



INTERNATIONAL ASSOCIATION  
OF FLIGHT PARAMEDICS

REVOLUTIONIZING CRITICAL CARE TRANSPORT

# FP NEWS

February 2006

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## *IAFP AMTC Pre-Con Gives You the Tools You Need to Succeed*

### Developing a Leader from Within

*Anthony Pellicone, President-Elect*

This year, at the AMTC in Phoenix, the IAFP will be holding a pre-con seminar on development and leadership. As the President Elect, I believe that leadership and the development of its membership is imperative to the future of the Association and its members. We are the ones, as leaders, who need to give our employees what they need to succeed and make our organizations perform at a premier level.

Succession planning, customer service, employee empowerment are all things that we as leaders need to understand, appreciate and utilize to create a workforce that continues to grow and develop. It is not only the leaders. Members and employees need to recognize their potential and make management aware of their desires, goals and ambitions.

This is the first of a three part series in preview for the attendees of the seminar. This edition focuses on one of the speakers; Kathleen Gallo, from the North Shore-LIJ Health System in New York.

Kathleen Gallo is the Chief Learning Officer for the North Shore-Long Island Jewish Health System (NSLIJHS), Great Neck, New York. Under her leadership, Corporate Human Resources, Service Excellence and the Center for Learning and Innovation (the health system's corporate university) support the health system's vision to be a national healthcare leader, committed to excellence, compassion and improving the health of the community.

Kathleen is responsible for leadership development throughout the organization; the creation and implementation of a comprehensive learning strategy, built on a system-wide culture of continuous learning, in support of the health system's business objectives; the development of a new HR architecture

Continued on Page 2

that transforms the role of human resources into a strategic business partner; and the development and implementation of a system-wide service excellence strategy that leads to a culture of exceptional customer service.

Within NSLIJHS, Kathleen has served as System Director for Emergency Medicine and Vice President for Emergency Medical Services. She has more than 25 years experience in emergency nursing, having held a variety of clinical and administrative positions in tertiary care hospitals on Long Island. In addition, Kathy is a faculty member at several Long Island universities.

A noted speaker, Kathleen addresses a wide range of subjects including "Future Workforce Requirements," "Creating a World Class Learning Organization," "Building High Performance Teams," "Effective Leadership for Today's Workforce," "Negotiation and Conflict Resolution," "Weapons of Mass Destruction," and "Hospital Emergency Preparedness Qualitative Research."

Kathleen received her Bachelors Degree at Regents College, University of the State of New York. Her graduate and post-graduate education is as follows: Masters in Science from the State University of New York at Stony Brook; Ph.D. from Adelphi University, Garden City, New York; Masters in Business Administration, also from Adelphi University. Kathy was inducted into the 2005 Hall of Fame at Adelphi University School of Nursing, received the 2005 Distinguished Alumni Award from State University of New York at Stony Brook and is included in the 2005-2006 Empire Who's Who of Executives and Professionals.

In the next newsletter, we will give an overview of the topics and presentations that will be offered at the AMTC pre-con.

### *Part Two in the May issue of the FP News*

**Plan now to join Dr. Gallo and your fellow leaders,  
Sunday, September 24, 2006**

#### **Important Association Dates:**

- **Tim Hynes Nominations due March 3, 2006**
- **Next Board of Directors Meeting: CCTMC, April 2, 2006, 0800-1800  
Members Welcome**
- **Next General Membership Meeting: AMTC, September 24, 2006, 1700-1800**

## The Flight Paramedic News

### Executive Committee

**Gloria Tavenner Dow, NREMT-P, FP-C**

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**Anthony J. Pellicone**

President-Elect: Southside Hospital—

LIJ Health System

**Kenneth L. Sheldon**

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**Ron Walter, BS, NREMT-P**

Immediate Past-President: STAT MedEvac

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BCCTPC Liaison: Air Trek Air Ambulance

**Jon Gryniuk, NREMT-P, CCEMT-P, FP-C,  
CAMTS Rep.**

Life Net of New York

**Jason Hums, CCEMT-P**

Loyola Lifestar

**Brenda Kubiak, FP-C**

ARCH Air Medical Services

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Monica Newman

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## Celebrating the Past...Creating the Future

*Monica Newman, Account Executive*

This year, the IAFP celebrates its 20-Year Anniversary as a leading professional organization.

In 1986, the National Flight Paramedic Association incorporated in Phoenix, AZ, with Dave Samuels serving as President. Since that time, the Association has grown to a 1,000 member-strong international organization. We are proud to welcome member representation in eight countries, prompting a name change last year to reflect our international presence.

Over the years, the Association has been instrumental in developing best practice standards and has submitted multiple position papers and professional practice documents for the critical care transport paramedic. Our prestigious Tim Hynes Award, in its eighth year, recognizes paramedics who have made significant contributions to the paramedic profession.

One of the most notable achievements the IAFP has to its credit is the development of the Flight Paramedic Certification Exam, which has certified over 700 paramedics since 2001. To maintain test integrity and secure validation, the FP-C Program is now administered by an independent Board for Critical Care Paramedic Certification.

