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LEADERSHIP
RECIPE - FINDING
GREAT PEOPLE

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EMS AGENCY
HAVE A "WEIGHT
PROBLEM?"

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A CASE STUDY
FOR EMS
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FEATURED DISCUSSION
College Degrees for EMS:
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2019Q3

FEATURED ARTICLE

the ADVOCACY of US

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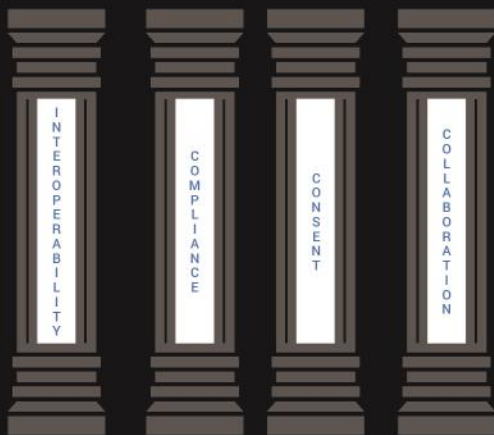


FEATURED CONTENT

**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?

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...

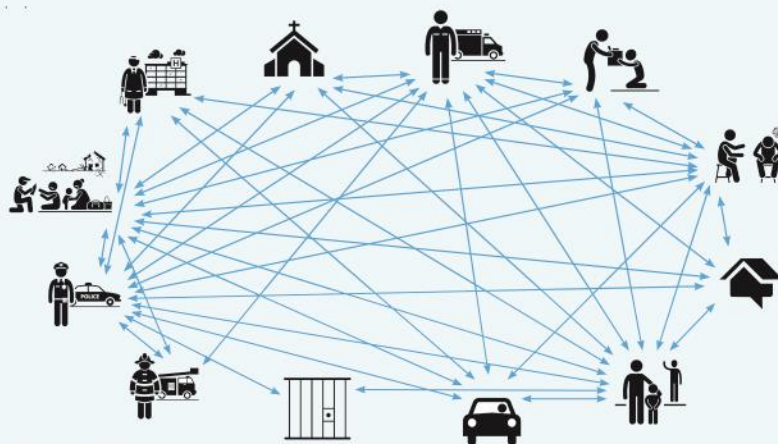


And connecting Home Advisor or Angie's List to provide free home repair estimates...



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.





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!

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Stay connected with us online to submit your comments for our EMSDIRECTOR Forum and Words Of Advice columns ... and to learn more about some of the featured discussions, magazine updates, and article requests for upcoming issues.

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EMS-FTEP:
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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.”

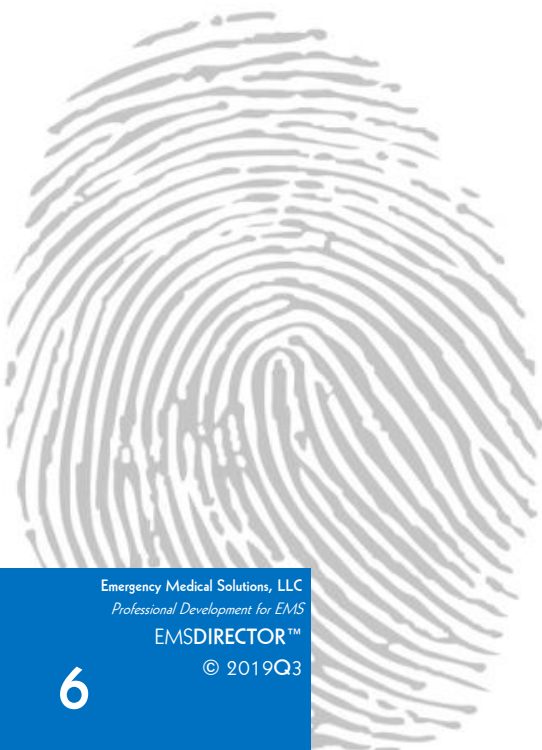
Sub

In fact, the FBI's aggressive investigation and enforcement practices have been widely criticized. The evidence shows that the FBI's current system of rules, procedures, and policies does not allow for a fair and balanced investigation and that the FBI's current system of rules, procedures, and policies does not allow for a fair and balanced investigation.

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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

JONATHAN 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.

Drop a net over your city.

Track high overdose risk patients as they “round-robin” the prehospital ecosystem. No need to change your existing ePCR.

For the first time, longitudinal tracking of drug-addicted patients that have been transported by any Fire or EMS agency to your area emergency departments.



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

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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⁾

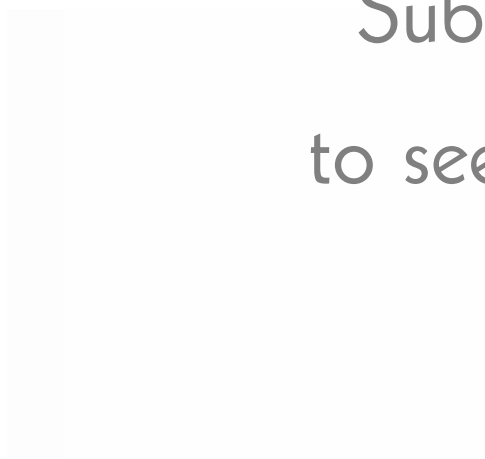
It isn't just truckers. The aviation industry also requires pilots to rest between flights and places strict limits on how long pilots can fly and perform other work. This, too, has proven inadequate, as shown by the 2009 Colgan Air 3407 crash. ^(4,5) Fifty people died

because of inappropriate pilot reactions to an in-flight emergency ... exacerbated by pilot fatigue.

Reading the New York Times article discussing the investigation is particularly enlightening – the sequence of events described and crew behavior prior to the accident could be lifted word-for-word from an EMS crew room. ⁽⁶⁾ How many of us habitually make triage calls how dare multi before

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We d ... harm ... track



BAN ... Last ... discu ... EMS ... recor

⁽⁶⁾ Some of those proposals were fairly small changes; others involve systemic changes, cultural changes, and collaboration between employers and employees. However, I feel

that many of those “smaller” recommendations are inadequate and serve only to obscure the true extent of the issue.

In particular, the “rest break” policy suggested is problematic. Some organizations have a voluntary fatigue call-out, which may or may not require supervisor approval. This may be either *proactive* (a crew recognizes a fatigued state and declares it) or *reactive* (meaning that a

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... ial ... resistance, and clearly communicate their rationale for doing such. These can include fatigue-assessment tools, alternative shifts & schedules, mandatory rest periods,

collaborations between agencies to ensure employees are not going from shift to shift, education of partners in fatigue mitigation, etc.

The consequences of failing to act effectively are not only measured in lives, dollars, and trust, but in public regulation. Eventually, some unfortunate crew, patient, and/or other person(s) will die in a fatigue-induced accident that will garner public attention ... and changes that are not necessarily appropriate for our particular circumstances will be forced upon us. Doing the hard work needed to systemically eliminate life-threatening fatigue is the *job* of leaders and will mitigate the risk of excess regulation in the future.

We should strive to build high-reliability organizations ... not simply rely upon luck to prevent tragedies. EMSDIRECTOR

ROBERT MARTIN, MHA, NRP, is a Nationally Registered Paramedic currently living & working in Texas as a field paramedic. He is passionate about operational improvements, mentorship of new EMTs & Paramedics, and encouraging safe practices.

(1) NTSB Position Statement on Fatigue: <https://www.ntsb.gov/safety/mwl/Pages/mwl1-2016.aspx>

(2) Sadeghniaat-Haghighi, K., & Yazdi, Z. (2015). Fatigue management in the workplace. *Industrial psychiatry journal*, 24(1), 12–17. doi:10.4103/0972-6748.160915

(3) Grossman, E. S., & Rosenbloom, T. (2016). Perceived level of performance impairment caused by alcohol and restricted sleep. *Transportation research part F: traffic psychology and behaviour*, 41, 113–123.

