IEMSA

October – December 2007

VOICE

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IEMSA Vol. 2007-04, October-December, 2007
VOICE

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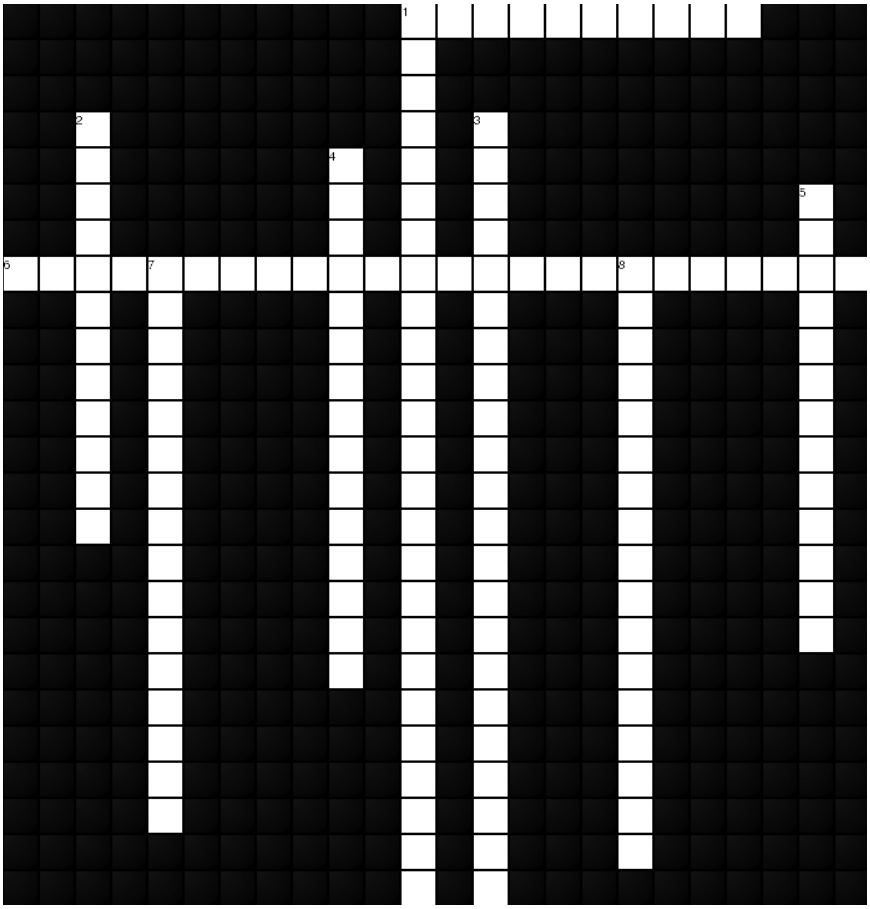
IEMSA CROSSWORD PUZZLE *Challenge*



DOWN

1 A brain injury that occurs when force is applied to the head and energy transmission through brain tissue causes injury on the opposite side of original impact.
2 The slowing of an object.
3 The forces or energy transmission applied to the body that cause injury.
4 The product of mass, gravity, and height, which is converted into kinetic energy and results in injury, such as from a fall.
5 The energy of a moving object.
7 Awareness that unseen life-threatening injuries may exist when determining the mechanism of injury.

DOWN (continued)

8 Injuries caused by objects, such as knives and bullets, that pierces the surface of the body and damage internal tissues and organs.

ACROSS

1 Phenomenon in which speed causes a bullet to generate pressure waves, which cause damage distant from the bullet's path.
2 A patient who experienced trauma that affects more than one body system.

Crossword puzzle solutions printed on page 21. Reprinted with permission from Jones & Bartlett Publishers.

2008 IEMSA MEETINGS

Board Meetings:
The IEMSA Board of Directors will meet either in person or via teleconference on the following dates. All meetings, with the exception of the Annual meeting, will be held at 1:00 p.m.

2008

- **January 30**
  West Des Moines EMS (WDMEMS)
  8055 Mills Civic Parkway
- **February** – *NO MEETING*
- **March 20**
  Teleconference
- **April 17**
  WDMEMS
- **May 15**
  WDMEMS
- **June 19**
  Teleconference
- **July** – *NO MEETING*
- **August 21**
  WDMEMS
- **September 18**
  Teleconference
- **October 16**
  WDMEMS
- **November 13**
  ANNUAL MEETING
  Polk County Convention Complex
- **December 18**
  WDMEMS

To participate in the teleconference meetings, call the IEMSA office for instructions.

Additional Important Dates:

January 31, 2008
EMS Day on the Hill
Capitol Rotunda
0700 - 0900

January 31, 2008
EMS Leadership Conference
1000 – 1500

November 13 – 15, 2008
Annual Conference & Trade Show
Des Moines, Iowa

Conference photos provided by Terry R. Thompson.

A *Message* from the President

John Hill, EMT-PS
IEMSA President
Board of Directors

Emergency Medical Services (EMS) occupy a unique position in the continuum of emergency health care delivery. The role of EMS personnel is expanding beyond the traditional identity as out-of-hospital care providers to include participation and active leadership in EMS administration, education and research. With these roles come new challenges, as well as new responsibilities known as System Standards.

Federal planning and funding have focused only on specific sub-components of the EMS system, such as highway safety, injury prevention, trauma systems, EMS for children and medical disaster systems. These efforts have not been integrated through one federal coordinating agency. In addition, much energy has been devoted to debating who is the "most appropriate" sponsor of prehospital services (e.g., EMS as a separate-entity of the fire service, or EMS as a private sector service, or EMS as a third public service). Many of the early efforts in EMS system development and implementation had limited physician input and participation. We are fortunate in Iowa, as substantial energy has gone into the development of detailed standards involved in the designation of specialized critical care services in hospitals.

Many valid reasons exist for focusing on the development of individual components of the EMS system. Standards for individual components have evolved at different paces nationally and locally. Fiscal constraints have compounded this unequal evolution of local EMS systems. Nonetheless, developmental and funding emphasis on individual components of the EMS system, without regard for the existence and needs of the EMS system itself, threatens to fragment EMS. Fragmentation of EMS is as unacceptable today as it was in 1966.

For an EMS system to be effective, it must be developed and implemented according to a plan that addresses all of these sub-components. Undue emphasis to any given sub-component of an EMS system that causes a neglect of other sub-components will induce continued fragmentation, which compromises system effectiveness. Whenever possible, emphasis on any sub-component (e.g., allocation of funding for the development of improvement of a sub-component) should be in proportion to scientifically established need. Such efforts should be assigned priority with regard to the developmental needs of the system as a whole.

The delivery of EMS is pluralistic by its very nature. That is, many types of agencies and institutions have been able to provide emergency medical care successfully. No one type of ownership or sponsorship of EMS provider agencies or institutions clearly is superior in all situations.

Quality patient care will depend upon total commitment to the development and operation of an integrated and comprehensive EMS system. Dedicated people throughout the state, both paid and volunteer, doing a job with little recognition and inadequate resources have created monumental achievements. But even dedication and hard work can carry EMS in Iowa only so far. Currently, resources are being cut and personnel and financial support to maintain and continue improving the EMS system in Iowa have eroded to the point that the system is in danger of collapse. Even with a host of volunteers, a stable, continuing funding source must be obtained for the Bureau of EMS and Injury Prevention, and personnel resources must be allocated to meet the demand for services to the public, the EMS volunteer and career personnel, and other EMS system partners. The political leadership in Iowa must address the real needs facing the Iowa EMS system and ensure that stable funding mechanisms and personnel resources are available to maintain a good system and make it even better.

The spirit of the people of Iowa providing EMS services will undoubtedly lead its EMS system down the appropriate road. ■

EMS Day On The Hill

Where: Capitol Rotunda

When: January 31, 2008
7:00 – 9:00 a.m.

Meet your Board Members at the Capitol and Support *your* Legislative Agenda!

Guts and Faith Important Elements of a Leader

BY ELLEN McCARDLE-WOODS

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.

I believe having Guts and Faith makes a good leader. There have been times when I have been a good leader and times I have not. There have been times when I should have let someone else take control and I did not. There were times when someone else was in control, and I didn't have guts or faith to step in.

I have huge issues with control – I love being in control. Not only on a call, but in my job, with my friends, with my family, and virtually all aspects of my life. I believe that wanting to be in control makes for a better leader, and I would be hard pressed to find someone in EMS who does not have control issues. We thrive on being in control; it is part of our personality. When EMS providers are on a call, the more chaotic the scene the better. This tests our control powers. It is as if we have put on our magic cape and voila... out comes our magic control powers. It is what makes us unique as EMS providers – we shine when we are knee deep in a mess.

During my years in EMS, I have had the opportunity to be a leader. I have been in the thick of the battle many times and I've had to rely on guts and faith to get me through them. There were the times I had to tell the parents that their teenage child did not survive the automobile crash, and then listened to the animalistic sound that is made by that parent after hearing the news. I've been there to hold a parent whose child did not wake up from their nap. I've cried with a spouse who just lost their mate of 50 plus years. I was there as they pulled the body of a drowning victim out of the water. I was there to console a family who couldn't understand why their loved one ended his or her own life. I was there when my friend died, and there was nothing I could do. I was there to comfort a child when its little heart was broken. I was there to help someone during the darkest hour of their life.

It was guts and faith that I relied upon when I responded with a Critical Incident Stress Management Team after the Oklahoma City bombings, when I coordinated a 911 team responding from Iowa to go to New York City after 911, and when I was in charge of a Public Heath Response Team that went to Florida after the hurricanes to help people get back on their feet. What helped me through it was guts and faith.

Guts. The guts part helps us to step up when everyone else is holding back, not wanting to take charge. To believe in yourself no matter what the situation is, and just knowing you can make a difference. It's having that little voice in your head and heart that says, yeah, let's do it. It is that feeling in your gut, which will help you lead a group of people through a situation that is beyond anyone's wildest imagination. It is guts that make you stand up and do the right thing when no one else will. It is guts that show your team members that you have their back at all times. And its guts that keep you in for the long haul, and gives you that last ounce of energy when you thought you had no more to give.

