BLUEpaper™
a BIG impact
... in a micro way

OF BIOMETRICS & IMAGINATION

LEADERSHIP RECIPE - FINDING GREAT PEOPLE

DOES YOUR EMS AGENCY HAVE A "WEIGHT PROBLEM?"

addedFOCUS A CASE STUDY FOR EMS ADVOCACY

FEATURED DISCUSSION
College Degrees for EMS: Support or Oppose?

EMSDIRECTOR™

Professional Development for EMS

a consulting solution provided by
emergency medical solutions, llc

www.emsdirector.com

2019Q3

FEATURED ARTICLE

the ADVOCACY of US

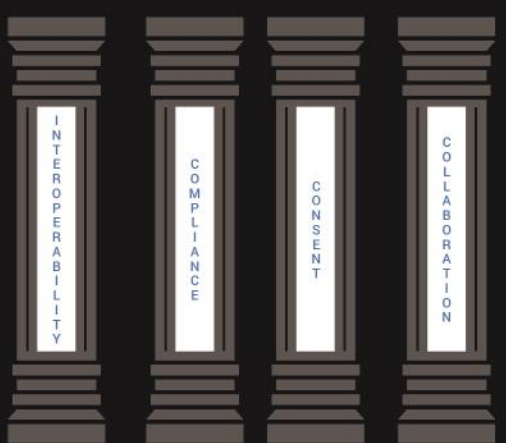
The Official Publication of the
National EMS Management Association
www.nemsma.org

NATIONAL EMS MANAGEMENT ASSOCIATION

FEATURED CONTENT
EMS-FTEP: WHAT'S DIFFERENT, AND WHY YOUR AGENCY SHOULD CONSIDER IT

SOLVING INTEROPERABILITY & HIGH-UTILIZER ISSUES IN THE COMMUNITY

Julota is a patented, award-winning community interoperability platform, built on the four pillars of interoperability, compliance, consent, and collaboration. The cloud-based SaaS platform manages the consent and multidirectional sharing of PHI (personal health information) and PII (personally identifiable information) between software systems for healthcare, EMS, law enforcement, behavioral health, social services, and all other local nonprofit and for-profit organizations.



Currently, the care continuum is divided into silos of communication in most communities. These silos operate on unique software built specifically for their users' needs and many users do not want to replace them with yet another completely new system. In addition, each of these sectors has its own compliances that must be adhered to along with databases of information that need

But imagine if behavioral health could work with their patients through other agencies that deal with them on a day-to-day basis in crisis situations, where they are able to observe their triggers firsthand.

And what if EMS could connect low-acuity patients to appropriate care (rather than just transporting to the ED) in order to prevent them from deteriorating into an acute or chronic condition?

And what if law enforcement could connect individuals to case managers who could prevent unnecessary incarceration and address the underlying issues? This is already happening through co-responder programs around the country.

And finally, imagine if payers start reimbursing the entire care community like they are doing now in pilot projects and will in the future at the federal level through programs like ET3?

Julota™

This kind of networking is lowering costs and improving healthcare right now in 150 different communities using Julota. But now take a step back and consider what would happen if you enlarge that local network beyond EMS, behavioral health, social services, law enforcement, and healthcare.

Imagine connecting food banks into that same network to address food insecurities...

And getting Catholic Charities and other faith-based organizations to address loneliness in the elderly and home improvement needs...

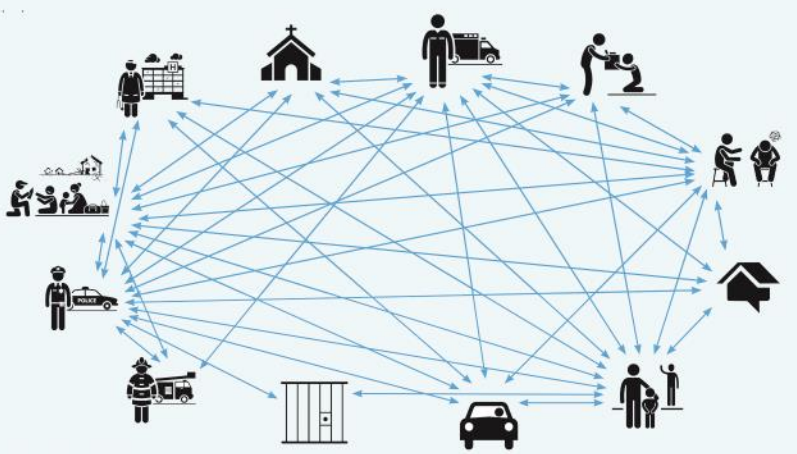
And connecting fire departments to do fall risk assessments to prevent broken hips...

And enlisting medical and non-medical rideshare services to get people to appointments...

And connecting Home Advisor or Angie's List to provide free home repair estimates...

And in times of Silver Alerts and disasters, sending out simultaneous messages to at-risk individuals and their family and non-family caregivers to make sure they are safe and have their medical dependencies addressed, decreasing the need for door-to-door searches.

Once all that happens, then you really have a safety net that keeps people from falling through the cracks and supports community-based solutions, which is the most efficient and cost-effective way to address population health.



To see if Julota is right for your MIH-CP program reach out to:

Kevin Amell | Business Account Manager | 719.424.8523 | kevin@julota.com

EMSDIRECTOR™

Professional Development for EMS

ABOUT OUR CONTRIBUTORS:
Additional content and articles are provided by various contributors from across the EMS and emergency services industry. Content is also obtained (with authorization) from online post responses via feeds generated by the Editor-in-Chief on LinkedIn. As this consulting service & publication grows, future opportunities to join the publication team may become available. Article submissions by any interested contributors are always welcome!

EDITOR-IN-CHIEF:
TIM NOWAK
AAS, BS, NRP, CCEMTP, SPO, MPO, CADS
Founder & CEO, Emergency Medical Solutions, LLC

inside this QUARTER

connect

Stay connected with us online to submit your comments for our EMS**DIRECTOR** **Forum** and **W**ords **O**f **A**dvice columns … and to learn more about some of the featured discussions, magazine updates, and article requests for upcoming issues.
Join **Tim Nowak**, Editor-in-Chief, in his **LinkedIn** network as industry leaders weigh-in on a variety of regular discussions & debates directed at EMS providers, directors, and leaders.

LinkedIn - linkedin.com/in/timnowakems
LinkedIn - EMS Director Forum (group)

about

EMS**DIRECTOR** is an independent EMS consulting service & publication provided by Emergency Medical Solutions, LLC (EMS, LLC).

advertise

Advertise with us!
Banner, half-page, full-page, and specialty advertisement options are available by contacting us or visiting our website and referencing our advertisement options. Opportunities also exist for custom-created advertisement options.

emsdirector@emergencymedicalsolutionsllc.com

FEATURED DISCUSSION

INSIDE FROM NEMSMA

submit

Interested in getting your work published?
If so, contact us - or visit our website - to learn more about our article submission criteria and options to start getting your name and brand in the market. Industry leaders throughout the country subscribe to the EMS**DIRECTOR** … so here's your chance to start making an impression today!

subscribe

$25/year … even better yet, renewals are only $20/year!
Subscribe to the EMS**DIRECTOR** to join industry leaders, decision-makers, and colleagues by promoting professional development in EMS. Annual subscriptions include four printed (quarterly) issues mailed directly to you. Discounts are available for subscribers requesting multiple copies of the publication to share with their crews & colleagues. Learn more about subscribing on our website, or by contacting us directly. NEMSMA members automatically receive a subscription as a part of their association membership.

www.emsdirector.com

NATIONAL EMS MANAGEMENT ASSOCIATION

The Official Publication of the
National EMS Management Association
www.**nemsma**.org

Membership to NEMSMA includes a free subscription to the EMS**DIRECTOR** *magazine*

Of Biometrics & Imagination

A Fresh Take on Patient ID

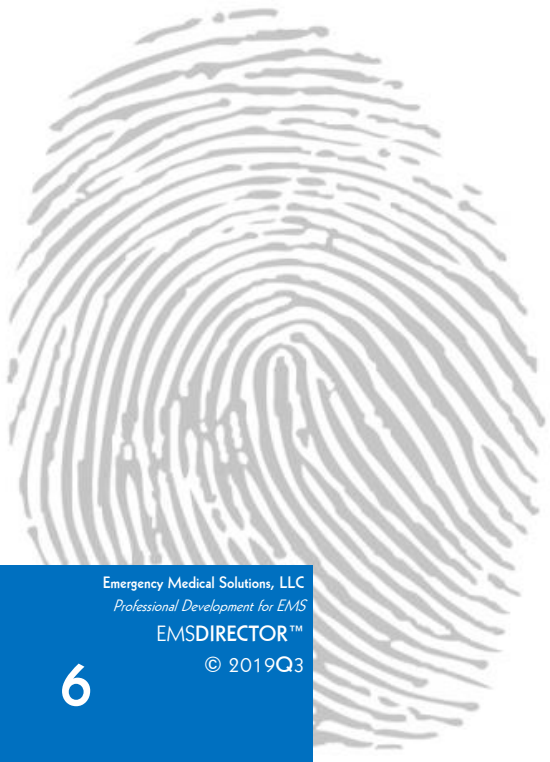
JONATHON S. FEIT
MBA, MA

Anyone who follows my social media feeds knows that these days I live – for all intents and purposes – at the Delta Sky Club (the airline's airport lounge). It's what happens when you achieve Platinum status (75,000 miles yearly) *by April*.

Want to guess how I get into the club? **Fingerprint.**

This year I had an exciting mission: to visit each of our partner-clients across 26 states. My trajectory is looking good, and sprinkled into those inspiring meetings are presentations on prehospital technology to Fire & EMS agencies from the Northwest to the Southeast of our fine nation.

Our industry is in the midst of what we MBAs call a "rotation" ... where the old phases out, the new phases in, and we all get to wonder what comes next. And yet, there persists a silly mentality out in the world that "an ePCR is an ePCR."



MRNs (medical record numbers). The only "edge" case we would have to build exceptions for is the truly rare patient without a finger, a toe, or an eye.

The first time the use-case was presented to me, it was by the former chief of a small fire district near the Mexican border. Many of the town's residents are undocumented, speak only Spanish, and get paid in cash on Friday evenings. Therefore, many weekends featured calls to a small cadre of inebriated foreign language speakers.

So, why not use a fingerprint scanner to query their past data, precisely as Delta Air Lines looks up whether I am allowed to enter the Sky Club?

No need to connect to immigration or justice databases; the hardware is simple enough that almost every cell phone now uses biometric scanners (including facial recognition). Delta uses it to determine whether or not I get to drink in its lounge while I write this article!

Why is EMS not using such "advanced" technologies in the field to slash documentation time and improve continuity of care? The answer to this very time-expensive question is simple, yet profound when you consider the power that your agency has but does not use to get what it needs: **EMS agencies have not yet demanded that ePCR vendors deliver substantial innovation.**

Agencies should flex their imaginations, whiteboard their wish lists, and not only challenge but demand that vendors deliver *everything* they need – realizing that pushing innovation forward will save time (and therefore) money in the long run.

