

A PUBLICATION OF THE INTERNATIONAL ASSOCIATION OF FLIGHT PARAMEDICS



FP NEWS

May 2006

Inside this issue:

- | | |
|---|---|
| <ul style="list-style-type: none"> ▪ What Have We Done For You Lately? ▪ Developing Leaders...AMTC PreCon ▪ 2006 Tim Hynes Award Winner ▪ IAFP Call For Candidates ▪ BCCTPC Update ▪ Show Stopper Power Point Presentations | <ul style="list-style-type: none"> ▪ New Military Benefit ▪ State Delegate Program Update ▪ Helicopter Emergency Medical Services in Germany ▪ Cap Watch ▪ AMSAC Report ▪ CCTMC Submission Requests |
|---|---|

What Have We Done For You Lately?

I continuously invite IAFP members to attend the board meetings. One IAFP member and new FP-C (Congratulations!) took me up on the offer and attended the Sunday morning CCTMC board meeting. Afterwards, he said, "I had no idea about all the things you do!". We want you to know what the Board is doing. We want our actions to make your work life better. And we want you to feel a part of that.

So...

- We are completely redoing our website.
- We are taking more projects like the National EMS Scope of Practice Curriculum work group.
- We are advocating for national and international critical care recognition. And
- We are starting a section of the newsletter called *What Have We Done for You Lately?* so you'll be better informed about all the things we're doing.

What have we done for you lately?

The AMTC Leadership PreCon is a new annual IAFP program at each AMTC designed to give you the tools you need to make the transition from field provider to program leader successful. We know you're a great field provider or you wouldn't be where you are. You don't get educated in all things management just by walking through the door of your new office. So each year, we'll present a new management topic: leadership, finance, human resources, etc to help you either prepare or hone your skills. You'll also get 6 MTLI Management Education Units each year.

We continue to work with NHTSA, NAEMT, NAEMSED, and others to include and Advanced Practice Paramedic in National EMS Scope of Practice documents.

Jason Hums represented the IAFP at the initial National EMS Scope of Practice curriculum development meeting to advocate for sound foundations and education for all EMS providers.

We are holding a meeting this summer to assist European members in organizing a European Chapter of the IAFP.

State Delegates are working together to share resources and address local issues.

Now it's up to you! What would you like us to do? How can we work more effectively for you? Let us know. See you at AMTC for the 20th Anniversary of the NFPA/IAFP.

Gloria Tavenner Dow, IAFP President

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

Developing Leaders From Inside the Organization: The Transition From Competent Professionals To *Successful Leaders*

Attention MTLI Graduates
Earn up to Six Management
Education Units (MEUs) for
This Course.

Sunday, September 24, 2006
Hyatt Regency, Phoenix
0900 – 1600h

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

The IAFP offers this one-day course as a first in a series of leadership and career development seminars for the Critical Care professional. This seminar will address compelling issues specific to development and succession management in healthcare organizations and focus on strategies to develop future leaders to ensure organizational success. Learn what it takes to create and sustain a culture of learning and development in a cost-constraining environment.

At the completion of this session, the participant will be able to:

- Articulate the Business Case for Leadership Development in Healthcare.
- Describe The Four Stages of Career Development.
- Discuss Strategies for Succession Management and Barriers to Implementation.
- Discuss the Impact of Emotional Intelligence on Organizational Culture.
- Discuss the Leadership Imperative to Build a Safer Health System.

Register online at www.flightparamedic.org. For more information, please contact the IAFP office at: 770-979-6372.

Cost:	(On or before Sept. 4, 2006)	(After September 4, 2006)
	IAFP Member	IAFP Member
	\$65	\$85
	Non-Member	Non-Member
	\$75	\$95
	3 + from Program	3 + from Program
	\$60	\$80

*Get the information you need to make transition from field provider to
organizational leader a resounding success!*



The Flight Paramedic News

Executive Committee

Gloria Tavenner Dow, NREMT-P, FP-C

President: Mobile Life Support Service

Anthony J. Pellicone

President-Elect: Southside Hospital—

LIJ Health System

Kenneth L. Sheldon

Secretary-Treasurer: Saint Alphonsus Life Flight

Ron Walter, BS, NREMT-P

Immediate Past-President: STAT MedEvac

Board of Directors

David O. Bump, NREMT-P, FP-C

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

Cliff Larrabee, NREMT-P

Medi-Flight of Northern California

Donald Leatham, CCEMT-P, FP-C

St. Patrick Hosp. Life Flight

Treg Manning

Industry Relations Bell Helicopter Textron

James Riley, CCEMT-P

Mayo One, Mayo Medical Transport

Kevin Savidge, NREMT-P, FP-C

Military Liaison, University MedEvac

USAF Reserve

Brian Wall, NREMT-P, CCEMT-P, FP-C

Native Air Ambulance, Inc.

