2006, a group of EMS experts representing all aspects of EMS met monthly to discuss what the minimum standards for EMS systems should be for Iowa. It is with great pleasure that I report to you that the first draft of the EMS System Standards is available for public comment. At the July 11, 2007 meeting, the Iowa EMS Advisory Council acknowledged receipt of the document and is seeking public comment. Visit the Iowa Department of Public Health Bureau of EMS website at www.idph.state.ia.us/ems to download the "What Iowans Can Expect From EMS" document. Facilitators Craig Keough and Larry Cruchelow ask that you review the proposed standards. They welcome comments in writing by September 21, 2007. The working committee members are listed in the document and are available for questions. Now is the time for your voice in EMS to be heard.

Lori Baldwin, Siouxland District Health, explains the key functions of one of the many types of child passenger seats at the class in Sioux City in June 2007.

Craig Keough said, "Chief Schmitt, Larry, and I commend this hard-working group for their participation, work, and sacrifice in developing the minimums. We are encouraged that by their efforts, EMS really does have a future that will assure a timely and high-quality delivery of emergency medical care. Their efforts embody the mission that all of us have for EMS – the promotion and protection of the health of Iowans through EMS."

Attention Ambulance Services: New Data Set

The Iowa EMS Patient Registry began accepting the National EMS Information System (NEMSIS) dataset July 1, 2007 and will only accept compliant data beginning January 1, 2008. Additionally, Iowa will soon submit data to the national warehouse.

The NEMSIS project began in 2001 in an effort to create a national database to improve patient care, assist with curriculum development and define standards to measure care. The new data set is available at www.idph.state.ia.us/ems by clicking on the Programs link and then Data. NEMSIS.org provides project history, compliance information, and the data elements.

Finally...

We join all of Iowa EMS to say good-bye to Mark McMahon, EMS Data Specialist with the Bureau of EMS since 2003. Mark was with us for the implementation of Web Cur for EMS patient care data entry, Collector software for hospital data entry, the System Registry for services and certification, *and* for the move toward NEMESIS compliance. His major contribution was the persistent message that the future of EMS lies in data collection and management. His gentle persuasion influenced many to contribute because "it is the right thing to do." Good luck now and always, Mark. ■

MEMBERSHIP ANNOUNCEMENT

Multi-year memberships are available for your convenience and savings! A 3-year membership is only $65 (a savings of $10) and a 5-year membership is only $100 (a savings of $25). You won't have to write a check each year or worry that your membership will lapse if you are late making your dues payment. Let the IEMSA staff know your intentions on your renewal form or go on-line at www.iemsa.net, visit the Membership Page and follow the link to Renew or Establish a Membership Now to take advantage of these opportunities.

Just Around the *Corner....*

JEFF DUMERMUTH, CONFERENCE CHAIR

With summertime in full force, it's hard to imagine that the annual IEMSA Conference and Tradeshow is just around the corner. Too soon, the long, hot summer days will turn into the cool fall. We hope that many of you will make the trip back to Des Moines for what promises to be another great opportunity to get some high quality pre-hospital education, network with other EMTs and Paramedics, and have some well deserved fun.

We have a great line up of speakers this year, bringing back Bill Justice and Mike Grill at your request. We also are excited to bring Scotty Bolleter back to Central Iowa for his dynamic lectures. Several other national and regional speakers have also been contracted for the event: Robert Vroman (CO), Christopher Ebright (OH), Dr. Jeff Meyers (NY), Kelly Grayson (LA), Jill Torres (WI), and Bruce Evans (NV).

Six pre-conference sessions are bound to offer something for everyone. We will bring back our popular CCP track, have an EMT Triathlon, Management track, Physician Track, and Education track. In addition, EMS Chief Bruce Evans from the North Las Vegas Fire Department will present Incident Command for EMS.

This year, we will offer our participants the option of whether they purchase their meals or not with their conference registration. Food is by far the largest expense for this conference, costing nearly $80,000 last year. Several other enhancements have been made for this year, so review your registration brochure very closely.

Rooms fill up quickly at our host hotels, so consider making your registration today.

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

Enjoy the rest of summer and we look forward to seeing you very soon. ■

2007 Conference Sponsors

Please visit their booths and thank them for their support:

Air-Evac (Conference Bags)
Med-Media (5 Star Sponsor)
Stryker (Lanyards)

Honoring Our Own *2007*

Please join us for *Honoring Our Own 2007*, a moving DVD presentation and memorial service honoring volunteer and career EMS/Fire personnel from Iowa who are no longer with us.