I copied a phrase from my friend Jonathan Bush, former CEO of the electronic health records company AthenaHeath. He used to say, "There is a better way." My version of the phrase is "better is possible." But this is true only if fire and EMS agencies hold companies accountable and refuse to accept the same tired and old *stuff*. EMSDIRECTOR

JONATHON S. FEIT, MBA, MA, is a Managing Consultant of the BrainTrust of Fire & EMS Technologists, as well as the co-founder & chief executive of Beyond Lucid Technologies, Inc., the company behind the MEDIVIEW ePCR and BEACON Prehospital Health Information Exchange. He's a contributor to multiple EMS publications on the topics of data sharing, patient care reporting, and technology, and is an experienced journalist outside of the EMS arena as well.

"EMS agencies have not yet demanded that ePCR vendors deliver substantial innovation."

FATIGUE IN EMS

ROBERT MARTIN
MHA, NRP

Fatigue in EMS is a significant concern – from an operations & safety perspective.

In both the emergency and inter-facility service models, we have round-the-clock obligations to the communities, patients, and customers served. Inadequate reimbursement and short staffing make meeting these challenges harder; and for most American EMS providers, the answer is long-hour shifts ... 24s, 36s, 48s, and even longer shifts are common answers (and have become what most employees expect).

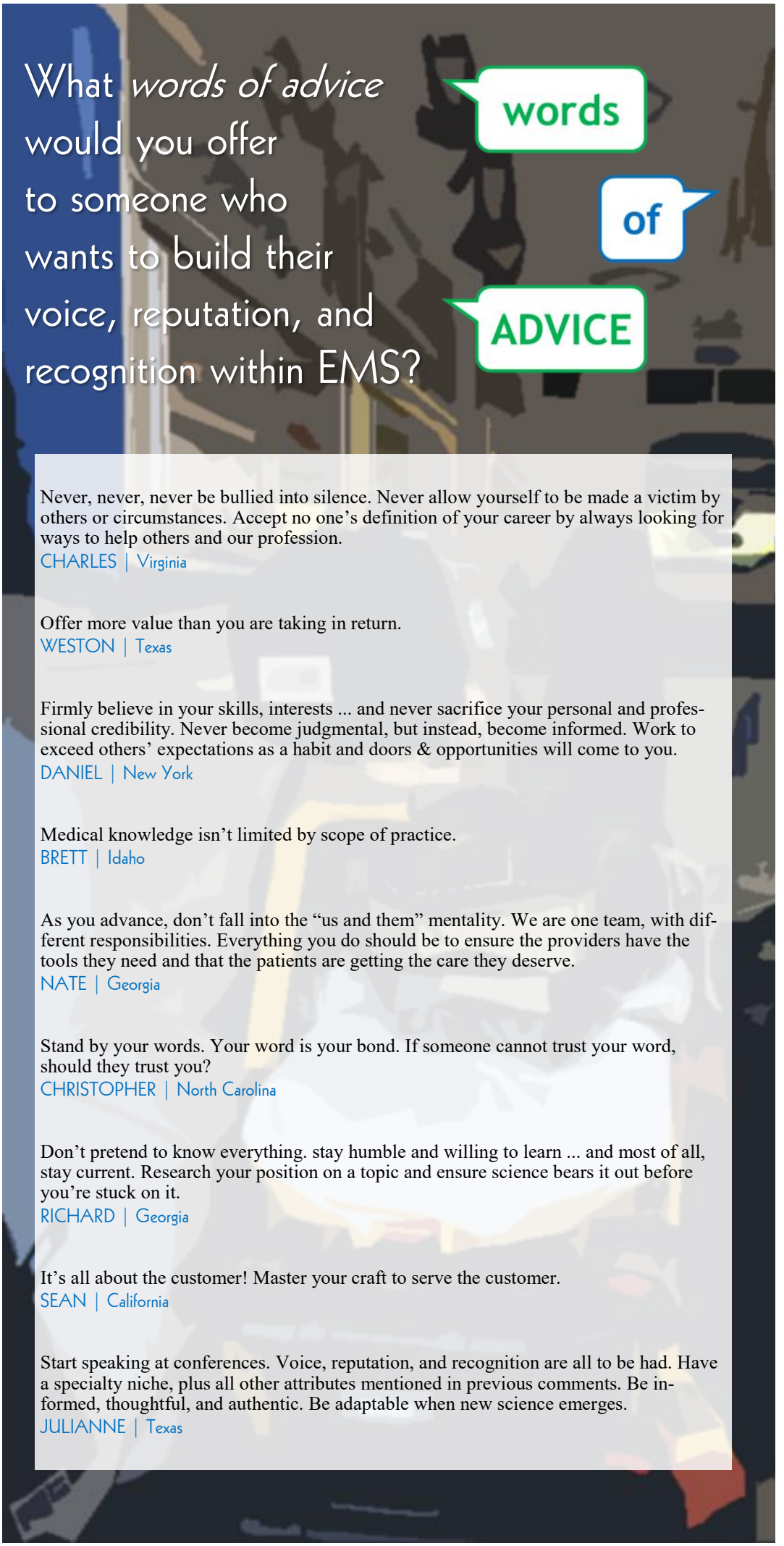
However, these long-hour shifts flirt with the edges of human performance & safety; and as demands on EMS increase, we are setting our crews, our communities, and our patients up for disaster.

From the perspective of safety, most EMS agencies are not high-reliability organizations.

The history of fatigue management regulation is written in the blood of accident victims. Until 1938, there were no federal regulations regarding fatigue, and it was common for truckers to drive for days in order to deliver their loads, resulting in many collisions and deaths. The ICC's regulations, enforcement, and powers were limited by the culture & infrastructure of the time and were enforced unevenly, but the groundwork for commercial transport-operator fatigue mitigation was laid and reinforced by state laws.

Today, the NTSB holds fatigue management as one of the greatest hazards to Americans in the course of transportation. [1] This isn't just a regulatory opinion, it is the conclusion of many, many academic studies [2] which correlate fatigue with impairment equivalent to alcohol intoxication. [3]

It isn't just truckers. The aviation industry also requires pilots to rest between flights and places strict limits on how long pilots can fly and perform other work. This, too, has proven inadequate, as shown by the 2009 Colgan Air 3407 crash. [4,5] Fifty people died



Never, never, never be bullied into silence. Never allow yourself to be made a victim by others or circumstances. Accept no one's definition of your career by always looking for ways to help others and our profession.
CHARLES | Virginia

Offer more value than you are taking in return.
WESTON | Texas

Firmly believe in your skills, interests ... and never sacrifice your personal and professional credibility. Never become judgmental, but instead, become informed. Work to exceed others' expectations as a habit and doors & opportunities will come to you.
DANIEL | New York

Medical knowledge isn't limited by scope of practice.
BRETT | Idaho

As you advance, don't fall into the "us and them" mentality. We are one team, with different responsibilities. Everything you do should be to ensure the providers have the tools they need and that the patients are getting the care they deserve.
NATE | Georgia

Stand by your words. Your word is your bond. If someone cannot trust your word, should they trust you?
CHRISTOPHER | North Carolina

Don't pretend to know everything. stay humble and willing to learn ... and most of all, stay current. Research your position on a topic and ensure science bears it out before you're stuck on it.
RICHARD | Georgia

It's all about the customer! Master your craft to serve the customer.
SEAN | California

Start speaking at conferences. Voice, reputation, and recognition are all to be had. Have a specialty niche, plus all other attributes mentioned in previous comments. Be informed, thoughtful, and authentic. Be adaptable when new science emerges.
JULIANNE | Texas

a BIG impact ... in a micro way

EMSDIRECTOR
Editorial

micro BVM

Space is somewhat of a "hot commodity" in EMS. Whether it's your med bag, overhead compartment, or first response bag, there's only so much equipment that will fit into the available space that you have ... so why not stock it with something that keeps this in mind?

Micro BVM, through its line of Pocket BVM products, offers EMS crews a compact option to an otherwise bulky issue. In a sense, they're offering a **BIG impact ... in a micro way**.

Let's take a step back and talk operations ... logistics ... for a moment.

Whether your agency runs 911 calls, dabbles into interfacility transfers, staffs special events, or even has the occasional off-road response, you've got resuscitation equipment located in a number of places for your crews to access.

One bag-valve mask device is located in your primary response bag, another is in your airway cabinet, then there's your bike team bag, search & rescue bag, and even your MCI kits. Each one of these spaces has their own opportunities ... as well as challenges ... for equipment storage.

You value equipment that offers versatility in terms of its placement, ease-of-use, and universally-recognized packaging that catches the eyes of your responders ... regardless of where its located.

There's no big & bulky plastic bags, no torn packaging, and no need to shuffle other equipment around in order to simply fit this device inside of your compartment ... it's **micro** for a reason!

PRODUCTS:

Pocket BVM

BVM with O2 Tubing

Pocket BVM Tactical

Med bag - fits right next to your airway roll
Bike bag - fits in any side or top compartment
Tactical kit - fits in a thigh pouch
MCI bag - fits in nearly any space

1% of calls require a BVM ...
yet, many crews carry a BVM into their scene for 100% of their calls.

BVMs take-up space ...
upwards of 50% of a med bag's compartment.

So, why take-up so much space ...
for only 1% of your calls?

The lightweight, fold-in, compact design of the **Pocket BVM** makes it the most versatile BVM on the market!

CASE SCENARIO

Your EMS crew is responding to the report of a "party down" at the bottom of an embankment of a local trail.

Automatically, you dual-respond with both ambulance transport and off-road rescue resources.

Equipped with general trauma & splinting supplies, equipment for patient movement, and a lightweight first response bag, you trek toward your patient.

He's significantly injured ... has shallow respirations ... and is determined to be unstable.

You begin with the ABCs ... seeking your compact **Pocket BVM**. Because of its compact size, you're able to carry it in any bag or compartment space. Combined with oxygen tubing that is ready to be connected, or even an oropharyngeal airway, you're easily able to perform basic airway management right on scene ... without having to run back to your ambulance for additional airway supplies.

SOLUTION

Could you have carried other equipment ... ran back to your ambulance for additional supplies?

Sure.

But, that's not the point ... that's not being prepared to respond to different situations. That's not being versatile and ready to respond to the different challenges within your geography.

Those options are work-arounds ... alternatives ... not solutions.

Changing what you carry ... adapting to the needs and demands of your calls ... that's seeking a solution.

Incorporating the **Micro BVM** line of resuscitation products into your response cache can provide a **BIG impact ... in a micro way**. It's all about preparedness ... and in our line of work, that means carrying the right tools for the job ... and space is certainly a "hot commodity" that you need to account for! EMSDIRECTOR

KEY ADVANTAGES:

- Most compact BVM on the market
- Saves 75% in space
- Proven in military & civilian emergencies
- Robust package that withstands tough conditions
- Top quality materials for top performance
- Reduced dead space with BVM design
- Able to withstand both high & low temperature storage environments

Emergency Medical Solutions, LLC
Professional Development for EMS
EMSDIRECTOR™

Leadership Recipe

Finding Great People

DAVE JOHNSTON
BBA, EMT-P

What makes an EMS agency - or any other organization - great?

The answer to that question is easy ... great people. It's nice to have top-notch gear, brand new ambulances, cutting-edge protocols, and education opportunities that boggle the mind ... but if you don't have great people, the organization is never going to flourish.

