

NCEMSFS NEWS

Inside this issue:

<i>President's Message</i>	1
<i>The Right Approach</i>	2
<i>Alumni Corner</i>	2
<i>Our Community</i>	3
<i>Regional Roundup</i>	4-5
<i>In Need of Imagination</i>	5
<i>Pain Management</i>	6
<i>Need vs. Want</i>	7
<i>NCEMSFS Membership and Startup Information</i>	8

“The network of friends and colleagues that you build today will allow you to strengthen your organization tomorrow”

Message from the President

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

Welcome to the 23rd Annual NCEMSFS Conference! We are excited this year to return to Philadelphia, the birthplace of America and the city where the groundwork for NCEMSFS was created.

The conference committee has planned over 110 lectures from which you may choose. We expect our total attendance to approach 1,200 registrants, representing over 100 colleges and universities from across North America. While we have continued to grow, we remain committed to delivering high quality education at an affordable cost. Our conference continues to represent the best value in EMS education.

There are several exciting additions to the program this year. Fifteen years ago, we introduced the Richard W. Vomacka Student Speaker Competition. The competition was created to remember an NCEMSFS mentor, who was among the few “adults” in the early years of the Foundation to recognize the value of campus based EMS. He appreciated our enthusiasm, our dedication, and our willingness to embrace the challenges posed by campus administration and municipal and local EMS. He affirmed that NCEMSFS members are the future leaders in EMS. In his honor, we created a lecture series presented by students to highlight our knowledge and commitment to education. This year we have redesigned our Saturday morning panel to further highlight our accomplishments and successes in campus EMS. The panel will be replaced with short-form presentations given by fellow campus EMS providers.

During the day on Saturday, demonstrate your trauma skills with high fidelity simulation and learn about battle field medicine and civilian mass casualty events. Or you might want to participate in one of our table top sessions on wilderness EMS, active shooter scenarios, or MCI planning. In the late morning, do not miss the Vomacka Student Speaker Competition, when current student providers will compete and let their knowledge shine on a variety of topics. On Saturday night, our Maj. John P.

Pryor, MD Memorial Lecture will be given by Alec Beekley, MD. He will discuss the lessons learned from modern battlefield trauma care.

At the conclusion of the lectures on Saturday, join us for our awards ceremony and business meeting where we present awards for personal and organization accomplishments. In addition to our annual awards, we recognize organizations that have met the criteria for our NCEMSFS programs: “Striving for Excellence”, “HEARTSafe Campus”, and “EMS Ready Campus”. These programs set the standard for quality campus EMS care.

On Sunday, the morning starts early and we have packed in another 36 lectures. The morning begins with our young alumni series highlighting the successes of our recent graduates. Support them as they share their knowledge. Be sure not to miss our closing session when Ben Lawner, Ben Abo, Scott Savett, and I will share with you our personal stories in a series of short-form presentations on following your dreams to create a career in EMS, make a world with limitless boundaries, communicate with people that routinely don't get it, and reflect on leadership.

We continue to strive to raise the bar for our Foundation and our annual conference, but we can only do it with your help. After the conference weekend, please take a few moments to reflect on your experience by filling out an evaluation form. We value your comments, and continue to incorporate your suggestions at our conferences and through year-round initiatives. We hope that our program exposes you to skills that are relevant to you today, but also knowledge that will be beneficial to you in the future.

The network of friends and colleagues that you build today will allow you to strengthen your organization tomorrow. If there is anything with which I can assist you, please ask during the conference or email president@ncemsf.org.



The Right Approach

Zachary Matuzsan, NCEMSF Mid-Atlantic Regional Coordinator

I recently saw a patient in the emergency department who presented with mild right flank pain. It was the middle of the night and he only came in because he could not sleep. He appeared healthy, his exam was unrevealing, and the basic labs we did were all normal. Even though we did not have a good explanation for this man's pain, both myself and the doctor with whom I was working were reluctant to get a CT scan. The patient looked so healthy, we thought this additional image would not give us any further information. We were both content to let this patient go home with instructions to come back if things got worse. Ultimately, a colleague who took a look at the patient convinced us to change course and get the scan. To my surprise, it showed early appendicitis. The patient exhibited none of the classic exam or lab findings of appendicitis, but sure enough the surgeons later confirmed what the CT scan showed.

Reflecting on this patient, there are many lessons to be learned that are directly applicable to the pre-hospital environment. Cognitive errors, or more simply errors in the way we approach and treat patients, can occur at any time — from dispatch until patient care has been handed over. Many patients, such as the one discussed in this case, may actually be sicker than they initially appear.