If you know of someone who has died within the last 10 years and was part of our "family," please plan to include them in this year's presentation. Please indicate whether or not the death was in the line of duty. Please remember, it does not have to be line of duty death to be featured on this presentation. Any service wishing to be featured in the Honoring Our Own video can also e-mail Tom to discuss the details. Information and pictures can be sent to Tom Summitt, 1718 Timberline Drive, Muscatine, Iowa, or emailed to tcsummitt@machlink.com. Please call (563) 506-0103 for any questions. Make sure that the photo is of good quality.

If your service or organization has an honor guard and would like to participate in the Honoring Our Own ceremony at 7:30 a.m. on Saturday, November 10, please contact Tom, as well. ■

IEMSA 2007 Awards Nomination Form

INDIVIDUAL: ☐ Volunteer ☐ Career

SERVICE: ☐ Volunteer ☐ Career

INSTRUCTOR: ☐ Full Time ☐ Part Time

FRIEND OF EMS: ☐

HALL OF FAME: ☐

Nominee's Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Certification Level & Number: _____

Nominator's Name: _____

Address: _____

City/State/Zip: _____

Day Telephone: _____

Evening Telephone: _____

Mail Nomination Form and Letter of Recognition/Nomination to

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

Deadline: September 22, 2007

At-Large / Regional Nomination Form

Must be returned to the IEMSA office by September 21, 2007

☐ Regional Representative Nomination ☐ At-large Nomination

Nominee's Name _____

Company/Service _____

Address _____

City/State/Zip _____

Phone Number _____

Brief biography of nominee describing EMS involvement
(50 words or less – use separate paper if necessary)

_____

_____

Nominator's Name _____

Phone Number _____

Email _____

Mail to: **IEMSA – At-Large / Regional Nomination**
2600 Vine Street, Suite 400 • West Des Moines, IA 50265

2007 IEMSA *Award* Nominations

Do you work with a person who exemplifies what a professional emergency medical services provider should be? Are you proud of the accomplishments made by your ambulance service? Did an EMS instructor have an extraordinary ability to shape your career through his or her teaching? Do you know of someone in your community who supports EMS activities in a meaningful way? If so, now is your chance to recognize these outstanding EMS providers by nominating them for an annual IEMSA award! Read on for a description of each award, which is given at the annual IEMSA Conference and Trade show annually in November.

Individual: The nominee must be currently certified by the State of Iowa, have strong and consistent clinical skills at his/her certification level, and have made an outstanding contribution to the EMS system either within or outside of his/her squad or service. Award recipients MUST be (or become) an active Iowa EMS Association member. Two awards in the Individual category will be presented – volunteer and career.

Service: The nominee must be currently certified by the State of Iowa, have made outstanding contribution(s) in the last year to public relations, information and education (PI&E), maintain a positive and outstanding relationship with the community it services and take visible and meaningful steps to assure the professionalism of its personnel and the quality of patient care. Two awards in the service category will be presented – volunteer and career.

Friend of EMS: Any individual who has made outstanding contribution(s), which enhance the quality of EMS at the local, regional or state level.

Hall of Fame: Any individual who has made outstanding contributions to EMS during longevity in the field (10+ years). This individual may be someone to recognize posthumously. This will be an ongoing plaque displayed in the Association Office.

Instructor: Any individual who instructs and/or coordinates on a full-time or part-time basis; has dedication to EMS through instruction, number of years in EMS and/or number of years instructing EMS. Two awards in the Instructor category will be presented – full time and part time.

Winners of these prestigious awards will be announced on the eve of the first day of the conference, just after the annual Board of Directors' meeting. Each award winner will receive a plaque to commemorate their achievements and will be recognized in The Voice. Winners of the Hall of Fame award will have their name engraved on a permanent plaque that is displayed at the IEMSA office (when it is not being displayed at the IEMSA booth). Winners of the Individual of the Year awards will be sent to the AAA Stars of Life program in Washington, D.C.

In order to nominate a person or service for one of these awards:

1. Complete the Award Nomination Form (*above left*)
2. Include a letter of recognition/nomination, and
3. Submit your nominations to the IEMSA office any time between now and September 22.