Unfortunately, it's the community and the patients we serve who are really the ones who suffer when an organization stagnates. So, then the big question out there is, "**how do we find great people?**"

All agencies are searching for the right person to bring into their organization – to help *it* grow and to help other good *people* grow. The potential for an organization to do great things for their community is huge when you have the right people and they are passionate about their job.

In my own EMS agency, we have tried many different methods to find the right person that would be successfully in our organization. We focused on finding great EMS providers by looking at how they performed clinically in their internship and in contrived patient scenarios. This also carried over into how we were evaluating promotional candidates. We were looking for great paramedics and EMTs to fill those roles.

HIRE CHARACTER, TRAIN SKILL

In our search to find great EMTs and paramedics, sometimes we get it right ... while others, we get it wrong.

About six years ago, my organization began taking a new approach toward building a culture of leadership in our own hiring, operational, and management practices. Through this new focus, we began to notice greater success in finding the right people to fill our vacant positions.

DEVELOPING A QUALITY CONCEPT

TIM NOWAK
AAS, BS, NRP, CCEMTP, SPO, MPO, CADS
Editor-in-Chief

Develop your own **Quality Concept** when it comes to quality assurance. What does that mean?

Determine what you feel is an important part of *your* equation to equal success in *your* performance as an EMS professional.

If you're uncertain of what to look for, or what's important to you (off the top of your head), then feel free to learn from some of my insights & thoughts (and lessons-learned!).

Quality Concept:

Quality Education
Quality Training
and Quality Assurance
Lead to Quality Performance and Care

Looking at each component of this concept & theory individually can provide you with a bit more insight as to what I'm referring to when I strive to promote quality within my teaching, within my performance, and within my actions as an EMS professional.

EMS COMPANY OFFICER

Being an EMS company officer affords individuals many perks ... advantages. It also places upon them many responsibilities.

Being a partner, having a command presence, being involved in oversight, seen as a resource, even a mentor, and also an **advocate**.

Being an **advocate** brings with it many of its own challenges ... and opportunities.

In many respects, being an EMS company officer is like being a "middle-man." Whether your title is "senior," is administrative like "supervisor," or rank-driven like "lieutenant" or even "battalion chief," your responsibility as an **advocate** is to field in-coming complaints & requests, make on-the-spot decisions, and act as a person of influence on each call.

You're a leader ... leading from the middle-outward, rather than from the top-down, or bottom-up. You have the eyes and ears of both superiors and subordinates.

You're Congress (politics aside)... a REPRESENTATIVE ... you have the ability to take what your constituents have to say and turn it into producible actions ... as well as take words from a higher authority and disseminate them downward.

You're a key component of providing closed-loop communications. You gather information, report it to others, and share outcomes & results. You *retain*, *report*, and *reply* information. You're an **advocate** for those both superior and subordinate. And conversely, you're a part of the oversight process ... assuring that proper procedure & accountability is maintained.

A Featured Column Brought to You By
Emergency Medical Solutions, LLC
As a Part of Their
EMS Company Officer Development Program

An Advocate for Development

TIM NOWAK
AAS, BS, NRP, CCEMTP, SPO, MPO, CADS
Editor-in-Chief

You've got ideas ... ambitions ... and given this platform of both responsibility and authority, it is your right to have a higher-level of respect toward expressing them!

You've worked hard, lead by example, shown your clinical competence, and exemplified your ability to mentor others. Now, it's your turn to get some of that in return. You should be able to have the closed-door discussions with administrative staff that subordinate field providers might not otherwise be granted.

You should be respected enough to express both your approval, and dissent, on given topics.

At the end of the day, management staff should know that you're working as a REPRESENTATIVE to both superior and subordinate staff ... all while respecting that you're also a REPRESENTATIVE to yourself ... an **advocate for your own development**, too. EMSDIRECTOR

TIM NOWAK, AAS, BS, NRP, CCEMT-P, SPO, MPO, CADS, is the Editor-in-Chief of the *EMS DIRECTOR* and Founder & CEO of Emergency Medical Solutions, LLC. Tim has been involved in EMS and emergency services for over 15 years and has full-time experience as a critical care paramedic, EMS educator, and firefighter; in addition to experience as a consultant, item writer, columnist, online CE developer, and board member. He's developed two reference product lines geared toward EMS and incident management, and also hosts his own podcast titled *EMS Insight*.

HOW SOCIAL MEDIA POLICIES CHOKE EMS

MICHAEL SMITH
Paramedic

"*Your social media page is out of control!*"

Social media is here to stay. Facebook, Instagram, Twitter, LinkedIn, and Reddit are near-universal forums for employees of all ages ... and our new EMS professionals have literally grown up on social media. Certainly, there is a case to be made for social media conduct policies - particularly with regard for patient information, disclosures of business practices, and personnel grievances - but those policies often are either inadequate or vague ... and are often misused and misunderstood.

What is an employer to do when the conduct in question does not involve the workplace, does not target the workplace, or is a legiti[illegible] regar[illegible]

What [illegible] work[illegible] And w[illegible] neces[illegible] practi[illegible]

For a [illegible] out at [illegible] threat[illegible] throu[illegible] or sim[illegible] "lead[illegible] opera[illegible] appro[illegible] This [illegible]

Despi[illegible] by no[illegible] you f[illegible] any d[illegible] any f[illegible] mana[illegible] what [illegible]

First, [illegible] includ[illegible] issues [illegible] speak[illegible]

for discussion ... as is the degree of scrutiny that leadership places on employees.

Discussion, both internal and external, affects the reputation of the employer and communication cannot be effectively controlled in a time when personal messages and anonymous threads exist. Organizational reputations are hard things to build ... and in a field like EMS, which relies upon frequent infusions of new employees as well as public goodwill, they need to be protected. Becoming the employer known for draconian social media policies isn't exactly a winning strategy for recruiting Gen Z.

Second, social media communication is generally held to the same standards as other workplace communication. This means that communications that do not involve subjects explicitly confidential by law and/or policy are not necessarily matters for discipline. This protection also means that discussions of wages, hours and working conditions are protected. That's right – employees are *specifically protected* in discussion of wages, hours, working conditions, and other relevant workplace issues ... which stretches a long way!

the ADVOCACY of US

RYAN THORNE
NRP

The pulse of the EMS industry can be easily palpated by a quick scroll of any social media page. The argument over degree vs. non-degree EMS professionals, wage discrepancies, and an overall lack of opportunities are all topics that flood our feeds. Solutions, such as “my company should pay me more,” or “I should earn what I’m worth,” are all floating around the internet and falling on deaf ears.

Remember your first day of EMT school? I recall it quite fondly, as I was young, impressionable, and naïve. During the first few weeks of the class, the idea of patient advocacy was driven home in a big way. Concepts such as, “first, do no harm” and “it’s about people” are all phrases that I remember being repeated over and over again.

We discussed the well-being of the EMT, covered our role as a mandated reporter, and solidified our position as our patient’s number one advocate. And through all of the great lessons in that initial EMT class, we failed to spend a single moment discussing the well-being of our profession. Our educational institutions were so busy cranking out certified providers, that we

Subscribe

to see more!

LDRSHIP, ARMY STYLE

CHRISTOPHER CONNOLLY
BSBA, Paramedic

There are many acronyms in the military ... comedians like the late Robin Williams made jokes about them ... and those who have never served don't understand them.

This article will cover the Army model of leadership and how, as EMS managers and leaders, it can be applied to the daily operations. The Army uses the acronym of LDRSHIP to describe the seven basic values of the Soldiers in the Army.

Loyalty - Bear true faith and allegiance to the U.S. Constitution, the Army, your Unit, and other Soldiers
Duty - Fulfill your obligations
Respect - Treat people as they should be treated
Selfless service - Put the welfare of the nation, the Army, and your subordinates before your own
Honor - Live up to all the Army values
Integrity - Do what's right, legally and morally
Personal courage - Face fear, danger, or adversity (physical or moral)

In the military, your obligation may include maintaining combat operational readiness. Your duty in the department that you work for, may be to ensure that the trucks are staffed, and trucks are rolling.

You also need to remember your duty to those that work for you. They come in and do the job that they are supposed to, so you need to ensure that you maintain your duty to them ... ensuring that they get the things that are needed and the benefits that are promised.

RESPECT

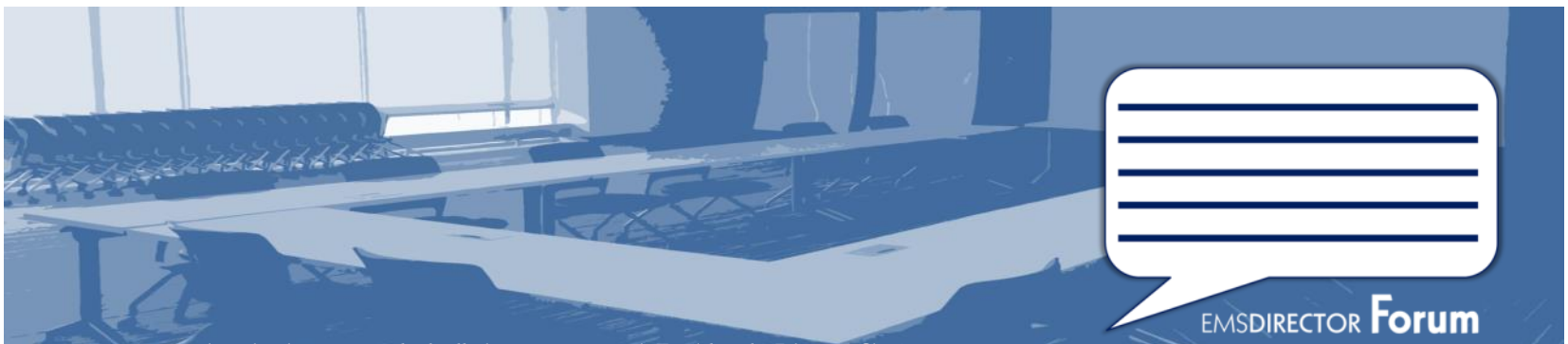
Respect is a unique attribute that is very fragile. A quote online said that it takes "20 years to build respect, but 5 minutes to destroy it." This is very true. The first part of respect is to treat others the way that you want to be treated. When you start with doing this, you will see the levels of respect grow.

asked of you? If someone from a different division within your company asks about you, will those that you work with give a good review, or would you worry about what they will say?

INTEGRITY

Integrity is important at all levels. If you have a subordinate that is asking you for help, do you have the integrity to tell them the right things to do? Can they trust you to help them handle their problem? If you make a mistake, integrity is walking into your boss's office and telling him or her about it. Integrity is owning-up to a mistake, or an error, and turning it into a learning experience.

PERSONAL COURAGE



How does EMS advocacy need to change moving forward?

What should we advocate for?

What should we stop advocating for?

I think we need to reorient EMS advocacy away from clinical changes and toward operational changes. It is really, really hard to attract people in a competitive labor market with paramilitary organizational models, poor leadership, and long hours ... for low wages.
ROBERT | Texas

Ambulance fee schedules will need to be adjusted to increase compensation, and allow organizations to operate at efficient staffing/resource levels. No matter how good our intent, the financial component must be addressed to truly implement the change we seek in the ambulance industry.
RYAN | South Carolina

We have enough physicians advocating for clinical improvement ... we need EMS folks advocating for operational, educational, and financial improvement.