The IAFP is a continual co-sponsor of the Air Medical Transport Conference and the Critical Care Transport Medicine Conference. We continue to work closely with partner organizations to develop strong educational offerings for members and the profession.

As we look to the future, our Board of Directors are hard at work developing programs and opportunities that will lead us into the next 20 years.

This year the Association Board of Directors is laying the groundwork to form a European Chapter of the IAFP.

There is also a movement underway to explore the development of a Political Action Committee along with NEMSMA, NAEMT, NAEMSE, and NAEMSP. The Flight Paramedic Study Guide is being rewritten to reflect recent changes in the FP-C Exam and enhance your exam preparation.

The IAFP will be commemorating the Association's 20<sup>th</sup> Anniversary by introducing a 20<sup>th</sup> Anniversary pin available for sale at the ACTMC. There are also several celebratory events planned during AMTC in Phoenix.

The IAFP would like to thank its members for your continued support through the years. Additionally, thank you to our sister organizations for their efforts in promoting the critical care transport profession. And last but not least, we would like to thank all members who have served on the Board of Directors—especially our presidents: Dave Samuels, Tim Hynes, Jim Bothwell, Jeff Farkas, Jim Stuart, Dave Stansbury, John Clark, Chris Giller, TJ Kennedy, Jonathan Gryniuk, Ron Walter and Gloria Tavenner Dow.

## Advocates for Advanced Practice

Welcome to the 20<sup>th</sup> Anniversary year of the International Association of Flight Paramedics (National Association of Flight Paramedics). While we celebrate years of accomplishment, we've got big projects on our slate for 2006. One of the most important is the National EMS Scope of Practice. The document was published and distributed last year, causing waves of state and national policy discussions. "That's old news", you say. It's starting to affect you in your states already. But it's not old news. It's simply a framework for changes that may affect the rest of our careers. It's up to all of us to build on that framework. Each of you will help interpret document wording. We all have the authority and responsibility to use the National EMS Scope of Practice to build health systems that optimize patient care without sacrificing providers.

A little help as you began to advocate. I called Drew Dawson, at NHTSA, who is as familiar with this as anyone is. He emphasized two points in the existing document. First, the National EMS Scope of Practice recognizes specialized local or regional needs that necessitate thoughtful tailoring of EMS systems. No one is attempting to apply a one-size-fits-all approach to every EMS community in this country. He also asked that people read the document carefully and thoroughly, at least once, before they initiate sweeping changes. The document outlines a common floor for EMS professionals. It is not, and was never meant to be, the ceiling.

The National EMS Scope of Practice work group sidelined the Advanced Paramedic Scope of Practice in the interest of unity and expediency. The IAFP BOD is working with other groups to complete that final portion of the document. Like any national EMS process, the strongest advocacy exists in local systems. This involves all of you. It will determine how you practice, where you practice, and how you are recognized. Help us help you by voicing your concerns.

As you do, I would like you to consider what Advanced Scope of Practice is. Also, consider what it is not. We like things to be defined. Lists seem to help. We list our years as paramedics. We list the skills we can perform. We list the medications we can give. I don't think those are the heart of Advanced Practice. Advanced Practice is expanded scope and expanded responsibility for enhanced patient benefit.

### **The difference between practice and advanced practice is what you do.**

You look at lab values and consider potential medication interactions. You adjust ventilator settings based on patient physiological response. You can integrate complex pathophysiology in your treatment plan. You discuss interesting presentations and dilemmas, listening to alternate approaches. You follow-up on patient outcomes. – "Did I catch everything? Was there something we could have done better?"

**The difference between practice and advanced practice is what you don't do.** You don't attempt procedures without back-up plans in mind and in place. Common medication side effects don't surprise you. You don't blame others to cover your difficulties. You don't initiate skills on patients because you need the practice. You don't place provider comfort ahead of patient outcome. And you don't practice in a vacuum.

The difference between practice and advanced practice is why you do, and don't do, things. You participate as part of a health care team because it is good for the patient, the community and, ultimately, the team. You attend educational venues to learn, not for the patches. And you take responsibility for difficult decisions, because you did the best you could for that patient in that situation. You do the right thing.

Advanced Practice isn't about a skills list as long as your arm. It's not about the years you've carried your card in your wallet. And it's not about being one-up on someone else. Advanced Practice includes both the art and science of paramedicine. It comes from education, awareness, and hands-on, mind-open, patient-touching experience. It is what you do for your patients. It is not what you do to them. That is the floor of Advanced Practice. All of us working together can write the framework. I encourage each of you to reach for the ceiling.

*Happy 20<sup>th</sup> Anniversary,  
Gloria Tavenner Dow, President*

**Note:** IAFP Board Members will be participating in a Critical Care/Advanced Practice Discussion group at CCTMC, Monday, April 3. If you can't join us, please get your comments and suggestions to BOD members before April 1.