Gregory Winters, BAAS, LP FP-C

San Antonio AirLife

John Clark

Legal counsel

Account Executive

Monica Newman

The *FP News* is a publication of the International Flight Paramedics Association. It is published four times per year—February, May, August and November. Annual subscription is available as a benefit of membership in the Association for \$60/year (\$65 international). Articles and information contained within the *FP News* may not be reproduced in any form or part without written permission of the IAFP. Advertising is per issue and is priced as follows: Full page \$400; Half page \$250; Quarter page \$175; A 10% discount applies to the purchase of any 4 ads (size can be mixed and matched, but must in four consecutive issues.) Contact: (770) 979-6372. www.flightparamedic.org. 4835 Riveredge Cove, Snellville, GA 30039

IAFP Announces 2006 Tim Hynes Award Winner

The IAFP is pleased to announce that David Grimsley is the 2006 recipient of the Tim Hynes Award. Dave is a Flight Paramedic for PHI Air Medical, New Mexico and an EMS Educator for ENMU, in Roswell, New Mexico.

The Tim Hynes Award recognizes exemplary abilities in Leadership, Education and Safety within the paramedic profession.

“Dave’s proven leadership skills and accomplishments in paramedicine make him extraordinarily deserving of this prestigious award,” said Gloria Tavenner Dow, the Association President. “The IAFP Board of Directors was pleased to select David Grimsley as the 2006 Award recipient.”

Dave began his EMS career in the Army flying medevac. As a civilian, he has worked for over ten years in EMS, initially working the streets as a paramedic. After taking the CCEMT-P course through UMBC he explored employment in the critical care flight arena, which brought him to New Mexico.

In his current program, Grimsley is extensively involved in outreach and teaching. In 2003, he taught at the State EMS conference and Heart Hospital of New Mexico’s annual Cardiac Care Conference. He is also involved in teaching ACLS, PALS, and PHTLS to city and county EMS/Fire services, often spending his off duty hours contacting these agencies to coordinate dates or events. He is one of the people other flight crew members depend upon for ideas, guidance and information.

Dave also initiated several improvements in patient care. He is enthusiastic about research and has partnered with his program’s medical director on several projects. At AMTC in 2005, he presented a poster presentation on the FAST1 device utilized by PHI. This research examined the FAST 1’s efficacy of use in his program, success rate with insertion, and hindrances to the procedures success. He is continuously vigilant about improvements in patient care.

Tim Hynes was one of the founding members of the IAFP and contributed endless amounts of time and effort promoting the paramedic profession. On January 11, 1998, Tim was killed when his air medical helicopter crashed while on a mission near Salt Lake City, Utah. The *Tim Hynes Award* recognizes paramedics who, like Tim, have made significant contributions to the critical care profession.

The Tim Hynes Award is sponsored by Bell Helicopter, a Textron Company. The award includes a check for \$500 and a certificate of recognition. The recipient also receives complimentary registrations to the CCTMC, FP-C Review Course and FP-C Exam, as well as a one-year extension of IAFP membership. The award was presented at the on Tuesday, April 4, 2006, at the Awards Luncheon during the Critical Care Transport Medicine Conference in Las Vegas.

IAFP Call for Candidates

The IAFP is looking for motivated, dedicated individuals to serve on the Board of Directors. Following are the offices to be filled, beginning September 2006.

- **President – Elect**
- **Military Liaison**
- **Three At Large Board Members**

Prospective candidates for **President – Elect** should have a strong professional background in critical care transport medicine, as well as the ability to commit to serve for an additional 3 years on the Executive Committee of the IAFP board (first year as President – Elect, second year as President, third year as Immediate Past – President). The candidate for President – Elect shall come from the sitting board of directors as outlined in the association by-laws. The President – Elect is the IAFP’s representative to the membership, the profession, and the public and must have a working knowledge of the diverse needs of the IAFP membership. Must have the ability and time to travel and devote a large amount of time to the office.

Prospective candidates for the **Military Liaison** must currently be on active duty or reserve status with any branch of the military. Candidates should also have a strong professional background in critical care transport medicine, as well as the ability to commit to serve on the Board of Directors for 2 years. The Military Liaison will be responsible for developing programs that assist military personnel in making the transition to civilian air medical operations. He or she will act as the representative between the Board and the military; functioning as the point of contact for military issues. Like other BOD members, the military liaison, will be responsible for attending all IAFP meetings and functions as required and must be an IAFP member.

Prospective candidates for the **At Large Board Member** should have a strong professional background in critical care transport medicine, as well as the ability to commit to serve on the Board of Directors for 2 years. Candidates should have an understanding of the needs of the membership and the profession, develop, approve and evaluate programs and activities and ensure that the needs of the membership are met. Board members are expected to participate in all scheduled meetings and conference calls. An at-large board member may be eligible for re-election. Candidates for this position must be an active member of the IAFP.

Please consider contributing to the future of our association and profession by serving on the Board of Directors of the IAFP. If you have what it takes and would like to throw your hat into the ring, visit our website at <http://www.flightparamedic.org/06candidatesubmissionform.pdf> and download the candidate submission form or call our home office at (770) 979-6372 to request a form be sent to you. **Deadline for candidate submission is June 21, 2005.**

What have we done for you lately? The list continues to grow, but we need your help.

**“Ask not what the IAFP has done for you.
Ask what you can do for the IAFP!”**

What have you done for your career, your profession, and your colleagues. If you are interested in involvement on any level, have we got a job for you!



2006 IAFP BOD CANDIDATE SUBMISSION FORM

In 2006, the IAFP will elect the following positions: President-Elect, Secretary-Treasurer, three Board Members at Large, and one Military Liaison. If you wish to run for office, please fill out this form using the grey text and check boxes and **SAVE THE FILE USING YOUR NAME AS THE DOCUMENT NAME**. Return it to the IAFP office **before midnight MDT on June 21, 2006**. E-mail the completed form to m.newman@flightparamedic.org. If you have difficulty completing this form, call the IAFP Office at (770) 979-6372.