How about requiring candidates for supervisor positions to hold the Supervising Paramedic Officer (SPO) credential, candidates for manager to hold the Managing Paramedic Officer (MPO) credential, and candidates for the director/chief to hold the Fellow of the American College of Paramedic Executives (FACPE) credential?
SKIP | North Carolina

Leadership training should be mandatory prior to getting that position. Now, most every supervisor or manager is being promoted from within and it becomes the "Peter" principle. They have no idea how to lead. People leave management; not their company.
JON | Texas

It's time that we advocate for EMS as its own industry ... its own profession ... not just a tag-along to another service model.

This means that fire departments, hospitals, municipalities, and other entities need to focus their efforts (and funding) toward "EMS development" ... not just "EMS as a part of ___."
TIM | Colorado

I don't want to become a nurse ... I want to remain a paramedic! Let's promote commensurate education and associated pay ... representation with associated support ... respect with associated funding.
HOLLY | Florida

Degrees ... sure ... but appropriate degrees, with an appropriate curriculum, appropriate timeframes, and appropriate costs.

Spending $30k on an in-person BS degree sounds like exactly that ... "BS."

Spending only $10k on a more appropriate associate's degree ... with clinical time, classroom time, and a focus on building functional providers ... I'm all for that!
CHUCK | District of Columbia

Advocacy needs to be emphasized locally, just as much as it needs to be emphasized nationally. Yes, CMS might control reimbursements on the larger scale, but communities control funding up-front and immediately. If they don't believe that we (EMS) are an "essential service," then they sure as hell won't be willing to pay for it! If you think that recruitment & retention are issues ... try reimbursement & funding as its starting point!
MICHAEL | Wisconsin

We should stop advocating for "bridge" programs to nursing or other fields. It always seemed to be counter-productive to offer scholarships to medics and EMTs to go to nursing school, but not offer EMTs scholarships to obtain paramedic training ... or paramedics scholarships to attend leadership conferences, or advancing their education within the field.

We should probably stop treating EMS as a "business" run by business majors, and start presenting it as either a public safety organization, or as a public health entity.

Or, admit we're a business ... quit trying to beg for tax increases and public monies, and start managing the process to produce the product expected.

Also, we should advocate for national reciprocity and portable licensure from state-to-state, allowing for a more-developed career ladder.
JOHN | Mississippi

Aside from the "usual" debates over reimbursement, recruitment, retention, degrees, and "what" to call us ... how about a renewed sense of safety?

At the expense of safety, we're still willing to buy (and build) ambulances with bench seats ... paint them red ... make them massive. How about shifting our focus toward actually embracing safety, rather than using it as a punch line?
WILLIAM | South Dakota

EMS should be a profession ... a career ... in itself; not just a supplement or a stepping stone. If we can't accomplish this, then all of our other arguments, debates, or concerns may not really matter.
JAMES | New Hampshire

Does Your EMS Agency Have A "Weight Problem?"

SKIP KIRKWOOD
MS, JD, NRP (Ret.), FACPE

Rest easy. This article is not going to discuss the myriad of issues regarding physical fitnes

result of carrying excess weight, significant interactions with potholes, and other types of

Why does this matter? In several cases, ambulances have been found to be suffering from "cracked frames," which could be the

1,300 lbs."


Subscribe
to see more!

WHAT DOES PREPAREDNESS MEAN?

JOHN T. RIGGS
BS, NRP, DCMEI

As I sit writing, Tropical Storm Barry is sitting just off the coast of Louisiana ... dumping inches of rain into the marshes of the state. Due to heavy rains in the Midwest and flooding along the Mississippi River valley, this means a serious situation is developing for these areas. Flash flooding and delays in flooding mean that the area may well be in for weeks of flooding ... not just hours or days of it.

Looking at this problem ... what [illegible] you see for this area?

Longer response times, crew rel[illegible] supply, and a host of other concerns are now on the minds of EMS, fire, and emergency management teams as they confront and mitigate the damage the storm brings, but the long-term busine[illegible] Emergency services (including EMS) are unique in that they must continue operations ... 24/7. Wh[illegible] can "shut down" their rigs and r[illegible] operations require an up-ramp i[illegible]

As a result, here are some sugge[illegible] area's next emergency event:

Help employees create Emergency [illegible] of the stress of working during e[illegible] term events by ensuring they ha[illegible] ones and homes.

Have accessible food and water. W[illegible] plans for bringing in supplies, a[illegible] (especially with a reasonable lea[illegible] for their crews. MREs may not [illegible] certainly not the worst food to h[illegible]

Be prepared to say "no." Crews w[illegible] provide services. Monitor crews [illegible] stand-downs for crews that have [illegible] or who have run multiple calls [illegible]

Make connections BEFORE the em[illegible] departments may have extra bed[illegible] stations will be; where to obtain [illegible] EMSDIRECTOR

JOHN T. RIGGS, BS, NRP, DCMEI is a [illegible] deputy coroner and volunteer fire fighter from Lincoln County, MS. John has over 18 years of experience in various facets of emergency response and operations including Hurricanes Katrina, Ivan, and Rita, prison riots, mass gatherings, and as an investigator for suspicious and unusual death events. His EMS experience includes hospital and private transport services, industrial and flight medicine, EMS education and tactical EMS response. He has served as an instructor for all AHA, and many NAEMT programs including TCCC/TECC, and is an NFPA certified Fire and Emergency Services Instructor as well. He can be contacted via email at kdmcemtp@yahoo.com

HOW EMS PROVIDERS CAN IMPROVE THEIR ROLE IN THE REALM OF EM

RYAN ESSEPIAN
EMT-P, BS-Emergency Management

For decades, paramedics and EMTs have provided medical care to the sick and injured. They are taught the basics of biology, airway management, ventilatory support, and shock management.

[illegible] evolved ... but the focus [illegible] nent of patients, with little [illegible] agement (EM).

[illegible] EM focuses on mitigation, [illegible] a disaster (natural, [illegible]). In a post 9/11 and [illegible] hat our role in the [illegible] nt.

[illegible] e, and what are we [illegible]

[illegible] iliarize itself with [illegible] ency preparedness. [illegible] nt command courses – [illegible] ers are IS-100 and IS-200. [illegible] nefit from IS-300 and IS-[illegible] roles. The primary goal: [illegible] lesignations, tasks, and [illegible] s the board.

[illegible] police, and public health [illegible] l effort and ensuring a [illegible] ve interagency [illegible] nents have formed [illegible] of EMS, clinics, dialysis [illegible] nteer groups. Healthcare [illegible] ities, addresses each [illegible] l support. This guarantees [illegible] lent – we know who can [illegible]

[illegible] MORE! Drills & exercises [illegible] nt. During a disaster, you [illegible] m immediate resources. [illegible] vide more backboards, [illegible] exercises allow these [illegible] on gaps that need to be [illegible] e continue to grow, and [illegible] mstances that expose our populace to danger. It's every EMS provider's duty to reach-out, prepare, and help recover from the worst-case scenarios. EMSDIRECTOR

RYAN ESSEPIAN, EMT-P, BS-Emergency Management, is a paramedic for American Ambulance of Fresno and Kings County, CA, and EMS instructor for West Hills Community College in Lemoore, CA, with over eleven years of experience in the pre-hospital system.

FINANCE & REIMBURSEMENT

FINANCIAL FORECASTING: 3 CONSIDERATIONS

TIM NOWAK

AAS, BS, NRP, CCEMTP, SPO, MPO, CADS
Editor-in-Chief

2019 is shaping-up to be one heck of a year! From the discussions surrounding cost reporting, to the introduction of ET3, and even the debate surrounding degrees in EMS, 2019 is certainly making a 1966-like impact on our industry (referencing the infamous "white paper").

CURRENT STATE

SHORT-TERM PLAN

LONG-TERM PROJECTION

CLINICAL FOCUS

THE PROBLEMS WITH PHYSICAL RESTRAINT IN EMS

DAVID DUFEK

Flight Paramedic

There is a common understanding among healthcare providers that restraining uncooperative patients is difficult ... and one of the more dangerous interventions we perform.

Subscribe

to see more!

(1) Reichard AA, Marsh SM, Tonozzi TR, Konda S, Gormley MA. Occupational injuries and exposures among emergency medical services workers. Prehosp Emerg Care. 2017;21(4):420-431.

(2) Maguire BJ, Smith S. Injuries and fatalities among emergency medical technicians and paramedics in the United States. Prehosp Disaster Med. 2013;28 (4):376-382.

XDCUFF®

Testimonials

"XD-CUFF deploys much faster than traditional restraint products. This speed allows us to treat and transport the uncooperative patient faster than before"

Lt. Jenny Nist **St. Johns County Fire Rescue**

"The XD Cuffs being already secured to the stretcher in a preferred spot is a big bonus. The quick synch, feature is by far the biggest time saver. I feel safer and more confident using the XD Cuffs over others."

Justin Thomas Firefighter/Paramedic (FTO)
Flagler County Fire Rescue

"XD-Cuff is the first limb restraint product that I've seen work in EMS"

Mark Davis Director
Desoto County EMS

Endorsed by DT4EMS

XD-CUFF MEDICAL RESTRAINT REINVENTED

To learn more on how we can help improve risk management and patient care for your EMS or fire-rescue department,
contact us directly for details or a free trial.

E. David@xdcuff.com C. (386) 275-8361 W. www.xdcuff.com Training videos on YouTube® & Target Solutions®

DATA INTEROPERABILITY (AND ITS ET3 RELATIONSHIP)

CHAD ALBERT

In the last issue of EMS Director, I talked about digital transformation and some ways that digital transformation can impact EMS operations. I wanted to follow through on that discussion and talk about data interoperability.

Data interoperability is a broad term that covers the ability of disparate systems to consume and use data.

In healthcare, that generally means using established standards, terminologies, and ontologies that provide meaning, rules, and structure to data to ensure that the meaning of the data is consistent and able to be understood.

there are two that cause the most issues. The first is an issue generally known as "**vendor lock-in**," and the second is that data has tremendous **value** ... and the owners of that data often either don't want to share, or don't want to make it easy for you to switch providers.

Vendor lock-in is a scenario where you are "locked" in to a vendor's software, and it is difficult or very costly to take your data to a different software vendor. Anyone that's switched ePCR vendors knows it can be a significant headache. Some vendors love this ... it keeps their revenue coming in!

Why is data interoperability important to EMS?

A Case Study for EMS Advocacy

SEAN CAFFREY
MBA, FACPE, NRP

If you inhabit the EMS social media space, you will frequently find folks lamenting that the federal government should be doing X and that state EMS rules require Y.

In almost all cases these comments are a plea for change.

Interestingly, however, ongoing engagement in advocacy efforts by EMS leaders is uncommon. Interestingly, many EMS leaders complain that they don't join state and national organizations because they don't see the value. all while simultaneously complaining that EMS needs a "seat at the table."

So, how do we address this gap as leaders?

The first step is understanding what advocacy is. In broad terms, advocacy is seeking to affect some change in society. That may include appealing to individuals to change their behavior, asking a governmental agency to change its rules, or asking

advocacy

All o... partic... intera... devel... engag... Restr... gover... engag... speci...

Lobb... in a s... organ... requi... types... may ... restri... exper... throu... howe... lobby... level.