## 2006 Tim Hynes Award

The IAFP is looking for outstanding paramedics within your program for consideration for the *2006 Tim Hynes Award*. While it is our desire to be as inclusive as possible, the following criteria have been established:

1. All paramedics nominated for the *Tim Hynes Award* must be active members of the IAFP at the time of their nomination, and may not be sitting on the current IAFP Board of Directors.
2. While individual acts of heroism will be considered, our ideal candidate will have demonstrated a long-term commitment to promoting the paramedic profession. Examples of this kind of commitment may include community service, public safety education, injury and illness prevention programs, enhancements in patient care, or safety of the transport environment.

### The 2006 Tim Hynes Award Recipient will receive:

1. The Award, to be presented during the **2006 Critical Care Transport Medicine Conference**. This year the conference will be held April 3-5, 2006, in Las Vegas, NV.
2. Complimentary registration to the 2006 Critical Care Transport Medicine Conference.
3. A \$500.00 cash award.
4. Complimentary registration to any **Critical Care Transport Certification Review course**. (Travel expenses are the recipient's responsibility. Recipient must complete the review course and Exam within one year.)
5. The Award, the recipient's accomplishments, and the information about the recipient's program will be showcased on the **IAFP website** and in the *FP News*.
6. The recipient will receive a one-year extension to their IAFP membership.

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## Submission Form

Nominee's Name: \_\_\_\_\_ Program Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Contact Phone: \_\_\_\_\_ Program Phone: \_\_\_\_\_

Program Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Nomination Submitted By: \_\_\_\_\_

Please complete this cover sheet and then attach any documentation you feel would support your nomination of this paramedic for the *Tim Hynes Award*. We anticipate a competitive environment and encourage you to be as complete as possible.

Please forward your completed packet to:

**IAFP Tim Hynes Award**  
4835 Riveredge Cove  
Snellville, GA 30039  
Fax: 770-979-6500

**Submissions must be received in our office by 1800 EST on Friday, March 3, 2006.** Thank you for taking the time to nominate a Flight Paramedic for this prestigious award.

The *Tim Hynes Award* is proudly sponsored by:



## In the Works...European Chapter

*Ron Walter, IAFP Immediate Past President*

The IAFP met with several of our members from Germany in Austin Texas this fall to discuss the development of a European Chapter. At this preliminary planning meeting we evaluated the process needed to develop this chapter and outlined some objectives. Juergen Gollwitzer and Achim Huwer are enthusiastic and committed to the project and were tasked with discussing this with their colleagues in Germany.

Since our first meeting Juergen and Achim have been very busy laying the groundwork for a successful European chapter. At this point, the goal is to first establish a strong German chapter and work from that foundation to expand the chapter to other flight paramedics in Europe.

Congratulations! The group has launched its new web site at [www.flightparamedic.de](http://www.flightparamedic.de). Take a few minutes to brush up on your German and check out their site. The first priority of the web site is to educate the professional paramedics in Germany about the IAFP and the FP-C exam. They have posted a survey on their web site to poll the flight medic to find out their concerns and feeling about the establishment of the IAFP chapter and the possibility of bring the FP-C exam to Germany.

To date, Achim reports the new web site has stimulated a lot of discussion among the German paramedic profession. So far the feelings are mixed with some seeing the advantage of the association and the FP-C exam with other thinking it may be too professional for German EMS.

Over the next few months the web site will continue to provide the German paramedics with the opportunity to openly discuss the opinions and issues surrounding the development of a German chapter of the IAFP.

Plans are to hold a meeting in early May in Germany to discuss an implementation plan, work out membership and operational issues, and develop a set of working by-laws. We will also be discussing the possibility of having the FP-C exam translated into German. The IAFP is working to find a corporate sponsor for this meeting. We are confident that through the hard work of our members in Germany we should be able to see the German Chapter up and running prior to AMTC this fall.



### FP-C

#### Future FP-C Exams

March 10, 2006	0900-1100	Jacksonville, FL
April 2, 2006	0800-1000	CCTMC Las Vegas, NV
June 10, 2006	0900-1100	Griffin, GA
June 18, 2006	0900-1100	Modesto, CA

#### To Register

- Call the BCCTPC office at (770) 979-6372
- Registration form available online at [www.certifiedflightparamedic.org](http://www.certifiedflightparamedic.org)



#### Future Critical Care Transport Certification Reviews

March 8-9, 2006	0900-1800	Jacksonville, FL
March 31-April 1, 2006	0900-1800	Las Vegas, NV
June 16-17, 2006	0900-1800	Modesto, CA

Register Online at: [www.fpcreview.com](http://www.fpcreview.com)

# CAMTS Update

*Jonathan Gryniuk - IAFF CAMTS Representative*

## **Executive Summary – CAMTS Board Meeting – October 21-22, 2005**

The Board of Directors met in Austin, TX prior to the Air Medical Transport Conference. Dr. Ralph Rogers welcomed the new Board representative for AACN- Mr. Michael Day. Mr. Day is the Clinical Nurse Specialist/Outreach Coordinator for Northwest Medstar in Spokane, WA.

