

NCEMSFS NEWS

Inside this issue:

President's Message	1
Conference 2008 Information	2
Professor Squirrel	3
Membership Minute	3
Regional Roundup	4
Alumni Corner	5
EMS Week: Second Annual Yankauer Games	6
Awards	6
Closest "Appropriate" Facility	7
More Conference 2008 Information	8

"It is important that not only your members see value in their participation but that they are also valued...Creating value leads to vesting...Vesting is the process of creating a committed member"

Message from the President

Dr. George J. Koenig, Jr., NCEMSFS President

Happy Holidays!!!

As the holidays draw near and you start counting down the days until finals and winter break, take a moment to reflect on this question: What is your organization's most valuable asset? Is it that new truck or responder that you just purchased? Or is it that shiny new Lifepak 12 sitting on the shelf?

If you spend a couple of moments thinking about your most "valuable" asset, regardless of what you own, everyone reading this will come to the same conclusion. The most valuable asset that a collegiate EMS organization has is its personnel. Without your membership your organization could not exist.

Many people cite that the interest in volunteering in this country is on the decline. I have heard this time and time again at board meetings. However, this is simply not the case. Every couple of years the Bureau of Labor Statistics releases its report on volunteering in the United States. Its last report was in January of 2007. The Bureau compared the percent of the population volunteering over the past four years. For the most part, the percent has remained the same with approximately 27% of the country volunteering over the four year period. Since the rates of volunteerism are not drastically declining, why do we have so much trouble recruiting and retaining volunteers?

Unlike community and municipal emergency service agencies, most collegiate organizations never have problems with recruitment. Most organizations are able to recruit sufficient membership from activity fairs or through peer referrals. Some organizations obtain members from paramedic programs or other EMS degree programs held on their campus. However, instead of problems with recruitment there are significant problems with retention. The most common question that is asked every year is how can we keep our

membership involved and committed to volunteering?

The answer is two-fold. The problem of retention starts earlier than most people recognize. It can start as early as recruitment. Recruitment is not just a process to collect "warm" bodies. Instead, you need to seek out people that will help your organization grow and provide quality service to those that you serve. Often organizations accept all that apply for fear that they could end up with no one. This results in new members not understanding the commitment or the expectations of the organization. Consequently, these organizations have either a high turnover rate or a membership roster loaded with noncontributory members.

The other retention problem that occurs is with members that have shown they are committed to the organization, but for some reason stop volunteering. Usually, their decline in participation can be linked to one experience that caused them to question their commitment. Most membership systems fail to recognize the problem until it is too late. The lag of recognizing that someone's participation is declining is usually between one to two months. This lag gives people time to replace the previously allotted time for your organization with something else. Then, when a member is asked why they no longer volunteer, they explain that they just don't have the time.

This leaves us with the question, how can we get good members to stay and remain committed? I believe that the key is partly related to recruitment and partly related to retention. In the recruitment phase, it is your responsibility to ensure that every prospective member understand the membership expectations. During this phase you should seek to identify the motivation and goals of the prospective member. Is your organization able

(Continued on page 5)

Conference 2008 - February 29th-March 2nd - Philadelphia, PA

The 2008 Conference Web site and registration utility is now active. Visit the site today for answers to all of your conference related questions.

The following is a sampling of some of the Web site content, please refer to the Web site for complete details.

Conference Overview:

The NCEMSF Leadership remains committed to providing the most educational EMS Conference experience anywhere at the greatest value. More than forty sessions in four different tracks guarantees something to interest everybody. The most difficult decision of the weekend may be which sessions to attend when there are two or three at the same time that appeal to you.

Schedule and Program:

Activities for the conference will begin on Friday, February 29th at 5PM when on-site conference check-in opens. A welcome social will run from 8pm to midnight. Lectures will begin Saturday at 8am and will run through 6:30pm. Lectures on Sunday will begin at 8:30am and will run through 1pm. A more complete schedule will be posted online shortly before the conference date.

Registration:

The only way to register for the conference is online. Click on registration and follow the online prompts.

Fees and Policies:

Attendees save by registering and paying for the conference early. Personal members of NCEMSF receive a further discount as a result of their membership status if they register and pay before the end of the normal registration period.