Name

Mailing Address

City

State

Zip

Best Telephone

Email

I wish to run for:

- President-Elect (must come from sitting board or 1 yr. prior)
 Board Member at Large (Military Liaison)
 Board Member at Large

Education (Please check those levels you have completed.)

- Associate Baccalaureate Master's Doctorate CCEMTP FP-C

College or University granting highest degree

Current Program Name

Position

Former Program

Describe below, in 300 words or less, what qualifies you to hold office and why you are interested in serving in an elected position. (Your entire statement will be included in the candidate introduction on the IAFP Web site at www.flightparamedic.org and in the Election Issue of FP News.)

CANDIDATE STATEMENT:

If elected to the designated office, I promise to serve the IAFP to the best of my ability in the promotion of the mission of the association in the best interest of paramedics.

By typing my name, I attest the completeness and truthfulness of the above information and that if elected to the designated office, I promise to serve the IAFP to the best of my ability in the promotion of the mission of the association in the best interest of paramedics.

Show Stopper PowerPoint Presentations

Congratulations! You've been selected to present! Way to go!

Now it's time to show up, put up, or shut up! Whether you are speaking locally, regionally, or nationally, your presentation determines if you get standing ovations or a room full of shaking heads and bewildered stares. Perhaps more importantly, your presentation will determine whether you are ever invited to speak anywhere again. So make it great! I know – You came up with that much on your own. But how?

- **Prepare.**

Prepare your slides ahead of time - way ahead of time. Sure, you can put your presentation together the night before... But it usually looks like you put the presentation together the night before. One time estimate is that you should be ready and able to rehearse 1 week before local presentations, 2 weeks to a month before regional presentations, and at least a month before a national presentation.

- **Follow the Formula.**

As you prepare your slide show stick to the formula:

- **Grab their attention.** Think case study, gross photo, appropriate cartoon, etc.
- **Tell them what you're going to tell them.** Use objectives. If you don't know how to write objectives, find someone who does!
- **Tell them.**
- **Tell them what you told them.** Summary. If possible, encourage the audience to tell you what you told them.
- **Package the attention grabber.** This is tying your presentation up in a nice little package that makes everything feel complete. Relate back to your introduction.
- **Questions.** Include your contact information because you are so brilliant there won't possibly be enough time to answer all the questions and reply to all the compliments and requests to speak.

Or you can use the other formula:

- **Grab their attention.**
- **Tell them what you're going to tell them. Tell them.**
- **Tell them what you told them.**
- **Package the attention grabber.**
- **Questions.**

- **Focus.**

Focus the presentation on the audience, not on yourself, your program, or your state. (Canadian translation - Province.) Be ever mindful of the audience. "How can I help them relate this information to their practices, their careers, their lives?" "I'm so great" stories and themes are absolutely prohibited!

- **Practice Makes Perfect.**

Practice, practice, practice. Like a jazz musician, all the practice is to make your presentation sound natural, relaxed and comfortable. Winging it won't do. Practice before an audience to monitor their reactions. Then ask for honest feedback.

- Was my information accurate and current?
- Which sections need clarification?
- How was the flow and sequencing?
- Suggestions on the slides?
- Tips to make the presentation stronger?

- **Timing is Everything.**

Once your presentation is complete, time it! Time estimates per slide don't work. Timing depends on several things:

- How much do you talk?
- Are you from the north or the south? (Translation: How fast do you talk?)

Continued on page 7

- Do you have video clips, case studies or complicated graphics? All of these slides require more time than a simple slide of five bullet points.

Allow sufficient time for questions at the end. Usually five minutes per hour is enough. Then add 1 minute to that. – For the 30 to 60 seconds it takes for most attendees to summon the courage to ask what may be a silly or obvious question.

You must wait that 60 seconds- which seems like an eternity.

- **Keep It Simple.**

Keep what simple? **EVERYTHING!**

Everything in your presentation should be clear, concise, and uncluttered. Your slide design shouldn't overwhelm the information. The font should be clear and easy to read. (Stay away from most anything with "gothic" in the font name!) Present one piece of information or one topic per slide.

And be very, very, very... yes, very sparing in your use of cool PowerPoint technology. Too many "Fly-ins", "Drop-ins" or rotating texts distract from your message. Only vertigo presentations are composed with the purpose of making the participant dizzy or nauseous.

- **Be Consistent.**

Each of your slides should have approximately the same format. Think about them as if they were old fashioned transparencies. If all your slide transparencies were stacked one on top of the other, they should have approximately the same composition. For instance:

- Font style should be the same throughout the presentation.
- Font color should also be consistent.
- Font size should be very similar from slide to slide. That also means large enough so older attendees (aren't we all!) can read your slides without neck or eyestrain.
- Titles should be in the same place and of the same basic design.
- Choose one bullet point format and stick with it for your entire presentation.
- Punctuation should be consistent. Only use periods at the end of complete sentences.
- Only one slide design per presentation.
- No words on the bottom ¼ of you slide. The folks in the cheap seats wont be able to read them through the big hair of the lady in the second row.