Don't miss this opportunity to recognize excellence in EMS! ■

AAA STARS OF LIFE

An Attendee's *Perspective*

BY MELINDA BRITTAIN, 2006 IEMSA VOLUNTEER INDIVIDUAL OF THE YEAR

Every year just before EMS Week, the "Stars of Life" program is held in Washington, D.C. The three-day-long event offers an opportunity for EMS workers to discuss their concerns with government officials, and also celebrates the contribution of EMS providers across the nation. This year, the Iowa EMS Association nominated Darren Brooke of Muscatine, and me, Mindy Brittain of Blairstown, as IEMSA's career and volunteer individuals of 2006, respectively. A third Iowan, Addey Eversmeyer of Mt. Pleasant, was also nominated by her director. The three of us were introduced for the first time at the "Stars of Life" All Star Kick Off in Washington, D.C. Over the next few days we met other EMS providers from around the nation, spoke with our legislators, and were honored as recipients of the prestigious EMS "Star of Life" Award.

The "Stars of Life" program is meant to bring attention to EMS providers nationwide and to thank them for the services they perform. This year, there were 106 "Star of Life" Award recipients representing 34 states. Of the 106 award winners, 27 were from volunteer services. Many have been involved in EMS for years, offering a lifetime of service and education dedicated to their communities. Some are very young EMTs who demonstrated exceptional service, and a few knowingly risked their lives responding during the Virginia Tech shootings. All have saved lives. All have dedicated their efforts to their patients and communities. All have amazing stories.

Most EMTs and paramedics are not accustomed to bringing attention to themselves, so when we were asked to do just that with our legislators, we were definitely out of our comfort zones. But as we three Iowans struck out together to talk to interns from the offices of Congressman Loebsack, Congressman Boswell, and Senator Harkin, we found that discussing our passion for our work was easier than we thought. We were fortunate to meet directly with Senator Grassley, whom we learned later was once named Legislator of the Year by the American Ambulance Association. The three of us represented a well-rounded EMS perspective — Darren is Fire Department-based, Addey is hospital-based, and I am on a volunteer crew. Everyone we spoke with was attentive to the needs and challenges of EMS, as well as thankful for what we do. One intern even asked us to share with our crews the government's appreciation for what we do every day.

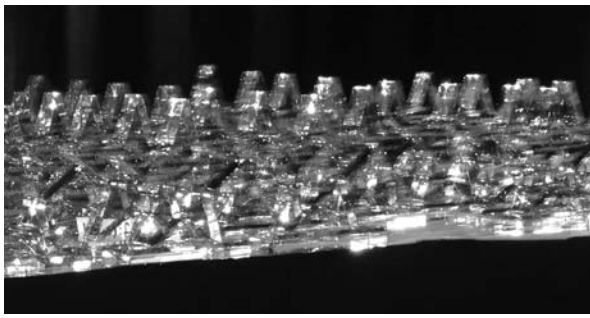
The "Stars of Life" program was a wonderful experience — from the receptions, banquet and awards presentation, to the guest speakers, including U.S. gymnast and gold medal recipient Dominique Dawes. Dawes encouraged us to continue setting new goals and working toward those goals with passion. Dr. Jeffrey Runge, Chief Medical Officer for the Office of Health Affairs, also spoke on legislative issues concerning emergency medicine. At the close of the program, 106 EMS crew members from across the United States left for home with an engraved, star-shaped crystal award, along with renewed excitement for what we do in emergency medical services.

You may feel like you are alone out there at times, but there are people fighting for you right here in Iowa and also in Washington, D.C. Don't be afraid to tell your representatives in IEMSA, and in the Iowa and U.S. legislatures, what you do and what you need to keep providing the best possible care for those you respond to in your community. I think I can speak for all three of us from Iowa when I say we were very proud and humbled to represent Iowa EMS at the "Stars of Life" award program. Darren and I would also like to thank the Iowa EMS Association for hosting our trip. It was an amazing experience and it makes me so proud of everyone in EMS, and especially Iowa EMS!