Dr. Rogers and Ms Frazer related their meetings in Washington DC a few weeks ago. They spoke at the ACEP Medical Transport subcommittee and met with the U.S. Army Surgeon General's Office regarding contracting with CAMTS accredited programs. They also met with the Deputy to the General Council for the DOT regarding brokers and fixed wing services. The Board discussed alerting each state Attorney General's Office about the false advertising that occurs with brokers who claim to be an air ambulance and therefore misinform the public. The CAMTS office will send out these notifications by the end of 2005.

In efforts to fully understand how the long range transport business is conducted, the CAMTS office did a survey of all the fixed wing operators providers to get feedback on definitions below. Of the 116 surveys sent out, 46 responded. Twenty-one were hospital based or affiliated and twenty-five were non-hospital based or affiliated. Thirty-three responses were from accredited services and thirteen responses were from non-accredited services. There was further follow-up at the Town Hall Meeting held on October 26th during the AMTC. There was general agreement regarding the following definitions which will be part of the standards revisions:

Referred Flight – transferring a request to another service because the medical transport service is unable, unavailable or unwilling or due to patient condition, location or destination. The service does not handle billing or coordination for a referred flight and does not receive a fee.

Brokered Flight – transferring a request to another service because the medical transport service is unable or unwilling or due to patient condition, location or destination. The service will not coordinate the transport but will bill the patient and expect a broker fee.

Outsourcing – transferring a request to another service but retaining control of the coordination throughout the transport. The service may add a fee for coordinating and flight following during the transport.

Sub contracted flight – when another service is used to supply a portion of the transport such as the aircraft or the medical team if the service's aircraft is not available or is not appropriate or the medical team is not available nor appropriate. The service will bill the patient for the transport.

The Accreditation Standards Committee met on Sunday October 23. Dr. John Wish, the AAMS Research Committee Chair, presented the results of their recent pilot survey – 40% of the respondents stated safety was not a priority in their service. Dr. Wish also advocated an auto launch procedure. Mr. Jonathan Godfrey, the survivor of the Potomac River accident in January, 2005, addressed the committee regarding recommendations for standard revisions on helmets, survival training, flight following and black boxes in the cockpit.

General discussion regarding the standards included the following:

- Implementing the same duty-time requirements for medical personnel as stipulated by the FAA for pilots.
- Requiring helmets for all rotorwing operations
- Changing the weather minimums and the definition for local flying area.

Comments from the committee should be back to Ms Demmons, the committee Chair, by December 1 – the first draft of revisions will be posted on the website by December 15, 2005 for comment from the medical transport community at large. .

Ms Rogers reported on the Site Surveyor Annual Breakfast Meeting – Sunday, October 23. A new Board Report format was discussed. Ms Rogers provided an update on recent site visits and the internal QM audit results and the ongoing process. It was also decided that Board reviewers would follow the same format for presentations to the full board starting with the first meeting in 2006.

Mr. Tom Cahill presented a format for electronic submission of the PIF. Instructions and explanation will be provided to workshop attendees and will be posted on the website. The Board decided that after April 1, 2006, hard copies of the PIF will no longer be accepted.

There were 11 accreditation deliberations and 8 progress reports reviewed by the full Board. The Executive Board reviewed 40 progress reports. There are now 112 accredited medical transport services. Of the accreditation deliberations, the following services were awarded accreditation:

Newly accredited:

AeroMed Alaska – Anchorage, AK	FW
Med Flight – Columbus, OH	RW/FW/G
Medi-Flight – Oklahoma City, OK	RW/G
Mercy Flight – Great Fall, MT	RW/FW

Reaccredited:

Classic Lifeguard – Page, AZ	RW/FW
Careforce – Columbia, SC	RW
EagleMed – Wichita, KS	RW/FW
Life Flight – Evansville, IN	RW
Life Net of Georgia – Atlanta GA	RW
Life Reach – Columbia, SC	RW
PHI Air Medical – CA – Modesto	RW/FW
Shriners Transport – Cincinnati, OH	FW
Valley Air Care – Harlingen, TX	RW/FW/G

The workshop entitled “Preparing for Accreditation” was very well attended. The Board decided to hold another workshop prior to the CCTMC conference, sponsored by AMPA, on Monday, April 3rd from 8:00 to 12 noon at Harrah’s in Las Vegas.

Meeting adjourned on October 22nd. The next Board meeting will be held in Las Vegas– March 31- April 2, 2006.

For questions or comments regarding CAMTS, please feel free to contact your IAFP representative via e-mail at [Jgryniuk@nycap.rr.com](mailto:Jgryniuk@nycap.rr.com)

Reprinted from [www.camts.org](http://www.camts.org)

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*Share the FP News! Print your electronic copy, post it at work...share with those who are not members and encourage team involvement.*

# Air Medical Safety Advisory Council Report

“Safety Above All”

*By Cliff Larrabee IAFP Board Member at Large*

The Air Medical Safety Advisory Council (AMSAC) meets semi-annually, once in the spring and again at the AMTC in the fall. The fall meeting was held October 24, 2005 in Austin, Texas. The official minutes of this meeting have not been published at this time.