- **Short and Sweet.**

Okay, all your slides don't have to be sweet. But resist the temptation to pack too many things on one slide. PowerPoint slides are only meant to compliment the information you are talking about. Just use short highlights! The bonus here is if you don't include the text from your talk, you'll be less tempted to read directly from your slides.

- **A Picture's Worth a Thousand Words.**

Things like photos, graphics, videos, and diagrams are perfect inclusions for your slides because they add visual interest and often illustrate ideas that are difficult to verbalize clearly. All graphics and pictures need to be of outstanding clarity and quality when projected on a screen. X-rays and CT scans seem to be especially tricky. If you'll apologize for it during the presentation, take it out! Like jalepenos, special effects add spice, but too many can be unbearable.

- **Appropriate.**

Not to you, but to your audience. If you question whether something may be off-color, out of line, or downright inappropriate, don't use it. This applies to cuss words, jokes, and local slang. What would your grandmother think? If your grandmother's a hard-drinking, chain-smoking, wild-child, what would your boss' grandmother think?

- **Make Sense of it All.**

This is where you get style points. Does your presentation have a theme? Does your slide design, bullet point format, and font choice fit that theme? Participants won't necessarily notice this item or comment on it, but it makes your presentation feel polished and professional.

- **Back of the Room Test.**

Ready to go?... Are you sure? Do a final run through in the conference ready room. The equipment, lighting, layout and acoustics should be approximately the same as your presentation room. Ask a couple of your very honest friends to position themselves in the "No-Man's" land of the room – front and center, both sides, and seated in the very back. Give them copies of this list. Then give them your best. Take the feedback they offer – take it to heart and take it to your slide show.

Now you're ready! I can't wait to hear, and see, what you have to say. You'll be great! And this will all be easier when you're invited back next year.

*Gloria Tavenner Dow
IAFP President*

Celebrate 20 Years of IAFP Accomplishment

IAFP Pre-Con

Sunday, Sept. 24, 2006

Developing a Leader From Within

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

Air Medical Transport Conference



**September 25-27
2006
Phoenix, Arizona**

FP-C Exam

Sunday, Sept. 24, 2006
Register Now!
770-979-6372

Critical Care Transport Certification Review

Friday and Saturday,
Sept. 22-23, 2006
Register Now!
www.bacfieldgroup.com

Exhibitor Information NOW available at www.AAMS.org!

Attention IAFP Members attending the AMTC, September 22-27, 2006, in Phoenix, AZ. The IAFP has reserved a block of rooms at the newly renovated, elegant, historic Hotel San Carlos, only two blocks from the convention center.

Reserve your room now by calling the Hotel San Carlos reservation number, (602) 253-4121, and mention the IAFP room block. You must make your reservation by August 1, 2006 in order to receive the IAFP room block low rate of \$99 per night. Rooms are available on a first-come-first-serve basis.

BCCTPC Update May 2006

772 Certified Flight Paramedics

Greetings from the Board for Critical Care Transport Paramedic Certification, known to most of you as the FP-C board. Our last update in the fall of 2005 made you more aware of the process of establishing a certification exam.

The FP-C Board met last month in conjunction with the CCTMC in Las Vegas. I would like to outline changes that will directly affect those of you invested in the exam process.

Exam Sites

After reviewing feedback and suggestions from Flight Paramedics who have taken the exam, multiple exam sites were set up in different areas of the country to ensure better accessibility. The goals were to reduce the costs associated with hosting an exam, while attempting to draw more people to each exam site by regionalizing the testing places. We are monitoring this on an ongoing basis and will make the necessary changes to ensure that we are meeting your exam needs. We have initiated a flat fee of \$450 to host the exam, making it easier for programs to budget. This is a dramatic change from previous tests. The host program was responsible for all proctor travel costs, which varied greatly for each location. I am confident that this will be advantageous to all in cost management.

Applied Measurement Professionals

Most of you know that AMP is the statistical body that provides oversight on the exam process and ensures that the certification process is in compliance. The methods used by AMP are consistent with professional and technical guidelines detailed in the Standards for Educational and Psychological testing (1999) by the American Educational Research Association, the American Psychological Association and the National Council on Measurement in Education. These standards provide the research framework that is used as a basis for validity of certification. The methodology used meets or exceeds the current professional and governmental standards to assure the defensibility of the exam, as well as meets or exceeds the standards of the National Commission for Certifying Agencies (NCCA) and the National Organization for Competency Assurance (NOCA).

During our meeting in Las Vegas, we handed over the responsibility of scoring the exam to AMP. This is a necessary step that will allow us to statistically track every question on the exam and enable the board to identify trends or issues with specific questions in a more timely manner. This, of course, will be an additional cost to our operating budget. However we have made the decision not to pass this on with increased exam fees. The downside of this process is that you will no longer have the convenience of receiving exam results via e-mail. Those taking the exam will now receive their results directly from AMP, via USPS mail, within four weeks of taking the exam. AMP will provide each candidate with an exam breakdown, giving you a score in every category of the exam. This will help to pinpoint your strengths and weaknesses that will allow you to focus on specific areas.

Item Writers

We have reorganized our Item Writing Committee this year bringing on a new set of faces to ensure that the exam process stays fresh and represents a cross section of the Paramedics from different geographical areas of the United States. We would like to express our thanks to all of the Item Writers that have participated for the last few years. Their efforts led to the development and success of the exam. We applaud their efforts and thank them for a job well done.