Faith. Sometimes faith follows guts, sometime it leads, but it's faith in yourself and your team that gets you through those tough times. You must have faith to know that the decisions you make will be the right ones. Faith is what gives you inner peace. My faith also comes from God. Some people question why bad things happen to good people, or why someone lives while others do not survive. I don't dwell on those questions. I just have faith that I am doing what I've been trained to do in the best way possible, and trust that God has a plan. It is my faith with him that helps me be a leader. I am faithful that He will surround me with smart and talented people. Those people will help me though my toughest times. It is faith that gives you the knowledge that when the next call for leadership arises, you will be there.

The power of a good leader is to surround yourself with talented people, that you share the load with them and know you are a team – that with this team, you will conquer the mission that is in front of you, relying on guts and faith. And when your day is through, you know that you did your best. ■

2007 IEMSA ANNUAL AWARD

LINDA FREDERIKSEN, AWARDS COMMITTEE CHAIR

BRIAN ARNOLD

Volunteer Individual Provider of the Year

Brian Arnold has been a member of the Key West Fire Department since 1979, serving as Chief since 1999. Beginning his EMS career as a First Responder, Brian became a Paramedic in 2000 and was instrumental in leading the Key West Fire Department in becoming an ambulance transport agency in 2003.

Stepping up to the plate for his community, Brian advocated for Key West Fire to become a transporting ambulance agency, supporting its members with required education, in addition to purchasing an ambulance. Prior to 2003, Key West had only three paramedics, but today they now have 11 paramedics, 10 EMT-Basics and three First Responders. Making time for everyone on his service, Brian always goes the "extra mile," giving an added "push" for additional education, or making himself available, without reservation, to all members of his department. He does the same within his community by serving on the training committee of the new training facility in Dubuque. Brian has also been a board member of the Iowa Fire Chief's Association since 2005.

Brian's personal life is a testament to his character as well. His wonderful wife, Annette, as well as his two sons, Nick and Zack, have been there for this outstanding individual, showing their pride in and support of him every step of the way. Like father, like son, Brian is proud to see his sons starting to follow in his footsteps, with Nick currently a member of the Key West Fire Department and enrolled for the upcoming EMT-Basic program.

Many words have been used to describe Brian Arnold, including mentor, inspiring, motivator, team worker, remarkable, unselfish and admired.

BRIAN JACOBSEN

Career Individual Provider of the Year

A Paramedic Specialist for nearly 20 years, Brian Jacobsen hailed from a very distinguished group of national finalists for his current position, that of the first and only full-time Emergency Medical Coordinator for the Davenport Fire Department. Brian assumes many responsibilities for this fire-based paramedic level EMS service that responds to more than 12,000 alarms annually, including the maintenance of certifications as well as the provision of training and quality assurance for Davenport Fire's EMS program. He has served as a liaison between the Davenport Fire Department and the city's designated ambulance transport provider, MEDIC EMS, working diligently to foster the teamwork essential to insure that the quality of emergency services provided to the citizens of the city of Davenport is second to none.

Brian is very active in the EMS profession, serving on various committees in the county and state association. He is a former Iowa EMS Association Board Member, serving the Southeast Region, and is the President of the Scott County EMS Association, currently in his third term.

WINNERS

As an EMS Educator for 16 years, Brian holds instructor and Regional level certifications of every type, proving to be a great educational resource not only for his department, but for others in Scott County, as well. Published in numerous EMS trade journals and well known as a presenter, Brian somehow finds time to serve his community in an even greater public safety capacity as a Deputy Medical Examiner for the past four years, as well as a Scott County Reserve Deputy Sheriff for the past five years.

Although Brian's accomplishments are both notable and numerous, his level of dedication recently has become even more apparent with his involvement in all aspects of the implementation of a new records management software system for more than 144 employees, all while still completing his other many tasks. An accomplishment of this magnitude truly demonstrates the vision and devotion of this very deserving individual.

MORNING SUN COMMUNITY AMBULANCE

Volunteer Service of the Year

Early in 1988, the owners of the local ambulance service, who did business as a furniture store and funeral home, announced their decision to end the ambulance service to the community effective July 1, 1988. Lois Parkhurst, who was the Fire Chief at the time and also worked for the furniture store, felt it was crucial to avoid a lapse in ambulance coverage, and set out to recruit help from the local citizens. Lois got an EMT class set up in Morning Sun. The original 11 members of this initial class had no idea of what they were getting into.

Two of these class members organized the service and set out to get a new ambulance with all of the necessary equipment. With a personal loan and local fundraisers, Morning Sun Community Ambulance has celebrated 19 years of operation, and is on its third ambulance.

As an integral part of the community, the Morning Sun Community Ambulance holds tours of the ambulance, as well as providing First Aid training and educational activities at the local elementary school. Everyone looks forward to the Ambulance-sponsored annual hot dog roast, held prior to community Trick or Treating each year.

The Morning Sun Community Ambulance Service provides all their personnel the opportunity to obtain training to their level, and has had as many as three CPR Instructors on the service. The ambulance service provided training to its personnel, the fire department, the care facility, the school staff, and essentially anyone who requests the knowledge.

The Morning Sun Community Ambulance operates 24 hours a day, seven days per week with a staff of one Paramedic, two EMT-Intermediates, four EMT-Basics and nine Drivers. Two of the nine drivers are presently enrolled in an EMT-Basic class. The annual call volume for the Morning Sun Community Ambulance ranges from 115 to 165 calls annually, which keeps them very busy.

MASON CITY FIRE DEPARTMENT

Career Service of the Year

Personifying the ability to "rise to the occasion," this year's Career Service of the Year was tasked by their City Council in the spring of 2004 to create an advanced life support ambulance service for their community. In an amazingly short time frame, the Mason City Fire Department did all that was necessary to create their new ALS service, including developing protocols and standard operating procedures, and purchasing necessary equipment. By June 1, 2004, a few short months after the City Council's request for an ALS Ambulance, the Mason City Fire Department began answering 911 ambulance requests for the citizens of their city at the Advanced Support level.

Mason City Fire's success in accomplishing this major upgrade was because of the dedicated efforts of many individuals. Behind the scenes, firefighters volunteered to complete paramedic training on their time off, graduating 15 paramedics after a year of intense didactic, clinical and field internship sessions. Another 13 seasoned paramedics were hired, and an EMS Captain was brought on board to oversee EMS operations and training.

To make this a truly complete EMS system, dispatchers were trained in the use of Emergency Medical Dispatch, and working relationships were strengthened with area first responders, other transport services, Mercy Medical Center and Mercy Airlife. These other services are vital to the continued success of the EMS system in their service area.

In January of 2005, another serious challenge presented when the private EMS provider in the area covering Cerro Gordo and Worth counties, some neighboring communities and the non-emergency transport needs, suddenly closed their doors, literally leaving Mason City Fire with 45 minutes to formulate a plan to "pick up the slack." Again, the Mason City Fire Department stepped up to the plate, making immediate adjustments in both staffing and equipment to assure that prompt service continued without a hitch.

Today, as Mason City Fire Department celebrates their three-year anniversary as an Advanced Life Support transporting ambulance, they proudly serve a response area in excess of 700 square miles in North Central Iowa. With six paramedic ambulances and two ALS engine companies, Mason City Fire has responded to 4,000 EMS call annually, funded exclusively by transport revenue rather than subsidy or tax funding.

Additional notable accomplishments include their Paramedic Intercept Services, an aggressive "Auto Launch" program in conjunction with a local helicopter service, being the first service to obtain 24/7 Paramedic Specialist certification (and now serving as a field-training site for several EMS education programs) and their Color-coding Kids campaign.

In summary, the firefighters and paramedics of the Mason City Fire Department have clearly demonstrated their integrity, professionalism and competence, and their sincere desire to provide the best pre-hospital care to their community and region. Embracing the same ideals that IEMSA holds dear, the men and women of the Mason City Fire Department have shown they have what it takes to rise to the challenge, at times against amazing odds to carry the vision of quality EMS in the state of Iowa.

CLIFFORD ADCOCK
Part-Time Instructor of the Year

Demonstrating a passion for EMS and helping others, Clifford Adcock has been active in EMS for more than thirty years. Originally from Nebraska, Clifford was at the forefront of EMS in Delaware County, starting the ambulance service there 33 years ago after training its very first crew.

As the primary instructor for virtually anyone who has taken any type of pre-hospital course in Delaware County, Clifford is well known as a great educator who understands how to teach, with the ability to explain things in a way that everyone understands. Cliff is reported to have a fabulous memory, always able to recall a specific definition or procedure when others cannot.

In addition to a great understanding of anatomy and physiology, Cliff has an even greater understanding of people, teaching others the importance of compassion and empathy for their patients. Earning the titles of leader, mentor, storyteller and friend by all whom he knows, Cliff was available to his crew 24/7, leading them to be an extremely close-knit family. As a father figure to many, Cliff has played a very important part in the lives of many others, being there for births, graduations, marriages and even deaths. When his ambulance service had to face the deaths of a few of their active members, Cliff was there to stand up and do the talking for those in the service, as well as to them, his words completely unrehearsed and truly from the heart.

As the only original EMS Provider who remains with the ambulance service, Cliff was the director for most of its existence. Well known and truly loved by many, Cliff is the reason that Delaware County EMS is what it is today.

LADONNA CRILLY
Full-Time Instructor of the Year

Volunteering for the Anthon Rescue Squad for more than twenty years, this year's Iowa Emergency Medical Services Association Full-Time Instructor of the Year is a Paramedic Specialist, as well as the Director of this volunteer service.

Dedicating her life to Emergency Medicine, this outstanding individual has proven to be a phenomenal asset to her community. As an educator, she has also touched many surrounding communities through the numerous hours she volunteers as an Instructor, and is well known for her excellent teaching and hands-on experience. Playing an integral role in many disaster drills and conferences, she is known for consistently "going the extra mile" to ensure that those she teaches are qualified and truly know what they are doing before providing actual hands-on care.

As the EMS Coordinator of Western Iowa Tech Community College in Sioux City, she is considered to be a very valuable resource that the faculty and students regard as a leader in Emergency Medical Services, who is known to be dedicated, caring, inspiring and motivational.

JACKIE SCADDEN
Friend of EMS

It was obvious that Jackie loved children, with all that she did revolving around their safety and well being. She was a Parent as Teachers Educator, an active volunteer in her children's schools and organizations, and a Certified Passenger Safety Technician.