The meeting was well attended and there were several members of both the National Transportation Safety Board (NTSB) and the Federal Aviation Administration (FAA) in attendance. There was a discussion about the working relationship between the NTSB, the FAA, AAMS, CAMTS and the Helicopter Emergency Medical Services (HEMS) community. Topics ranged from working together to increase safety to the need to identify and collect important data necessary to effect change. There was a short discussion on the EMS pilot certification based on the Canadian model.

The FAA published a notice, N 8000.301, on August 8<sup>th</sup> 2005, which encourages HEMS operators to develop a risk assessment program that identifies possible risk factors and the dangers those risks pose to the patient and flight crew. All aircraft operators involved in the transport of medical patients should actively promote the use of risk assessment models. This action is voluntary at this time.

The AMSAC website address is: [www.amsac.org](http://www.amsac.org). The website is getting better all the time and now you can review and make comments on all of the recommended practices during the draft process. [www.amsac.org/recommendpractices\\_draftsRPS\\_sendcomment.asp](http://www.amsac.org/recommendpractices_draftsRPS_sendcomment.asp).

The next AMSAC meeting in the spring will be hosted by Flight Safety.

## National Transportation Safety Board

On January 25, 2006 the National Transportation Safety Board (NTSB) held a public meeting to report on the Board's investigation of the Air Emergency Medical Services Operations. The NTSB's conclusions and safety recommendations are as follows, with the final report and recommendations in final stages of completion by agency staff.

The Board reviewed 55 accidents between January 2002 and December 2005, both rotor wing and fixed wing. The investigation identified the following recurring safety issues:

- Less stringent requirements for EMS operations conducted without patients onboard;
- A lack of aviation flight risk evaluation programs for EMS operations;
- A lack of consistent, comprehensive flight dispatch procedures for EMS operations; and
- No requirements to use technologies such as terrain awareness and warning systems (TAWS) to enhance EMS flight safety.

### The NTSB investigation came up with the following conclusions:

1. The safety of emergency medical services (EMS) operations would be improved if the entire EMS flight plan operated under Part 135 operations specifications; 35 of the 55 accidents in this special investigation occurred with crewmembers on board but no patients on board.
2. The minimal contribution of medical personnel to the safe operation of emergency medical services (EMS) flights is not sufficient to justify operating EMS positioning flights under the less stringent Part 91 requirements.
3. The implementation of flight risk evaluation before each mission would enhance the safety of emergency medical services operations.
4. Formalized dispatch and flight-following procedures, including a dedicated dispatcher with aviation-specific knowledge and experience, would enhance the safety of emergency medical services flight

Continued on Page 10

operations by providing the pilot with consistent and critical weather information, assisting in go/no go decisions, and monitoring the flight's position.

5. The use of terrain awareness and warning systems would enhance the safety of emergency medical services flight operations by helping to prevent controlled flight into terrain accidents that occur at night or during adverse weather conditions.
6. If used properly, night vision information systems could help emergency medical services pilots identify and avoid hazards during nighttime operations.

As a result of this special investigation, the National Transportation Safety Board makes the following recommendations:

**To the Federal Aviation Administration:**

1. Require all emergency medical services (EMS) operators to comply with Part 135 operations specifications during the conduct of all flights with medical personnel onboard. (A-06-XX)
2. Require all EMS operators to develop and implement flight risk evaluation programs that include training all employees involved in the operation, procedures that support the systematic evaluation of flight risks, and consultation with others trained in EMS flight operations if the risks reach a predefined level. (A-06-XX)
3. Require EMS operators to use formalized dispatch and flight-following procedures that include up-to-date weather information and assistance in flight risk assessment decisions. (A-06-XX)
4. Require EMS operators to install terrain awareness and warning systems on their aircraft and to provide adequate training to ensure that flight crews are capable of using the systems to safely conduct EMS operations. (A-06-XX)
- 5.



AAMS has adopted Vision Zero as our community's safety program. Vision Zero was originally developed in Sweden to bring the motor vehicle accidents involving fatalities and serious injuries to zero. The concept is that every member of our community must commit to Zero Errors of Consequence with no fatal crashes or serious injuries. As a community we must agree to a system of measurement and commitment in order to implement the best practices that will enable us to reach this goal.

Vision Zero has a web page at <http://visionzero.aams.org>.

The goal of Vision Zero is for each and every one of us to live and breathe Vision Zero every day, every hour, every minute, and every second. We must work together to achieve Vision Zero – Zero Errors of Consequence!

Vision Zero to this point has developed a web page, released a white paper, sponsored safety sessions at AMTC in Austin, sponsored a night vision goggle conference, and is working on numerous other projects to improve the overall safety of the air medical community.

Be safe and grow old.

Cliff

# Critical Care Transport Medicine Conference

Additional information available at [www.flightparamedic.org](http://www.flightparamedic.org).