(4) <http://www.cnn.com/2009/TRAVEL/05/15/pilot.fatigue.buffalo.crash/index.html>

(5) <http://www.cnn.com/2009/US/05/14/buffalo.crash/index.html>

(6) <https://www.nytimes.com/2009/05/14/nyregion/14pilot.html>

(7) <https://features.propublica.org/navy-accidents/us-navy-crashes-japan-cause-mccain/>

(8) <https://www.jems.com/articles/print/volume-43/issue-2/features/evidence-based-guidelines-for-combating-fatigue-in-ems.html>

What *words of advice* would you offer to someone who wants to build their voice, reputation, and recognition within EMS?

words

of

ADVICE

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



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.

EMSDIRECTOR

Editorial

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



Leadership Recipe

Finding Great People

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.

DAVE JOHNSTON

BBA, EMT-P

In prior years, our organizational culture was such that if they were not a good fit, then they typically exited our system in a timely fashion. Since adopting a new approach, moreover, this shift in culture moved us from looking for ways to identify great providers, toward looking for great character traits

This was a significant shift in our hiring process, and, in fact, it was a shift in our training process as well.

Clinical skills were still important, but we began to focus more on the character traits of our candidates. We began to look for people who were self-motivated, who were willing to learn, and who were willing to help others.

This was a significant shift in our hiring process, and, in fact, it was a shift in our training process as well.

their character traits. If not, either adjust the recipe to taste, or mentor the candidate to meet the "ingredients."

Character traits are the foundation of a great organization. They are the traits that make a person a great leader, a great team player, and a great person to work for.

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1 cup – Understanding of Leadership Versus Supervision
1 cup – Mindset that Success Equals Improvement
2 cups – Self-motivated Improvement
2 cups – History of Mentoring

recipe. A trait that is often blamed for spoiling a recipe is one of constantly challenging authority.

When challenged externally – and they often are – the rest of the recipe might – that is a great trait that will help an organization challenge the status quo and move forward boldly. Don't be afraid to embrace traits that are not on your recipe card ... just make sure they work for your organization.

COOKING WITH THE RECIPE

Each of the character traits in this recipe are subjective in nature and can be difficult to assess in new hire applications. The hiring process in our organization has shifted away from one that was heavy on skills-based assessments to one that is more of a guided interview process. The interview questions have to be pulled from the leadership recipe and your interview board has to be skilled in follow-up questions to lead the assessment of the candidate traits desired.

Humility

Humility paired with confidence, are strongly desirable traits in leaders across all professions. Humility gives rise to the thought that “I am fallible,” and I will learn when I am wrong and with a culture of learning from both sides of the equation, quicker and accurate. An individual's response to failure of the graduate impediment to learning is the thought that “I already know that.” From the other side, very little learning occurs when someone is indignant or upset from an action or a learning situation and employees who express their humility often develop strong relationships that encourage open dialogue. When a person does not put on an air of perfection, it allows others to feel comfortable to grow.

This trait can be assessed through specific questions geared toward behavioral incidents such as, “Tell me about a time when your partner or another student in your class made a mistake.” Follow this by asking, “do you think that could happen to you?” Humility will show itself in the response if the person can relate and give understanding to the mistake. Indignation is a warning sign if expressed during the response. Additionally, humility and internal locus of control are tightly connected and will be apparent when assessing those traits in the interview. As you are assessing humility in others, do not expect perfection ... especially in younger candidates. It is often life experience that brings tremendous humility forward.

Self-awareness

Self-awareness is the ability to understand how one must be done to others.

Personality types and an understanding of how it is essential in communicating and in developing great relationships. The ability to be aware of your own feelings and emotions is the first step in creating a response to a situation. I can remember given you the ability to slow down an emotional response and then decide how to respond. As an example, I know that when a group project is behind, my immediate response is to cry and not understand details. When I understand that now, I can slow down and choose not respond in that manner. The goal of something like this is not to ensure they respond perfectly in every situation, but that they have the ability to recognize when a response is required. Learning new words from this point.

The presence of this trait is best assessed in a follow-up question to behavioral questions about handling situations and how they feel about the situation.

Self-awareness is the ability to understand how one must be done to others. It is the ability to understand how one must be done to others. It is the ability to understand how one must be done to others.

Self-awareness is the ability to understand how one must be done to others. It is the ability to understand how one must be done to others. It is the ability to understand how one must be done to others.

The assessment of this emotional trait is best assessed in a follow-up question related to emotions from an experience. This can be done by asking, “Tell me about a time when you were upset, and did not know how you responded?”

Adaptability

Adaptability is the ability to deal with ambiguity and change. There is a misconception in our profession that we are really good at dealing with ambiguity. In reality, we have a high level of discomfort in these phases and professions that can become more of a hindrance in ambiguous situations. It is not rare to encounter individuals in our profession that get vapor-locked when they encounter ambiguity and change. From my own personal perspective, I can think of few things that make me happier as a leader as when I ask someone to find a solution to a

problem and they surprise me with a totally new way of approaching the issue. Embrace those who can readily adapt to change, deal with ambiguity, and develop new processes.

This can be assessed in an interview in a straight-forward manner “tell me about a situation where the next step was not clear and you had to work it out.” The idea here is they reacted when confronted with new protocols, new equipment, or new processes.

Internal Locus of Control

Locus of control was a concept developed by Julian Rotter in the 1950s and refers to people's internal or external forces affect the events and outcomes in their lives. A person with an internal locus of control looks to those events of the events for the events that happen in their lives. When things are wrong, they usually blame others or situations that have unfolded in their life. A person with an internal locus of control looks towards themselves for the events that have occurred in their life and are filled with self-reflection and growth when things go wrong.

Internal locus of control is the ability to understand how one must be done to others. It is the ability to understand how one must be done to others. It is the ability to understand how one must be done to others.

Flexible Communication Skills

The ability to adjust communication style is an essential skill to learn to adjust and develop. Individuals who are good at adjusting their communication skills are often better upon having a high level of self-awareness, along with emotional intelligence. The basic concept is that they are aware of how of communication styles that work to success – and are able to adjust their communication style to the situation. It is not rare to encounter individuals in our profession that get vapor-locked when they encounter ambiguity and change. From my own personal perspective, I can think of few things that make me happier as a leader as when I ask someone to find a solution to a

ambiguity and change. From my own personal perspective, I can think of few things that make me happier as a leader as when I ask someone to find a solution to a

This trait can be assessed through a general assessment of how the person communicated throughout the interview, in addition to specific questions about their communication style. "Tell me about your communication style." Ask follow-up questions about interacting with others that have communication styles opposite of themselves.

The next great ingredient in the recipe are useful in identifying individuals who are moving in a leadership role in an organization. These traits should be modeled by existing leaders and demonstrated to the new rank member in your organization.

Understanding of Leadership versus Supervision

The ability to accurately ascertain the difference between supervision and leadership is a key component in leadership assessment & development. The decade's promotion of leadership provides an example of their leadership experience is dependent upon the level of the position in the organization to which they are applying. Ask for examples of leadership and supervision they have provided in the organization and what the outcomes were. Ask, "What is your leadership style?"

Mindset that Always Seeks Improvement

Not every example will present with a success story, but there should be a mindset of always working towards improvement. Individuals that have vast experience in leading people in the organization, you can prepare with them about a time your team didn't meet a goal, and how did you keep them motivated? Questions can be tailored around the event if the person does not have significant leadership experience.

Self-motivated Improvement

Self-motivation in a leader is a requirement, and individuals need to demonstrate a history of seeking new tasks supervision is having to be completed. During a promotional process, this can be readily assessed by reviewing past work performance and feedback by current leaders. Additionally, assess what the individual has done to improve themselves in the aspects of professional development, education, and personal attributes. The important aspect of assessing this trait is in

how they have demonstrated self-motivated improvement ... what did they actually do ... not what did they say they were going to do.