For the past eight years, Jackie worked with Child Passenger Safety in Creston, Union County and the surrounding counties. Volunteering many hours for car seat events before she became certified as a technician in March 2002, Jackie was dedicated to child safety. In fact, it was not unusual for Jackie to travel two hours to help at a checkup event. Working at checkup events as Union County Lead Coordinator, in addition to doing seat checks through Matura Action Corporation, Jackie averaged more than 175 seats checked each year; an accomplishment nothing short of amazing.

Jackie was committed to keeping her child passenger skills current, attending both the state and national conferences on a regular basis. The National Conference vendors knew Jackie very well, allowing her to gather their "leftovers" at the conclusion of the event to take back home for her booth at the local YMCA Health Kids Day event, which touched over 500 children, parents and caregivers each year!

At this year's YMCA Health Kids Day event, Jackie borrowed training dolls recently purchased by the Iowa Department of Public Health Child Passenger Safety Program to display in her booth. The following Monday, she met with the State Coordinator to return those training dolls. On the return trip, just five miles from her home, she was tragically killed in a motor vehicle crash. Jackie was doing her "Child Passenger Safety" thing right to the end.

Jackie leaves behind her husband Kevin, who recently retired from the military after serving our country for 20 years; a son Evan, an eighth grader; a daughter Katie who is in seventh grade; and a son, Quentin, in third grade. In addition to her loving immediate and extended family members, Jackie leaves behind many friends and the hundreds of children and families whose lives have been made safer by her dedicated efforts.

MARK POSTMA
Hall of Fame

As a 20-year employee of MEDIC EMS in Davenport, Iowa, Mark Postma served as Executive Director for 12 years and was instrumental in growing the organization to more than 140 employees. Known as a visionary and innovator in the EMS field, Mark Postma made a significant difference in the delivery of vital emergency care services in Scott County, as well as the region.

Postma is past president and vice president of the Southeast Iowa Emergency Medical Services Association and was a member and past legislative chair of the Iowa Emergency Medical Services Association. He was a member of the State of Iowa Trauma Task Force, and is a current board member and past treasurer of the Committee on Accreditation of Ambulance Services, or CAAS, where he also was chairman of the board from 1998 to 2001. He has once again assumed this position.

As well as being a nationally registered paramedic for more than 20 years and an Iowa-certified/Illinois-registered paramedic, Postma is dispatcher certified by the National Academy of Emergency Medical Dispatch. He developed and implemented Alternative Delivery Model Ambulance Operations in Scott County and has received the Distinguished Service Award from CAAS. He also implemented Iowa's first permanent Car Seat Safety Station at the Eldridge MEDIC Station.

The Iowa Governor's Traffic Safety Bureau for Reducing Injuries presented Mr. Postma with the Commissioner's Special Award for Traffic Safety for the development and implementation of the universal disabled-vehicle identifier. In 1996, he spearheaded the first CAAS accreditation for MEDIC EMS, making it the 49th in the country and first in Iowa. MEDIC EMS was subsequently CAAS reaccredited in 2001, 2004 and 2007.

Well versed in his knowledge of EMS, Mark was one of the first who stressed the analysis of the business model, as well as other factors crucial to the successful delivery of this vital community need. He relished the role of colleague and mentor, never hesitating to speak openly and honestly, and always taking time to share information with others.

In 2004, Mark left MEDIC EMS to become the Chief Operating Officer of the Sunstar System in Pinellas County, Florida, which is one of the largest systems in the United States. Under his leadership, this system has achieved impressive performance levels never dreamed possible.

BRUCE THOMAS
Hall of Fame

As a very deserving 2007 Hall of Fame Award Winner, Bruce Thomas has been instrumental to the growth of EMS in the past 20 years in Algona, as well as the State of Iowa.

Retiring as a very active IEMSA Board member in 2006, Bruce continues to help keep others informed in the north central region regarding state and national level issues. Bruce served as the Treasurer of IEMSA for many years, helping to grow this organization to greater levels with his tremendous financial oversight.

Bruce has spearheaded, as well as participated in, many fundraising events in his area, benefitting providers with his diligent and humble efforts "behind the scenes" in most cases.

Bruce was very instrumental in building Algona EMS's current building, which is an excellent facility its members are grateful for and enjoy working from.

Respected by all, with numerous accomplishments, Bruce Thomas is a shining example of a humble individual who demonstrates what dedication and hard work for an organization can yield.

MILDRED "KAY" LUCAS
Hall of Fame

With an impressive listing of personal, community and professional accomplishments, this Hall of Fame Award recipient is an individual who illustrates what it means to "go above and beyond" each and every day.

Holding an EMS certification since 1984, Mildred Kay Lucas became a Paramedic in 1989 and a Paramedic Specialist in 2002. She served as the Bedford Volunteer Ambulance Director from 1988 to 2002, providing a critical need in a county that was without an existing hospital, or even a resident physician.

As a winner of many previous awards, Mildred has been the recipient of the following:

- 1990 – Team member of the IEMSA Volunteer Ambulance Service of the Year
- 1992 – IEMSA Paramedic of the Year
- 1993 – IEMSA Instructor of the Year

Mildred also served on the Iowa EMS Association Board of Directors until 2005 and was instrumental on many of the Convention Committees. She is also active in the Southwest Iowa and Taylor County EMS Associations as a charter member, in addition to fulfilling responsibilities as an officer of these associations.

Mildred displays a love for education, holding certifications in ACLS, PHTLS and BCLS Instructor Trainer, as well as maintaining state endorsements as an EMS Instructor and Evaluator. In fact, Mildred has certified more than 500 people in CPR, and proudly notes that all of her children are certified! Mildred also holds a Master of Science degree from Iowa State University and a teaching certificate, fulfilling instructor positions at the high school and the college level.

In addition to her multitude of accomplishments in the EMS realm, Mildred has had the time to distinguish herself as a community leader, devoting countless volunteer hours to her church, activities of her children and grandchildren and their schools, to name only a very few. If all of these responsibilities aren't enough, Mildred has owned and operated a retail clothing store since 1997!

WILLIAM MOOTHART, MD
Hall of Fame

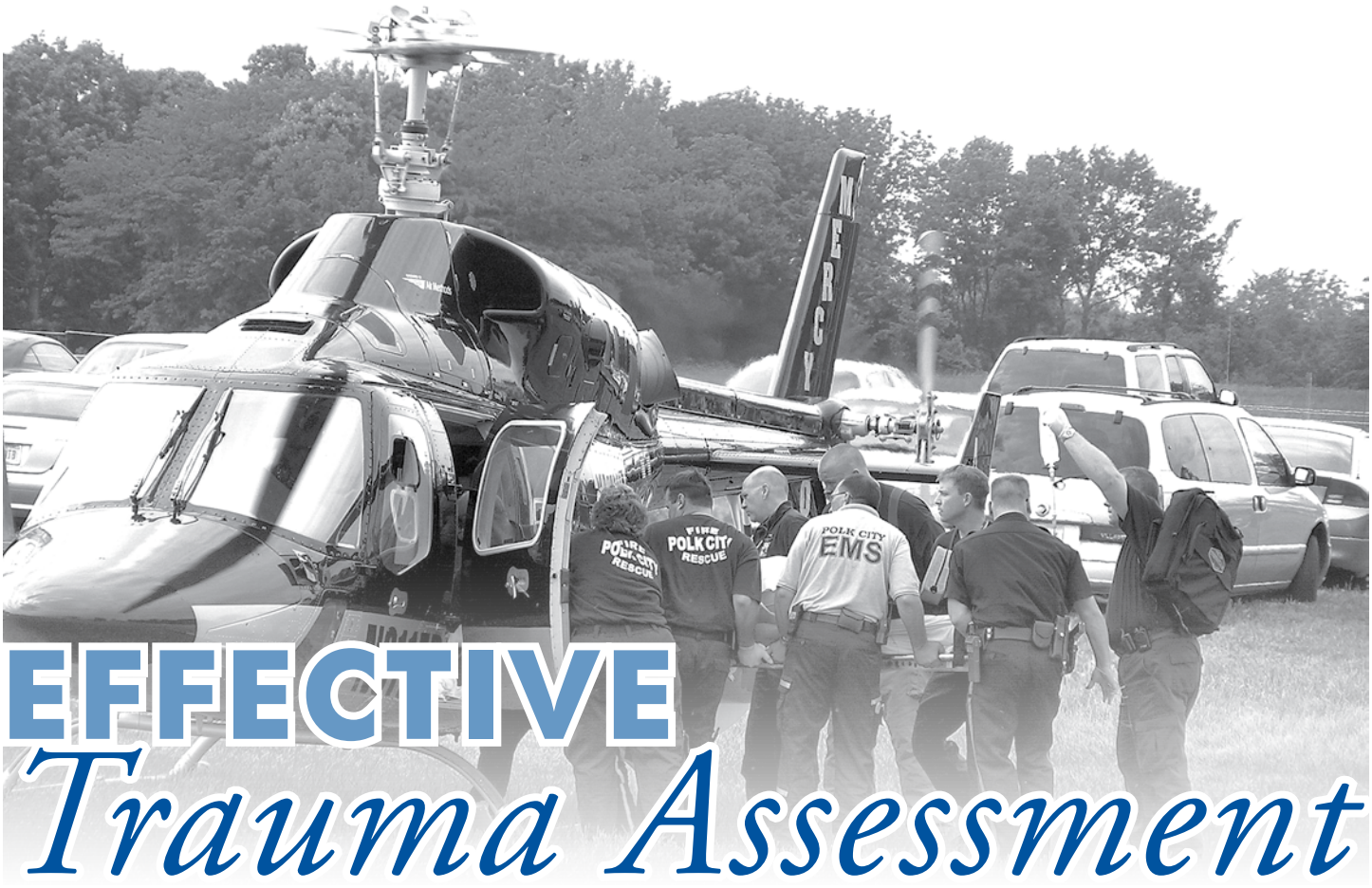
Leaving a legacy in EMS as an outstanding Medical Director, educator, friend and mentor, Dr. William Moothart died suddenly just one year ago on October 28, 2006 – his fifty second birthday. Leaving behind his wonderful wife and children, Dr. Moothart truly had an extended EMS family who dearly loved and respected him for the leadership and direction he unselfishly provided over the years.