As a case study, the Emergency Medical Services Association of Colorado (EMSAC) is a non-profit organization formed in 1973 that holds 501(c)3 status granted by the IRS. As a state-level EMS organization formed in the early days of modern EMS, the association serves as both the state ambulance association and the statewide professional association for EMTs and paramedics. The association seeks to actively recruit members of all system types - including hospital-based, private, third service, and fire-based services.

Both individual and organizational memberships are available with the vast majority of membership being signed up through organizations. In recent years, a push has been underway to bring our non-profit EMS and Trauma Regions onboard as members.

In addition to membership revenue, the association runs an annual conference that attracts 700+ attendees in a state with 18,000 ... s the ... ests ... of ... SAC ... vhat ... state ... rs ... ir ... ate ... it ... ore ... o ... was ... s, ... tally

risky decision in 2006 to hire the lobbyist directly for approximately $30,000 annually. In recent years EMSAC has also contracted with a part-time communications director to regularly update and engage our members in matters of legislative and regulatory interest.

seeking to affect some change in society

Being willing to talk, especially with organizations and officials that disagree with you, is important to build understanding and trust over the long term. While some years have important legislative gains, others are measured by stopping unwanted legislation. Some years, nonetheless, are simply uneventful. Regardless of the activity level, the importance of having a regular presence at the legislature in terms of a professional lobbyist cannot be understated. With that level presence, you can make change happen. Without it, change will happen to you.

There is no better time than today to step up and start shaping the future of our profession and our industry. Of course, if that sounds like too much work, you can always gripe about the status quo on social media and lament that you don't get anything for your association membership dues. EMSDIRECTOR

SEAN CAFFREY, MBA, FACPE, NRP, is the Vice President of the EMS Association of Colorado and the President -Elect of the National EMS Management Association.

THE EMS INTERVIEW

JOHN HITCHENS
BBA, NRP

How **Bold** Should You Be in an EMS Interview?

On my way to work this morning (with a drive that lasts about an hour) I often listen to audio books as a way to clear my head and use my time the best way possible.

Today, while listening to "Leadership: In Turbulent Times," by Doris Kearns Goodwin, one story in particular spoke directly to the question of boldness during the interview process. In short, this story spoke of the moments immediately prior to Abraham Lincoln's signing of the Emancipation Proclamation.

Witness accounts state that President Lincoln proclaims any sign of tremor in his handwriting will forever be interpreted as hesitation in signing the document. Then, President Lincoln signs the Emancipation Proclamation with a "clear, bold, and firm" signature. Abraham Lincoln had the forethought of the gravity of the document that he was about to sign, that he did so ... **boldly**.

Do you remember your last interview for an EMS job? Did you prepare for the interview? Were you asked any questions about your work ethic and skill-set ... or were you just hired on the spot because "we have a lot of openings"?

As EMS progresses as a profession, so should the process we call the *interview*. EMS is a profession where most paramedics and EMTs are known throughout their respective region. In most cases, you already know the person hiring you and they know

Subscribe

to see more!

Have you experienced…

- ✓ Difficulty recruiting or keeping new members
- ✓ Personality conflicts
- ✓ Issues between paid staff and volunteers
- ✓ Stress and burnout
- ✓ Disagreement between leadership and frontline members
- ✓ Lack of support / having to do it all yourself
- ✓ Small group of people doing everything
- ✓ Gossip / cliques

You are not alone!

Feedback from a recent participant:

"Listening to people is contagious! Actually hearing and processing what they had to say is so vital to my success. Also, not focusing on what employees are doing wrong…but focus on what they do right and what they can contribute to the organization."

THE NEW MINICOURSE

Sign up for our @911Leadership newsletter, and get access to our new miniCourse. A cutting edge tool on the *Three Little-Known Communication Strategies Guaranteed to Breathe Life into Your Organization*!

Breathe Life into Your Organization

visit

www.EMSLeadershipAcademy.com/mini

BEFORE IT'S TOO LATE!

Obtaining the best result after an "assault on paramedics" requires advance development of relationships and procedures

SKIP KIRKWOOD
MS, JD, NRP (Ret.), FACPE

Lately, the media has been filled with reports of violent attacks on paramedics. Members of our nation's paramedic services have been stabbed, shot, punched, kicked, spat upon, and battered in a variety of other ways. Verbal assaults are too frequent to mention, but death threats and threats against family are also common.

All too often, within days, the media (particularly social media) is filled with comments from professional colleagues, unhappy with the response of law enforcement, the judiciary, and other authorities to these events. Protests and complaining, often just "preaching to the choir," abound – but are unlikely to change the course of events for this or future cases.

An EMS organization that wishes to see a better outcome of its "assault on paramedics" cases needs to get out in front of these issues. It is not easy, and it is not something that individual street paramedics can do themselves.

It requires leadership and some hard work on the part of the chiefs and senior officers of the EMS organization; although in some circumstances, the EMS labor organization or professional association can also be helpful. As with most complex matters, good outcomes are dependent upon good, established relationships with the right people; and in some cases, having the right person on "speed dial" when the unpleasantness occurs.

KNOW WHAT THE RULES SAY TODAY!

What do your state laws say about assaults on paramedics, firefighters, police officers, or institution-based healthcare professionals? Does the law already provide for a higher degree or class of crime for assaults on your people, or is it an "ordinary" assault? If a battery or assault happens, what do you tell the investigator, magistrate, or judge that you want the perpetrator charged with? Is "communicating terroristic threats" a separate crime in your state? Beyond the statute, what do your law enforcement agencies do with these cases, and what do the judges know? Fortunately, these cases are infrequent enough so that an EMS case may be a "first time ever" for the people handling it.

WHAT WOULD YOU *LIKE* THE RULES TO SAY?

If you are unhappy with the status of the law in your state, the time to change it is now! Here, your union or professional association, or the EMS chiefs' association, might be helpful. There is usually very little opposition to "enhanced status" bills in state legislatures. Your goal should be that battery or assault on a paramedic is classified as the same level crime as battery or assault on a law enforcement officer.

LEOs should never bully or discourage paramedics from pursuing charges, as sometimes happens. Paramedics typically go "above and beyond" for sick or injured law enforcement officers – we should be able to expect that same level of support from the LEOs who are supposed to follow up on *our* legal complaints. Many EMS agencies serve multiple jurisdictions, so this process may involve a number of meetings.

encourage paramedic victims to pursue charges if that is a consideration, and that any "attack on paramedic" is treated seriously – just like an attack of one of their own.

from Rutgers School of Law. Skip was admitted to the Bar in Pennsylvania, New Jersey, and the federal courts. He is a past president (2011-2019) of the National EMS Management Association, and currently serves as a Commissioner of the American College of Paramedic Executives, and as the National Program Chair for NEMSMA's EMS Field Training and Evaluation Program.

LEGO LOGISTICS

DOUGLAS RICHARDSON
Paramedic, MS-PSM

This exercise teaches the importance of speaking clearly and following directions. It demonstrates the importance of feedback and affirming that a message has been received and understood. Another goal of the exercise is to build relationships ... to have members of the team develop a connection to other members of the team, and through training, develop trust.

Possibly the most important lesson is that this exercise teaches us to deal with hindrances ... how to deal with a situation when we can't speak to the individual we want to and how to utilize other means of assuring that the message gets to all needed parties. EMSDIRECTOR

DOUGLAS RICHARDSON, Paramedic, MS-PSM, began his career in public safety as a paid-on-call firefighter with the Havana City Fire Department in Illinois. He attended EMT-Basic training in 1992 at Spoon River College where he is now an adjunct professor of prehospital medicine. Douglas is the Lead Instructor with Medic-CE, an online leader in delivering nationally accredited, online EMS continuing education. Douglas received his Bachelor's degree in Public Safety Management from Franklin University, and his Master's degree in Public Safety Administration through Lewis University. You can reach Douglas with any additional thoughts or comments at: **douglas.richardson@medic-ce.com**.

I imagine that we've all been there ... sometimes learning more from the individuals throughout our careers that certainly weren't mentors to us ... weren't positive influences on our lives.

It was certainly **an un-mentor relationship**.

"Pat" was my un-mentor ... my first partner on the ambulance.

Any employee personality analysis would have proven that our working relationship should have never been. I was a new paramedic ... eager, excited, ambitious, and ready to learn more. He was hardly that ... complacent, burned-out, and not interested in teaching.

We clashed ... a lot.

Through that clash, moreover, I still learned a lot (just not in the positive way that I had hoped to).

Un-mentor relationships can sometimes teach us just as much as (and sometimes, more than) a healthy mentorship relationship can. The big difference - in the long haul - is that we can't allow this pace to keep up.

Two, three, or even more continuous negatives don't add-up to a positive. Positives add-up to a positive. Un-mentors - alone - shouldn't drive your professional development. Un-mentors - alone - shouldn't constitute your mentorship relationship with others.

An Un-mentor Relationship

TIM NOWAK
AAS, BS, NRP, CCEMTP, SPO, MPO, CADS
Editor-in-Chief

TIM NOWAK, AAS, BS, NRP, CCEMT-P, SPO, MPO, CADS, is the Editor-in-Chief of the *EMS DIRECTOR* and Founder & CEO of Emergency Medical Solutions, LLC. Tim has been involved in EMS and emergency services for over 15 years and has full-time experience as a critical care paramedic, EMS educator, and firefighter; in addition to experience as a consultant, item writer, columnist, online CE developer, and board member. He's developed two reference product lines geared toward EMS and incident management, and also hosts his own podcast titled *EMS Insight*.

corner

mentor

advocate

NATIONAL EMS MANAGEMENT ASSOCIATION

www.nemsma.org

As an organization of EMS leaders, NEMSMA believes strongly that our future leaders will be better prepared – and will likely be more successful – if they are drawn from a vibrant community of sophisticated, clinically adept, well-educated, and experienced professionals. The EMS profession in the United States is often made-up of fiercely independent providers fractured by state, training level, system type, and paid status. The work of building the profession of paramedicine has, therefore, become a primary goal of NEMSMA leadership. We know that the journey of professional advancement is never complete. We are working today to build an identity, claim a specialized body of knowledge, enact self-imposed ethical standards, and raise the bar to entry. The conversations we start today will hopefully become the status quo in 2030, 2040, and beyond.

INTERNATIONAL ASSOCIATION OF EMS CHIEFS

www.iaemsc.org

The IAEMSC mission is to support, promote and advance the leadership of EMS response entities, and to advocate for the EMS profession. Our members are EMS Chief executives, senior leadership, supervisory staff, and aspiring leaders from rural communities to major metropolitan areas throughout the world. Our members serve 20 million citizens and respond to over 3 million EMS incidents annually. Membership includes career, volunteer, municipal, fire service, third service, hospital based, and private EMS sector representatives. Our programs support current EMS leaders while mentoring future EMS leaders. IAEMSC seeks to improve the way the world views EMS – motivating governmental and private entities to provide the much-needed funding and political support for EMS to remain effective and efficient.