History of Improving

A proven example that is that great leaders are motivated and push on their improving as others. For individuals who want to move into a leadership position, ask "What is a leadership trait you have and what have you learned from them?" This should directly tie leadership principles with what you are interviewing and what have you learned from them?

Another great component of a leader is to ask what their vision is and plan it for their position. A presentation of solutions that were passed on to the next person. You can ready for a promotional process to be able to identify at least three people who can back their current position. This demonstrates leadership and promotes the need to have someone to lead and follow.

Leadership is not a title, it is a mindset. It is a way of thinking and acting that is focused on the well-being of others. It is a way of thinking and acting that is focused on the well-being of others.

Leadership is not a title, it is a mindset. It is a way of thinking and acting that is focused on the well-being of others. It is a way of thinking and acting that is focused on the well-being of others.

The person is motivated, motivated and to help others should be a person seeking growth.

that pursuit, I hope you find some savory examples of wonderful people that can make your profession better. In leadership, and in leading the best of us, there are ways made from quality ingredients. The recipe outlined above is a good starting point ... but it will need to be adjusted for your local flavor.

The importance of building a team for yourself, or your organization, is that you will know what roles you are trying to find. Most importantly, it gives you a list to start growing your team and finding through either formal development or through the mentoring of others and new recruits in the profession. The biggest lesson is get busy building out a team of leaders in your organization. **EMERGENCY MEDICAL DIRECTOR**

DAVE JOHNSON, MD, EMT, is the new Chief of EMS with New County EMS in Harrison Regional Medical Center and a board member with New York County EMS where he served as the Training Director. Organizations he has helped build an organization that is focused on building the future, building initiatives toward the development of a leadership academy for the providers and a regional effort to have a partnership with the organization. Dave currently serves as the President of the New York EMS Association, where he has worked for years at the state & national levels.

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DEVELOPING A QUALITY CONCEPT

TIM NOWAK

AAS, BS, NRP, CCEMT-P, 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.

QUALITY EDUCATION

This is knowledge that is gained by attending classes and seminars, and by delivering knowledge to others by supplying knowledge into the equation.

QUALITY TRAINING

Knowledge is *applied* ... utilizing and putting it into practice, and what can make a great instructor, manager, or leader around good jobs.

QUALITY ASSURANCE

QA is more than skills performed competency evaluation, praise, constructive management, to promote success.

Promoting Quality Assurance is what we do every day, every pre-

provider to our patients - regardless of the number of times we've been to their facility.

Our quality assurance is not just a word, it's a concept. It's a concept that we can all understand and apply. It's a concept that we can all understand and apply. It's a concept that we can all understand and apply.

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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

You never know where the day may lead.
Take the classroom with you.



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.

RETAIN

A crew member approaches you with an issue, a question, or a complaint. You listen to you with some sort of understanding.

This may be an opinion to you to and direct feedback.

REPORT

Once you -command involve some sort of funneling

By no means micromanage confidence company determine confidence needs to be the best fit and the fit

REPLY

Closing the loop informing components an **advocate** (appropriate gaps between create greater

All of this setting ... built-in

path development ... not necessarily equating

path development ... not necessarily equating

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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, CCEMT-P, SPO, MPO, CADS
Editor-in-Chief

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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 CHOKES 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 legitimate expression of opinion regarding the workplace?

What if the conduct is a direct threat to the workplace? And what if the conduct is a direct threat to the workplace? And what if the conduct is a direct threat to the workplace?

For a long time, the answer has been to out at the workplace. But now, the threat is not just to the workplace, but to the workplace. And now, the threat is not just to the workplace, but to the workplace.

Despite the fact that the workplace is not a workplace, the workplace is not a workplace. And now, the threat is not just to the workplace, but to the workplace.

First, the workplace is not a workplace. And now, the threat is not just to the workplace, but to the workplace.

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!

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That's right ... an employee who criticizes a supervisor, or even an employer, is *engaging in protected conduct* ... even if it is profane or insulting.

Another interesting factor discussed in the *Knausz* case is whether the NLRB rules that banning communications based upon social media policy (in this case, a "conduct" clause that prohibited "any conduct that is disrespectful or use profanity for any reason; language which causes the image or reputation of the organization to be unlawful because of profane criticism; protected by Section 7 would be held to be damaging to the image/reputation of the employer).

How many NLRB policies have that particular clause? And if so, how can we ever get a comprehensive grasp of all policies to the point where it is explicitly stated that it is unlawful for employees to provide or regulate communications with others when the employee can reasonably determine that the employer's social media policy has chilled their right to communications freely regarding workplace issues?

And in *Harris v. United of Buffalo*, it is directly held that employees directly stating discontent with a supervisor is not protected another employee cannot be fired for insubordination or holding up, as they are engaging in lawful conduct. In this case, "mutual aid and protection" is recognized as their union's mission. The dispute was then into the NLRB. The issue was that that the conduct that employees and supervisor were yelling at each other is not protected. Historically, there have not been many cases brought against those employers regarding termination is primarily due to the not ready availability of witnesses and a lack of willingness for other employees to reveal their previous employer in fear of an informal "re-education." I have heard an excuse to state labor law and one potentially used to make things and staff a settlement for both sides.

Most importantly, employee social media discussions are often valuable windows into actual perceptions and concerns. Good posts are the SWOT analysis that most managers often ignore, and good ones pay thousands of dollars for!

The treatment of employees for speaking their minds is certainly fair game for discussion ... as is the degree of scrutiny that leadership places on employees.

When an employee complains about a supervisor or holds them up, it is not protected. They are generally speaking about a place of employment. Whether that is a place of employment or not, it is not protected.

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Employees have the right to speak up about their problems regarding to work. They are not speaking about a place of employment. Whether that is a place of employment or not, it is not protected. They are generally speaking about a place of employment. Whether that is a place of employment or not, it is not protected.

WHAT IS YOUR ROLE IN THIS?

It is an ongoing process to have a good social media presence and it is a good idea to have a good social media presence and it is a good idea to have a good social media presence.

That is why it is that management should be aware of a defined "conduct" article that is not only managing the questionable content and immediately allow

emotion, their perception of injury, or their own interpretation of policies to govern their actions. Instead of acting from this place, a good leader will analyze the problem and determine the cause.

Is it a problem facing a challenge that can be mitigated, such as bullying or harassment? Is it a problem facing a challenge that can be mitigated, such as bullying or harassment? Is it a problem facing a challenge that can be mitigated, such as bullying or harassment?

What is the employer's role in creating these circumstances, and what about the about these operations need to be addressed? Does the system even need to be addressed?

In this case, the employer is not speaking about a place of employment. They are speaking about a place of employment. They are speaking about a place of employment. They are speaking about a place of employment. They are speaking about a place of employment.

Employees have the right to speak up about issues is a good idea to have a good social media presence and it is a good idea to have a good social media presence. Employees have the right to speak up about issues is a good idea to have a good social media presence and it is a good idea to have a good social media presence.

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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

Our intent is good, and it comes from a virtuous place, but our results fall short of the desired outcome.

In 2018, I participated in my first EMS Day-on-the-Hill through the NAEMT. This was my first time in D.C. on “official” business, and it was an incredible opportunity to not only represent my home state of South Carolina, but to represent an entire nation of EMS providers. However, I became discouraged by the overall lack of participation that I observed.

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the well-being of our profession.

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Professional Development for EMS

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FEATURED ARTICLE



If we could turn the passion that I see on social media into organized advocacy efforts, I believe we could see change. If we could stop looking upon our agencies as the problem and divert our attention to the real issues, we could see change. EMS has become a stepping stone for a higher calling.

When we are no longer forced to work multiple jobs, and when we receive ample rest between shifts, I believe that we will see decreases in the effects of PTSD. We will see decreases in ambulance accidents, back injuries, and other negative consequences often associated with our industry. We can

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ZOLL Pulse

Award and has spoken at EMS conferences in Myrtle Beach (SC), Denver (CO), and Las Vegas (NV).