We all like to be recognized by our peers for our efforts. We are grateful for the recognition from our fellow EMS providers, but even a star with your name on it can't compare to the return home of a cardiac arrest patient or young accident victim. There is no greater reward than seeing our patients back home… healthy, happy and enjoying life once again. ■

Darren Brooke, Addey Eversmeyer, Mindy Brittain

Mindy Brittain with U.S. Senator Grassley



AAA Stars Award

Bylaw Changes

RIC JONES, IEMSA PUBLIC POLICY CHAIR

Below are changes to your bylaws approved by the IEMSA Board of Directors at their June 21, 2007 meeting. The final step in their adoption is your vote to do so at the annual meeting in Des Moines on November 8. Some of the changes are proactive. Some are solving problems that we currently have.

The changes include:

- A new requirement that members elected to the Board of Directors to represent the six EMS regions of the state must live in or be involved in providing EMS in their respective regions.
- There is a new provision that allows for electronic voting. (We kind of already do this...sorry).
- We have adopted clearer language on fees paid to members and Board members that requires a resolution to allow for any such payment.
- We changed the language on committees. The old language could have provided for committees to be required by the bylaws that were not needed for our operations.
- We also allowed for the President to appoint or dissolve committees as needed, creating a better mechanism to react to fast-breaking issues.
- Lastly, we added language that requires external audits every year and at every transition to a new treasurer.

Your Board feels that these changes will better serve our mission and has unanimously moved for their adoption by the membership at the Annual Meeting.

Bylaws of the Iowa Emergency Medical Services Association

Items Amended by the Board of Directors on June 21, 2007 appear in *italics.* Items struck by the Board of Directors on June 21, 2007 appear in grey.

SECTION I – NAME

The name of the association is Iowa Emergency Medical Services Association.

SECTION II – PURPOSE & OBJECTIVES

1. To promote and advance the delivery of emergency medical care and to promote and advance the professionalism of those persons who provide emergency medical care throughout the State of Iowa.

2. To serve as a channel of communication with local, county, regional, state and national governmental agencies involved with the delivery of emergency medical care and with related professional and business organizations and groups concerned with the delivery of emergency medical care.

3. To promote and provide professional and public education and information related to emergency medical care.

4. To promote the development and maintenance of a high code of ethical standards among emergency medical care providers.

5. To promote the development of harmony and spirit of fellowship among persons who are dedicated to the cause of saving lives and aiding the sick and injured.

SECTION III – MEMBERSHIP

1. A resident of the State of Iowa and/or an individual who is currently associated in providing emergency medical care within the State of Iowa and who pays annual dues as shall be determined by the Board of Directors, shall become an Active Member of the Association. Only Active Members may be elected to the Board of Directors.

2. A group, corporation or business interested in and/or involved with the manufacture, sale or delivery of equipment, supplies, apparatus or services such as might be used in the performance of the duties and responsibilities of emergency care, or a profit or non-profit entity or educational institution that supports emergency medical services and who pays annual dues shall be determined by the Board of Directors to be a Corporate Member of the Association but shall not be entitled to make motions, vote or hold office. However, they shall have the right of the floor at meetings upon the requests of one Director and may serve as members of the Association's Committees.

3. An entity responsible for providing emergency medical care in the State of Iowa and who pays annual dues shall be determined by the Board of Directors to be an Affiliate member of the Association, but shall be limited to the rights of an active membership to include the making of a motion, voting, and holding office based on call volume.

4. A resident of the State of Iowa and/or any individual who is currently associated in providing emergency medical care within the State of Iowa who is enrolled in emergency medical services training shall become a Student Member of the Association. This first-time membership is good for one year only.

5. Initial membership shall commence upon the receipt of annual dues, with annual renewals being on the date of membership application receipt.

SECTION IV – GOVERNING BODY

1. Officers – The Association shall have four officers elected at the first Board Meeting following the annual meeting. These officers must be Active Members of the Association and current members of the Board of Directors of the Association. The Board of Directors Officers shall hold office for the term of two (2) years with no more than (2) consecutive terms in the same office. The terms shall be staggered with the President and Secretary being elected one year and the Vice President and Treasurer being elected in the other. In addition to four (4) elected officers, the Immediate Past President will hold the remaining office on the Executive Committee. Officers shall be exempt from the regional and at-large election process during their current term in office.

a. President – The President shall preside at all meetings of the Association and the Board of Directors and vote only in the event of a tie. The President shall appoint the members and a Chairperson to all Standing Committees including such special committees as needed with approval of the Board of Directors. The President shall perform such other duties as may be required by the membership of the Board of Directors and shall have general supervision over the business and the affairs of the Association. The president shall have such other duties and responsibilities as are generally recognized as to the office of the President.