INTERNATIONAL PUBLIC SAFETY ASSOCIATION

www.joinipsa.org

Our Mission is to break-down the cultural barriers and foster the relationships between EMS, fire, law enforcement, telecommunicators, allied emergency responders, and the communities they serve. Our vision is for a stronger, more integrated public safety community capable of an effective joint response to all public safety incidents. The IPSA has EMS professionals on its board of directors, involved with committees (e.g. TEMS and RTF), and continually provides in-person and online training to the EMS profession. In addition, there are several EMS relevant research publications available, including the *IPSA Journal*.

NATIONAL EMS MUSEUM

www.emsmuseum.org

The National EMS Museum is dedicated to memorializing the history of the emergency medical services while inspiring a future of EMS innovation. By supporting first responders throughout their careers with engaging programs and a rich collection of research resources, the National EMS Museum provides a unique network for first responders to connect with their history and their communities. Through public exhibitions and family-based programs, the National EMS Museum introduces aspects of emergency care and responding to communities across the world while supporting first responders and their families.

How is your association an advocate for professional development within EMS?

INTERNATIONAL POLICE MOUNTAIN BIKE ASSOCIATION

www.ipmba.org

IPMBA promotes the use of bikes for public safety, provides resources and networking opportunities, and offers the best, most complete training for public safety cyclists. This includes training programs for EMS Cyclists ranging, from operator to instructor, that enables them to respond swiftly and safely to medical calls in-progress in crowded and congested environments.

EMS ASSOCIATION OF COLORADO

www.emsac.org

As the only state organization dedicated solely to EMS, EMSAC serves the EMS system. The association speaks with a unified voice to assure the best care for victims of trauma and those suffering from medical emergencies. When organizations need the expertise and opinions of EMS professionals, they ask EMSAC. From position papers to legislation to public education, EMSAC *is* EMS in Colorado. Whether it be a legislative committee considering the operation of emergency vehicles, the development of the Colorado trauma system, or the Prehospital Care Program planning the next ten years' evolution of Colorado EMS, EMSAC offers the critical perspective of those who daily provide, manage and plan emergency care.

AMBULANCE ASSOCIATION OF PENNSYLVANIA

www.aa-pa.org

The Ambulance Association of Pennsylvania (AAP) is the lead organization for the advancement of the needs of its members in the emergency and non-emergency ambulance and medical transportation industry. The AAP advocates the highest quality patient care through ethical and sound business practices, advancing the interests of its members in important legislative, regulatory, educational, and reimbursement issues. In accomplishing this goal, the AAP is dedicated to excellence in providing superior service to all facets of its membership and in developing positive relationships with other organizations associated with the medical transportation industry, through prompt communications and effective educational programs. In carrying out this mission, the AAP is committed to meeting the needs of its members in the volunteer, non-profit, and for-profit sector.

NEW (PAPER) PARTNERSHIP

BRIAN LACROIX
PRESIDENT

Some exciting news!

From time-to-time, the stars align enabling some pretty special things to occur. I am thrilled to "officially" announce that - beginning with this issue - the National EMS Management Association has partnered with the EMSDIRECTOR to make this the "official publication" of our association.

EMSDIRECTOR is published by Emergency Medical Solutions, LLC, an independent EMS training & consulting company. Tim Nowak serves as the Editor-in-Chief. Starting now, NEMSMA and Emergency Medical Solutions have teamed-up to bring the paramedicine community a vibrant and enhanced print publication designed to support & inform leaders in our career field.

Members of NEMSMA will receive a complimentary subscription to EMSDIRECTOR mailed directly to your home or office on a quarterly basis. Independent subscriptions are available as well, but of course, we highly encourage anyone interested in the magazine to join NEMSMA and become part of the broader conversation. Additionally, sponsors and advertisers will have a new vehicle to connect directly with key decision makers in EMS across the country ... and beyond.

We are fortunate to be working with our talented Editor, Tim Nowak, whose background and experience – as well as his skills as a journalist – make him the perfect partner in bringing information to current & aspiring leaders across the country.

NEMSMA's Immediate Past-President, Vince Robbins, serves as the Board liaison to the Publications Committee. Vince will be working with Tim to build an editorial board to help include our thinking about content and strategic direction. In addition, it is our interest to cultivate a platform to publish peer-reviewed research papers in the areas of paramedicine leadership and management. Precious little research is published in this area and we are hopeful that the EMSDIRECTOR will be a catalyst in growing the body of knowledge around what makes a good and successful public safety leader.

If any NEMSMA members have an interest in getting involved with the future of the EMSDIRECTOR, either via the editorial board or in providing content, please reach out to Tim and/or Vince. Their contact info can be found on our website (**www.nemsma.org**) or within this magazine.

At a time when newspapers and magazines everywhere are scaling back print publications and moving toward digital models, we believe there is a real & viable place for a printed magazine. Many of us still like to hold a printed piece in our hands and the EMSDIRECTOR fills a unique space - targeted at a medium-sized audience - with very distinctive interests & needs. The partnership between NEMSMA and Emergency Medical Solutions allows us the opportunity to offer this quarterly publication in an economical & sustainable way. We look forward to a long and successful relationship.

Enjoy! ✱NEMSMA

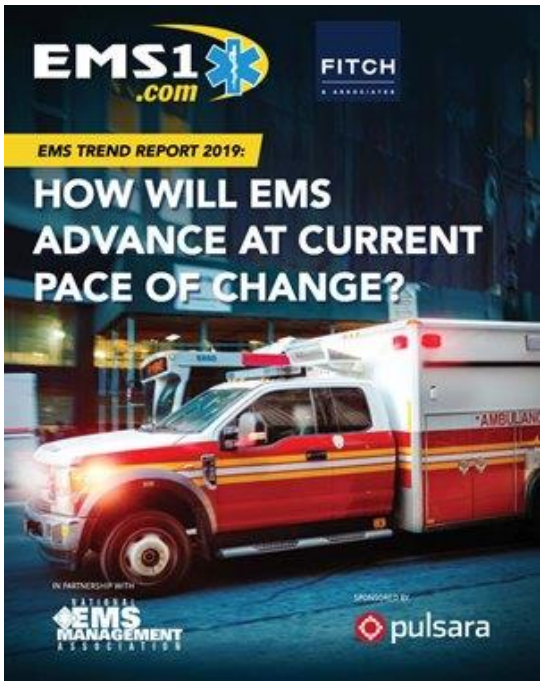
PINNACLE

2019 REVIEW

VINCE ROBBINS
PAST-PRESIDENT

About 700 people attended the Pinnacle conference this year, held in July in Orlando, Florida. It was the 14th Pinnacle EMS Leadership Forum – originated, organized, and conducted by Fitch and Associates. It was a week of education, exchange, inspiration, and especially ... networking. Pinnacle prides itself on providing a venue every year where colleagues in paramedicine can connect & collaborate.

The topics at Pinnacle ranged from hot topics facing the profession, presented annually by NEMSMA as *Pinnacle Insights*, to a review of trends developing in the industry with the 2019 EMS1/Fitch Trend Report.



www.ems1.com

Sessions included areas of interest such as how the fire service model needs to evolve to keep pace with paramedicine in the U.S., to updates on the Center for Medicare and Medicaid Innovation's (CMMI) ET3 pilot reimbursement model, as well as developments associated with CMS's Ambulance Cost Collection requirements.

Some seminars addressed PTSD, depression, and suicide in EMS, what leaders can do to teach resiliency in their workforces, and innovative therapies like EMDR (Eye Movement Desensitization and Reprocessing) – which can assist first responders, including dispatchers, in dealing with the stress that leads to serious psychological distress.

Several NEMSMA Board members were among the faculty presenting at Pinnacle this year, including Past-President Vince Robbins, current President Brian LaCroix, Director-At-Large Hezedean Smith, Secretary Brooke Burton, Treasurer Alisson Bloom, and Executive Director Pat Songer. NEMSMA also held its Officer Credentialing prep classes and exam during the conference. The association also conducted meetings for each of its various committees and its Annual Membership Meeting at Pinnacle.

The week was wholly worthwhile and provided the opportunity for NEMSMA to showcase the association and confab with other organizations representing different stakeholder groups within EMS. NEMSMA is proud to have become such an integral part of Pinnacle and connected so closely with its content. ✱NEMSMA

*Find additional information about the **Pinnacle** conference at:*
www.pinnacle-ems.com

Next Conference - July 27-31, 2020 - Phoenix, AZ

NATIONAL EMS MANAGEMENT ASSOCIATION

PARTNERING TO ADVOCATE

TIM NOWAK

AAS, BS, NRP, CCEMTP, SPO, MPO, CADS

Editor-in-Chief

First and foremost, I would like to welcome the entire NEMSMA membership to the EMSDIRECTOR magazine! Since its rebirth in 2018, this publication has grown leaps & bounds in terms of its recurrent columns, contributing authors, supporting advertisers, and now ... its membership.

From its beginning, this magazine's focus has remained the same ... to promote **Professional Development for EMS**. As you'll see (if you haven't already been a subscriber), there's very little focus on the clinical aspects of EMS - paramedicine - in this magazine. Rather, its focus is primarily directed toward YOU ... the director, chief, FTO, supervisor, and leader ... active, aspiring, and retired alike.

We're all aware that our industry - regardless of the state (or even nation) that you operate in - has seen significant changes & growth over the past few decades. One of the challenges that we continually face in the industry revolves around both recruitment and retention ... particularly when it comes to our field providers.

Well, the administrators of our industry's agencies are not immune from this! We still need to foster professional development within our ranks. We still need to advocate for progress ... share our stories ... mentor our future. That's what this magazine is about ... being an **ADVOCATE** for our industry ... being an **ADVOCATE** for YOU!

I get great pride with seeing each quarterly issue of this magazine both come together and grow. What started as a 20-page magazine quickly grew into 40 ... and now to 60 ... and will likely see 80-pages in the near future. This is all because of the support that it's gained from people like YOU, and from organizations like NEMSMA!

Now that we're partners in this endeavor, I hope that you begin to see this publication as a representation of YOU ... just as much as I aspire for it to be just that.

Moving forward, I want to welcome you into this publication and express my interest in reading about your stories ... your vision. Please do not hesitate to contact me with your article ideas, suggestions for improvement, or general questions about this magazine (or even how to get more copies for your own stations!).

I'm incredibly proud of this partnership, and I'm looking forward to the relationship that we've developed as partners in this industry. In closing ... welcome to the EMSDIRECTOR!

emsdirector@emergencymedicalsolutionsllc.com

CREDENTIALS ENHANCING YOURSELF - OUR INDUSTRY

TIM NOWAK
AAS, BS, NRP, CCEMTP, SPO, MPO, CADS
Editor-in-Chief

I'm biased - I'll admit that - because I believe in what the credentialing process stands for ... enhancing professional development.

As we're all continually learning, advancing, and growing on our own personal & professional path, we're fortunate that there are a number of avenues that we can take. Online learning has changed the outlook of our industry toward earning both undergraduate and graduate degrees ... credentialing bodies have emerged and gained respect as standard-setting (and bar-raising) entities ... organizations have actively sought opportunities to grow their own memberships' options.

As such, NEMSMA - along with its American College of Paramedic Executives (ACPE) affiliation - has equally entered into the market as a strong supporter ... enhancer ... of professional development.

Credentials aren't designed to take the place of degrees ... they're designed to enhance them.

Many of us already have a degree in something or the other. My AAS is in Fire Protection, BS is in Fire Science, and Undergraduate Certificate is in Human Resource Management. So, does this mean that I'm not qualified to "run" an EMS organization? How about your BA in Organizational Leadership ... BS in Biology ... MBA in Healthcare Management?