Touching many with his ability as an educator, Dr. Moothart was instrumental in upgrading EMS education for Cedar Rapids Police and Fire, as well as other outlying areas. He agreed to take on Blairstown EMS as a temporary Medical Director, and this service counts itself as very fortunate to have kept him throughout the years.

EMS Providers recognized Dr. Moothart as an individual known for his well-placed words of encouragement and support, which inspired them to live up to that confidence. Dr. Moothart's sense of humor was also legendary, especially when he taught his "Handling the Difficult Patient" class, donning a blonde wig and sunglasses, as well as a high-pitched voice!

Dr. Moothart had a huge effect on EMS Providers in his region, setting a wonderful example on how to treat people while having a positive attitude. Gone but certainly not forgotten, Dr. Moothart lives on through his dedicated EMS Providers.

Continued on page 22



EFFECTIVE *Trauma Assessment*

BY JOHN COCKRELL, NREMT-P

Trauma! It's the reason why we are in EMS, isn't it? Those heart pounding moments when we whisk the critically injured patients off to the trauma center, saving the day. Maybe its cutting cars open to retrieve injured people and then sending them off in a helicopter. Trauma patients are easy to take care of right? Plug the holes, throw them on a backboard and drive really fast. If we are ALS, we can slam a couple IVs in if we have time, and get them off to the surgeon to fix the damage. Critical thinking and good assessment by EMS providers can save even more lives!

Let's start out by reviewing the four priorities of patient assessment: Initial assessment, focused history, detailed physical exam and ongoing assessment.

OBJECTIVES:

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

1. Review assessment of trauma patients
2. Discuss Iowa's Trauma System and decision protocol
3. Review the priorities of assessing the trauma patient
4. Review pathophysiology and management of shock

Initial Assessment

Assessment begins with the dispatch information. As you are responding to the scene, pay attention to radio traffic and communicate with other agencies that need to be involved. This will help you size up the scene before you arrive. Some issues to take into consideration are additional resources that need to be activated or put on standby, and contacting the hospital to inform them what you are responding to and sharing any information you may have at this point. Upon arrival, the scene needs to be assessed for safety, as well as the number and location of all patients. After sizing up the scene, determine if you have the right amount of resources to handle the situation. We should also be attempting to determine mechanism(s) of injury. Mass casualty plans are activated during the scene size up.

After scene size up is complete, don the appropriate PPE and start the initial assessment. During this phase, a general impression of the patient is formed. This starts when we have visual contact with the patient and includes assessment of airway, breathing, circulation, mental status and any life-threatening conditions that may be present. We should be determining the chief complaint and pain level. Resuscitation may be necessary during this phase. Any life-threatening conditions need to be corrected immediately. Assign a priority to the patient at this time. Remember, any patient that fails ABCs or has altered mental status is a high priority! C-spine immobilization is completed after (or simultaneously if another rescuer is available) the ABCs are secured. Be careful of distracting injuries. It can be easy to get tunnel vision when someone has a nasty avulsion or amputation. Don't forget your priorities! Manage those non life threatening secondary wounds after you are en route and have the ABCs secured.

We should also be determining the patient's destination during this phase. Using Iowa's Trauma System guidelines, any one of the following conditions warrants an out of hospital trauma alert and transportation to the appropriate trauma care facility (TCF).

As of October 2007, there are some pending changes to the decision protocol.

- GCS <13
- Respiratory rate <10 or >29
- Heart rate >120
- Systolic BP <90
- Penetrating Injury to the head, neck, torso or groin
- Burns >20% TBSA or involving the airway
- Amputation above the wrist or ankle
- Neck injury with paralysis
- Flail Chest
- Suspected two or more long bone fractures
- Suspected pelvic fractures
- EMT "high index of suspicion"
- Death of occupant in same vehicle
- Ejection from vehicle
- High speed crash
- Rollover
- Pedestrian thrown >15' or run over
- Pedestrian vs. vehicle at >20 m.p.h.
- Significant intrusion into passenger compartment
- Motorcycle, ATV, or bicycle accident >20 m.p.h.
- Falls >20'

Follow your service's protocols for calling out of hospital trauma alerts, but recognize that these guidelines are in place to help facilitate patient transport to the appropriate TCF. Iowa's Trauma System Guidelines state that if transport time is less than 30 minutes to a level I or level II trauma center, patients meeting these criteria should be transported there. Using air medical services efficiently can expedite arrival to the appropriate TCF. Don't ignore any gut feeling you may have about a patient during the initial assessment. It is always better to err on the side of treatment. Any patient exhibiting signs and symptoms of shock needs rapid transport and aggressive treatment. After the initial assessment is complete, we move into the next phase of assessment and patient care. This is the time to begin transport of critically injured patients. Transport should not be delayed to perform things that can be done en route (i.e., detailed physical exams and starting IVs).

Focused History & Physical Exam

During this phase, baseline vital signs are obtained and an appropriate physical exam is necessary. The chief complaint is your guide to the physical assessment. Isolated or minor injuries may not need a head to toe exam, but any patient who is a high priority needs a rapid head to toe. Start at the head and work your way down for adults, and feet up for pediatric patients. It is recommended that uninjured areas be examined first, and then the known injured areas. The pneumonic DCAP-BTLS is helpful for the rapid head to toe. The purpose of the rapid head to toe is to discover any potential life threatening conditions.

Expose! To find life threatening conditions, clothing must be removed or cut off to expose the body. It is difficult to assess for abnormal conditions when the patient is fully clothed. This can be done in the ambulance to avoid environmental or privacy issues. I have seen many EMS providers fail to expose and miss something that is significant. I have done it myself. I can tell you, it is demoralizing to miss something serious because you neglected to expose and examine. Not to mention, it adversely affects patient care. It can be extremely frustrating to air medical providers to land at the scene and be handed a critical patient with multiple injuries that is strapped to a long spine board, but still fully clothed. The aircraft has much less space than the back of your ambulance and noise is also an issue. It can save precious time if the rapid head to toe is completed and clothing is removed prior to ALS or air medical arrival. This facilitates the transfer of care, and it can be helpful in assessing deterioration or improvement of patient conditions.

SAMPLE history should be obtained during this phase, if possible. It can be difficult to obtain from a critical patient, but every attempt should be made. I know manpower may be an issue with critical patients, but this falls back to making sure you have the appropriate resources responding to the call. Medical history and medications can definitely make a difference in treatment, so this information is very important.

These first two phases can be done in a timely manner, making it possible to limit scene time to 10 minutes. Remember the "golden hour" that trauma patients have to reach definitive care. It is possible to have 10 minute scene times for trauma when you employ a systematic approach to every patient. Using these guidelines helps to keep from missing those small things that can turn out to be big problems. ALS providers: ECG monitoring on trauma patients is essential, especially those who we suspect are in shock. It can be easy to miss cardiac rhythm disturbances when so much is going on. Remember the priorities of patient care: ABCs. Reconsider your transport decision, upgrading if you discover serious conditions.

Detailed Physical Exam

The detailed physical exam should be patient and injury specific. Patients who do not have a significant mechanism of injury, or that are not a high priority, are most likely to receive a detailed physical exam. You may not get the chance to perform a detailed physical exam on critical patients, but that is par for the course. Remember to protect the ABCs and rapid transport. A detailed physical exam is performed in a systematic way from head to toe (after ABCs are ensured) for the adult patient. You will once again use the DCAP-BTLS pneumonic while performing the detailed physical. Remember to complete a cranial nerve assessment, as well as speech, and be sure to assess for equal bilateral pulses in extremities. This is generally done on responsive trauma patients. A detailed exam can reveal injuries the patient was not aware of. Any patient with a distracting injury should receive a detailed physical exam.

Ongoing Assessment

The ongoing assessment is basically a repeat of the initial assessment. Make sure you are recording vital signs and assessing pain level. This needs to be done every five minutes for critical patients and every 15 minutes for stable patients. I know it sounds trivial, but actually check the pulse of the unresponsive patient! Don't just assume because they have a cardiac rhythm that they will have a pulse. That old saying "treat the patient, not the monitor" comes to mind. Reassess the ABCs. Airway patency can change in an instant with patients in shock, so careful monitoring is required. Make sure your patient still has adequate tidal volume and lung sounds. Pulses should be checked bi-laterally on extremities. Be sure to monitor skin condition, as this can be an indicator of inadequate perfusion.

Assessment of the trauma patient can be challenging, and should be a fluid process that adapts to changing circumstances. If you approach it in a systematic way, it can be easier to accomplish.

Shock

Is my patient in shock? The "classic" signs and symptoms of shock are:

- Altered mental status
- Tachycardia
- Tachypnea
- Hypotension
- Cool, clammy, skin
- Decreased capillary refill

We know that the best definition of shock is inadequate perfusion. When we lose blood, perfusion decreases and the body's self-defense mechanisms kick in to protect it. Blood becomes shunted away from extremities, giving the skin the classic pale, cool and clammy condition. Anaerobic metabolism of cells results from oxygen deficiency, leading to metabolic acidosis. The result is the increased respiratory rate to blow off that excess CO2. Perfusion of the brain also decreases, leading to tachycardia, agitation and altered mental status. As shock progresses, organs begin to fail, cardiac rhythm disturbances happen from hypoxia and electrolyte miss-matching. Aggressive management and getting the patient to definitive care is necessary to prevent irreversible damage to organs.

Management of shock includes:

- Oxygen administration & securing the airway
- Ensuring adequate ventilation
- Trendelenburg position
- Fluid replacement
- Keeping the body warm
- Mast or PASG (controversial at best)
- Blood administration (hospital to hospital transfer)
- Rapid transport to definitive care

Perfusion can best be described as the supply of oxygen and nutrients to cells. The main mechanism behind perfusion is the pressure gradient between the arterial and venous sides of circulation. As the pressure difference decreases, so does gas and nutrient exchange. Pay attention to the pulse pressure of the patient we suspect to be in shock, as this is an indicator that perfusion is decreasing. Always suspect internal bleeding in a patient exhibiting signs and symptoms of shock without obvious bleeding.