Each Item writer is responsible for the creation, research and submission of approximately fifteen original exam questions per quarter. More information on how to become an Item Writer will be available in the next newsletter.

Computer Based Testing

We have entered into an agreement with AMP to provide computer based testing for the exam. We will continue to provide paper and pencil exams for those who prefer it and, of course, the exam will always be offered at the national conferences. The computer version of the exam will be available to you by August at learning centers throughout the United States. Computer based testing will require an additional fee of \$45. This cost is a direct hand down from the learning

Continued on page 10

centers and hopefully will be less than the costs that you incur in traveling to a current host site. You will be able to register and locate a testing center through our web site. We believe that this will now make the exam process more accessible to all.

German version

We have been approached by German based Flight Paramedics to make the exam available in Europe, and in a second language. We currently have two German based flight paramedics that are certified. We are in the process now of having the exam professionally translated to meet this need. American Eurocopter will sponsor travel costs for us to meet with the German Health Ministry/EMS agencies this summer to facilitate the FP-C process.

Cancellation Policy

Exam registration closes 10 days prior to every exam. This allows us to send all registrant information to AMP. It is crucial that the information is sent out on time to create an exam ID number for each candidate and prepare the exams.

There is a \$50 cancellation fee for all cancellations prior to registration deadline. There will be no refunds for anyone who cancels after the deadline, except in extenuating circumstances. All those who cancel after the deadline will forfeit their fee.

Recertification

We are currently updating the recertification process to bring us into compliance with the industry standard. The board had agreed to allow recertification by continuing education credits (CEC). The concern with this is the considerable costs associated with performing CEC approval and proper CEC audits to ensure compliance with the certification process. We understand that this has been a common request from many exam candidates so we are willing to take on this challenge. We will have the specifics of recertification requirements ironed out within the next few weeks and will provide additional information as it available.

If you have question or concerns please contact me at gpierce@phihelico.com

Graham W. Pierce BS MICP FP-C
Board President



FP-C

Future FP-C Exams

June 10, 2006	0900-1100	Griffin, GA
June 15, 2006	1000-1200	W. Burlington, IA
June 18, 2006	0900-1100	Modesto, CA
July 24, 2006	1000-1200	Grand Prairie, TX
August 20, 2006	0900-1100	Houston, TX
September 24, 2006	0800-1000	Phoenix, AZ

To Register

- Call the BCCTPC office at (770) 979-6372
- Registration forms available online at www.certifiedflightparamedic.org



Future Critical Care Transport Certification Reviews

June 16-17, 2006	0900-1800	Modesto, CA
August 18-19, 2006	0900-1800	Houston, TX
September 22-23, 2006	0900-1800	Phoenix, AZ
December 1-2 2006	0900-1800	Knoxville TN

New Benefit for Military Veterans Taking the FP-C Exam

The BCCTPC is very pleased to announce that the FP-C Exam has been added to the list of tests approved by the Veterans Administration. This means that veterans and other beneficiaries may receive reimbursement for the cost to take the exam. Forms and instructions can be obtained from the GI Bill website at:

<http://www.gibill.va.gov/pamphlets/lcweb.htm>. To download a brochure detailing the benefits of this program, click here: http://www.gibill.va.gov/pamphlets/LC_brochure.pdf.

If you have any questions regarding this program, please call the BCCTPC office at 779-979-6372.



IAFP Website Gets Face Lift!

The IAFP Board of Directors have been working to develop a plan of action to create a new website since AMTC 05. The new site will provide an improved communication line between the IAFP, its members, the air medical industry, the EMS community and the public.

WHAT WILL YOU SEE? New photos, graphics, layout, headings, secured online registration for conferences, continuing education, and memberships.

WHEN WILL YOU SEE IT? You can expect to see a roll out of our new site in the next couple of months!

QUESTIONS OR SUGGESTIONS? You may send any comments to any of the Board Members.

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

What's Happening on the Front Lines of the State Delegate Program?

James P. Riley

IAFP Board of Directors

State Delegate Program Coordinator

Government & Legislative Affairs Committee

715-379-1363

jriley@flightmedicmail.com

IAFP State Delegate Program hits a new milestone with the launching of it's new yahoo groups and first monthly phone conference. The response for the yahoo groups has been great! For those Delegates who have not signed up through the invitations please email me and I will send out another invite so you may sign on. In order to sign up for the yahoo groups you will need to sign up for a free yahoo account.

The first phone conference worked out very well. The conference call attendance was down due to several Delegates being at MTLI were unable to call in. I believe this was a very positive meeting and think this communication line will help rally and unify our efforts in the air medical industry. We had a lot of good dialogue between Delegates and identified some areas that the GLAC can work on to help paramedics in the State of Florida.

Florida Air Medical Association:

Toby Witt, Florida Delegate explained the current problems of paramedic CLEP in his State. Currently a 35 yr old law states that if a Nurse, Physician, or Dentist holds a current EMT-Basic certification and obtain or holds an ACLS certification then they would be eligible to obtain an EMT-Paramedic certification.

As the paramedic profession develops educational curriculums that will transition paramedics to nurses the same needs to hold true for nurses to be educated as paramedics.

Toby Witt relates that the Florida Association of EMTs and Paramedics have about 100 members and are supportive of our cause to address this concern in Florida.

A committee has been formed to write a position paper on the Paramedic CLEP. The first draft will be reviewed at the June 7th State Delegate phone conference.