Early Registration - 12/3/07 to 1/19/08

Member: \$60, Non-member: \$70

Regular Registration - 1/20/08 to 2/23/08

Member: \$70, Non-member: \$85

Late Registration - After 2/23/08

Member or Non-member: \$95

NCEMSF accepts checks, money orders, purchase orders, and most major credit cards for advance payment. Any payment or other mailed correspondence must be received by Wednesday, February 27, 2008. Credit cards are processed through PayPal. Only checks, money orders, and cash will be accepted for registration payment at the conference facility.

15th Annual Conference

2008
NCEMSF

Is your organization new to NCEMSF and looking for financial assistance to attend the conference? Click here to apply for a grant!

Interested in submitting a nomination for one of our many awards? Click here by February 22 to find out how.

Interested in being a vendor at our conference tradeshow? Click here for information and pricing.

Would you like to be a speaker at our conference? Click to e-mail your abstract and bio.



Click on one of the topics below for additional information:

Conference Overview

Schedule and Program

Registration

Fees and Policies

Host Facility

Transportation

Vomacka Student Speaker Competition

Skills Competition

**February 29-March 2, 2008
Philadelphia, Pennsylvania**

E-mail questions and comments to: conf2008@ncemf.org.

A conference registration for which payment is not received by NCEMSF within two weeks of registration is subject to automatic cancellation. This includes registrations that are to be paid with a university purchase order. If a registration is cancelled due to lack of payment, the registrant will have to re-register for the conference at the then-prevailing rate.

Host Facility:

NCEMSF will have exclusive use of the Crowne Plaza Valley Forge Hotel for the conference weekend. Conference attendees will enjoy a rate of \$99 per night (plus taxes) for up to four people per guest room. The hotel features 225 luxurious guest room accommodations. All guest rooms offer complimentary high speed internet access. The hotel is completely smoke-free. Free parking (can easily accommodate vans, ambulances, and SUVs) is available on site. To make your reservation, phone the hotel directly at 610-265-7500.

Transportation:

Plane - The host hotel is located just 27 miles from Philadelphia International Airport (PHL). PHL is served by all major domestic air carriers, and is a hub for US Airways. PHL is also serviced by low cost carrier Southwest Airlines. A shuttle service to and from the airport is being coordinated.

Automobile - The host hotel is accessible

from several highways including I-76, I-276, US-202, and US-422.

Student Speaker Competition:

This symposium is a chance for student lecturers to showcase their presentation skills and earn bragging rights for their organization. The competition is judged on a speaker's ability to deliver a relevant high-quality seminar. If you are a student interested in giving a presentation, please attach a Word Document to an e-mail to vomackaspeaker@ncemf.org including: Name(s), Address, Phone #, E-mail, School, Topic, Presentation Synopsis (2 paragraph summary followed by Presentation Outline with each of your sub-topics and descriptions). Deadline for topic submission is February 1, 2008. Presentations should be approximately 45 minutes in length.

Skills Competition:

Each team will compete in three scenarios. One scenario will be medical, one trauma, and the third scenario will be team building and require a fair degree of improvising. The teams receiving the highest three scores for the entire competition will be acknowledged at the awards ceremony on Saturday and be presented with trophies. Registration for the skills competition is available online. The registration deadline is February 27, 2008. The cost is \$10 per team.



Professor Squirrel

Serious Campus EMS Advice from a Nut

Dear Professor Squirrel,

There has been talk on campus among administrators about what to do in a disaster. How can our EMS squad be better prepared to respond?

Disaster Danny

Dear DD,

One of the first things you can do is plan for disasters. Ask yourself what kind of disasters you are prone to in your location. Are you in an area where wildfires could surround your campus or is flooding a potential problem? Do you have hurricanes or tornadoes in your part of the country, or are there other concerns?

For medical issues you may be concerned about a pandemic flu outbreak or other contagious diseases. In many cases, universities and colleges have already made the decision to close campuses and send students home if there is an outbreak or other disaster. In that case, what happens if your squad members stay to help with the disaster? Are they considered "essential personnel" by emergency management authorities?