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advocate, love, and show compassion for
others during their time of greatest need. We
must further understand that most
organizations *do* care about us, and desire to
create a long-term opportunity for us as a
patient care provider. The wages our
organizations pay are based on simple
economics, and not a personal dig. How,
then, can we begin to see a turnaround?

The answer is simple ... and it begins with
us.

If there was a time to advocate, that time is
now.

It is my belief that we can come together as a
singular voice, advocating for our cause. I
further believe that this begins with a change
to the reimbursement structure. When we
receive reimbursement commensurate of the
services we are providing, we can then be
compensated at rates consistent with the
work that we are doing.



LDRSHIP, ARMY STYLE

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)

Now that you know how the Army looks at leadership, how can you apply this to your everyday work? Here's a look at each of the seven core values.

LOYALTY

As a manager in the EMS profession, you are expected to have your loyalty to the organization, your unit, your subordinates, and your department. Loyalty is a core value including the Army, the Navy, and the Air Force. There is the loyalty that you have for you; the loyalty that you have for your unit; and the loyalty that you have for your department.

As a leader, you are expected to have your loyalty to the organization, your unit, your subordinates, and your department. Loyalty is a core value including the Army, the Navy, and the Air Force. There is the loyalty that you have for you; the loyalty that you have for your unit; and the loyalty that you have for your department.

DUTY

In the Army, duty is a core value. It is the fulfillment of your obligations. It is the same as the Army's definition of duty. The difference is that in the Army, it is a set of obligations that you have to fulfill.

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.

Another aspect of respect is positional. You may have lost respect for an individual on a personal level, but when working in the

CHRISTOPHER CONNOLLY

BSBA, Paramedic

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

There are tasks at every job with components that no one likes to do. For leaders, this may be the task of providing negative feedback during performance evaluations. Do you

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EMSDIRECTOR **Forum**

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 fitness

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

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

1,300 lbs.”

This standard, which should be familiar to anyone involved with purchasing or maintaining ambulances, includes a worksheet with a calculation methodology. Interestingly, the worksheet assumes that each seated position (including crew and patient) weighs in at 171 pounds (C.6.2.2). Section C.6.3 provides that *"the combination of the vehicle's curb weight and total usable payload weight shall not exceed the ambulance GVWR."*

You can see that a single step up in chassis selection can gain the user up to 2,500 additional pounds of GVWR, from which must be subtracted the increased weight of the chassis itself to determine the gain in payload. Or, ask several vendors to provide you the "payload worksheet" as shown in the National Truck Equipment Association (NTEA) UltraMod spreadsheet (available at www.ntea.com), which is referenced in the CAAS standards.

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CHEVROLET

3500 chassis: 12,300-13,200 lbs.

4500 chassis: 14,200-16,500 lbs.

5500 chassis: 19,500-23,500 lbs.

Program Chair for NEMSMA's EMS Field Training and Evaluation Program.

(1) Commission on Accreditation of Ambulance Services - www.caas.org.

(2) https://www.fleet.ford.com/resources/ford/general/pdf/brochures/2019/2019_SuperDuty_Chassis.pdf.

(3) <https://www.gmfleet.com/specialty-vehicles/ambulance-rescue.html>.

(4) NTEA UltraMod spreadsheet - www.ntea.com



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 debris in the streets mean that the area may well be in the weeds of flooding in a matter of hours or days of it.

Looking at this problem ... what operational & logistical issues do you see for this area?

Longer response times, crew reliability, and a host of other concerns are now on the minds of EMS providers and emergency management teams as they confront not only the disaster that Barry brings, but the long-term business aspects of maintaining emergency services (including EMS) in an area that they cannot continue operations ... 24/7. While the oil and gas industry will likely can "shut down" their rigs and reduce their emergency emergency operations require an up-ramp in personnel and a myriad of issues.

As a result, here are some suggestions to help to prepare for the area's next emergency event:

Help employees create Emergency / Disaster Plans. This will help to reduce the stress of working during emergency events and help to prepare for term events by ensuring they have the skills to provide services to their ones and homes.

Have accessible food and water. While emergency response plans for bringing in supplies, a good idea would be to have MREs (especially with a reasonable lead time) available for the crews. MREs may not be the best food, but they are certainly not the worst food to have during an emergency.

Be prepared to say "no." Crews will work until they drop to ensure they provide services. Monitor crews and workload. Consider mandatory stand-downs for crews that have completed long disaster events or who have run multiple calls back-to-back.

Make connections BEFORE the emergency. Know where the departments may have extra backboards, where the ambulances will be; where to obtain food for your personnel. **EMSDIRECTOR**

JOHN T. RIGGS, BS, NRP, DCMEI, is a working paramedic, law enforcement officer, 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 kdmcmtp@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.

Over time, national and state standards have evolved ... but the focus has still remained on the clinical management of patients, with little emphasis on EMS's role in emergency management (EM).

EMS and EM have evolved, but not the way EM focuses on mitigation, preparedness, response, and recovery after a disaster (natural, man-made, or terrorism-related). In a post 9/11 and Katrina world, EMS providers need to understand our role in the management of disaster-related incidents.

So, let's ask ourselves a few questions: What is EM, and what are we doing to help? What are our roles in EM?

EM 101 (10/1/17). While disaster management is a complex process, it is one that EMS providers should familiarize themselves with. Emergency preparedness, response, and recovery are the three main components of EM. EMS providers should be familiar with command courses – such as IS-100 and IS-200. These courses are required for all EMS providers. The primary goal: to ensure that all EMS providers are familiar with the roles, responsibilities, tasks, and designations of the board.

EM 201 (10/1/17). EMS providers should be familiar with the roles, responsibilities, tasks, and designations of the board. This includes the roles of the police, and public health departments. EMS providers should be familiar with the roles, responsibilities, tasks, and designations of the board. This includes the roles of the police, and public health departments. EMS providers should be familiar with the roles, responsibilities, tasks, and designations of the board. This includes the roles of the police, and public health departments.

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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.

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FINANCIAL FORECASTING: 3 CONSIDERATIONS

TIM NOWAK

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

And by short-term, I mean 1-station? How about add additional stations? What about anticipated hiring needs ... or stakeholders and employees involved? What you're anticipating just

THE PROBLEMS WITH PHYSICAL RESTRAINT IN EMS

DAVID DUFEEK

Flight Paramedic

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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.

In health care, interoperability is the ability of different organizations to exchange information and use the information in a common format. The recent FHIR standard is a good example of this.

ICD-10, Terminology, and NEMIS Services used in the United States.

Standard structure according to NEMIS interoperability many similar same terminology formats

There have been a lot of discussions about interoperability in the last 10 years. There are many factors affecting interoperability (many of which are not related to technology) because of the complexity of the data. DHHS ... discussion of value that can be derived from data interoperability.

So, if there is so much value in interoperability, why is there resistance ... despite the existence of standards & terminologies?

There are a variety of reasons, but I think

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?

Data interoperability is critical to digital

transforming EMS. It is the ability to exchange information and use the information in a common format. The recent FHIR standard is a good example of this.

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So, if there is so much value in interoperability, why is there resistance ... despite the existence of standards & terminologies?

There are a variety of reasons, but I think there too late to be useful (if the data gets to the EMR at all!). These are system implementation issues that can be resolved.

We have the technologies. I think that the issue of data interoperability, systems integration (both IT system and healthcare systems), and automation of information will

be the single most important success factor of the upcoming ET3 reimbursement pilot.

At its core, ET3 is about directing patients to the most appropriate channels of care. For that to be successful, you will need to follow-up on that care, schedule appointments, schedule non-emergency transportation, receive and implement post visit follow-up through community paramedicine programs, and request outcome data for analytics. In other words, integrate into healthcare.

“Automation of information will be the single most important success factor of the upcoming ET3 reimbursement pilot”

ET3 is a pilot program that will be successful if it is implemented correctly. It is a pilot program that will be successful if it is implemented correctly. It is a pilot program that will be successful if it is implemented correctly.