State Delegate Contact List

Alabama	Lee Rumbley	leerumbley@bellsouth.net
Alaska	Brian Reiselbara	breiselbara@maniilaq.org
Colorado	DJ Head	DJHead@Centura.org
Florida	Toby Witt	Twitt@airmethods.com
Florida	Samuel Thurmond Jr.	thurmond@cfl.rr.com
Georgia	Dave Ellis	DavidFPC32@flightmedicmail.com
Idaho	Greg Vickers	gregv@portmed.org
Illinois	Joe Bunch	jbunch12002@yahoo.com
Indiana	AJ Warren	addisonwarren@yahoo.com
Maine	Bob Johnson	bjohnson@megalink.net
Michigan	Kevin Wilkinson	mwmfw@aol.com
Mississippi	Bobbie Tucker	bobbiet@semaad.org
Nevada	Stephen Park	smokeyaxe1975@yahoo.com
New Hampshire	Rob Atwater	ratwater@colgatealumni.org
New Mexico	Rob Campion	r.campion@southwestmedevac.com
New York	Ray McLean	rmclean@mercyflightcentral.org
North Carolina	Jeremy Maddux	ncmedix@bellsouth.net
Ohio	Tim Whitaker	Twhitaker@medflight.com
Ohio	Mike Smith	msmith@medflight.com
Pennsylvania	Scott Sherry	sc_sherry@yahoo.com
Tennessee	Tim Bell	belltim@dtccom.net
JPR 5/		

Helicopter Emergency Medical Service in Germany

*Achim Huwer – Certified Intensive Care and Anesthesia
Registered Nurse, Paramedic, Certified Flight Paramedic
a.huwer@flightparamedic.de*

History

Helicopter Emergency Medical Service (HEMS) in Germany has a history of nearly 40 years and is one of the most effective systems in the world.

It was in the late sixties of the past century when the rising number of fatalities in car accidents changed the way prehospital care is delivered in Germany. It became clear that it was not sufficient enough to transport the critically injured patient rapidly to the hospital, but rather to bring a physician to the scene.

While other countries started early to develop a paramedic system, the laws and the education of German prehospital care providers at that time didn't allow that process to develop and still today there is, like in most European countries, an emergency physician system.

After some discussion, the federal government, the state of Bavaria and an insurance group began operating the first rescue helicopter – a BO-105 with the call sign “Christoph 1” – in November 1970. As “Christoph” or “St. Christopher” is the patron saint of travellers, his name is used since 1970 for all HEMS helicopters in Germany as a call sign. In the beginning, the rescue helicopter was just a supporting device to ground units and only used in severe trauma. However, the decreasing number of fatalities showed the success of HEMS and soon the helicopter was an integrated part of the actual EMS system. The scope of work was broadened also to medical emergencies and more and more rescue helicopter programs were established throughout Germany.

HEMS in Germany today

Concerning their primary scope of work, you can differentiate the following kinds of helicopter:

- “Rettungshubschrauber – RTH” [rescue helicopter]
A RTH will perform predominantly scene flights or so called primary missions. The goal is to bring a medical emergency team (emergency physician and paramedic) to the accident or medical emergency to provide emergency care and support the work of ground paramedics. Depending on transport time or severity of the emergency the RTH will fly the patient to an appropriate facility. However, it is not unusual that the RTH medical crew to accompany the patient on a ground ALS ambulance.
- “Intensivtransporthubschrauber – ITH” [intensive care helicopter]
Due to its equipment and often specialised medical crew, the ITH performs most often so called secondary missions or interfaculty flights. Paramedics working on this kind of helicopter have passed a special critical care education program or are certified as a critical care RN while physicians must have experience in critical and emergency care.

The increasing number of both, scene and interfaculty flights is leading to a new helicopter concept – the dual-use helicopter. Personnel working on a dual-use helicopter is trained in intensive and emergency care and the helicopter can be used in both, primary and secondary missions.

Today, the HEMS in Germany is provided by four organisations

- ADAC – Germany's automobile club
- DRF – the German air rescue, a charitable foundation
- The Federal Ministry of internal affairs
- The German Army.

These organisations are operating helicopter types like BO-105 CBS, BK-117, EC 135, EC 145, MD 900 / 902, Bell 212 & 222. Following the JAR OPS-III guidelines, the BO-105's will be replaced by models like the EC 135 or EC 145.

A retrospective analysis by Thies, Sep & Derksen [Resuscitation 2006 March, 68(3):359-63] in 2006 about safety in HEMS programmes in Germany showed that “an average German HEMS programme encounters one accident leading to at least severe damage or loss of the helicopter in 26 operating years, one accident resulting in

casualties in 65 operating years and one fatal accident in 111 operating years. The major causes of accidents were obstacle strikes during landing at scene, flying in bad weather and lack of discipline”.

Germany consists of 16 states and each provides the same high level of emergency medicine regardless of where you are in Germany. Each of these 16 states arranges its own Emergency Medical Service by its own laws.

The financing of a HEMS program is controlled by contracts with the state, the insurance companies (which are paying for health & medical care) and the program provider (who is paying for all costs incurred). Today, there are more than 60 helicopters based throughout Germany, each one with operational radius of about 50km.