Is your squad self-sufficient in a disaster? If campus and residences are closed, where will your squad members stay, how will they eat, and what sanitary facilities will they use? Where will you get fuel for your vehicles and restock supplies? You don't want to be part of the problem and disaster planning must include accommodations for your staff as well as for sustaining operations.

Is there a disaster planning group on campus and do you have

representation on it? Do you have representation in the community emergency management agency? Are all of your members trained in NIMS and certified in Incident Command procedures? Do you know where you report and what your squad's role is when normal methods of communication and command structure break down? Do you have a method to recall squad members in the event of a disaster and regular phone, cellular, and internet communications go down? Do they know where to report and what to do? Have you ever drilled for a mobilization?

An excellent resource for information is www.citizencorps.org. There is planning and training information there for dealing with disasters and some of the things in which you can become involved such as Community Emergency Response Teams, Medical Reserve Corps, Animal Rescue Teams (campus squirrels will need food!), etc. There is even grant information there where you may be able to access funding to develop disaster response capabilities on your campus.

See you in Philadelphia,

Professor Squirrel

Professor Squirrel has been hanging out on campus begging for food from students and keeping an eye on campus EMS for many years. Send your questions to the Professor at professor@ncemsf.org. The Professor will answer the best ones in the NCEMSF newsletter. Your name and school will be kept confidential. Visit his nutty e-Shop at www.cafepress.com/ncemsf and get your own Professor Squirrel and NCEMSF apparel and souvenirs. You can also purchase textbooks and other EMS reference materials at highly discounted prices through the official NCEMSF Store. NCEMSF apparel is available at the NCEMSF Store as well. Visit the NCEMSF Store and help support the Foundation by clicking the "Store" link on the NCEMSF Web site.



Membership Minute

Karolina Schabbes, NCEMSF Membership Coordinator

Holiday break is fast approaching and what better gift to give than the gift of membership in NCEMSF? An NCEMSF personal membership is a gift that keeps on giving. This gift delivers discounts on cell phone plans, PDA medical references, great EMS supplies, EMS texts, flowers, as well as a free subscription to NCEMSF publications and Emergency Medical Services magazine (first year). Annual personal memberships are \$10 for current students and \$20 for non-students. Life memberships are also available at the rate of \$75 student, \$100 alumni, or \$150 non-student. Where else can you get so much for such a reasonable price? Log on to www.ncemsf.org/membership/ to learn more about membership opportunities.

With the annual conference fast approaching, now is the time to also renew your NCEMSF membership. Reduced conference fees are a personal membership benefit. Additionally, membership is a requirement for eligibility for conference awards. Institutions applying for campus level awards are also required to be members of NCEMSF at the \$25 annual institution membership level. We appreciate your continued support of collegiate EMS and look forward to a great conference. Happy Holidays!



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Regional Roundup

News from Around the NCEMSF Regions

From the National Coordinator

The Regional Coordinator Network exists to facilitate communication between NCEMSF and its greater than 250 constituents. It is through the Regional Coordinators that NCEMSF is best able to accomplish its mission of advocating and supporting campus based EMS. The Regional Coordinators are equipped to assist each squad with the day to day issues it faces and to help publicize squad achievements. There are few issues that the NCEMSF leadership has not seen before and for which it is not equipped to offer advice and guidance. If you are a CBEMS leader and have not met your Regional Coordinator, please e-mail nc@ncemsf.org and I will gladly connect you.

Canada

McMaster Emergency First Response Team (EFRT) - Beginning in September, McMaster EFRT increased their scope of practice by adding three new pieces of equipment - 1) Impedance Threshold Devices (ITDs). 2) QuickClot dressing, and 3) Asherman Chest Seals. Contact: efrt@msu.mcmaster.ca

University of Toronto at Scarborough Emergency Medical Response Group (EMRG) - EMRG is now actively running with Automated External Defibrillators (AEDs). Each member of the organization

has undergone training on the units. At the end of Collegiate EMS Week EMRG also hosted a mixer event (sort of a mini-conference) on its campus November 9-11th which brought in teams from across the entire province taking part in seminars and training, as well as a mini-skills competition.