## CONFERENCE REGISTRATION

Harrah's Las Vegas Hotel & Casino  
Las Vegas, Nevada  
April 3-5, 2006

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Transport Program: \_\_\_\_\_

Member:  AMPA  ASTNA  IAFP  NAACS

Home Address: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

CCTMC Pre-registration  
Payment received prior to March 31, 2006:  
\_\_\_\_\$245.00 Member \_\_\_\_\$275.00 Non-Member

Make check payable in US Funds to the  
Air Medical Physician Association and mail to:  
CCTMC, 951 E. Montana Vista Lane, Salt Lake City, Utah 84124.  
Or charge to VISA or MasterCard:

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

To register by phone with a credit card,  
call Pat Petersen at 801-263-2672 or fax  
registration form to 801-534-0434

Presented by

- Air Medical Physician Association (AMPA)
- Air & Surface Transport Nurses Association (ASTNA)
- International Association of Flight Paramedics (IAFP)

With Participation by

- National Association of Air Medical Communication Specialists (NAACS)

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Critical Care Transport 0  
Medicine Conference 0  
6





### ACCOMMODATIONS

Harrah's Las Vegas  
3475 Las Vegas Boulevard South  
Las Vegas, NV 89109

Individuals may make reservations by calling the Harrah's Reservations Dept. at 888-458-8471. In order to obtain the conference room rate, please refer to our group Code S03AMP6. Reservations must be made by Feb. 28, 2006, in order to receive the conference rate.

## Challenging Situations: Personal Evolution of a Female Flight Paramedic

*Brenda Kubiak, EMT-P, FP-C Base Medical Supervisor, IAFP BOD*

As I reflect on my twelve years of being in EMS, I can't help but think of all my challenging experiences—not necessarily those of patient care, but those of me being a female in a male dominated field. For example, when I applied for my first job as a paramedic I was told, "No thank you. I have all males here working 24-hour shifts and I don't think this would be a good idea." I, of course, was upset by this but not discouraged. I eventually obtained a full time position as a paramedic at a busy service on an ALS ambulance, which gave me the experience in patient care that would prepare me for my career.

As the years flew by, I decided it was time for me to move onto my next goal and become a flight paramedic, I felt that I was prepared for this. The problem—once again a male dominated field. Once again I was upset but very determined.

Three years after initially trying to obtain this goal, I finally received the job and became the first full time female paramedic my company has ever had. Two years after I started, I obtained my FP-C. (Only one other medic has it here.) My third year I became a base medical supervisor, and I absolutely love my job!

I decided that this was not quite enough, so I ran for the Board of Directors for the IAFP and received the honor of serving my fellow paramedics. Life is good. I am thankful that I never gave up on my goals although many times it has not been very easy. Times have changed. This field is not so much a male dominated field anymore. However, I am still the only female medic at my company—for now. These days my biggest challenge is balancing my career and my family.

I truly believe in the saying, "*It's all what you put your mind into,*" and I say to that-- keep your goals in mind.

Want to get more involved in the IAFP, please contact any of your board members.

### Celebrate 20 Years of IAFP Accomplishment

#### **IAFP Pre-Con**

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*Presented by: Kathleen Gallo,  
Chief Learning Officer for the  
North Shore-Long Island  
Jewish Health System  
(NSLIJHS), Great Neck, New  
York*

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# BEST PRACTICES

IN EMERGENCY SERVICES

## EMS Leaders Cooperate in an Effort to Gain Political Clout in Washington

Representatives of most of the national EMS associations met in Dallas in January to discuss the formation of an EMS political action committee (PAC), an EMS Congressional caucus and other ways to more effectively lobby on Capitol Hill. This cooperative effort stands in sharp contrast to last year's conflicting positions by the associations on where EMS fits into the federal government.

"We're not going to get anywhere in promoting EMS as a profession if we can't work together," said National Association of EMTs (NAEMT) President Ken Bouvier, who attended the meeting and has actively promoted cooperation between EMS associations. Last year, Bouvier led his 19,000-member association to adopt a policy platform that calls for "open and constructive working relationships with all the major federal agencies involved in EMS, as well as all national associations and organizations that have influence on EMS personnel."

National EMS Management Association (NEMSMA) board member Gary Wingrove, who along with NEMSMA President Darryl Coontz organized the meeting, agreed that cooperation is essential to gaining political clout in Washington.

"Most industries that are successful with Congress, including our public safety partners, police and fire, use a three-pronged approach: A PAC, which supports the campaigns of candidates who are interested in, are proven champions or are in decision-making positions; a caucus, which advances favorable legislation; and lobbying, which works with all mem-

bers of Congress and spawns grassroots activities," Wingrove explained. "EMS will not advance because we constantly complain about our situation. We need good data, and most importantly, we need to work within the system in the way the system is designed. Police and fire figured this out long ago; EMS needs to follow their lead."

Also onboard with the concept is Robert Suter, MD, immediate past president of the 23,000-member American College of Emergency Physicians (ACEP). "Emergency care providers need to stand together and proclaim that all aspects of emergency care, including EMS, need to be recognized and funded as an essential public service," he said. "It is only by supporting each other that we will prevail in increasing the resources available to provide quality EMS and emergency care. If any sector attempts to advance its own interests alone, given the way that DC works, it will likely be at the expense of other emergency care providers."