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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

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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.

advocacy

In addition to membership revenue, the association runs an annual conference that attracts 700+ attendees in a state with 18,000

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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.

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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.

- Increases to Medicaid payments for ambulance services
- Creation of a public provider Medicaid reimbursement pool
- Community paramedic training program
- Creation of a certified care and transport for paramedics
- Encouragement of emergency medical requirements and training standards for ambulance services
- Increased regulatory enforcement for EMS providers
- Audit of EMS and EMSA for shared costs health system
- Creation of a community paramedic program
- Developing an EMS practice act to allow for the rendering of services to patients
- Creation of a community paramedic advisory committee
- Membership on the EMSA board
- Expansion of and strengthening of departmental regulatory requirements
- Additional public health efforts to promote a healthier and safer community clinical system
- Standardization of EMS training for paramedic level specifically for public EMS

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BBA, NRP

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BEFORE IT'S TOO LATE!

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

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.

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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.

SKIP KIRKWOOD

MS, JD, NRP (Ret.), FACPE

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.

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LEGO LOGISTICS

DOUGLAS RICHARDSON

Paramedic, MS-PSM

How We Can Learn to Communicate Better by Using Legos®

Like many of you, I have attended “hot washer” seminars where the speaker has been and at the end of the seminar, the speaker is tagged with a “hot washer” label.

Agencies are always looking for ways to spend money and the speaker is always the person who is the “hot washer” because they are trying to sell you something that you don't need the equipment that they are selling and they are able to sell it to you. They are always able to sell it to you and they are always able to sell it to you and they are always able to sell it to you.

This exercise is designed to help you learn to communicate better by using Legos®. It is a simple exercise that can be done in a classroom or in a field setting. It is a simple exercise that can be done in a classroom or in a field setting.

I believe that this exercise will help you learn to communicate better by using Legos®. It is a simple exercise that can be done in a classroom or in a field setting. It is a simple exercise that can be done in a classroom or in a field setting.

In this example, I used a Captain, Chief, Battalion Chief, and Lieutenant. The Captain has unfettered access to the completed plan (the assembled Legos®), the Chief has unfettered access to the Captain and Battalion Chief, but cannot communicate with the Lieutenant. The Battalion Chief can speak to the Chief or Lieutenant, but not the Captain. The Lieutenant has all the parts

and is responsible for building the structure. The Captain is responsible for the overall direction and the Chief is responsible for the overall direction and the Battalion Chief is responsible for the overall direction.

The Lieutenant is responsible for the overall direction and the Captain is responsible for the overall direction and the Chief is responsible for the overall direction and the Battalion Chief is responsible for the overall direction.

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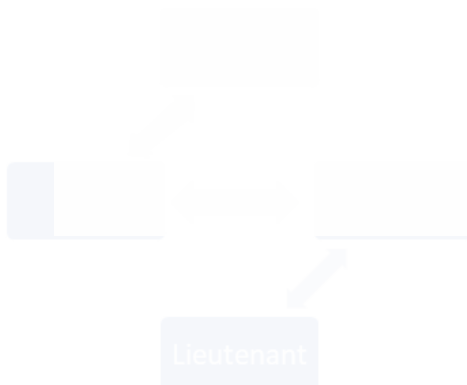


This exercise teaches the importance of speaking clearly and following directions. It demonstrates the importance of feedback and affirming that a message has been received and understood. Another goal of the exercise is to build relationships ... to have members of the team develop a connection to other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

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you are speaking to the person that can accept and complete the task that you are assigning to them ... when in fact, this is not the case.

An Un-mentor Relationship

TIM NOWAK

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

Editor-in-Chief

(More information to follow on this subject's program in an upcoming issue's end-of-issue Link to the point.)

Aside from some part of an article, it does not seem to be a good idea to intentionally partner with a mentor to start a relationship.

How does a program or entire career path together? The answer is simple: it is the same as what you are doing, mad as hell.

What's the deal?

Once you realize that a relationship isn't a good idea, you should be ready to

Or, perhaps, what happens if a mechanic does not have a place to go available to go to the first place?

Let's face it, we all need to go along with the flow. The argument is going to be made that a norm is a good thing, but the point of the article

Acute issues between employees - working relationships - aren't the "big" issue here ... but long-term, or even acute-on-chronic issues are.

relationship, it is not a good idea to start a relationship with a mentor to start a relationship.

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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*.

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mentor



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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

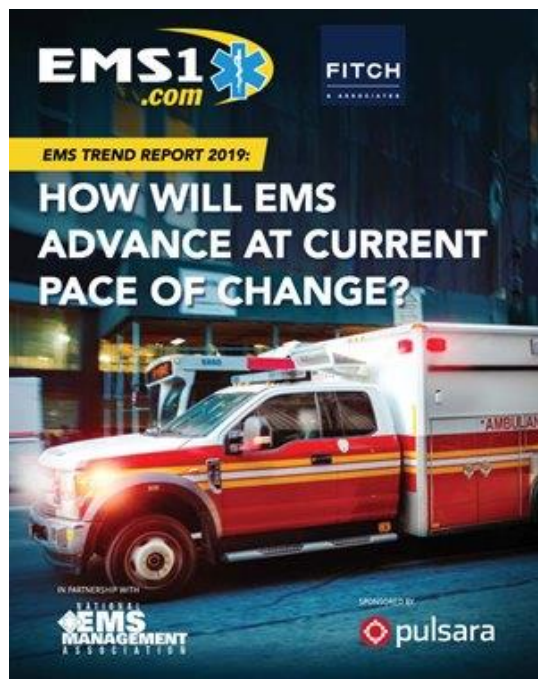
2019 REVIEW

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 Hezedeane 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

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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

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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

Field Training and Evaluation Program



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

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

SKIP KIRKWOOD

MS, JD, NRP (Ret.), FACPE

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 EMS3i!?

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 improved daily operations, provided for avenues of professional growth and incorporated a sense of pride & ownership (in a good way!). But as we move forward, we will continue to see a shift in the way we view the "phase"

In many ways, the fire service has been a pioneer in something that we, as EMS, have only recently begun to embrace: time and

Tradition has been a cornerstone of the fire service, on evidence of the many years of service and engrained in the culture of the fire service. It is not to be taken lightly, but as we move forward, for, we have seen the fire service embrace new models of service, such as the fire service's EMT vs. paramedic debate.

Nevertheless, the fire service has been a pioneer in bringing in new technology and equipment, and

What has been the fire service's role in the current in existence? The fire service has been a pioneer in current technology, and the fire service has been a standard

>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?

All of this (and certainly so much more) has gotten us to today ... the present ... and what was the future?

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<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!?

Let's make the most of the present ... be it today physically, h
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The EMS3i 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*



*If so,
what should a
training program
focus on?*

BAS, EMT-P, I/C

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

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that are reasonable for the amount of force that is being applied against you to escape. Now, we have all heard the sayings “hit them over the head with an O₂ bottle,” “give them the big green pill,” etc. But, is deadly force really the reasonable answer all the time? The answer is NO!

MEDIA

“Media” (which we break down into social media & mainstream media) is understanding that everything that we do is always being filmed. So, how we act, the words that we use ... all have either a positive or negative impact on what others feel that we did (or didn’t do) right. Our goal should be to always look and sound like we are defensive - since at no time did we want to get into this altercation.

COURTS

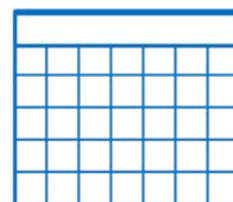
“Courts” is broken up into two different parts: the court of public opinion and the court of law. Now, the court of public opinion is what your bosses, peers, and the general public all think about your actions. The court of law is the actual criminal or civil courts.