Putting it All Together

Being able to suspect serious injuries resulting from mechanism of injury and patient assessment will help assure that the trauma patient is transported to the appropriate TCF and will save more lives. Close and careful monitoring of patients who have been involved in those significant mechanisms of injury is vital. A good physical assessment of the unresponsive trauma patient will help guide you with treatment. It can help us determine if their altered mental status is from shock, a head injury, or other condition. Aggressive management of the patient we suspect is in shock can save more lives. Remember, as perfusion decreases, mental status decreases. An unconscious person cannot protect their own airway, so protect that airway! Be ready to use adjuncts in the shock patient, oxygenate and ventilate. Reassess frequently and transport to the proper TCF. Blood replacement is not definitive care. It will help restore perfusion and keep that patient alive. But definitive care usually means surgical repair of injuries.

Watch for those classic signs and symptoms of shock, pay attention to narrowing pulse pressures, mental status changes and diagnostics. Have a high index of suspicion if the patient has a significant mechanism of injury. Treat shock aggressively. Don't ignore a "gut feeling" you have about a patient and transport to the proper TCF. ■

References

1. Essentials of Paramedic Care, (second edition), Bledsoe, Porter, Cherry Pierson Prentice Hall, 2005
2. http://www.idph.state.ia.us/ems/trauma.asp
3. USDOT National Standard Curriculum- Paramedic; Trauma

ABOUT THE AUTHOR:

John is the paramedic specialist instructor for Southeastern Community College in West Burlington. He also works as a flight medic for Med Force Aeromedical based at Great River Medical Center in West Burlington, a reserve Lieutenant for IAAP Emergency Services, a critical care paramedic in the ER at Great River Medical Center in West Burlington, and a firefighter/EMS provider for West Burlington Fire Department.

Welcome New IEMSA Members

JULY – SEPTEMBER, 2007

CORPORATE: EDM Equipment

AFFILIATES: Arcadia Fire Dept/ Carroll Ambulance; Genesis Medical Center Mapleton Ambulance Service; Mary Greeley Medical Center Sac County Ambulance

INDIVIDUALS:

Mark Addy
Brad Agan
Jerry Ahrens
David Akers
Thomas Ament
Justin T. Anderson
Beth Aschenbrenner
Annette Bacon
Mindy Barber
Joshua Beal
Heather Bechthold
Jerry Ben
Dan Boies
Tina Boldt
Joseph Bonewitz
Connie Bonser
Brenda Brighton
Jody Brincks
Tammy Brink
Elizabeth Brittain
Bradley Brody
Keith Brooks
Kenneth Brown
Adam Bruner
Sonia Bryant
Derek Bucy
Ken Buelt
Megan Burnhardt
Michael Buscher
Vicki Butler
Rick Butler
Robert Caloud
Phillip Campbell
Teresa Carl
Robert Carr
Christopher Cashatt
Laura Clemons
John Collilgan
Deanna Conley
Ryan Conley
Christopher Cooper
Jeremy Corbin
Ryan Crispin
Sarah Dahlstrom
Donald Davidson
Ann Dengler
Sheli Desplanque
Brian Desplanque
Andy Donnolly
William Duncan
William Durbin
Jason Effenheim
David Eilderts
Alyssa Enns
Kevin Esser
Carlos Falcon
Linda Fangmann
Teresa Fischer
Mark Flor
Teresa Fowler
Christina Gage
Tracy Gibson
Samuel Gillip
K Gilman
Shirley Goemaat
Tracy Gotto
Terri Grayeagle
Jessica Hannig
Paul Hansen
Brook Hansen
Wistel Harper
Shannon Hartwig
Gene Haukoos
Barbara Henderson
Thomas Hill
Jana Hoppe
Heather Houg
John Hougen
Derek Houser
Michelle Howey
Dan Howington
Larry Huffman
Mike Huffman
Dawn Hunteman
Doug Janssen
Dawn Jennings
Deborah Jensen
John Johnson
David Johnson
Rose Konzen
Brenda Kueter
Deb Kupka
Roger Lague
Ed Lahey
Julie Langel
Jeff Larson
William Leggio
Kenneth Leighty
Jason Lemke
Craig Liscum
Lynn Longstreth
Jeremy Loving
Heidi Lusson
Jerod Lynch
Michelle Lynch
Justin Maas
Michele Madsen
Daniel March
Rob Marsh
Larry Mast
Paul Maxheimer
Greg Mccarty
Dennis McGinn

10 QUESTION POST-ARTICLE Quiz

1) The ABCs are assessed during the _____.
A) Scene size up
B) Initial assessment
C) Ongoing assessment
D) Detailed physical exam

2) Baseline vital signs should be obtained during the _____.
A) Scene size up
B) Initial assessment
C) Focused history and physical exam
D) Detailed physical exam

3) Every patient will need a detailed physical exam.
A) True
B) False

4) Which of the following injuries would not warrant an out of hospital trauma alert?
A) 30% TBSA burn
B) Flail chest
C) Fractured humorous
D) Penetrating injury to the abdomen

5) The SAMPLE history should be obtained during the _____.
A) Focused history and physical exam
B) Scene size up
C) Ongoing assessment
D) Detailed physical exam

6) According to Iowa Trauma System guidelines, if transport time to a Resource (Level I) or Regional (Level II) TCF is less than _____ minutes, patients should be taken directly there.
A) 15
B) 20
C) 30
D) 60

7) Which of the following is not a mechanism of injury that would warrant an out of hospital trauma alert?
A) 40' fall
B) Ejection from vehicle
C) High speed ATV crash
D) 10 m.p.h. MVC

8) The patient's _____ should be your guide to a physical exam.
A) Chief complaint
B) Vital signs
C) Medications
D) Medical history

9) Which of the following is not a priority of assessing the trauma patient?
A) Initial assessment
B) Focused history
C) Ongoing assessment
D) Insurance coverage

10) It is acceptable to delay transport to start an IV on a trauma patient.
A) True
B) False

Lisa Meeks
Catherine Megrath
Chris Melvin
Ashley Mikkelsen
Michael Miller
Becky Miller
Kendra Mobley
Brett Moeller
Marti Morgan
Melissa Moyers
Ryan Mueller
Allen Murray
Chris Newby
Patricia Newland
Ervin Nikkel
John Norris
Zach Northway
Matthew Novotny
Laurie Novotny
Eric Nurnberg
Stephanie Obrien
Jill Ohm
David Owen
Shawn Page
Elizabeth Paradise
Don Paulsen
Gary Pearson
Amy Petersen
Amy Sue Pigott
Raymond Posey
Kevin Pyles
Carol Ratchford
James Raymond
Ryan Rees
Douglas Riggs
Bill Riley
Jory Ringler
Jeanette Riniker
Carey Roberts
Clint Robinson
Linda Rosenbaum
Robert Schmitter
Troy Schutt
Rebecca Schwartz
Douglas Shere
Nick Sienkneckt
Ryan Sieren
Dave Smith
Marc Smith
John Snedigar
Larry Spalia
Tammy Spearman
Mark Spray
Joel Steenhoek
Jeannie Striegel
John Stutzman
Robert Sullivan
Adam Suter
Mark Svoboda
Ashley Symonds
Mark Tennison
Robert Thomas
Terry Thomsen
Darci Thornburg
Marlene Traux
Linda Tribble
Dan Van Fossen
Michelle Van Wyk
Matt Van Wyk
Dan Vander Beek
Steven Vannatta
Anna Verner
Gerry Voelliger
Rick Wagaman
Craig Warner
Brett Weis
R Weissinger
Lori Wells
Sherry Welte
A. Robert Welte
Kevin Wheatley
Eldon Whitaker
Ryan White
Grace White
Dustin Whitmore
Marla Williams
Shawn Williams
Bill Wilson
Katherine Wireman
Franklin Wireman
Norm Woods
Staci Worley
Tina Wrage
Ronald Wright
Rhonda Younge
Chris Zimmerman

Continued on page 21

IEMSA
CONTINUING EDUCATION
answer form

CLIP AND RETURN

(Please print legibly.)

Name _____

Address _____

City _____

State _____ ZIP _____ – _____

Daytime
Phone Number _____/_____–_____

E-mail _____

Iowa EMS Association
Member # _____

EMS Level _____

1.	A. ☐	B. ☐	C. ☐	D. ☐
2.	A. ☐	B. ☐	C. ☐	D. ☐
3.	A. ☐	B. ☐		
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. ☐		

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
JANUARY 21, 2008

What's *New* with the *Bureau*

ANITA J. BAILEY, PS

EMS Data Manager

Please welcome Terry Smith to the Bureau of EMS. Terry will serve Iowans as the new EMS Data Coordinator. Terry has a background in information technology, and is eager to work with the advisory councils, researchers and all of Iowa's EMS community. Terry can be contacted at tsmith@idph.state.ia.us or 515-242-6075.

New EMS Data Coordinator, Terry Smith

Iowa EMS System Standards

At the October 10, 2007 Iowa EMSAC meeting, Ray L. Rex presented an update of the Iowa EMS System Standards that highlighted the effort to this point. Ray stated that the workgroup reviewed the 54 pages of public comments and published a revised draft document, which is posted at www.idph.state.ia.us/ems. "We were happy to receive so many public comments on the first document. It shows us that providers are paying attention to this process and that Iowa EMS is ready for a change. This is just the beginning of a very long journey, and we would like to move forward with pilot projects to test the standards and find out what works and what doesn't work. We know there are improvements that can be made," said Ray L. Rex. EMSAC voted unanimously to have the Bureau of EMS develop and post a bid process for the 24-month pilot projects. EMSAC and the Bureau of EMS commended the EMS System Standards workgroup for their hard work and diligence. Craig Keough and Larry Cruchelow, co-leaders for the System Standards workgroup, stated that there were between 15 and 30 stakeholders at each of the meetings. The committee members traveled from all corners of the state for the eight-hour monthly meetings for nearly a year.

Grants, Bids and Proposals

EMS opportunities for funding are posted at the Iowa Department of Public Health web site, so it is a great idea to frequently visit www.idph.state.ia.us and select the Quick Link titled Grants, Bids and Proposals. Requests for Applications, Bids and/or Proposals for the EMS System Standards for pilot projects, the Iowa AED Grants, Love Our Kids – Child Injury Prevention Project and Chapter 140 EMS System Development Grants Funds are listed during their posting period.