It is very easy to ignore an abnormal vital sign or a physical exam finding if you

have already determined that the patient was not an emergency during your general impression. This is a form of anchoring bias, which by definition is when “individuals use an initial piece of information to make subsequent judgments.” This can adversely affect patient care in a multitude of ways.

A critical situation where this is especially applicable to campus EMS is when a patient wants to sign a refusal of medical attention. As pre-hospital medical providers it is our job to ensure that the patient knows the risks of not being transported to the hospital. It is also our duty to try to encourage patients who do not want to go to an ED but really need to be seen to reconsider. It becomes difficult to adhere to these standards of care when we are unwavering from an initial impression that this patient did not need an emergency response in the first place.

The main question becomes how to avoid errors in the way we run our calls and not fall into the trap of anchoring bias. Approaching each patient with an open mind and reserving judgments until our patient assessment is complete is one way. Although this seems like common sense, it becomes more difficult when responding to a patient when you are tired and exhausted after running calls all night. However, this type of approach ultimately results in better patient care and fewer mistakes.

As EMS providers, it is also important to always consider the worst case scenario and life-threatening conditions even if they seem highly unlikely. Ensuring your assessment is thorough and complete helps to eliminate missing potentially significant findings that may completely change your patient care.

Lastly, simply being aware about the possibility for anchoring and other types of biases during the treatment of patients will help to avoid them. There are many ways to approach scenes and patient care, and developing a method that evades some of the common pitfalls will make you a better provider and help your future patients.



Graduating In a few months and moving to a new job in a new city? Need advice on applications for post-graduate education?

Check out our alumni mentorship page!

Our alumni have gone on to pursue careers in a diverse array of professional fields, and as such, are well-prepared to offer insight and advice to students to help guide them through the transitory process of graduation and the application process for post-graduate education.

A complete listing of alumni mentors can be found on the NCEMSF website:
www.ncemsf.org/resources/alumni-resources/mentorship-program

You must be logged onto the website for access to the database.
Any listed mentor can then be contacted by e-mail for further questions or advice.

Interested in serving as an Alumni Mentor? Contact alumni@ncemsf.org for more information.

Our Community

Scott C. Savett, PhD, NCEMSF Vice President and Chief Technology Officer

Since its inception more than two decades ago, NCEMSF's main goal has been to build a community. I recently re-discovered the contents of an email from NCEMSF's founder, Jon Diorio, from October 1993. His vision of NCEMSF was stated simply:

We are looking to use NCEMSF as an information base for existing and start-up college EMS groups. In the future, we hope to be able to provide:

- 1) Outlines of bylaws and protocols for current and start-up groups
- 2) Our own Usenet group specifically for the discussion of college EMS
- 3) Tentative organizational constitutions
- 4) An annual conference
- 5) Info on potential funding sources
- 6) A nationwide sounding board for ideas and assistance (either by email, phone, or postal service)

I'm pleased to report that NCEMSF has accomplished everything on this list and gone far beyond it!

With over 250 campus-based EMS groups throughout North America under the NCEMSF umbrella, we have a treasure trove of bylaws, protocols, and constitutions to share among the community. Our SOP/SOG library is one of the most visited resources on our Web site, tallying more than 34,000 downloaded documents since 2012.

For those of you who don't recognize the term, "Usenet" was an email-based discussion forum that pre-dates the Web. We've moved past Usenet and email-based discussions to more effective collaboration tools. Our Web site is the premier source of information for campus-based EMS and is respected around the world, being visited hundreds of thousands of times each year. If you haven't already seen it, our Facebook page is a great place to learn what your fellow squads are up to.

NCEMSF's annual conferences are truly our crown jewel. The educational content of our conferences rivals those costing several hundred dollars more. They have grown beyond anybody's wildest dreams to over 1,100 attendees. In contrast, all 120 attendees from the first NCEMSF conference could fit comfortably into a single lecture room at this year's

conference. Despite the immense growth of our conferences over the last 23 years, we have stayed true to the vision of providing a venue for the campus EMS community to come together to exchange ideas.

Funding campus-based EMS has always been a contentious issue. For those groups just starting out, NCEMSF provides scholarship opportunities to attend our conference. Additionally, NCEMSF grants are available for local programming. When we hear of other funding opportunities at the federal, state, or local level, we disseminate the information through our Facebook page and regional coordinator (RC) network.

Consulting activities of NCEMSF are another important aspect that not many groups leverage. With over 125 combined years of campus EMS experience among the NCEMSF leadership, there are very few issues we haven't seen before. We have a dedicated system to guide groups through the lengthy and complicated start-up process. Additionally, NCEMSF board members regularly talk via phone, meet in-person, and exchange email with constituent organizations.