No. It doesn't mean that at all. Heck, it likely means that you (and I) simply earned our degrees before EMS or paramedicine-specific degrees even existed! Or, we have a "different" big picture in mind.

Even looking forward, many leaders within our industry choose to seek administrative degrees beyond our industry's title for a number of reasons. Having something to rely back on - some form of "qualifier" that links your knowledge, skills, and abilities back to our industry (directly) - is where credentials come into place.

For those of us seeking to grow ... take that next step ... credentials also offer a consistent baseline sense of knowledge & experience that an actual title would similarly offer. For those that already have a particular title ... credentials validate your knowledge & experience across a consistent platform of other colleagues (candidates) within the industry.

One agency may call you a crew leader, another a lieutenant, and another a project specialist. From a credentialing standpoint, all of these functions have a similar description ... they're **Supervising Paramedic Officers**.

This is what I, personally, value within the ACPE's credentialing process, titles, values, and vision. They've developed & outlined a consistent pathway toward recognizing the many different roles, titles, and responsibilities that are placed upon the field and office members within our industry. They've enhanced everyone's current knowledge base and experience level by offering a universally-recognized title ... one that holds the same weight in North Carolina, Wisconsin, Oregon, Nevada, New Hampshire, and Missouri (or even Ontario, New Brunswick, Puerto Rico, or Norway) alike.

Regardless of your current title or role, you - as an individual - are able to "show" your knowledge and experience by *owning* a consistent, validated, and verified title ... no matter where your career takes you.

You are able to enhance your current degree(s), promote yourself as verified leader, and stand with an esteemed group of colleagues that support a common cause.

Becoming a **Supervising Paramedic Officer (SPO)**, **Managing Paramedic Officer (MPO)**, or **Fellow of the American College of Paramedic Executives (FACPE)** is showing that you've put in the extra work ... work that your degree may not title you with ... work that your job title may not fully explain ... work that your experience doesn't always outline. You've enhanced your professional background and you're showing others that you are a verified professional within your industry.

Whether you're doing it to advance your career, add some letters behind your name, validate your current role, take the next big step within your organization, or to simply prepare for the future, becoming credentialed as an industry leader shows that you're invested in yourself ... our industry. ✱NEMSMA

EMS-FTEP

Field Training and Evaluation Program

WHAT'S DIFFERENT, AND WHY YOUR AGENCY SHOULD CONSIDER IT

SKIP KIRKWOOD
MS, JD, NRP (Ret.), FACPE

Every day brings a new article about the "national paramedic [1] shortage." While this is a complex discussion, I boil it down to a couple of simple issues that can be expressed in a single sentence.

Paramedics are not willing to work for poverty-level wages in agencies that treat them like numbers, rather than valuable members of the team.

If we could bring all the people holding paramedic licenses out of the clinics, hospitals, schools, and other places they are working - and back to pre-hospital emergency care - there wouldn't be much of a shortage!

So, how do we get past "treating them like numbers?" One of the ways is through a good on-boarding process. Your new employees are probably already aware that they are not ready to "hit the streets" the day that you hire them. Many have much to learn, as basic-level curricula (for the most part) doesn't prepare them to drive ambulances, handle complete calls independently, and to do their jobs "the way that we do things around here."

Every agency is different ... and your new employees will be using equipment that they've never seen before. They may never have driven an ambulance ... they may not know where your hospitals are located ... or what is expected of them when they get there.

Once upon a time, an EMS FTEP team developed a motto: "turning paramedics into [AGENCY NAME] paramedics." At the time, this was accurate. New paramedics were hired with all the knowledge and skills of a paramedic. Later, this changed. It became necessary to re-teach, to a higher level, things that we thought should be learned in paramedic school – ECG interpretation, pharmacology, patient assessment, emergency vehicle operations, lifting & moving patients using modern stretchers. This two-week orientation, over the years, evolved to a 14-week "academy" where much of paramedic school was re-taught. Then, it was off to the field.

Every agency has some sort of field orientation process. The worst of these are "ride with an experienced medic for a few shifts, then you are on your own."

Better yet, maybe a new paramedic gets a week as a "third person" observing an actual crew in action.

But, how does the agency know that the new employee has seen - never mind mastered- all of what is necessary to perform? And, how does the "preceptor" (and some even call these people "FTO") know what to show the new employee ... let alone know when the new employee is ready to function independently? Many agencies - in their haste to put "meat in the seat" - don't much care and rush their new employees into positions for which they are not prepared.

Some of them will fail as a result.

Typical FTO programs end at a prescribed time, *or* when the FTO (who may not have any training for that responsibility) says that the new employee "is ready." Both of these are pretty arbitrary. And "is ready" is a pretty imprecise measurement.

If a field training program - or any other system - is used to determine whether a person gets to keep their job, the Equal Employment Opportunity Commission – a federal agency – says that the program is a "test." Accordingly, it must meet legal standards of "validity" and "reliability." (2) If it does not, the agency may find itself liable for wrongful termination.

Validity implies the extent to which the test measures what it is intended to measure. **Reliability** refers to the degree to which the test produces consistent results, when repeated measurements are made (those who pass the program go on to be successful paramedics in the agency, while those that fail would not).

So, how do we get to a valid and reliable program? These are the **three principal elements of EMS-FTEP**:

First, we develop procedures and tools to assure that every candidate is instructed and evaluated in the same procedures, in a logical progression, to the level of mastery that the agency requires. In EMS-FTEP, the tool is called the "Phase Guide" or "Phased Training Manual," and is customized to the policies.

Second, we develop a set of measuring standards that are used by all FTOs for all candidates. The agency develops, using a standardized 7-point scale, a set of objective statements for measuring candidate behaviors (interestingly, the biggest challenge in the program is getting FTOs to use the objective grading scale, rather than their own opinions, for evaluating candidates). These are called "Standardized Evaluation Guidelines."

Third, the agency develops a documentation procedure using either paper, a homemade program, or commercially available FTEP documentation software. Candidate performance is documented, and feedback is provided, before the FTO and candidate go home at the end of the shift.

Additional program components include:

* FTOs that are trained in the proper application of program elements.
* Supervisor involvement, again by supervisors trained in the program. Supervisors evaluate candidates at fixed intervals throughout the program (often every 2 weeks).
* Evaluation by multiple FTOs (usually 3 during the course of the program).
* Communication (and documentation of it) between FTOs at the end of each training phase (when the candidate moves to a new FTO).
* Periodic clinical evaluations, using high-fidelity simulators where possible.
* A final operational evaluation, usually conducted by senior paramedics and supervisors.
* A final clinical evaluation, usually conducted by the medical director and clinical training staff.

When the program is complete, there is a package of program documentation that will support the agency's decision to retain or release the employee. This package has proven useful in addressing concerns of human resources departments and other outside regulatory authorities.

There is no research directly on point evaluating the value of FTEP in EMS – simply because nobody has ever done the study. However, there is abundant research in the law enforcement community (where many states require the program for law enforcement officer certification), as well as in the nursing community (where the implementation of "residency" programs, rapid response teams, and other supportive procedures and programs have substantially reduced new employee turnover). And, EMS agencies with long experience in the program swear by it.

EMS-FTEP is one of the key educational program offerings of the National EMS Management Association (NEMSMA). For more information, or to get started considering EMS-FTEP for your agency, a quick Google search will yield quite a bit of information. After that, feel free to contact me (I'm the national program chair for NEMSMA) at **skirkwood@nemsma.org**.

Be safe out there! *NEMSMA

SKIP KIRKWOOD, MS, JD, NRP (Ret.), FACPE, is the national program chair for the Field Training and Evaluation Program for NEMSMA, and can be reached at **skirkwood@nemsma.org**.

(1) The author has adopted the international naming convention for EMS personnel, wherein all credentialed prehospital care providers are referred to collectively as "paramedics."

(2) 29 CFR Part 1607 – Uniform Guidelines on Employee Selection Procedures (1978) (§§ 1607.1 - 1607.13).

>insight<

the power or act of seeing into a situation

Advocate - or advocacy - is the theme for this quarter of the EMSDIRECTOR ... so why not incorporate it into the discussion within EMS**3i**!?

Looking at **insight**, in a sense, is like looking at one's **past** in order to gleam light into the future (or even one's present).

Historical trends of accountability, structure, and organization have been cornerstone components of the fire service ... and they've been creeping their way into EMS-based EMS agencies over the years as well. This has

>innovation>

the introduction of something new

What do we see on the horizon for tomorrow ... the **future**?

How has **innovation** changed our industry thus far, and how will it potentially impact it as we progress forward?

What's unique about the present is that it was once the **future**. Who would have thought that we would be marching in the streets and protesting the use of backboards, **advocating** for a "stay & play" mentality during cardiac arrest resuscitation, or even making the push to limit our use of epinephrine?

<integration>

the process of incorporation as equals

What has changed our industry for the "today" ... the **present**? What have we done to promote the **integration** of our industry into the fields of public safety, emergency preparedness, public health, and healthcare in general?

How has the **present** played into our MISSION? *(Which will be the theme of the 2019Q4 issue)*

2019 is surely shaping-up to be an exciting year in our industry's history. Cost reporting, degrees, titles, reimbursements, transport considerations ... fun stuff, right!?

The EMS**3i** initiative is designed to *inspire, inform, and involve EMS professionals* by focusing on >**insight**<, >**innovation**>. and <**integration**> of various concepts, practices, and trends within the EMS industry.

Its short articles provide to the EMSDIRECTOR publication an opportunity to spark interest and investment within the EMS industry & community at both the provider & administrative levels ... both as professionals.

a paradigm shift toward inspiring, informing, and involving EMS professionals

VIOLENCE IN HEALTHCARE

... IS IT REALLY AN ISSUE?

JASON BROOKS
BAS, EMT-P, I/C

If so, what should a training program focus on?

Are assaults on healthcare workers on the rise? Or, is there just more attention being placed on the topic?

No matter what EMS/healthcare trade magazine or website you go to, you will find reports of assaults nearly every single day. Now, you won't find these assaults on the mainstream news networks, as these events are not considered as "news;" but rather "just part of healthcare workers' jobs."

According to a 2013 study by the Bureau of Labor Statistics, there were more than 23,000 serious injuries due to assault at work, with more than 70% of those assaults taking place in the healthcare or social service settings. The study goes on to say that an assault on a healthcare worker is the most common source of non-fatal injury or illness requiring days off from work. [(1)] But we truly don't need a "study" to tell us that we are being assaulted at an alarming rate ... just do a Facebook search and there are eight that appear in the last week and a half alone (at the time of writing this article). Now, remind you these are only the ones that have made national news and/or were even reported!

So, what can we do about this alarming rate of assaults to healthcare workers?

We can first start by acknowledging that we, as healthcare providers, have lost neutrality. We are now seen as working in the same light as the TV show "Cops."