One of the things that you must remember is that the court of public opinion has great influence on the court of law - since juries are made up of your peers. So, one of the things that we need to consider is making sure that we are reporting assaults to both law enforcement as well as to our supervisors. This not only brings awareness to the totality of events that are occurring, but it also helps to end the cycle of violence through criminal prosecution. There is a reason why nearly every state has made it a felony to assault healthcare professionals.

In conclusion, the only way to “win” in the case of an assault is by winning in all four areas as described above. If you win in the “street,” but not in the “media” – because you look like you were beating a “patient” up – you have now also lost in the “court” of public opinion, as well as possibly the court of law.

By training in a program that focuses on more than just a few physical skills, you will hopefully avoid ever being involved in the assault to begin with! But, if a physical altercation does incur, you will hopefully understand what is considered “reasonable”

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!



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

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Lake Placid, NY

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insight@emergencymedicalsolutionsllc.com

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EMS Conference Calendar

THE BENEFITS OF IMPLEMENTING A COLLEGE DEGREE REQUIREMENT FOR PARAMEDICS

The field of paramedicine is rapidly evolving. This means paramedics must gain a distinct set of skills to serve patients and stay up-to-date on the latest technologies. ⁽¹⁾

Though some industry leaders are resistant to the idea of a degree requirement, the National EMS Education Association (NEMSMA), the National Association of EMS Educators (NAEMSE), and the International Association of Paramedics (IAPAC) recommend that new paramedics have a minimum of an associate's degree in their field by 2025. ⁽²⁾ Check out below to learn of their rationale.

A degree requirement would help paramedics navigate the intricacies of their field.

Paramedic and EMTs serve the prehospital, delivering comprehensive, high-quality patient care. Yet, paramedicine has become more complex than ever, as paramedics are now required to:

- Exercise high-level technical skills
- Excel in their oral and written communication
- Provide EMS and leadership training
- Engage in a complex, interdisciplinary healthcare system with advanced changing technology

Put simply, current EMS education and training requirements don't necessarily reflect the demands for the next day of the job. In many cases, paramedics find it challenging for students to gain relevant research experience and skills that require deep practical knowledge. ⁽³⁾ A college-level education requirement, at the end, would inspire critical thinking and other characteristics critical to the paramedic field.

It's worth noting that in June 2018, roughly 60% of accredited paramedic programs in the United States offered an associate or bachelor's degree program. ⁽⁴⁾ Similarly,

paramedics in Kansas and Oregon must earn at least an associate's degree to be licensed in their state. ^(7,8)

A degree requirement would help paramedics access to qualified paramedics.

Though it may seem counterintuitive, requiring paramedics to earn a degree, in essence, would make it easier for them to find employment. Currently, paramedics have to learn on the job, which is not ideal for patients.

Paramedics who have a degree in their field would be able to find employment more easily, as they would have the necessary skills to perform their job.

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Sign up for our newsletter to receive more information about the benefits of implementing a college degree requirement for paramedics.

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Paramedics who have a degree in their field would be able to find employment more easily, as they would have the necessary skills to perform their job.

CHARLES McLEOD

BS, NRP, CP, FACPE

But before we do this, we must recognize that implementing a degree requirement for paramedics will require a number of changes to the current system.

First, we must recognize that we should only be starting on a long-term plan.

Second, we must recognize that we should not be starting on a long-term plan.

Third, we must recognize that we should not be starting on a long-term plan.

In addition, the number of EMTs and paramedics is expected to increase by 15% from 2018 to 2025, which is substantially more than other health professions.

Therefore, it is essential that we have sufficient funding, training, and resources – remain at the forefront of paramedicine. EMSDIRECTOR

CHARLES McLEOD, BS, NRP, CP, FACPE, started his career in EMS in 1988 and has since gained experience in various EMS provider levels. He is a former EMT, Paramedic, holds a BS in EMS Management, and is currently working on his MS in Emergency Management. He has worked in a variety of roles, including EMT, Paramedic, adjunct instructor, medical director, and disaster preparedness coordinator. He has also worked in private-sector EMS, including as a community Paramedic in a large (MN) and has also worked in EMS management & training. He is a past president of the EMS Management & Training Association (EMSTA). As the recipient of the National EMS Education Award, Coast Guard and the American Red Cross, he has been recognized as a "Paramedic of the Year" for his work in the Bombing, and was awarded the International Paramedics Services Medal and the International Paramedics Association Medal in 2016.

For more information, visit www.emsdirector.com.

WHY THE DEGREE DEBATE SHOULDN'T BE A DEBATE ANYMORE

JOSHUA A. WORTH, Sr.

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

MICHAEL J. WARD

EMSPRO, MPA, MPAE, FACPE

The 1966 National Academy of Sciences report “Accidental Death and Disability: The Neglected Disease of Modern Society”⁽¹⁾ painted a bleak picture of the inadequacy of ambulance services and hospital “waiting rooms.”⁽²⁾ Most people are unaware that emergency care has not seen significant improvements in staff, pay and professional standing – except EMS caregivers.

California has conducted a state-wide survey of EMS caregivers. The report noted that 80% of the 16,700 EMTs and paramedics worked for private for-profit employers. Controlling for age, gender, geography, education, race and ethnicity, private-sector EMS caregivers earned 28% less than their public-sector counterparts. The median salary for EMTs and paramedics in 2018 was \$16.59/hour.⁽³⁾

The California report states that 80% of informants interviewed for this study reported that few employers pay with bonuses. Providers for more than two decades in a survey by the American Association of EMS Agencies and others noted that caregiver turnover rates of the 100 EMS organizations that responded to the survey were from private for-profit and non-profit agencies. The annual turnover for full-time EMS caregivers was 17% for paramedics and 24% for EMTs.⁽⁴⁾

Paramedics that provide for large, mostly unionized municipal services generally have better pay than their private-sector counterparts ... but not colleagues in rural EMS will disagree.⁽⁵⁾ Many caregivers will advocate no change in the path we currently follow. Maintaining the status quo will not improve caregiver pay, prestige, or opportunities ... and will continue to be the

primary driver of caregiver attrition from services and recruitment of new staff to replace the loss of the current workforce.

There are very few career paths in the emergency medical services and emergency services. The current model is a “train and leave” model. The current model is a “train and leave” model.

Paramedics that provide for large, mostly unionized municipal services generally have better pay than their private-sector counterparts ... but not colleagues in rural EMS will disagree.⁽⁵⁾

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Paramedics that provide for large, mostly unionized municipal services generally have better pay than their private-sector counterparts ... but not colleagues in rural EMS will disagree.⁽⁵⁾ The current model is a “train and leave” model. The current model is a “train and leave” model.

Understanding the EMS profession’s dependence on providing an immediate degree-level emergency medical services workforce is critical to the future of the profession. The current model is a “train and leave” model. The current model is a “train and leave” model.

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MICHAEL J. WARD, BS, MGA, MIFireE, FACPE, is adjunct faculty with Emergency Health Services at University of Maryland Baltimore County. Ward retired as a firefighter/medic from a Washington, DC, urban county. He was a director of an EMS degree program for a university medical center and ran two hospital-based paramedic services under a management contract. You can contact him at mward0@umbc.edu.

(1) Committee on Trauma and Committee on Shock. (1966) *Accidental Death and Disability: The Neglected Disease of Modern Society*. Washington DC: National Academy of Sciences.

(2) Shah M. N. (2006). *The formation of the emergency medical services system*. *American journal of public health*, 96(3), 414-23.

(3) Jacobs, Ken, Nereida Heller, Saba Waheed and Sam Appel (2017 February) *Emergency Medical Services in California: Wages, Working Conditions, and Industry Profile*. Berkeley CA: UC Berkeley Labor Center and UCLA Labor Center.

(4) Ward, Michael (2018 May 29) *EMS turnover and compensation reports*. Reston, VA: CompanyCommander.com.

(5) Hennelly, Bob (2019 January 20) *De Blasio Defends Big Gap in Pay Separating EMS from Cops, Fire: Says 'Work is Different' To Justify Nearly \$40,000 Gulf in Top Salary*. New York, NY: *The Chief Leader*.