Ryerson University Student Emergency Response Team (RyeSERT) - RyeSERT finished off it's EMS Week with a bang...literally! The team capped off a week full of BP Clinics, CPR-A-Thons, and public awareness with a 20+ patient MCI, involving a mock explosion in an underground section of the Ryerson campus. The scenario involved special effects and full casualty simulation makeup. Assistance was provided by neighboring response team Windsor in addition to local Toronto EMS. Contact: ryesert@ryerson.ca. A short teaser can be found at www.youtube.com/watch?v=bnQw1BEpFVE.

University of Windsor Emergency Response Team (UWERT) - In addition to providing some assistance with Ryerson's event above, UWERT celebrated it's 10th anniversary in November. Happy Birthday UWERT! Contact: uwert@uwert.org

Midwest

Case Western Reserve University EMS is organizing its first mass casualty incident for December 8th, 2007. Thirty students will be dressed in makeup to simulate injuries from an explosion in a gymnasium with approximately 70 bystanders. This MCI drill actually will consist of a total of 3 concurrent drills: police and EMS agencies in handling the MCI response, CWRU Administration's response to the MCI, and finally the transport to and treatment of all of the patients at the University Hospitals Case Medical Center Emergency Department. Organizations involved with this event are Case Police, University Circle Police Department, Cleveland Heights Fire Department, Cleveland Clinic Foundation, South Pointe Hospital, University Hospitals Case Medical Center, University Hospitals Critical Care Transport Team, Case Western Reserve University Administration, the Emergency Medicine Interest Group from the CWRU School of Medicine, and CaseEMS. Contact: caseems@case.edu

Pennsylvania

Recently, the **Penn Medical Emergency Response Team** participated in a hazardous materials spill drill in one of the academic buildings on campus. The drill was coordinated with the Philadelphia Fire Department and the Division of Public Safety. It utilized Penn's new PennALERT system whereby students and faculty were alerted of the situation via text messages and MERT was activated using MERT's new PennALERT subgroup. Contact: mert@dolphin.upenn.edu

University of Pittsburgh - A group of six very dedicated students have been working hard over the past year to establish a collegiate EMS group on campus. The idea became a reality this October when the Student Emergency Medical Service (SEMS) became officially recognized as a campus group. With strong support from the Dean of Student Affairs and the Health Services Medical Director, work on a final agreement with a service medical director and the City of Pittsburgh EMS is underway. SEMS expects to begin providing QRS level service to campus next semester. Contact: Christopher Dilger, Executive Director at sorc+sems@pitt.edu

(Continued on page 5)

Regional Coordinator Network

Region	Name	E-mail Address
National Coordinator	Michael Hilton	nc@ncemsf.org
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Northeast	Yoni Litwok	northeast-rc@ncemsf.org
Northern New England	Matt Friedman	nne-rc@ncemsf.org
Pennsylvania	Andrew Mener	pa-rc@ncemsf.org
Southeast	Noah Prince	southeast-rc@ncemsf.org
West	Jordan Ruiz	west-rc@ncemsf.org

(Continued from page 4)

Southeast

Emory EMS Chief Josh Rozell writes:

We, Emory EMS, are writing to inform you of our recent success with a university-wide CPR initiative. Emory EMS is a volunteer, student-run, professional campus organization providing 24-hour service to the Emory community and surrounding area. Over the years, as Emory EMS has grown to over 35 medics running over 600 calls per year, we have taken on more campus awareness initiatives. This year, one of our goals was to hold a CPR event for the Emory Community.

Emory EMS and the Student Government Association partnered with the American Heart Association (AHA), Emory Healthcare, and the Faculty Staff Assistance Program to bring CPR Anytime to Emory. The AHA developed this program to train non-healthcare providers in CPR, using a DVD and mannequin that participants can keep after the training.

Campus CPR was held on Emory's campus October 30, 31, and November 1. Each participant received a CPR Anytime kit and a CPR pocket mask. The video was shown on large screens while Emory EMS EMTs and CPR-certified volunteers assisted the participants with techniques and answering questions. Over the course of the three days, we trained over 600 people using this program. According to the AHA, this was the largest single-venue CPR training event ever held in the United States. The event was a huge success, and we already have plans to hold smaller training sessions for other campus

Reconnecting with Your Organization

John Wenzel, NCEMSF Alumni Coordinator

Every year, the graduating class departs from campus looking towards the future and the next part of their life. But that departure is accompanied with the knowledge gained over the past four years. Often the knowledge that you possess is discarded as new leaders emerge and take your place. It is now their turn to lead and make decisions. It is difficult to see the organization that you spent countless hours during your college education now heading in a different direction.