"How did this happen," you ask? Well, we started dressing like "Cops" ... we started

EMS CONFERENCE CALENDAR

abc360
Page, Wolfberg & Wirth, LLC

October 19-23, 2019
Hershey, PA

March 23-26, 2020
Las Vegas, NV

April 5-9, 2020
St. Louis, MO

June 7-11, 2020
Clearwater Beach, FL

www.abc360conference.com

Vital Signs 2019 EMS Conference

October 24-27, 2019
Buffalo, NY

www.vitalsignsconference.com

AHEPP Annual 2019 Conference
Association of Healthcare Emergency Preparedness Professionals

November 5-7, 2019
Scottsdale, AZ

www.ahepp.org

Initial Assessment EMS Conference

May 13-17, 2020
Lake Placid, NY

www.initialassessmentconference.com

There's plenty of room available to add your EMS conference!

If you're a conference coordinator, email us your conference details to get your event added to our list ... for FREE!

Include: event name, sponsor, date(s), location, website

Submissions must be made by an authorized representative of the event in order to be added.

insight@emergencymedicalsolutionsllc.com

You can also add your information on our **LinkedIn** group page:

EMS Conference Calendar

Check out our website to learn more about our **EVE** (Escaping Violent Encounters) line of courses for fire, EMS, healthcare providers, and the general public!

FEATURED DISCUSSION

THE BENEFITS OF IMPLEMENTING A COLLEGE DEGREE REQUIREMENT FOR PARAMEDICS

WHY THE DEGREE DEBATE SHOULDN'T BE A DEBATE ANYMORE

FEATURED DISCUSSION

PARAMEDICS NEED DEGREES, AND PUBLIC SAFETY NEEDS A VOCATIONAL ENTRY POINT FOR ALS PROVIDERS

Enjoy the discussion?

Next issue's FEATURED DISCUSSION will focus on the "paramedic" debate …

Should everyone be called a "paramedic?"

*Follow **Tim Nowak**, Editor-in-Chief,*
*on **LinkedIn** to get the details and join the discussion!*

Email your article to:
emsdirector@emergencymedicalsolutionsllc.com

FEATURED DISCUSSION

DO PARAMEDICS NEED DEGREES? YES, BUT WHAT KIND?

A DEGREE OF CONCERN

HENRY M. PIKE
Paramedic (Ret.)

First and foremost, I'm glad that this "debate" is finally here, finally getting the spotlight, and finally being seriously considered!

I "blame" the "past" for screwing this up ... for putting us in this predicament! It's not the (present) Millennial's fault ... it's ours

Here's where my "degree of concern" comes into play. It's not concern over whether or not we need degrees ... it's over the timing ...

Subscribe to see more!

We should have had this established into our structure decades ago ... before we realized that pennies on the dollar for reimbursement wasn't a sustainable funding model (which is Economics 101)!

other issues, items, and jump over these forgotten hurdles, then this "debate" will hardly be an argument ... it will just make sense!

FEATURED DISCUSSION

DEGREES FOR NEW PARAMEDICS SHOULDN'T BE THE NEW STANDARD

aren't wrong; the belief that more education leads to better paramedics is an unproven claim, has zero factual evidence behind it, and there has been no research on this topic.

WHERE WE SHOULD SEE DEGREES IN EMS

I don't think a degree is needed to obtain an entry level pos

shows that a degreed paramedic is “better” than a non-degreed paramedic? Are the graduation rates and passing rates on the NRP exams much higher for degreed candidates? Are the non-degreed providers failing to meet the standard that is currently set for them? If the current education format isn't sufficient, then our standard for certification should validate that claim and provide definitive proof that the education is

Subscribe

to see more!

DAN GREENHAUS, BSc, NREMT, is a veteran of public safety for over 20 years. Dan has worked as an EMS professional, a firefighter, a 911 dispatcher, and holds instructor certifications in all three disciplines. Prior to relocating to NC, he worked for several years in the New Brunswick and Newark (NJ) EMS systems. He is currently a Firefighter/EMT with the Wake New Hope Fire Department, as well as the department's Public Information Officer, and works as an Instructor within the

Exciting Updates, Progress

TIM NOWAK
AAS, BS, NRP, CCEMTP, SPO, MPO, CADS
Editor-in-Chief

I've become more and more proud of this magazine with each issue!

What started as a mechanism to build the discussion of promoting ***Professional Development for EMS*** - particularly with a small, local client base - has grown into a multi-state (even multi-nation) magazine that has a growing subscriber base ... largely in part to a new partnership with the National EMS Management Association.

20 pages turned into 24, then 32, followed by 40, and now 60 pages (with a projected increase to 80 in the near future!).

When some publication and media avenues have abandoned print and have been consumed by digital options, I've fought (up-hill, both ways!) to keep print alive! By no means is this magazine at the stature or reputation of *JEMS* or *EMS World* (yet!) ... but its growing ... filling a niche that has not otherwise received the representation that it deserves throughout the entire industry (but I have hope!).

This magazine, as you've read, is not here to focus on clinical aspects of EMS - paramedicine. Rather, it's here to focus on professional development for current, growing, and aspiring leaders within our industry.

I'll be honest ... I read every article in this magazine not just because I have to edit each and every one of them (spending > 100 hours on each issue) ... but because I want to take-in the knowledge, advice, insights, perspectives, and successes of others. I, too, want to learn ... grow professionally.

At the very least, that's what I want you to get out of this magazine ... to see it as a true **advocate** for you.

Along with that, here's my ask - my request - please share.

Share this magazine with your colleagues, subordinates, crew members, partners, teammates, staff, and students. Share your experiences, research, advice, insights, perspectives, and thoughts. Write an article, post on my LinkedIn feeds, and subscribe your agency.

Ambition has been my driving factor behind producing this magazine thus far ... and it will certainly continue to be a driving factor in the future (I've got a lot of it!). Your support, moreover, will help to build this magazine even stronger, make it more robust, and will develop it into an industry leader ... an industry standard ... for all EMS directors, chiefs, training officers, quality assurance specialists, medical directors, administrators, and leaders to subscribe to and read - from cover-to-cover.

There's my transparency ... my goal ... my ambition. It's quite lofty, I know! But, as our industry rapidly changes (2019 is quite an exciting year!), I want to make sure that you're able to get solid, progressive, inciteful information directly into your hands (yes, this magazine intends to stay in paper!).

Just as the **EMS3i** section of this magazine promotes ... I want insight, innovation, and integration to be at the forefront of this magazine (and our industry). In order to do that, I ask for your support.

I welcome you to the challenge, progress, growth, and development that is the EMSDIRECTOR.

Tim Nowak, **Editor-in-Chief**

UNITYEMS

FOR MEDICS. BY MEDICS.

FEATURES NOT SHOWN
XL SHIRT TAIL
CUSTOMIZABLE AGENCY FINISHINGS

CUSTOM COLOR COMBINATIONS
INQUIRE DIRECTLY TO LEARN MORE

SIZES
UNISEX X S-5XL

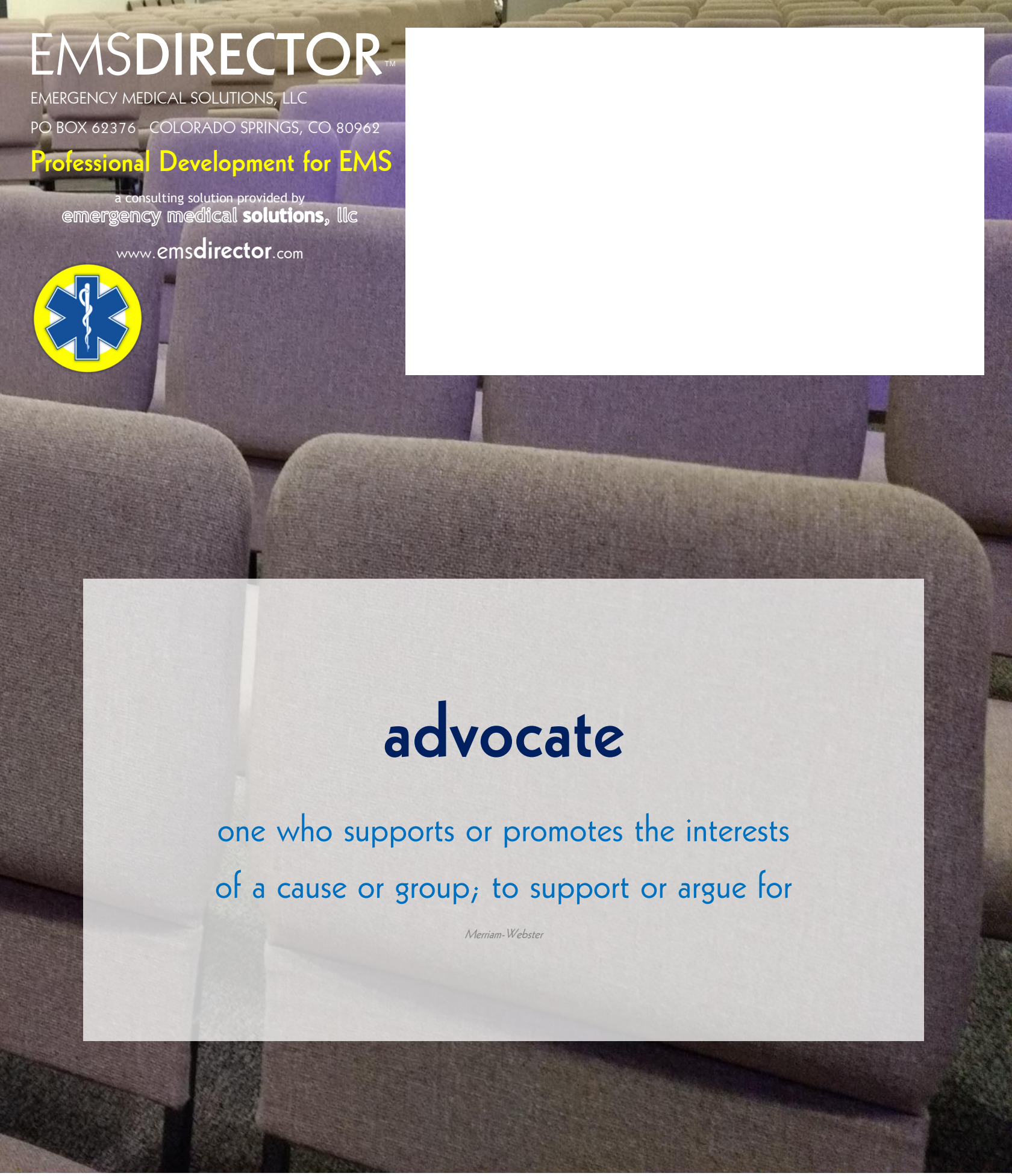
EMS' FIRST AND ONLY ULTRA-PERFORMANCE UNIFORM

FOR MEDICS BY MEDICS

PROFESSIONAL - COMFORTABLE - DISTINCT

THEUNITYEMS.COM INFO@THEUNITYEMS.COM 616.901.0040

EMSDIRECTOR™
EMERGENCY MEDICAL SOLUTIONS, LLC
PO BOX 62376 COLORADO SPRINGS, CO 80962
Professional Development for EMS
a consulting solution provided by
emergency medical solutions, llc
www.emsdirector.com



advocate

one who supports or promotes the interests of a cause or group; to support or argue for

Merriam-Webster

The Official Publication of the
National EMS Management Association
www.nemsma.org

NATIONAL EMS MANAGEMENT ASSOCIATION

Inspiring Leaders
Serving Their Communities