b. Vice-President – The Vice-President shall assist the President with his/her duties and shall perform all duties of the office of the President when the President is absent or unable to carry out the duties. The Vice-President shall be responsible for evaluating all committees' progression relation to the Association's annual objectives. Report shall be given to the President and Board of Directors as necessary.

c. Secretary – The Secretary shall be the custodian of records and archives of the Association and shall have the duties and responsibilities customarily assigned to the office of Secretary.

d. Treasurer – The Treasurer shall be the chief financial officer of the Association and shall cause all monies to be deposited in a bank approved by the Board of Directors. The Treasurer shall make or cause to be made all disbursements upon the receipt of warrants signed by the proper officer(s). The Treasurer shall keep or cause to be kept a detailed record of all funds received and disbursed by the Corporation. The Treasurer shall have all duties and responsibilities customarily assigned to the office of Treasurer.

e. Immediate Past President – Immediate Past President shall perform such duties as may be prescribed by the Board of Directors and/or governed by Roberts Rules of Order.

In the absence or disability of the President and the Vice President, the Immediate Past President shall perform the duties and exercise the powers of president.

2. Directors – It shall be the duty of the Board of Directors to conduct all business of the Association; to be guided by the decisions, actions, statements and positions of the Association. Three (3) Board of Directors members shall be elected by and from the active members of each of the six EMS Association Regions. *Regional representatives on the Board of Directors must live or be associated with emergency care in their respective regions.* Additionally, there will be two (2) Directors representing the EMS training programs to be elected by the Statewide EMS Training Program Committee, and three (3) Directors At-Large, to be elected from the membership of the Association. The term of the Directors begins with the next meeting following the annual meeting and shall be for staggered two (2) year terms with no limit on the number of terms held. The Training Programs shall elect their board representatives. The term of the Directors begins the next meeting following the annual meeting. The At-Large Board representatives shall be nominated through a nomination petition blank mailed to active members of the Association *or secured electronic venue*. Election will take place prior to the annual meeting through a secret vote by mail *or secured electronic venue* of active members of the Association.

3. Meetings – Regular meetings of the Board of Directors shall be held. Special meetings may be called by the President and/or the request of one-third of the Board of Directors with at least three (3) days notice given. A simple majority of Directors in person or by proxy (more than half of the Directors) shall constitute a quorum. Only one (1) proxy may be held for each person in attendance.

4. Salary & Expenses of the Board – All officers and Directors shall serve without remuneration except for expenses actually incurred in the duties of their offices. Policy for all such expenses must be approved in advance by the Board of Directors. *Fees and Compensation. Directors and members of committees may not receive any compensation for their services as such, but may receive reasonable reimbursement of expenses incurred in the performance of their duties, including advances, as may be fixed or determined by resolution of the Board of Directors.*

5. Committees – The Board of Directors may establish standing and Ad Hoc committees of the Association as it may, from time to time, deem necessary. The Chair of all committees shall be active members of the Association appointed by the President. Standing committees shall consist of Legislative, Convention, PI&E/Newsletter/Web Page/Booth, State Fire Service and Emergency Response Council, Service Directors, Bylaws, Nominating/Elections, Finance, 911 Telecommunications, State Medical Examiner, Advisory Council, Disaster Preparedness Advisory Committee, TSAC, SEQIC, Homeland Security Council, and Heartland Coalition. Any committee may be created or dissolved by the simple majority vote of the Board of Directors. *The President may establish or dissolve standing and Ad Hoc committees of the Association as may from time to time be necessary. The Chair of all committees shall be active members of the Association appointed by the President. A list of current standing committees can be found on the IEMSA website.*

6. Vacancies – It is the responsibility of the Vice-President to ensure that replacement for the regional representatives and for the Educational representatives is made; however, the At-Large position(s) will remain vacant until the next annual election. The newly elected At-Large Director will fill the remainder of the vacancy term if not a full two (2) year term. An officer vacancy shall be filled by the Board of Directors at its next meeting.

SECTION V – MEETINGS

The Board of Directors will announce meeting dates for the calendar year in January of that year. There will be a minimum of six (6) Board meetings in addition to the annual meeting. The Board may call additional meetings as deemed appropriate.