(6) Carr-Saunders, Alexander M. & Wilson, Paul A. (1933) *The Professions*. Oxford: Clarendon Press.

(7) Perina, Debra (2019 March 1) "EMS is Our Specialty: How We Got Recognized in the House of Medicine" *EMS State of The Science 2019: A Gathering of Eagles XII*. Dallas, Texas.

(8) Ward, Michael J. (2019 February 4) *A reaction to EMS Agenda 2050 and a suggestion for fire-based EMS in 2020*. Reston, VA: CompanyCommander.com.

(9) Ward, Michael J. (2018 September 10) *Paramedicine is not Fire Suppression: a response to Chief Ludwig*. Reston, VA: CompanyCommander.com.

(10) Anderson, Terry H. (2004) *The Pursuit of Fairness: A History of Affirmative Action*. New York, NY: Oxford University Press.

(11) Ray, Lorrie (2018 October 1) "Compelling Analysis in Firefighter's Adverse Impact Suit." Denver, CO: Employees Council. Accessed July 29, 2019 <https://blog.employerscouncil.org/2018/10/01/compelling-analysis-in-firefighters-adverse-impact-suit/>.

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

DO PARAMEDICS NEED DEGREES? YES, BUT WHAT KIND?

Within the industry, there is a vigorous debate about whether there should be a degree requirement for paramedics in the United States. There are respected members of the profession on both sides of this debate.

For the record, I do support an AS degree requirement for entry-level paramedics. If we look at other professions that have moved to a degree requirement, we can see some of the tangible benefits that come with that, such as improved pay and conditions. We may also identify other benefits.

Minnesota was one of the first states in the nation to require an AS degree as a minimum for law enforcement officers, moving law enforcement from a glorified blue-collar job to a more educated profession that had a fewer incidence of corruption and drug use. It was a panacea by any means, but moving to educated law enforcement officers, rather than academy-trained law enforcement officers for the officers and for their communities.

We can see the same potential benefit for paramedics. A paramedic degree requirement will ultimately bring the profession to pay and benefits — particularly for those educated EMS leaders and those who are not. It will also bring the step from a blue-collar job to an actual profession (we, as a profession, don't even put together as well as the medical field).

What degree(s) should we require?

If we are supporting increased education of our providers, we should not stop halfway at an Applied Science program. AS programs are intended to be a step of general education in and of themselves. They provide a slightly more general education than a high school diploma. More importantly, they are supporting higher education for paramedics. It should be education that is easily transferred toward a bachelor's degree program.

In most cases, an AS degree holder will find themselves having to spend more time completing general education requirements before focusing on their major. The benefit to the AS degree is that it is relatively inexpensive, but meets many of the transfer goals toward a bachelor's degree in the

future, and will meet or exceed the technical education needed to enter into the profession as a paramedic in our current state. By the way, it also means programs could maintain a “certificate” course for those who want to become paramedics, and already have a Bachelor's degree (they may only require a few additional classes).

What happens when there is no degree requirement? We have a lot of paramedics who are not educated. In our current state, I would like to see an expanding degree requirement of the AS program for paramedics. We can see the benefits of that to our profession. I would like to see a requirement that we all have to meet. I don't want to see a requirement that only local paramedics have to meet.

The paramedic degree requirement is a step toward a more educated profession. It is a step toward a more professional profession. It is a step toward a more educated profession. It is a step toward a more professional profession. It is a step toward a more educated profession. It is a step toward a more professional profession.

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ROBERT BALL

MBA, NRP

Again, there are plenty of places one can learn finance. We don't need to try and create special “EMS finance” programs.

Finally, some people have estimated that people (public and private companies every day) learn and have up to three distinct careers in their working lives. While public safety has been somewhat insulated from these changes for years, they are changing the way we work.

Why would we paramedics hire a paramedic degree holder with limited use of the degree? Why would we not support the degree holder who is choosing a good business school or public school? Why would we not support the degree holder who would bring the same knowledge back to the field? Why would we not support the degree holder who chose to leave, to injury, to the field?

Paramedics are not the only ones for our profession who will decide to leave. We don't need a degree to leave. We don't need a degree to leave. We don't need a degree to leave. We don't need a degree to leave. We don't need a degree to leave. We don't need a degree to leave. We don't need a degree to leave. We don't need a degree to leave. We don't need a degree to leave. We don't need a degree to leave.

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ROBERT BALL, MBA, NRP, has been in EMS since 1980. He has held leadership roles in EMS, public safety and education. He is currently the Manager of the Minnesota Department of Transportation in Minneapolis, MN.

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've spent my entire career promoting professional development, continued education, and career advancement within OUR industry ... and it's refreshing to see EMS finally taking some responsibility!

While I'm not opposed to degrees within our industry (EMS is a profession, in whatever else you want to call it) - which is a "debate" for another time and a while, I do have a certain degree of concern toward the roll-out ... the implementation of degree requirements for EMS providers.

I will say, I tend to lean slightly toward the side of opposition at the present moment ... simply because of one thing.

The fact of the matter is that, our industry - EMS - is still a broken industry ... and requiring degrees is not necessarily the first

Yes, requiring degrees will help ... but there are a few necessary components that we need to fix, first, before we add to the structure. We need to lay our foundation first.

We need to establish the industry.

We need to determine "what" we're selling, "who" oversees the "how" and the quality, "where" we expect the "where" changes happen, and "why" we've determined to perform this job.

After that, we can talk about degrees. After that, we can talk about compensation commensurate pay ... other that, we can talk about reimbursement.

Should we be required to have degrees? Heck, yes!

We should have had this established into our structure decades ago ... before recruitment and retention were never planning to fail.

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)!

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 ... and I'm glad that I've been held particularly, those that have not done anything to move to learn our industry better than how we found it!

Now, please don't mistake my "what-ifs" for "I-would-have-retired-earlier" or "I-would-have-retired-earlier" or "I-would-have-retired-earlier" ... I'm not saying that I would have retired earlier ... I'm not saying that I would have retired earlier ... I'm not saying that I would have retired earlier ...

If you're reading this article, this means that someone didn't include you (likely a Millennial) and industry has done a heck of a job ... "screwing" the industry for all sorts of reasons ... and I'm not saying that "I" would have retired earlier ... I'm not saying that "I" would have retired earlier ... I'm not saying that "I" would have retired earlier ...

EMS is a broken industry ... and requiring degrees is not necessarily the first

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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 ... the fact that someone (now) won't take the time to do it better - for the future.

And finally, we have to stop this burden ... has been passed on to the new generation of EMS leaders (rather than being tackled by its departing leaders) ... and I feel guilty for that.

I wish that I would have done more - years ago - to fight this battle. I used to advocate heavily for someone who was really interested in the industry and push for change. But, the social media nature of things will allow our industry to grow beyond what we've done in the past? This, unfortunately, is not an excuse. In fact, we've had previous mechanisms for communication for years and I'm glad to see that we're finally through the implementation of this process!

Do you think I don't include EMS in my degree? Absolutely!

We need to lay our foundation, first, before we start building the structure. Our foundation has already been poured ... it's just been sitting there, waiting for the structure to be built.

Doing this now is a good thought process ... and I think it might have been a great idea ... but it's certainly no longer a good idea ... It's time to move past this wall ... it's starting phase of EMS ... and I think the definition of EMS is not what we've considered as "phase 1" of EMS ... it's a new identity.

Henry M. Pike (Ret.), is a retired paramedic, EMT, and emergency specialist who has worked in both urban, rural, and hospital medical settings for over 20 years. He enjoys freelance writing and has experience with on-and-coming EMS leaders in order to provide the advancement of the EMS profession.

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DEGREES FOR NEW PARAMEDICS SHOULDN'T BE THE NEW STANDARD

DAN GREENHAUS

BSc, NREMT

There is a huge push among certain groups within EMS to require all new paramedic candidates complete a degree in EMS before they can sit for their paramedic exam. The question that I asked to all these people is, "why?"