If you let the transition from leadership to advisor to occur, you will become an invaluable resource to your organization. There are many ways that you can help. Perhaps, you could return to teach a continuing education class, help with a

fundraiser, or provide advice on new policy ideas.

The 15th Annual Conference is the perfect time to reconnect with your organization. Not only can you reunite with old friends, you can share your knowledge with not only your organization, but with other organizations too.

We look forward to meeting you in February in Philadelphia at our alumni social. When you check-in Friday evening make certain to identify yourself as an NCEMSF Alum. If you have any questions or if you would like more information on how you can contribute, contact alumni@ncemsf.org.



CONGRATULATIONS!

From the entire NCEMSF community, congratulations to NCEMSF Vice President and Chief Technology Officer, Dr. Scott C. Savett, on his marriage this past October to Kate Newman.



organizations. Our program has already been featured in Emory publications and on CNN.com/health. Our event will also appear in *Currents*, the national AHA newsletter.

We encourage you to navigate to our new and improved Web site for more information about our unit and the event, at www.emory.edu/EEMS
Contact: jcrozel@learnlink.emory.edu

Do you have news about your squad you'd like to share? Contact your regional coordinator and look for it in the next issue of NCEMSF News.



(Continued from page 1)

to fulfill them? If not, you should let the perspective member know from the start. This process of "full disclosure" allows both the organization and the member to make the best decision on how to proceed. This allows you to create a mutually beneficial relationship by addressing your and their needs.

Finding the solution to your retention problems is more difficult, but not impossible. I encourage people to use the concept of *value and vesting*. Not only it is important that your members see *value* in their participation with your organization, but that they are also valued. There are many different ways that you can *value* your members. You could formally recognize members who exceed

expectations at membership meetings. You can send a thank you note for completing consecutive months of duty requirements. You could drop off cookies on a duty night and thank the crew personally. The simplest and cheapest gestures are often the best and most remembered. When your members joined, they joined to volunteer, not to receive compensation. It is best to avoid monetary gifts as they become expected in the future.

If you can create a sense of *value* among your members you will be on your way to developing a strong organization. Creating *value* leads to *vesting*. *Vesting* is the process of developing a committed member. It does not occur overnight, but instead slowly over time. It stems from the

ability of your organization to meet the original motivation and goals of your membership. Once vested, that member will take ownership in the organization and help to further its development and existence.

I look forward to seeing you at our 15th Annual Conference, February 29th-March 2nd in Philadelphia, so that we can continue to exchange ideas to make our organizations stronger.

George J. Koenig Jr., DO, MS
President, NCEMSF



Second Annual Yankauer Games: A Mildly Competitive Tradition

Shaaroni Wong, Graduate Assistant, BUEMS

Boston University EMS hosted the second annual Yankauer Games on Sunday October 28th. Student volunteers from Boston University EMS, Worcester Polytechnic Institute EMS and Brandeis Emergency Medical Corps participated in the day's events which included stations in Medical Assessment, Splinting, CPR and Triage.

Participants were warned not to assume that any of the stations were about EMS alone. In the Medical Assessment challenge, each team had to do a full assessment on a patient, played by one of the team members, who was unable to talk. Evaluators scored this EMS charades game by reading the narrative produced by the speaking members of the team. Teams were expected to have discovered everything from the chief complaint to the patient's allergies (garlic and penicillin) to the patient's pain level (4.2 out of 10).

CPR involved infant choking and adult CPR and had two of the teammates blind-

folded while trying to properly complete the skills. A third team member was allowed to direct the two blindfolded teammates, but was limited by a list of 10 "taboo words" such as 30, rate, and compression.