New and Improved QASP

Hurry now, get your defib out and put the pads on your chest. Ready? Your governmental agency is gaining efficiency by reducing the number of meetings! To decrease redundancy and minimize volunteer time and travel, the Scope of Practice and Quality Assurance, Standards and Protocols (QASP) subcommittees of the Iowa EMSAC have been combined into one big happy family. This combined committee will be called "QASP" and will continue to meet quarterly during the mornings before the EMSAC meetings.

Congratulations to all of the individuals listed below who have been appointed to represent you on QASP.

Iowa's Trauma System

The Trauma System Advisory Council (TSAC) is recommending some improvements to the Iowa EMS Protocol Appendix A: Out-of-Hospital Trauma Triage Destination Decision Protocols (OOHTTDDP). The changes coincide with recommendations by the American College of Surgeons. Take a look at the proposed revisions in the Trauma section, which is located under Programs, at www.idph.state.ia.us/ems. Contact our Trauma System Coordinator, John Fiedler, at jfiedler@idph.state.ia.us or 515-281-0443 if you have questions or comments.

The trauma program report to EMSAC in October stated that 22% of the time, an EMS run report is never received by the trauma care facility on a trauma patient meeting the reportable trauma data set definition. We all know this is an ongoing and challenging issue for EMS that we need to improve to ensure an appropriate continuum of care for trauma patients. This would surely be a good measurable indicator for services or counties to tackle.

And Finally...

The number of reports in the data warehouse is nearing the one-half million mark. Chief Data, uhhh, I mean Chief Schmitt, presents some of the raw numbers every opportunity he gets. Since we can only report what is given to us, remember that your data is important! Submitting complete and accurate data is essential to the future of EMS. As we move forward, one goal of Iowa's EMS leaders will be to make decisions based on evidence. A big thanks to all the ambulance services submitting data to the warehouse. Additionally, we appreciate that service leaders are working to keep information and rosters current in the System Registry. That information will help us better understand the EMS workforce. ■

QUALITY ASSURANCE, STANDARDS AND PROTOCOLS (QASP) REPRESENTATIVES

Representing	Member	Alternate
EMS Advisory Council	*Jeff Messerole (acting chairperson)*	*to be appointed*
ALS Provider-Urban	*Jeff Anderson*	*John Halbrook*
ALS Provider-Rural	*Dave Staner*	*Kerrie Hull*
BLS Provider-Urban	*Dee Alexander*	*Marvin Baker*
BLS Provider-Rural	*Angela Buskohl*	*Kevin Clemens*
EMS Training Program	*Cheryl Blazek*	*Cherri Wright*
Flight Program	*Adam Wedmore*	*Mary Chwirka*
Provider-Hospital-based	*Jim Steffen*	*Jeff Kurth*
EMS Service Administrator	*Cindy Small*	*Steve Spenler*

Another Record-Breaking Event

BY JEFF DUMERMUTH, CONFERENCE PLANNING COMMITTEE CHAIRMAN

For the 18th year in a row, the Iowa EMS Association sponsored its annual EMS Conference and Trade Show in Des Moines on November 8, 9 and 10, 2007. Another record year with more than 1,200 participants; the event was a great success.

This year, several changes were made to the conference layout, including moving our awards ceremony to Thursday evening after our annual board meeting. Several individuals commented on how nice it was that this change made it possible for more family members of our awards winners to attend.

Having entertainment both Thursday and Friday evenings so our attendees could unwind in Des Moines and not have to worry about "answering the call" proved to be a lot of fun. The entertainment highlight this year had to be the hypnotist on Thursday night. For details of the event, just ask someone who was there – it was hilarious!

We also instituted a pay-for-food plan. Last year, nearly $75,000 was spent on food at the convention center. A good portion of that was wasted by individuals not taking advantage of the lunches. This year, while we didn't cover all of the costs for food with the fee, we substantially reduced the abuse and waste we had suffered in previous years.

In order to accommodate its growth, our exhibit hall had to be moved to the North end of the "Plex." It was the biggest exhibit hall in our history and, rumor has it, it will be even bigger and better for 2008.

Finally, the comments we received about our speakers were exhilarating. From the pre-conference sessions to the general sessions, everyone we have spoken with had great things to say about the quality of the presentation and education they received.

As we prepare for 2008 (November 13 through 15), we will work hard to maintain the quality of education you expect, while providing for a time to kick back and have some fun as a small reward for all the things you do to take care of your community throughout the year.

If you attended, please make sure that you have completed our online survey, which can be found on the Annual Conference Page at www.iemsa.net. The link is entitled "2007 Annual Conference Survey."

See you in 2008! ■

NEWS TO SHARE

Are you working on an exciting program that needs to be shared with the membership of IEMSA? Do you know of an EMS-related educational program that needs to be showcased? Has your service won an award or done something outstanding? Do you want to honor a special member of your staff or of the community? Do you have an EMS story you want to share? If so, you can submit an article to be published in the IEMSA newsletter, *The Voice*! In order to do this, just prepare the article (and pictures, if appropriate) and e-mail it to administration@iemsa.net by the following dates: January 21 (to be mailed February 21), April 23 (to be mailed by May 23), July 1 (to be mailed by August 18), November 15 (to be mailed by December 15).

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

Mobile Emergency Treatment Center *Rolls Across Iowa*

In September, the Emergency Medical Services Learning Resources Center launched the State of Iowa's only emergency medicine simulation lab on wheels. The lab, which features a realistic ambulance setting, is built within a 40-foot motor home and takes emergency medicine education to physicians, nurses, paramedics and other emergency care providers across Iowa.

"We bring EMS training to those who are not able to come to us," says Lee Ridge, PS, FP-C, director, Emergency Medical Simulation Center and Mobile Emergency Treatment Center, EMSLRC.

Another view of the Mobile Emergency Treatment Center

"This educational tool is an essential part of providing hands-on emergency medicine training to prehospital professionals in Iowa's rural areas.

"The Mobile Emergency Treatment Center is critical because advanced training for those providing emergency health care is typically limited due to a lack in budgets and available time for participants to be away from work."

The Mobile Emergency Treatment Center offers interactive training with anatomically accurate mannequins and prepares the participants for the unexpected. The participants are trained to make appropriate decisions and take timely actions during realistic patient care scenarios.

The mannequins—SimMan® and SimBaby®—are life-sized and equipped with a realistic airway system; an intravenous arm; physiologically correct carotid, femoral, brachial and radial pulses; and more than 2,500 cardiac rhythm variants. The mannequins produce spontaneous breathing, heart and lung sounds, as well as coughing, moaning and various voice sounds.

"We provide health care professionals with firsthand simulation training experience designed to bridge the gap between traditional classroom learning and actual procedures on patients," Ridge adds. "The Mobile Center will also serve as an event standby medical facility during RAGBRAI® and other largely populated events."

"It's our community extension office on wheels," says Eric Dickson, MD, head, Department of Emergency Medicine, director, Emergency Medical Services, UIHC. "Part of our mission is to improve emergency care throughout the state. That means we need to get to every county in Iowa. The Mobile Emergency Treatment Center helps make that possible."

The Mobile Emergency Treatment Center is made possible by donations, especially those of the Linder family. Additional partnerships are being garnered for continuation of the program.

Reprinted from the EMS Update newsletter, Summer 2007, Vol 28 No 2, with permission from the EMS Learning Resources Center, University of Iowa Health Care, Iowa City, Iowa. ■

Board of Directors Election *Results*

NORTH CENTRAL REGION

David Mallinger *(new)* – David has been in Emergency Medical Services for just over five years. He is currently a Paramedic at both Mitchell County Regional Health Center in Osage, as well as Winneshiek Medical Center in Decorah. He considers it an honor and a privilege to have the opportunity to serve as the NC representative to IEMSA and looks forward to serving on the Board.

NORTHEAST REGION

Curtis Hopper *(new)* – Curtis has been Involved in EMS since 1979. He completed the EMT-P program from Hawkeye Community College in 1983. His experience as a paramedic/firefighter includes hospital based, private ambulance, fire-based EMS, in Iowa, California, Oregon and Kansas. He is currently a NREMT-P and the EMS Chief for CRFD and serves on the PS Advisory Board for Kirkwood Community College and U of I EMSLRC.

Lee Ridge *(returning)* – Lee Ridge has been involved in EMS for over 25 years. He has filled a variety of roles as both a volunteer and full-time provider — EMT-A, Dispatcher, Street Paramedic, Shift Supervisor and an EMS Instructor. For almost 18 years, Lee was a full-time flight paramedic with Air Care in Waterloo. Lee has also worked as an electrician, building ambulances for a short time. Currently, Lee is a Program Assistant in the EMSLRC at the University of Iowa and serves as the Director of the Emergency Medicine Simulation Center and Mobile Emergency Treatment Center. Lee is currently certified as a Paramedic Specialist, an EMS Instructor, Evaluator, and is a Flight Paramedic-Certified. He is an instructor in all of the "letter" courses. Lee has also been a chapter reviewer and chapter co-author in several EMS texts. He has been married for the past 31 years.

NORTHWEST REGION

Matt Imming *(new)* – Matt began his EMS career as a volunteer EMT-A with the Fonda and Newell Ambulances in 1994. From there, he completed his EMT-I and Paramedic training in Sioux City and began working as a Paramedic for Buena Vista County Hospital in 1997 and later working for Spencer Hospital. Matt has conducted numerous EMS continuing education classes since becoming a Paramedic and has taught initial education classes to all levels of providers. He served three years as the EMS Coordinator at ICCC in Fort Dodge and was active on many statewide committees. Currently, Matt serves as one of four National Registry Representatives in the state, and administers the Advanced Level Practical Examination for the Bureau of EMS. Matt currently works as a paramedic with Spencer Hospital and will represent NW Iowa well.

SOUTH CENTRAL REGION

Cherri Wright *(new)* – Originally from Northern Idaho, Cherri currently lives in Indianola. She has over 12 years of EMS experience ranging from a rural basic service to private ambulance service and fire-based 911 service. She works part-time as a paramedic for Indianola Fire Department. She enjoys camping, fishing and spending vacation time at home in Idaho.