### Advocates for EMS Expands Governing Board

One of only a few currently existing EMS lobbying groups, Advocates for

EMS is doing its part in reaching out to the EMS community by expanding representation on its board. Advocates for EMS was founded in 2002 by the National Association of EMS Physicians (NAEMSP) and the National Association of State EMS Directors (NASEMSD) to lobby on behalf of EMS policy and funding issues in Washington. "The big news is that Advocates is now looking to expand its board-level membership," said its immediate Past President Mary Hedges. "The National Association of EMTs and the National Association of EMS Educators have agreed, at the invitation of Advocates, to become equal partners. So there will actually be four organizations leading the board of Advocates. Of course, everyone is welcome to join Advocates as members, but the four board-level organizations will be leading the decision-making process as to what areas we will focus on."

Advocates' elected leadership reflects the evolving cooperation among its leading organizations. Newly installed Advocates President is Nathan Williams, who is a past president of NAEMT. Newly elected Advocates President Elect is Robert O'Connor, MD, MPH, FACEP.

*Continued on back*

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who is the current president of NAEMSP. While its four leading organizations foot a large portion of its costs, Advocates also has 37 organizational members, all of which contribute to paying for Cornerstone Government Affairs, which is Advocates' lobbying arm in Washington.

### EMS PAC

The meeting in January was divided into two parts, the first of which was limited to representatives from NEMSMA, NAEMT, NAEMSE, NAEMSP and the International Association of Flight Paramedics (IAFP) to discuss the formation of a joint EMS PAC. None of these member-based organizations has a PAC, yet all expressed interest in forming one, which would allow them to solicit donations from their members to use in supporting or defeating political candidates. In contrast, ACEP, the American Ambulance Association (AAA), the American College of Surgeons (ACS) and others have their own PACs, and were not part of the PAC discussion.

Cornerstone's Lisa Meyer said the process of forming an EMS PAC would require knowledgeable legal counsel and consultation with the Federal Election Commission (FEC), as well as the possible creation of a non-profit corporation. The group agreed to explore the possibility of forming under the umbrella of Advocates for EMS, which is a non-profit; however, NAEMSP Executive Director Deidre Gish-Panjada expressed concern that the PAC might divert funds from Advocates.

The representatives will take the issue back to their respective boards and reconvene by telephone in February.

NEMSMA's Coontz was optimistic but cautious about success. "It's going to take a grassroots effort," he said. "We need to organize ourselves and get a good message out that people will understand and get behind. We're going to need money, organization and a solid message."

### EMS Caucus

Discussion of an EMS caucus included representatives of 13 emergency services organizations, all of which expressed interest in the caucus concept, but also were concerned about maintaining their

ability to represent their individual needs to members of Congress. Representatives from NAEMSP, ACEP, ACS and the American Heart Association, for example, all wanted the organizing issues of an EMS caucus to be large enough to encompass emergency medicine, as well as EMS. "Given the budgetary realities of 2006, healthcare funding overall is a zero-sum game," said ACEP's Suter. "If improving the total resources to provide quality care to patients in the emergency care system is to be achieved, it will be essential for all components of the system to support each others' needs and collaborate in pursuing strategies such as an EMS caucus."

On the other hand, AAA President-Elect James McParton, who attended the meeting, said, "The strength of the EMS community and its success with regards to moving forward with our agenda on Capitol Hill is that we all sing from the same song book. In other words, there's power in numbers, and we need to present ourselves and a cohesive message to members of congress and the federal agencies. But a caucus is only one piece of an overall plan."

At the end of the day, all the attendees agreed that there was an important need for an increased awareness of EMS systems, recognizing that EMS is an essential public service and a major component of the emergency care system. They also agreed that the leading issues for an EMS caucus included but were not limited to: data collection, domestic preparedness, Medicare/Medicaid funding, programmatic funding, and safety and workforce issues. They also agreed that the creation

of a lead EMS office in a specific federal department should not be the primary focal point of an EMS caucus. The representatives will go back to their boards to obtain support for an EMS caucus and will reconvene in April for further discussion.

### Hurdles to Overcome

While many representatives at the EMS meeting expressed optimism about the future, several hurdles must be overcome. Chief among these are competition for influence from already existing PACs and caucuses representing the fire service, nurses and other EMS stakeholders. Neither the International Association of Fire Fighters nor nursing associations were invited to attend the meeting.

Competition for resources is a second hurdle, particularly when it comes to finding a Congressional representative to champion the EMS cause on the Hill and carry the effort to form a caucus. And finally, no lobbying effort can become successful without significant funding support.

Despite these hurdles, Hedges noted that the importance of the meeting should not be overshadowed. "It's significant that the various organizations wanted to come together to talk about unifying in support EMS on Capitol Hill," she said.