Continued on p. 17

Affiliate Profile

LAKE PARK RESCUE

Lake Park Rescue is based out of the small northwest Iowa community of Lake Park, population of 1,200. Lake Park is 13 miles west of Spirit Lake on Hwy 9, and three miles south of the Minnesota state line.

The first ambulance service was established in 1980 as "Lake Park Ambulance Service." There were 12 people who took an EMT-A class and, with the help of Dickinson County Memorial Hospital providing an ambulance, they began serving the community and surrounding area. This service was chosen as one of the communities to participate in the Rural Defibrillation Program study held by the University of Iowa. As an all-volunteer group, they survived by recruitment, but unfortunately in 1987, they disbanded due to low membership.

From 1987 to 1989 the Lake Park police chief, a first responder, and one other EMT responded to calls with a Jump Kit. They stabilized patients until the ambulance arrived from Spirit Lake. Within this time frame, efforts were being made to reorganize the service in Lake Park. The concept was discussed with several people and an interest was sparked.

In 1990, a combined effort of a few old staff and several new people who were willing to take an EMT-A class came together. With a retired ambulance and the local hospital providing the necessary equipment, these newly dedicated individuals responded to scenes as a non-transporting service. Hence, Lake Park Rescue was born.

In 1991, these individuals wanted to do more. As a result of their efforts, along with those of Dickinson County Memorial Hospital, the citizens of Lake Park and the surrounding area, an ambulance was provided by the hospital and Lake Park Rescue became a transporting service at the EMT-A level. Several of the members continued their education and became certified at the EMT-I level, and the service was then upgraded to the EMT-I level as it is today.

Lake Park Rescue serves the community of Lake Park, western Dickinson County, and a portion of Minnesota. We have an average of 100-125 calls per year. We have a great relationship with Lakes Regional Healthcare. The hospital provides us with a fully equipped ambulance, and we provide the personnel to staff it. We also have a great relationship with the full-time hospital-based Paramedic service.

Over the years, Lake Park Rescue has been the back bone of many community projects, such as the Pre-prom Drinking and Driving Awareness program, a Bicycle Safety Course, providing care at athletic events for our school, as well as our day-to-day calls.

One of our most memorable calls was in 1992. Lake Park was having our centennial celebration. Many events were scheduled for the day, and Lake Park Rescue staffed a First Aid station and was available at other events. One event taking place was the rubber duck race that was being held on a creek that runs through Lake Park. People gathered along the banks and on the walk bridge that went over the creek to watch and cheer on their numbered ducks as they passed under the bridge.

The walk bridge was loaded with people when the bridge collapsed into the creek. We had a major incident on our hands with several people injured. They were triaged and transported out. That night, it made the national news! Big event? Not really, but it sounded good. "Bridge collapses and people injured in Lake Park, IA during a centennial celebration." As with all other rescue squads, we all have our trials and tribulations.

Lake Park Rescue now functions with 18 personnel who volunteer their services. We have one nurse exempt, two Paramedic Specialists, five EMT-Is, seven EMT-Bs and three Firefighters who drive for us.

The squad became an Affiliate member of IEMSA two years ago. All our members are members of IEMSA. We feel as a squad that this is our way to voice our opinions and be represented at the state level. This lobbying power not only benefits us, but the communities and state we love and live in. We are also very active in our county EMS Association.

Lake Park Rescue believes in what we are doing and wants to continue to provide the best care to the sick and injured. Our theme is "Neighbors helping neighbors" and we believe in that statement.

We want to thank the people who have counted on us for EMS care for their support, the Lakes Regional Healthcare for the ambulance, the Paramedic Service that we tier with, IEMSA, and all the members of Lake Park Rescue as listed below.

EMTs

Steve Hopkins
Wanda Hopkins
Richard Cother
Roxie Cother
Stephanie Wittrock
Deb Schroeder
Lance Heikens
Rod Ellingson
Bonnie Boetel
Dawn Kinkade
Herb Stewart
Joann Lansdowne
Chris Ebbers
Peggy Gardner
Carol Voss

DRIVERS

Joe Hopkins
Brandon Ehret
Al Detlefsen

NOMINATION FORM ON PAGE 6

AT-LARGE / REGIONAL NOMINATIONS *Requested*

It is time to consider your At-Large and Regional representatives to the IEMSA Board of Directors. The regional representatives elected will serve two-year terms beginning at the first meeting following the annual meeting. Those board members, whose terms expire in December, 2007 are as follows: Matt Madson, NC Region; Ric Jones and Lee Ridge, NE Region; Julie Scadden, NW Region; Brad Madsen, SC Region; Cindy Hewitt and Linda Frederiksen, SE Region; Rod Robinson, SW Region; Tom Bryant, At-Large. One additional At-Large position has been created, thus creating the need for two At-Large seats during this election.