SOUTHEAST REGION

Linda Frederiksen *(returning)* – Linda was recently named the Executive Director at MEDIC EMS in Davenport, formerly serving as this agency's Quality/Education Coordinator since 1995. A registered nurse and nationally registered paramedic, Linda has been involved in EMS in Iowa for 10 years, having been an active member of IEMSA for over six years. Linda was the original IEMSA representative for the state SEQIC Committee, and also serves as Iowa Regional Faculty for ACLS and PALS.

Lori Reeves *(returning)* – Lori has been on the IEMSA Board for the past seven years and is currently the Program Director for the Rural Health Education Partnership at Indian Hills Community College in Ottumwa. As such, she is responsible for continuing education for all health and emergency services related professions. Lori also maintains a position as staff paramedic with ORMICS at Ottumwa Regional Health Center. She was previously the Program Director for EMS Programs at Indian Hills and has instructed EMS classes for 18 years. Lori has been a paramedic for 19 years. She is a CCP and EMS Instructor and serves as AHA Regional faculty for ACLS and PALS and NAEMT Affiliate Faculty for AMLS & PHTLS.

SOUTHWEST REGION

Rod Robinson *(returning)* – Rod is a farmer in the Shelby area. He has been a volunteer at Shelby Fire and Rescue for over 40 years. Rod is an EMT-B Fire Fighter II and Rescue Captain for Shelby. He is past president of Shelby County Emergency Services Association and president of the South West Iowa EMS Association.

AT-LARGE

Jerry Ewers *(new)* – "Jerry has been an integral, indispensable part of the Muscatine Fire Department, participating in and prompting a long history of improvements and upgrades to our EMS system, in particular with the ambulance service that we started in 2000," states Steve Dalbey, Fire Chief. As an Assistant Fire Chief with the department, Jerry is in charge of the EMS/Ambulance Service Program. He has proven himself dedicated to the provision of top quality emergency medical services as part of a high performance EMS system. He is fully proficient at maintaining and integrating fire and EMS programs and will prove to be as proficient and involved in maintaining the same high level of performance of IEMSA as a member of its board.

Brandon Smith *(new)* – Brandon Smith resides in West Liberty in Southeastern Iowa. He has been a member of the West Liberty Volunteer Fire Department since 1998 where he holds the position of Ambulance Director. Brandon received his initial EMT-B and EMT-I training from Eastern Iowa Community College and EMT-P training from the University of Iowa EMSLRC. He is active in both EMS and Fire education in West Liberty and surrounding area fire departments. He has been employed by the Iowa City Fire Department since 2001 where he is a shift EMS Coordinator, Fire Inspector/Investigator, and has an active role in both EMS and Fire education as well. ■

Legislative Priorities

RIC JONES, IEMSA PUBLIC POLICY CHAIR

The 2007 Iowa Emergency Medical Services Association Conference is history and it's time to dig in for the 2008 session of the Iowa Legislature. At our annual meeting of the membership during the conference, we unanimously adopted our new legislative agenda.

Bill Fish, one of your Southwest Regional Representatives on the Board, and the director of the Carroll County Ambulance Service, will be taking over the reigns as Public Policy Chair for IEMSA. I am retiring my board seat at the end of this year. (I have been appointed to serve on Bill's Legislative Committee for next year, so I'm not entirely off the hook!) We have retained our lobbyists for the session. Veteran Cal Hultman and his partner Mike Triplett are ready to go to work for you. You all know by now though that this process only works with the help of all of us back home, right? So when that weekly email from IEMSA comes, pay attention, and, if necessary, make some calls!

We chose to present an abbreviated agenda this year. The two main items are in the works. The Legislative session is two years long, and 2008 is actually the second half of last year's session. (Newcomers find this confusing – the Legislature convenes in January of odd numbered years and works through April or into May, then adjourns until the following January. Some committee work continues through the interim periods. So while it is a two-year session it is also only in session during the first third of the year.) By rule or tradition – I'm not sure which – the Legislature visits public pension systems in the second half of every session. Our 2008 Legislative Agenda begins with an effort to modify the Iowa Public Employees Retirement System. We think that we are in the right place at the right time with the right issue. More on that in a moment.

Here's the 2008 agenda, as adopted:

The Iowa Emergency Medical Services Association will work for the following public policy measures:

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. 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.

3. Require that counties shall make provision for, by whatever means necessary, emergency medical services treatment and transport for all within the county, and permit counties to tax at an appropriate rate to cover the costs.

4. Provide liability protection for volunteer physician medical directors.

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

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.

So, with IPERS on top of this list, where are we? We are in the middle of the perfect storm. The US Internal Revenue Service has placed emergency medical responders into the same class as police and fire personnel for some pre-tax benefit eligibility. That determination has required that IPERS and other state pension systems enumerate their employees that fit the class of Emergency Medical Responders. The quarterly reports from the employers were due November 1 and were to include separating these employees out. So IPERS is already placing EMS responders in the new "Occupation Class Code # 20." One of our challenges has been to enumerate the persons that are affected by this proposal. We will soon know exactly how many people are involved.

We made a presentation to IPERS' Benefits Advisory Committee on August 13, making our case for inclusion in the Protection Class of employees. The Protection Class was designed for law enforcement and firefighting employees not covered by the Municipal Fire and Police Retirement System of Iowa, and has been expanded to include corrections officers and other related occupations. Employees in the Protection Class earn their pensions at an earlier age than their counterparts outside of the Protection Class. The employees and employers pay in at a greater rate for this accelerated benefit. Our asking is for this change to be "from this point forward." The cost of any retroactivity is simply too high.

The Benefits Advisory Committee has unanimously agreed that we meet all of the requirements for inclusion in the Protection Class. On November 1 we were invited to give a presentation to the Legislature's Public Pension Systems Committee. Bill

Fish made the presentation, and I believe may have closed the deal. IPERS is funding a cost study, and unless the costs are much higher than I expect that they will be, I believe that the committee will recommend the inclusion of Emergency Medical Responders in the IPERS Protection Class. Once a bill is introduced and has a number on it, we will contact you and ask for a full court press to get it passed.

Second on the agenda is to complete action on the tax credit for volunteer responders. Several bills were introduced last year that remain eligible for debate. We will be watching them closely and working hand in hand with our counterparts in the Iowa Firemen's Association to move this forward. My belief is that lawmakers understand this and desire to do it, but fear the cost. The cost is not terribly high, though, so I think there is a reasonable chance of success.

Third is the somewhat nebulous asking that counties be required to assure that EMS is provided in their jurisdictions and that they be permitted to tax accordingly. The concern remains that cities and townships are mandated to have police and fire service, but are merely allowed to provide EMS. We think that a mandate will improve the status of EMS as a profession and help us with other initiatives in the future. This obviously needs a great deal of discussion and refinement to get into a bill.

Fourth speaks for itself. We have a large number of physicians who willingly put their licenses on the line to provide medical direction to EMS services on a voluntary basis. The least that the State can do is to protect them from liability for their volunteer service. We haven't been able to get anything introduced on this, but will continue to work on it.

Last is the simple request that EMS Service Directors be able to sign off on requests for EMS License Plates. This reduces the bureaucracy involved and seems a reasonable asking.

Other issues or opportunities may crop up that we need to react to. If so, our team will be ready.

January 31, 2008, is our EMS on the Hill Day and our EMS Leadership Conference. We'll be in the Capitol Rotunda from 7:00 AM until about 10:00 AM. The Leadership conference will follow. Please plan to join us, in uniform, that morning!

Some last words of wisdom for all of you: Be kind to your lawmakers. They are all people just like us, who want no more than to do the right thing for the people at home who elected them. That "right thing" can be difficult to understand, and that is where you need to educate them to the challenges and needs of your hometown EMS Systems. More importantly they need to understand the value of these systems to the people whose lives depend on them. I understand that EMS providers didn't sign on to be lobbyists. Lawmakers didn't sign on to be responsible for life or death decisions. Our lobbying job is to convince them that many of their decisions are, indeed, life or death especially as it relates to assuring good EMS systems for all Iowans.

It has been a profoundly wonderful experience serving the Iowa Emergency Medical Services Association as a board member and as the leader of your public policy team. While I don't plan to miss the road trips to Des Moines, I will miss the rest. My best wishes to all of you! I will be at EMS Day on the Hill, and Bill has my phone numbers. Thanks for letting me do this! ■

ZOLL®
Advancing Resuscitation. Today.™

Corporate Profile

ZOLL MEDICAL AND IOWA:
PARTNERS IN RESUSCITATION

Across the rolling acres of cornfields that span the Iowa countryside to the cities and towns that dot the horizon, a range of resuscitation devices from ZOLL Medical Corporation are placed into action daily to help save the lives of Iowans who suffer sudden cardiac arrest, the leading cause of death worldwide.

Steve Vanden Brink, Director of Winneshiek County EMS and Winneshiek Medical Center Ambulance Service, has been using ZOLL equipment since l992 when they started with the PD1400. Today his agency, which covers 638 square miles of northeast Iowa, is 99 percent ZOLL.

"We use the M Series with 12-lead, AED Pro and RescueNet Code Review for documentation and to monitor the information received from first responders," said Vanden Brink. Currently we are trialing AutoPulse®, doing in-service training with the EMS and medical staffs."

In addition, the county has 50 AED Plus® units in use by law enforcement, first responders, and for public access in churches, schools and community centers. In all, there's one AED for every 400 of the county's 21,000 residents.

Why ZOLL? "The equipment is so easy to use and rapid to deploy. Volunteers are not afraid to use the AED Plus. The voice and picture prompts guide them through a code," said Vanden Brink. "We just recently had two saves with the M Series and the AED Plus. Code Review enables us to give valuable information back to the responders. That makes a big difference."

For ZOLL Rep Joel Vincent, a native South Carolinian who's been covering the Iowa territory since 2005, handling this region is a rewarding opportunity.

"Iowa is a very progressive state. It ranks in the top 5 percent of EMS states in the country as an early adopter," he said. "Iowa is a place where people care. Take a town of 100 and you'll find 30-40 EMS volunteers. That's what makes Iowa a great place to live and raise a family."