Professions in German HEMS

Usually a German rescue or intensive care helicopter is staffed with a pilot, a paramedic (German: Rettungsassistent) and an emergency physician (German: Notarzt). Depending on the kind of the mission or type of helicopter you can find a second pilot or board technician and specialized paramedical staff like neonatal RN's or paramedics with education in mountain or sea rescue.

- **Pilot**

The PIC (Pilot in Command) must have a lot of experience and flight hours to become a candidate to fly in HEMS. Most often these pilots were formerly flying in the Germany Army or Federal Border Police. Private trained pilots are rare due to the fact that they often do not have the minimum amount of flight hours.

- **Emergency Physician**

As well as all other members of the crew, the emergency physician must have a lot of experience – most often as an anaesthesiologist - and education (i.e. an emergency physician course) to work on a helicopter.

- **Flight Paramedic or HEMS Crew Member (HCM)**

The HCM is the interface between the medical and aeronautical work on the rescue helicopter. After passing the general paramedic exam and receiving professional experience working on ground units, you can apply for a flight paramedic position. Once accepted to a flight paramedic position you must complete a HCM-course which gives you an introduction to aeronautics and ends with a certification exam. To keep your paramedic license an annual 30hrs of continuing education in advanced life support is mandatory.

As a HCM you are responsible for the medical operational readiness of the helicopter. In addition, you support the pilot with his checks before and after a mission and introduce new crew member or observer into the work on a rescue helicopter. During a mission, you help the pilot navigating to scene, checking weather and airspace and guiding the machine into the landing zone. On scene you will assist the emergency physician treating the patient with advanced life support procedures. According to the current laws a paramedic (who has passed a two-year-school and is trained in all ways of advanced life support) are not permitted to start invasive procedures by themselves without having an emergency physician on scene or at least on the way to the scene. When a physician arrives on scene, the paramedic can start invasive treatment after verbal agreement with the physician. As you can imagine this situation is not very fulfilling or motivating to the paramedic. The laws regulating paramedics will be changing due to higher education requirements for paramedics in the near future. After the mission, the HCM is responsible for a part of the documentation as well as the operational readiness of the machine.

The Future

The general paramedic profession as well as that of the flight paramedic in Germany has made a lot of progression in its efforts to reach a stronger position in German EMS. Over the past few years it has become more obvious due to the rising costs in health care that the current EMS system will be changing in the near future.

For the same reasons discussed above the Helicopter Emergency Medical Service in Germany has become an important tool in advanced emergency care. Borders between the countries are falling and Europe finds itself growing together, and so does the development of EMS. Meanwhile there are a lot of HEMS programs which are providing care and transport in the border areas to other countries like the Netherlands, Denmark, Switzerland, Austria and of course Germany. These changes have opened new horizons in education, treatment and scope of practice and will be a demanding process for all those involved.

WWW Resources

- www.drf.de
- www.rth.info
- www.adac.de/luftrettung
- www.flightparamedic.de

CAP WATCH

Government Accountability Office Initiates Report on Air Medical Services Study Prompted by Congressional Interest.

AAMS has been informed that the Government Accountability Office (GAO) has initiated a study on air medical services on behalf of the Transportation and Infrastructure Committee in the United States House of Representatives. This interest of Congress was prompted by numerous media articles highlighting air medical accidents over the last three years.

The GAO is the federal agency that investigates government programs and the private companies and organizations that utilize those programs. Private air ambulances take part in several government programs; Medicare, Medicaid, and the federal air traffic system are only a few of these programs. Air medical services also provide for the public safety, and while they may operate privately and for profit can still be considered, at least in this instance, by Congress as part of the public domain.

AAMS is fully committed to providing as much information as necessary to the investigatory team in order to maximize the report's positive outcome. The GAO assures us that the intent of this report is to find ways in which the federal government can better assist in the safe operation of air medical services.

Representatives from the GAO estimate that the report will take less than a year to complete; however, they are starting this work from a very limited understanding of air medical services and are committed to taking as long as necessary in order to provide Congress with as accurate and complete a report as possible. GAO investigators have also indicated to AAMS that they plan to visit programs, hospitals, and operators in order to get a more complete sense of the air ambulance community. They also plan to visit several different types of operations, including both fixed wing and rotor wing (and operations that employ both), IFR capable and VFR only, hospital based and corporate models. They are determined to develop a clear and concise report that covers every facet of the industry.

AAMS will continue to monitor the efforts of the GAO and are working closely with their investigative team. If your program or company is contacted by the GAO, AAMS urges its members to be as fully cooperative as possible without interrupting normal operations. AAMS also encourages members to inform the AAMS Government Relations (703) 836-8732 in the event that the GAO contacts your program or company.

This report can have a very positive impact on air medical operations in the United States, and may significantly change the way Congress and the federal government understands the necessity of air ambulance operations in the United States.

Christopher Eastlee
Association of Air Medical Services
Government Relations Assistant
(703) 836-8732
(219) 743-3188 (Mobile)
ceastlee@aams.org

Important Association Dates:

- **IAFP Board of Director Nominations due June 21, 2006**
- **Next Board of Directors Meeting: June 24, 2006, 0800-1800**
- **Next General Membership Meeting: AMTC, September 24, 2006, 1700-1830**

Air Medical Safety Advisory Council Report

“Safety Above All”

The Air Medical Safety Advisory Council (AMSAC) meets semi-annually, once in the spring and again at the AMTC in the fall. The spring meeting was held May 2nd and 3rd, 2006 in Dallas Texas and was sponsored by Flight Safety. The official minutes of this meeting have not been published at this time. The agenda has the following items for discussion; recommended practice on helicopter shopping, results of pilot safety survey, FAA update on current AC, Ops Specs, and upcoming actions, EMS pilot certification ideas, AO 612-15, and Enhanced Operational Control and Risk Matrix.