Nomination Process Requirements & Guidelines

The nominee must be an active member of IEMSA. *Nominations can be submitted by using the format provided (see p. 6).*

Nominations must be received in the IEMSA office by **September 21, 2007 at noon.**

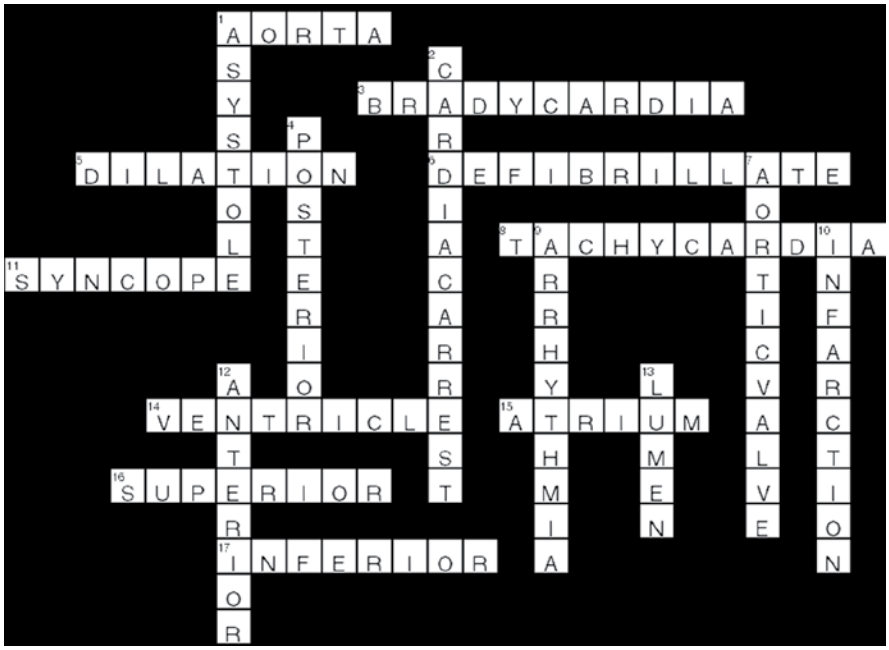
Upon receipt at the IEMSA office, the nominations will be checked to ensure compliance with the nomination process. The nominee's membership status within the association will also be verified.

Successful nominations will comprise the final ballot which will be made available on the IEMSA web site (Members Only Section) on October 1, 2007. Voting will cease on November 2, 2007. Detailed instructions will be provided on the ballot. Should you require a paper ballot, please contact the IEMSA office by calling Angie at 515-225-8079.

We urge all members with an interest in becoming involved with their professional organization to consider nomination. Please complete and return the At-Large/Regional Nomination Form by September 21, 2007.

Your involvement truly makes a difference! ■

CROSSWORD SOLUTIONS



Continued from p. 15

The annual meeting of the Iowa EMS Association will be announced thirty (30) days prior to the meeting date.

SECTION VI – FINANCES AND AUDITS

Preparation of Annual Financial Statements. The Association shall prepare annual financial statements using generally accepted accounting principles. Such statements shall be audited by an independent certified public accountant, in conformity with generally accepted accounting standards, under supervision of an Audit Committee. Additionally, an audit will be performed anytime a new Treasurer is elected.

SECTION VII – RULES OF ORDER

The latest edition of Roberts Rules of Orders, revised, shall be used to conduct meetings of the Association, Board of Directors, and Committees.

SECTION VIII – AMENDMENTS

The Association Bylaws may be amended by two-thirds majority vote of the Board of Directors. All amendments made by the Board of Directors shall be ratified by no less than two-thirds majority of the active members present at the next annual meeting or special meeting of the Association. Notice of the proposed amendment(s) shall be published prior to the annual meeting or special meeting. If an amendment is not ratified at the annual meeting or special meeting it shall have been a valid amendment and have had a full force from the time of adoption by the Board of Directors until the annual meeting or special meeting.