Before they were allowed to begin the triage station, one team member was asked to wait outside while the others entered the room. These team members were given cards describing injuries and placed within the triage scenario. If the remaining member properly triaged his or her teammates, they were allowed to help with the rest of the station, if not, they were "black tagged" for the rest of the challenge.

Finally, all three schools participated in a "splint-off." Each team member had to have a splint applied and had to help with applying at least one splint. One of those splints had to be a "found item splint", which added to the creativity.

Evaluators from Brandeis and Boston University calculated the scores at the end of the day, and prizes were awarded. Third place went to Brandeis University Emergency Medical Corps, Second to Worcester Polytechnic Institute EMS and first to Boston University EMS.

We are already looking forward to the third annual Yankauer Games next Fall.



NCEMSF Awards - Deadline for Submission February 22, 2008

NCEMSF recognizes outstanding efforts made by individuals and organizations through our awards program. Instituted in 1997, the program includes the following awards:

- Striving for Excellence
- Campus EMS Provider of the Year
- Outstanding Collegiate EMS Organization of the Year
- Outstanding Collegiate EMS Advisor of the Year
- Outstanding Collegiate EMS Web site of the Year

In addition, with the growing popularity of YouTube, we thought it was only appropriate to create a contest to select the best collegiate EMS video. The rules for the contest are simple:

1. The video must be wholly created by members of a campus-based EMS organization.
2. The content of the video should embody the goals, traditions, and spirit of collegiate EMS.
3. No embarrassing, unsafe, or indecent footage is to be included.
4. The video should be no longer than

five minutes.

5. Only one entry is allowed from a campus EMS organization – so make your group's video count!
6. The video should be MPEG4 or MPEG2, 30 frames per second, at least 640x480 resolution, 4:3 frame, de-interlace. See the Google Video site for more details about file format.

Videos will be featured during conference activities in Philadelphia and archived electronically. To submit your video, first upload it to Google Video at <http://video.google.com/>. Then e-mail videocontest@ncemsf.org to let us know about your entry. Submitted material may be featured in future NCEMSF-published media.

Finally, campus EMS Week is the time for squads to strut their stuff around the country. This year Campus EMS Week was November 5-11. Tell us what your group did to celebrate Campus EMS Week and your organization could win bragging rights. There's no faking it; we need verifiable documentation of what your group did to honor this special week. Send us your press releases, news articles, pictures, public service

announcements, and other related materials. Send electronic versions to emsweek@ncemsf.org, or mail your submissions. Submissions will be judged by NCEMSF officers on the basis of activity creativity, appropriateness, and positive exposure generated.

Nominations for all of the above awards may be made by submitting all appropriate materials by February 22, 2008. See the Awards page on the Web site for complete details and submission instructions. Remember that to be considered for NCEMSF award recognition, an organization must be a current academic year dues paying member (see Membership Minute Page 3 or the NCEMSF Web site for membership details).

The winners will be announced at the awards ceremony during Saturday's conference activities.

Email awards@ncemsf.org with any questions about our awards and recognition program.



“Does your squad have a policy for taking students to your university health service?”

For a sample policy contact: secretary@ncemsf.org

About This Publication

NCEMS NEWS is an official publication of the National Collegiate Emergency Medical Services Foundation (NCEMS). This newsletter is published as a service to the Foundation's members and the national EMS community.

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E-mail articles to be considered for publication to info@ncemsf.org

Closest “Appropriate” Facility

Dr. Joshua A. Marks, NCEMS Secretary

When we each started responding to patients' emergency calls for medical aid and coordinating their transport to definitive care, we were taught to transport to the closest appropriate 911 receiving facility. At face value this statement is quite logical. Take the patient to the closest facility that is capable of handling their medical problem. Make sure it is the closest facility to expedite the definitive care provided at the hospital, but also to limit your out of service time so that you are available for the next emergency call. Do not bypass one hospital for another when the first will do.

All of this makes sense, but what really is the meaning of the word “appropriate” in the context of “closest appropriate facility?” Appropriate for whom, the patient or the EMS provider? Ideally, the answer is both, but when the two are in conflict, the patient and patient care must always take priority.

Those that have trained with me or have listened to me lecture know that I view protocols as general guidelines rather than stringent mandates. I very much subscribe to the philosophy, “when in doubt, THINK!” and try to impart this to those that I teach. There are few things I find more frustrating in medicine than blind application of protocol.