Does the expense required for this strategy outweigh the benefit of having a degree? Since there is a required "paramedic shortage" nationwide, is it really beneficial to make the cost of being a paramedic currently have so many expenses?

THE ROI OF A COLLEGE EDUCATION

At its most basic level, every college student is investing time and money into their education with the expectation that the investment will pay off. How much money as they invest in college during their career? Most people who attend college are hoping they can get a good return on their investment. College isn't cheap, and some schools are much more expensive than others. On a nationwide scale, college debt is increasing.

The National Association of EMS Educators (NAEMSE) has been pushing for a requirement for paramedics to have a degree in EMS. What might not be so clear is that it is in the public's best interest to make paramedics have a degree in EMS. The idea of a degree in EMS is to make sure that paramedics have the necessary skills to be successful in their careers. The degree program is designed to provide the necessary skills to be successful in their careers.

Students are required to take the course and pass the exam. The course is designed to provide the necessary skills to be successful in their careers. The degree program is designed to provide the necessary skills to be successful in their careers.

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WHAT SHOULD THE DEGREE PROGRAM INCLUDE?

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STANDARDS IN THE EMS PROGRAM

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Consider these 10 facts:

- Total Student Loan Debt in U.S. is 44.2 million
- Total U.S. Borrowing is 44.2 million
- Student Loan Interest is 11.2%

In 2016, the average student loan payment increased by \$20,000. The Reserve estimates that the average loan payment in 2016 was \$393.

Emergency Medical Professional Development

EMSDI

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 position as a paramedic, not least not without the entire industry agreeing that EVERY paramedic needs to earn a degree in order to continue working as a paramedic.

I would, however, suggest a mandate that all paramedics need to earn an associate's or an EMS-related degree as a condition of their renewal of their certification. This would result in them gaining experience in the industry, real world practical application, and continuing their education.

If they want to become critical care paramedics, then they need to further their education and earn a bachelor's (or live with the NAEMSE position paper), where they can build upon their EMS experience and apply it to the new field. The same can be said for community paramedics; there are new areas of practice for them and are typically not held by new paramedics. Earning additional education, even coupled with experience makes perfect sense. This could also hold true for EMS supervisors/managers. Education is important, but so is practical experience.

IS THERE AN INDUSTRY-DETERMINED NEED FOR A DEGREE?

I'm not anti-continuing education, nor am I against the advancement of the profession. I am, however, against education simply for the sake of education. The only thing a degree shows is that a person was willing to remain dedicated to finishing the time and education commitments required.

As an industry, we have been pulled away from unproven degrees (let's bring oxygen can't hurt, we can't put a wet sponge to a flat piece of plastic, right, and wrong) save precious space (called EMS calls, etc.) which, for years, were relegated to EMS classes throughout our country. These transitions have been based on no evidence.

So, where is the objective research that 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 lacking and needs to be revised so that more people can appropriately pass their entry-level exams?

So, with all of the research requirements and requiring a degree for entering the profession, what part of the entry-level job has mandated that it must require a college education?

PREDICTIONS FOR THE FUTURE

I do think that the minimum education level for all entry-level paramedics should be based on education, with additional training being needed to degree holders to further their education and/or to provide additional education to those who should be required for the paramedic position that would not require them to have a field experience on the ambulance.

It's not the education that is the problem, it's the industry that is the problem. And if the industry is the problem, then the industry is the problem.

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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 Wake Community College system, regularly teaching EMT initial and continuing education courses for fire departments. Dan is the President of Operations at Emergency Services Educators and Consultants and can be reached at Dan@ESECTraining.com. He holds a Bachelor of Science in Education Management and Technology from Southern University and is currently completing his Masters in Business Administration from the University of North Carolina.

(1) <https://www.ems1.com/EMS-News/EMS-Education/2018/07/15/heres-how-much-more-money-degreed-paramedics-earn-than-non-degreed-paramedics-when-they-get-promoted>

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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!).

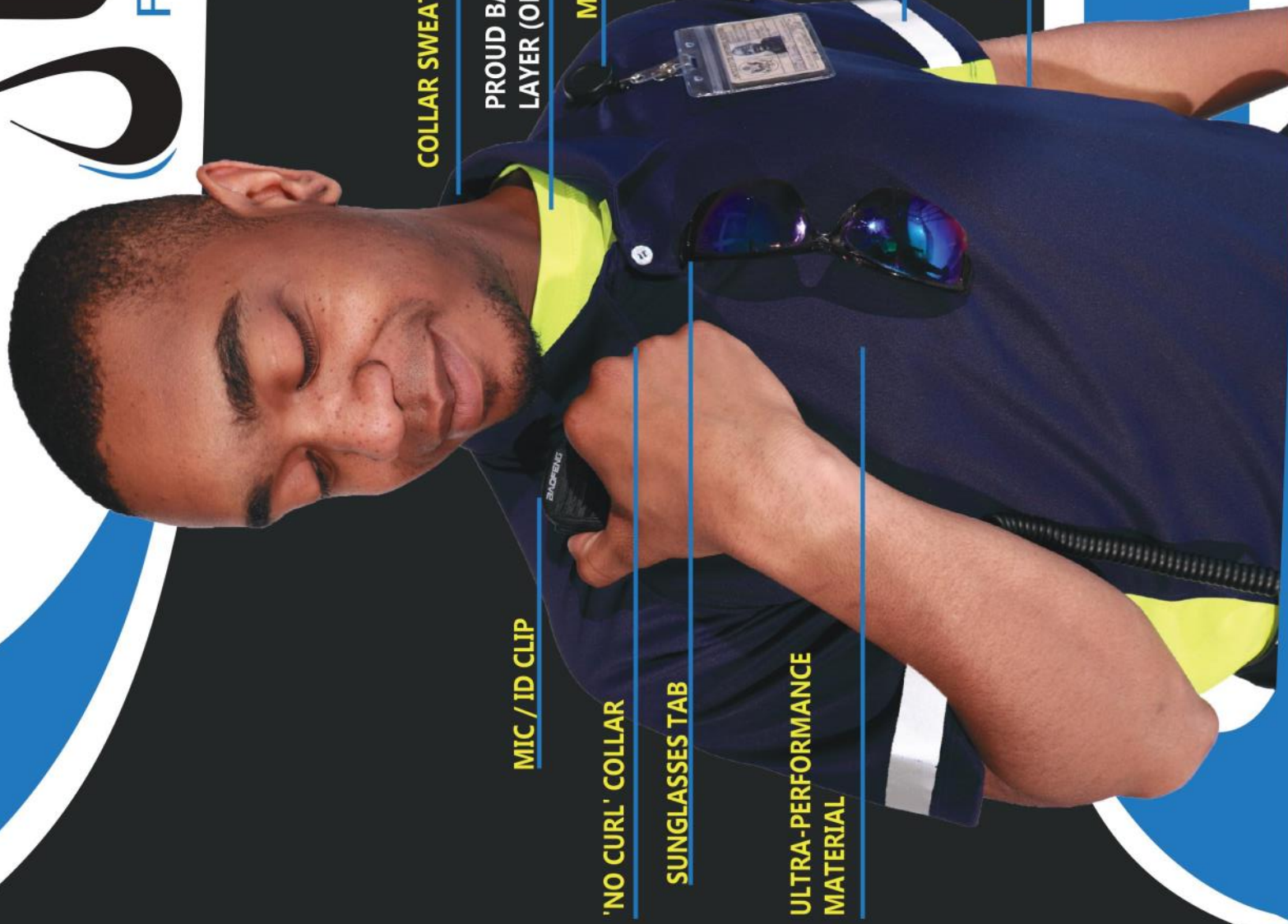
Just as the **EMS3i** section of this magazine promotes ... I want insight, innovation, and integration to be at the forefront of this magazine (and our industry). In order to do that, I ask for your support.

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

Tim Nowak, Editor-in-Chief

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