Success, added Coontz, depends on follow-through. "We've had a meeting, and everyone said lots of complimentary things, and everyone wants to do this, but we're going to have to keep in contact with one another and make sure everyone is talking to their boards and moving forward," he said.

## Need-to-Know Definitions

A **Political Action Committee (PAC)** is an organization dedicated to raising and spending money to either elect or defeat political candidates. It can be formed under FEC rules as a non-connected, issue-oriented PAC or as a PAC that is connected to an organization or labor union.

A **Congressional caucus** is an organized but informal group of members of Congress that promotes or advocates for a specific interest. The number of active caucuses has been increasing in the last 20 years, and around 200 exist at any given time. Caucuses can involve hundreds of members of Congress, as does the Congressional Fire Service Caucus, or they can be small, with only a few members. They can be bipartisan and can exist in the House or Senate.

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# State Delegate Program

*James P. Riley, BA, NREMTP, CCEMTP, Board of Directors  
Government & Legislative Affairs Committee  
State Delegate Program Coordinator*

My name is Jim Riley and I am one of the newest members elected to the Board of Directors for the IAFP. I would like to say thank you for everyone’s hard work in establishing and cultivating the State Delegate Program to date.

New changes are to come in the future and I am seeking out your support to develop a network of Critical Care Transport Paramedics throughout the Country.

The plan we have for you will initially be obtaining information from every State. We have drafted a data collection document along with roles and responsibilities to guide every Delegate during their term. The data collection will be used to develop a database for the future to be placed on our web site as a reference. This database will be instrumental in a nation wide Critical Care Transport Paramedic salary survey.

Since the IAFP is chartered as a 501 (c) (3) organization, it is important for delegates not to engage in political activity or take a political stance on issues. The goal of the state delegate is to gather information on issues within your state and educate local lawmakers to the needs of our profession and industry. The Government and Legislative Affairs Committee will work with the state delegates to provide a unified direction to our efforts and will provide information on our web site to help you understand the limitation in the political arena.

We have now established a Government and Legislative Affairs Committee that will provide educational information that will be placed on our web site for you to use as educational tools for your local representatives.

Your job as Delegates will be to gather and disseminate information on behalf of the IAFP. We would like to expand the number of Delegates in each State to help reduce the load of commitment that will be required. Our future goal for the state delegates is to assist the IAFP in facilitating the development of IAFP state chapters. As we develop the State Delegate Program, we will be building the foundation for the future of State Chapters of the IAFP.

To ensure a constant line of communication, we will conduct monthly phone conferences to keep updated on events, monitor progress, and problem solve any issues you may encounter in your respective State.

Our goal will be to place IAFP Delegates on State Boards and State Associations, (i.e. State Air Medical Associations, Air Safety Council, State Trauma Board, and others). The more we become involved, the more our issues and concerns are recognized. It is hard to draw support for issues facing our profession and industry when you cannot be seen or heard!

So delegates past, present, and future...are you with me? If you are interested in continuing or discontinuing your journey as a Delegate please reply with your intentions so we may allow other members to fill these vacancies!

The States listed below are currently OPEN for representation. Listed below are positions we have found to be vacant or we are no longer able to contact the current Delegate listed. If there has been an error, please contact me at once so I can make corrections. If you are interested in becoming a Delegate for a State that is not listed below please contact me because we will be expanding the number of Delegates in every State. The State Delegate term will be for two years with a maximum of four years.

- |              |            |               |               |
|--------------|------------|---------------|---------------|
| Alaska       | Arizona    | Connecticut   | Delaware      |
| Georgia      | Hawaii     | Illinois      | Iowa          |
| Kansas       | Kentucky   | Louisiana     | Massachusetts |
| Maine        | Maryland   | Michigan      | Minnesota     |
| Montana      | Nebraska   | New Jersey    | North Dakota  |
| Oklahoma     | Oregon     | Tennessee     | Rhode Island  |
| South Dakota | Virginia   | Texas         | Utah          |
| Vermont      | Washington | West Virginia | Wisconsin     |
| Wyoming      |            |               |               |

If you are new and have never had an opportunity to become active in the IAFP, now is your chance to get in on the grass roots of development of a strong unified voice for Critical Care Transport. Many important issues and changes in EMS are on the horizon and we need to become actively involved in its direction and have a voice in our future.

How does one become a State Delegate? Simply send a reply with the following information: Resume with a cover letter outlining your interest and objectives in the role as an IAFP Delegate. (715) 379-1363 [jriley@flightmedicmail.com](mailto:jriley@flightmedicmail.com)

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## **Calling All IAFP Geek Squad Members!**

And other interested parties!

## **Our Website Needs Help!**

(We know it and so do you.)

Brenda Kubiak is coordinating our Web Site Revision Project.  
Please email your ideas, comments, and great advice to her [info@flightparamedic.org](mailto:info@flightparamedic.org)

## **Your chance to make your website work for you!**

Military members, Kevin Savage is working on a special section for you!  
Contact Kevin also at [info@flightparamedic.org](mailto:info@flightparamedic.org)

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*Next issue...May*