Vincent cites all of Iowa's key cities as using ZOLL equipment. West Des Moines EMS uses all ZOLL products from AutoPulse® and E Series® to RescueNet® Code Review. Medic in Davenport is a bigger user of RescueNet CAD, Scheduler and Tablet PCR. The E Series can be found in Council Bluffs, Cedar Rapids, Waterloo, Dubuque, and Des Moines. And between Hamburg and Reinbeck, there are a dozen AutoPulse units in use across the state.

"West Des Moines recently had a great AutoPulse save. An 18-year-old male was down for 25 minutes and was brought back neurologically in tact using AutoPulse," Vincent said.

Behind the equipment is ZOLL Medical Corporation, a company based in Chelmsford, Massachusetts, that was recently ranked as number 25 on Forbes.com list of the 100 most trustworthy companies in America.

Founded by Paul Zoll, M.D., recognized internationally as the "Father of Electrophysiology" and the first to perform non-invasive cardio resuscitation, the company has been focused on advancing resuscitation for nearly 30 years. ZOLL is a financially strong, public company with an unmatched quality and reliability track record that has steadfastly pursued the development of products that matter to EMS agencies.

ZOLL takes advancing resuscitation seriously. It was the first to develop technology to improve CPR performance and make it available to all rescuers. Known as Real CPR Help®, this technology was also conceived by ZOLL five years before improving CPR quality became the cornerstone of the 2005 AHA/ERC Guidelines.

As a company, ZOLL has established itself as a consistent, stable and reliable choice in the resuscitation market. As for Iowa's future, improved technology for ventilation, dual shock defibrillation, therapeutic hypothermia, medical emergency team decision support, and standardized post resuscitation care are what ZOLL has in mind. ■

They're Here from the Government *and They're Here to Help?*

By Gerald W. Miller
NREMT-P, CEO, President
of LifeQuest EMS and Fire,
Billing and Collections

NEW MEDICARE SIGNATURE RULES GO INTO EFFECT JANUARY 1, 2008

Unfortunately, the Centers for Medicare and Medical Assistance's (CMS) efforts to make obtaining signatures easier for ambulance services will do just the opposite. Why is this our responsibility? Today our responsibility is far more reaching than just having the desire to help people and the willingness to take training. Our responsibilities now extend to obtaining the appropriate information for reimbursement so our services can continue to afford to provide quality services.

A key component of reimbursement today is that of signatures. With Medicare's new rules on obtaining signatures, your job just became a little more difficult. What does obtaining a signature do for you? The form contains an authorization to release information, acknowledges financial responsibility, acknowledges the receipt of the ambulance service's NPP, authorizes direct payment, allows appeal of a claim, and now under the new CMS rules, it also verifies that the ambulance services were actually provided as claimed.

Obtaining a signature at the time of service from the patient is now more important than ever. Unless there is a legitimate reason why the patient is incapable of either physically or mentally signing, you must obtain the patient's signature.

CMS has provided for situations where the patient is incapable of signing and has identified several authorized signers. Primarily these signers are those that have either provided care to the patient or have some type of fiscal responsibility, or they are responsible for the patient's affairs. The important thing to remember is the authorized signers may only sign if the beneficiary is incapable of signing.

As a third option, if the patient is unable to sign and there are no authorized signers available or willing to sign, ambulance services may sign a contemporaneous statement certifying that they transported the patient, they must provide specific documentation regarding the transport, and thirdly the ambulance service's statement must accompany a contemporaneous statement from a representative from the facility where the patient was transported. As an option, if the facility is unwilling to sign, you can obtain secondary forms of verification.

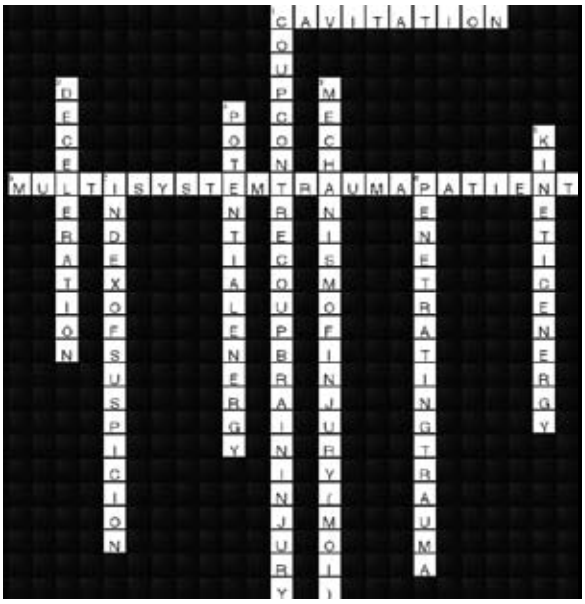
The bottom line is that the best option is for field crews to obtain a patient's signature at the time of service whenever possible. This is the single best opportunity to obtain a signature.

By obtaining signatures at time of transport, you not only help your service, but you also help the patient. Patients are entitled to an expectation that their paperwork will be processed appropriately in order to minimize out-of-pocket expenses. By obtaining those signatures, you are helping fulfill this expectation. For more information and a complete article on the new CMS rules, please visit our website at www.lifequest-services.com. For more information, contact our office directly at 888-777-4911 and ask for Jerry. ■

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.

CROSSWORD SOLUTIONS



Welcome New IEMSA Members

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STUDENTS:
John Ankeny
Michael Antenucci
Collins Anthony
Malcolm Arrowood
Nate Baggett
Anthony Bartolomeo
Ronnie Bauman
Jake Beach
Raleigh Benz
Jonathan Bergman
Ashely Bills
Boh Bodish
Alisa Brown
Rachal Claussen
Anthony Collins
Bobbie Davis
Jessical Dennison
Sheri Diercks
Carrie Draper
Elizabeth Dullin
Kyle Dumermuth
Eric Fackrell
Susan Foose
Sara Foster
Ross Frank
Kayla Gilman
Melissa Grocholski
Anita Grunder
Jason Hadsall
Pamela Hall
Miria Hall
Douglas Hamrick
Nick Hanus
Randy Hatch
Tonya Heier
Matthew Holt
Kenneth Hron
Dallas Huddleson
Tony Huffman
Michael Kaduce
Allison Kimball
Kelly Knight
Jon Krohn
Matthew Laing
Steven Lash
Justin Ledesma
Michael Lorenzen
Kim Lovig
Merle Mckinzie
Nicole Nelson
Elizabeth Nemeth
Karrie Nicholson-Williams
Jeff Palmer
Meirick Paul
Jed Petersen
Tara Reid
Robert Saf
Dustin Schnack
Kelli Schneckloth
Craig Schuring
Valerie Shippy
John Sick
Bryan Sickels
Josh Solinger
Barry Stahl
Shannon Starn
Britni Stevens
Michael Sturm
Lane Thayer
Darrin Thompson
Tiffany Timmerman
Gabrielle Turner
Ryan Ward
Lori Wearmouth
Joan Whitson
Nicholas Williams
Amber Wilson
Donna Wiser
Denise Woods
Todd Zell

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CHARLES "CHUCK" MICHAEL NEHL
Hall of Fame

Charles "Chuck" Michael Nehl was born April 28, 1952 and passed away on July 3, 2007 at his home in Alta Vista at the age of 55. Very active in the small community of Alta Vista, Chuck served on the Alta Vista Fire Department for 34 years, the Chickasaw Ambulance Service for 29 years, and the Chickasaw County Rescue Squad for 14 years.

Chuck was always known for his big smile and willingness to pitch in and help do whatever was needed in his community. He responded to hundreds of calls throughout his career and was laid to rest with his pager on his side. Chuck's funeral literally filled the church with his fellow firefighters, ambulance personnel and rescue members. As the Pastor began the service by reading a scripture, all of the pagers went off in unison for a house fire in another community, and those in attendance just looked at one another and smiled.

Chuck is survived by many loving family members, including his parents, Reynold and Delores Nehl; his wife Vickie; two sons, Michael Nehl and wife Kelly, and Tom Nehl; two daughters, Christy and Lynn Nehl; and two grandchildren, Jayda and Layne Nehl, all of Alta Vista. ■

IEMSA's Leadership Conference
featuring Jerry Overton & Jerry Johnston

Where: The Downtown Des Moines Marriott

When: January 31, 2008
10:00 a.m. – 3:00 p.m.

Watch your mail and e-mail for registration information.

IEMSA Room Block Available
$115++ for January 30

Call the Marriott to book your room
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Affiliate Profile

SHELBY FIRE DEPARTMENT, BY PAM SOKOLOWSKI

Emergency medical services began in Shelby, Iowa in 1962 after it received its first ambulance, a black wagon which looked more like a hearse than an ambulance. Six members were trained in basic first aid to care for the community. Meanwhile, several other ambulances came and went, including the classic white station wagon with a red cross on the side. It was 1982 when Shelby Fire Department first became D service qualified, becoming provisional I service qualified in 2006.

Today, as a community of just over 600 residents, Shelby Fire Department has 11 members who are EMT-Basic while one other is an EMT-Intermediate. All are volunteers, except for the Fire Chief. Responding to 50 to 60 calls each year, the department's response time is excellent, while servicing roughly 150 square miles that span three different counties.

Servicing a rural community, the department responds to a variety of call types, from the local retirement village to the corn fields. Situated alongside Interstate 80, half an hour outside Omaha, Nebraska, Shelby EMTs are familiar with high speed automobile accidents, as well. Therefore, their mission is simple: Provide the best care anywhere.

Department community service projects include providing free blood pressure checks and fire alarms, as well as safety and fire prevention classes to local schools and clubs. They also run the food stand at the town ball park and clean the city streets.

Shelby Fire Department became an affiliate member of IEMSA in 2003. Joining for the leadership and lobbying benefits IEMSA offers, they also enjoy the camaraderie of the brotherhood of fellow emergency medical personnel. ■

Shelby Fire Department receives a grant from the Walnut Telephone Company

In Action

SHELBY FIRE DEPARTMENT

MERCY ONE
DES MOINES

HAVE A **SAFE** AND **HAPPY** **HOLIDAY** **SEASON**

The Mercy One staff and crew would like to thank you for your patience during our Emergency Department renovation and the transition into our new helicopter. We are proud to continue offering you reliable service and a medical team you can trust.

There's still only **ONE** choice!

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