The meeting was a little different this year, Flight Safety held a Helicopter Safety Forum on May 4th and 5th at the same location. The topics included wire strike protection, TAWS, flight following systems, controlled flight into terrain avoidance, integrated flight systems, and comments by the FAA and AAMS

AMSAC revised their weather minimums recommendation as follows:

Recommended Practice

RP4 - Rotorcraft VFR Weather Minimums

Revised May 3, 2006

The AMSAC strongly recommends that all VFR flight operations be conducted under no less than Part 135 standards, as defined by Operations Specifications AO21. AMSAC also recommends that Part 135 Operators and Air Medical Programs adapt their local VFR weather minimums and local flying areas to any unique terrain, weather reporting, regional phenomenon and ambient light conditions appropriate to each base, pilot, and aircraft capability. The following factors should be considered when establishing a local flying area and weather minimums.

Local Flying area: This area should be well defined by geographic or man-made features and limited to those areas in which flights have adequate ambient light at night, minimal terrain variation, and limited or easily visualized obstacles or hazards. This area is one in which the pilots and crews are very familiar and navigation and hazard avoidance are uncomplicated. Safe forced or precautionary landing areas should be readily available. Cross country flights are those outside of the local flying area.

Ceiling and visibility minimums: We recommend that the baseline for ceiling and weather minimums are those currently published as CAMTS standards.

Ceiling: Flights over mountainous or hazardous terrain (as defined below) should have higher ceiling requirements unless they are within a well defined local flying area. Recommended ceilings for a route through mountainous terrain should be at least 1000 feet (Day) and 2000 feet (night) over the highest terrain within three nautical miles of the route of flight centerline.

Visibility: Flights over mountainous terrain should have higher visibility minimums than flights over flat terrain. Recommended visibility for a route through mountainous terrain should be at least three miles (day) and five miles (night) and be flown over the highest terrain within three nautical miles of the route of flight centerline.

Mountainous or hazardous terrain: Mountainous terrain (as defined for this RP) is terrain over which a route (or within three miles of the route) varies in elevation more than 1000 feet. Hazardous terrain is defined as terrain which has significant obstacles, antennas, power lines and such within three miles of the route or has minimal visual surface reference or subtle elevation changes.

Any consideration of minimums should assess the following factors when determining local base minimums: IFR-VFR-night capability (aircraft, NVG, avionics, training, pilot, currency, and facilities), availability and dependability of weather forecasting and observations (enroute and terminal), local weather variability (micro-climates), and/or terrain. Pilots' minimums should be increased if not locally familiar, in new or different aircraft, or not comfortable or current per local policy. It is recommended that regional aviation safety councils work to standardize local area minimums to avoid like programs using minimums based on competition rather than criteria suggested above

Continued on page 17

Minimums are never to be considered as mandatory launch criteria and the final authority for any flight is always the pilot-in-command. Any crewmember who is uncomfortable with launching on or continued flight into conditions perceived as hazardous has the absolute right to request that the pilot return to safer conditions immediately

The AMSAC website address is: 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/recommendepractices_draftsRP_sendcomment.asp.

The next AMSAC meeting in the fall will be at AMTC in Phoenix.

Federal Aviation Administration

The FAA published a notice, N 8000.301, on August 8th 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.



VISION ZERO

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 webpage 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 webpage, 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 Larrabee,
IAFP Board Member at Large*

TECH MED
INDUSTRIES, L.P.

A sponsor of the IAFP Leadership Reception

2007 Critical Care Transport Medicine Conference

Sheraton Gunter Hotel - San Antonio, Texas

April 2-4, 2007

All topic submissions are due no later than July 10, 2006

Submit your topic electronically to Ppeter1111@aol.com. You will receive confirmation of your submission. CCTMC offers the speaker a \$200.00 honorarium and complimentary registration to the conference.

Click [here](#) to Download the Speaker Submission Form

Call for Abstracts

Reed Brozen, MD

Deadline: February 2, 2007; 5:00 p.m. EST

The Critical Care Transport Medicine Conference (CCTMC) will once again feature a Scientific Forum with poster presentations of original scientific research. Poster presentations will be formally judged during the conference on April 2, 2007, and an Outstanding Research Award bestowed. Accepted abstracts will be published in the *Air Medical Journal*. Abstracts presented at other meetings during 2006-2007 will be considered. If abstracts have been published prior they will not be republished in the *Air Medical Journal*. Our goal is to nurture and provide an appropriate forum for research in air medical transport.

Click [here](#) for guidelines on submitting an Abstract

Tim Hynes Award Sponsor

Every year the International Association of Flight Paramedics selects an exceptional paramedic who has demonstrated that they are a leader within the paramedic profession by honoring them with the Tim Hynes Award.



*2006 Tim Hynes Award Winner
David Grimsley, PHI Air Medical of NM*

The IAFP Thanks

Bell Helicopter **TEXTRON**

For Continued Sponsorship of this Prestigious Award.