So how does this relate? Those who have been following my career also know that my practice has changed from pre-hospital to hospital based over the last number of years and while I will never forget my pre-hospital background, some of my perspective has shifted. Routinely I take care of patients whose regular doctors are at other nearby institutions. I wonder why this patient is at my hospital (not that we cannot treat them well, but we are forced to “reinvent the wheel” and arranging follow-up and assuring continuity of care poses added challenges). Inevitably the answer is, “this is where fire-rescue brought me.” The patient may have explicitly requested hospital X but was taken to hospital Y, usually because Y was marginally closer. The other day I saw a patient in consultation who had been at another institution for six days awaiting a transfer to my hospital. She should have been taken to my hospital directly but fire-rescue took her to the closest hospital despite her wishes and needs. In these instances we, as pre-hospital personnel, are missing the operative term in “closest ‘appropriate’ facility.”

It has been ingrained in us not to take trauma patients to non-trauma centers. We understand that the resource demands of our trauma patients are too great for our

community hospitals and that these patients are ultimately better served by traveling a farther distance initially. In growing numbers other specialty centers are arising and EMS units are bypassing certain hospitals to take patients to designated stroke centers and cardiac centers. An ALS unit taking an evolving MI to a facility without a cardiac catheterization lab is an error in patient care today - time is muscle and a stop at an inappropriate facility is a delay in the definitive care needed by the patient.

We have bought into this idea of taking patients to the facility most able to deal with their specific medical ailment based on our pre-hospital assessment and diagnosis (i.e. the most appropriate facility, not only the closest). There is an element though of taking patients to the most appropriate facility for them based on their history and where their doctors are too. It is about doing what is right and best for treating the whole patient in their time of need; that is the part of transporting to the closest “appropriate” facility that is often missed when we blindly follow protocol. I realize that our best intentions are at times unappreciated by patients not understanding which location is ideal at a given moment. This requires us to be better educators in the field. We are sometimes further thwarted by broken systems and hospital diversions, but as much as personally controllable we ought not let that affect our patient care either.

For the collegiate EMS provider, I raise this issue because transporting to the closest “appropriate” facility may involve thinking a little outside of the box. During my collegiate experience, a crew knew correctly that a patient did not need a hospital, but was unaware that they could take the patient to health services so they allowed the patient to refuse and then helped coordinate transport via taxi rather than with them even though they were headed the same direction - a waste of time, money and resources and certainly contrary to the best patient care practices. By the end of that business day we had a set policy ironed out for transporting to health services. Does your squad have a policy for taking students to your university health service? Do you know the full capabilities and hours of operation of your health service? Just because you received a call from a fellow student via the emergency hotline does not necessarily mean that a transport to a 911 receiving ED is warranted. Remember that the word “appropriate” in the protocol has many connotations and implications!



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NCEMSF wants to hear how you and your campus celebrated EMS Week 2007...

Email your stories & photographs to: emsweek@ncemsf.org

Make your plans to attend the Annual Conference!

Join the NCEMSF Board, student volunteers from various Philadelphia area schools and your fellow collegiate EMS providers from across the country February 29th-March 2nd in Philadelphia.

The 2008 NCEMSF Conference Web site and registration utility are now active.

REGISTRATION: The only way to register for the 2008 Conference is online. Conference fees and detailed payment policies are listed on the conference Web site - please read these policies carefully before registering (also see page 2 of this issue of NCEMSF News for more details). Register and pay early to lock in the cheapest rates for what is already the most affordable EMS Education Experience.

TRANSPORTATION/LODGING: Registration fees do not include transportation or lodging, however, a number of significant discounts have been arranged. Conference attendees are strongly encouraged to stay at the host facility, The Crowne Plaza Valley Forge, in order to gain the most from the conference experience. Check the facility page on the Web site for information on booking your hotel room and reserve your room early - the special conference hotel rate is guaranteed through February 8.

More information about the conference schedule, fees, travel, awards, skills competition, and local attractions is available elsewhere in this issue of NCEMSF News and online.

Visit www.ncemsf.org/conf2008/ and register today