Initially approved June 11, 1987, by the Board of Directors

Amended by the Board of Directors, August 18, 2001
Approved by the general membership, October 25, 2001
Approved by the general Membership, November 14, 2002
Amended by the Board of Directors, August 21, 2003
Approved by the general Membership, November 13, 2003
Amended by the Board of Directors, June 21, 2007 ■

Corporate Profile

LIFEQUEST SERVICES & TECHNOLOGIES

It all began back in 1992 when Gerald Miller, LifeQuest's founder, was an EMS consultant involved at the state level in EMS issues and serving in his twelfth year as the Director of the Waushara County Emergency Services. His wife Patti, had been an EMT for 13 years and was in Nursing school.

In July of that year, Jerry was approached by a fellow EMT who wanted to start an ambulance service, but was unfamiliar with ambulance billing. Because of Jerry's experience in overseeing the EMS billing for Waushara County, he was asked if he would do the billing. Thus, LifeQuest began with Jerry and Patti doing the billing. With the first advertising flyer, business really took off.

As more and more EMS and Fire Services came on board, the consensus was the same: It was Jerry and Patti's EMS and Medical backgrounds and experience that gave them "the edge" over other EMS and Fire billing companies.

In recognition of this fact, LifeQuest has continued to add managerial staff with extensive EMS, Fire, and Medical backgrounds. They now boast of over 100 years of combined field experience among themselves. Additionally all new non-managerial staff are required to take, as a minimum, a state-certified First Responder course. LifeQuest has 48 full-time employees. As part of our service, LifeQuest's staff offers all clients personalized, extensive training in all areas related to billing, use of forms, and compliance issues, as well as advanced web-based training and newsletters that address changes in law.

Today, LifeQuest is recognized as a leader in billing, collection, and data management services for well over 100 EMS & Fire providers throughout the Midwest. In 2006 alone, LifeQuest processed over 54,000 claims totaling nearly $30 million for clients. While LifeQuest continues to expand, we maintain the "Customer Service First" ideology, and excellent client testimonials prove that works!

With so many of LifeQuest's staff actively involved in the EMS and Fire services at state and local levels, it was only natural that new technology would be envisioned to aid EMS and Fire services. To develop these technologies and market others, LifeQuest Technologies, a sister company, was formed in 1998. These technologies have grown to include cutting-edge software and web-based applications designed to make reporting and data management easier for EMS and Fire services. LifeQuest Technologies' latest offerings include Leaders™, a paperless, advanced, and secure web-based ambulance and fire reporting system that is an enhancement to typical field reporting systems and allows for an interchange of data between EMS and Fire services while assuring NEMSIS and NFIRS compliance. Another new offering is DocLogic™, a paper document management software designed to scan and store paper ambulance and fire documentation associated with emergency responses. Other software developments in the making include first responder software for use with PDAs, and software designed to bridge language barriers on EMS and Fire incident calls.

With all that LifeQuest has to offer the Iowa EMS and Fire communities, we welcome and appreciate our association with IEMSA, not only as an avenue to showcase our services and technology, but as true professionals we recognize IEMSA for what it really is: A Voice for positive change in Iowa EMS. ■

LifeQuest's Professional EMS & Fire Staff

Jerry Miller, NREMT-P
Patti Miller, RN/EMT-IT
Becky Sattler, 1st Resp.
Nikki Phillips, 1st Resp.
Deb Rosenow, 1st Resp.
Eric Danielson, NREMT-I
Pamela Gustin, NREMT-I, ACLS, FF II
Chip Kramer, FF II/EMT-P

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- ***EMS & Fire** Data Exchanges*
- *Easy Navigation*
- *Automated Forms*
- *Fire Inspection Reporting*
- *Building Preplanning*
- *Incident Command Module*
- *Staff Certification Module*
- *NEMSIS & NFIRS Compliant*
- *Downloadable Billing Information*

*Try **LEADERS** and liberate yourself from old, outdated reporting systems! For more information, a quote or **a free LEADERS demo**, call **LifeQuest Technologies** at **1-888-777-4911** and ask for Chip Kramer, **LifeQuest's** Director of External Operations and on-call Fire Captain, Montello Fire Department.*

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