There are many more resources that NCEMSF provides today that Jon Diorio couldn't imagine in 1993. Obviously, if you're reading this article, you've seen our newsletter. Published regularly for 20 years, it contains insightful views on many aspects of campus EMS, news from member squads, and a variety of other EMS-related topics. Do you have an idea you'd like to share with the campus EMS community? Submissions for the newsletter are open to all campus EMS personnel.

Over the years, NCEMSF's formal program offerings have blossomed beyond just an annual conference. The "Striving for Excellence in Campus EMS" program was launched in 1999 to recognize high-performing model organizations within the campus EMS community. It's one thing to garner recognition such as "Striving for Excellence," but another thing to maintain it long-term. Many groups have maintained their 3-year "Striving for Excellence" recognition continuously since achieving it.

Two of our newest programs, "HEARTSafe Campus" and "EMS Ready Campus" address health and public safety concerns for campuses. Both programs leverage best practices gleaned from the campus EMS community along with advice from authoritative organizations such as the American Heart Association and FEMA. Achieving either of these is quite a distinction, and to have both in place on one campus (Rowan University and Virginia Tech) is a laudable accomplishment.

From this article, I hope it's very obvious that the majority of NCEMSF's activities and programs are driven by the campus EMS community. Despite the fact that we are from all corners of the US, Canada, and beyond, we are all members of the same community. At one time or another, we all experience the same accomplishments, frustrations, concerns, and challenges. As you spend your time at the conference this weekend, I encourage you to seek out the valuable knowledge of your fellow community members and share your knowledge with them as well.



SAVE THE DATE
April 20, 2016

Register Online
www.NAEMT.org



Regional Roundup (December 2015 to February 2016)

News from Around the NCEMSF Regions

From the National Coordinator

The Regional Coordinator (RC) network facilitates communication between NCEMSF and its constituents. It is through the Regional Coordinators that NCEMSF best accomplishes 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.

NCEMSF has a **grant program** to provide financial support for regional events and special projects that directly further the NCEMSF mission. Sponsored activities must be educational in nature and provide direct benefit to campus EMS. For further information, eligibility requirements, program rules, or a grant application, contact your RC.

Regional training events and single day conferences are great ways to harness the energy of campus EMS at the local level. Contact your RC to coordinate goals and dates with the NCEMSF national agenda.

This past month, we welcomed Bruce Graham as the new Northeast RC and Gabe Gan as the new Southeast RC. Regional Coordinator **vacancies** exist in the Canada and West regions. If interested in applying please find me at conference and email me (Stephen Lanieri - nc@ncemf.org) your application (available online).

Please join your RC at the **regional roundtable discussions** on Saturday morning and chat informally with your RC and other squads and leaders from your region throughout the conference.

Central

Rice University participated in a hands-only CPR Training event called "Texas Two-Step." The event aimed to train 20,000 people state-wide on February 6th in the two steps of bystander CPR: Call 9-1-1 and Begin Compression-Only CPR. The statewide effort involves a coalition of the Texas College of Emergency Physicians, a national nonprofit HealthCorps, Texas Medical Association, American College of Emergency Physicians, and leadership consulting firm MaveRx. Rice conducted their



training at Rice Stadium. Rice trained 157 of a total 550 people that were trained in Houston as part of the event.

University of Colorado attended a training class on Technical Emergency Response to CBRNE Incidents at the Center for Domestic Preparedness in Aniston, AL over winter break. 16 students were trained in recognition and mitigation of chemical, biological, radiological, nuclear, and explosion acts of terrorism. This was the University of Colorado's second trip to CDP. Also in attendance this year were students from Loyola University EMS (Chicago, IL).

Mid Atlantic

EMeRG (GW) welcomed its 45th Probationary Class as the semester began. Similar to GERMs, they maintained their EMS services to both of their campuses during snowstorm Jonas.

GERMS (Georgetown) continued to provide campus EMS services during the snow storm that left DC with over 2 feet of snow in late January. They have put on two CPR classes this semester for the public and have three additional classes scheduled.

HERO (Hopkins) trained 20 new EMTs during winter break to provide campus EMS services.

UREMS (Richmond): UREMS welcomed five new providers to begin the semester. They are also celebrating "American Heart Month" through a

campus awareness campaign by publishing tips and facts about heart health all month.

Midwest

Case Western Reserve University EMS has recently undergone an expansive growth. During the 2015-2016 academic year, over 30 EMTs will be graduated. Additionally, non-clinical staff membership has skyrocketed, allowing for more public outreach and education programming.

JCU EMS has continued to expand its relationship with the Cleveland Clinic Emergency Services Institute to provide training for both new and returning department members. JCU EMS conducted a condensed EMR course for 9 students over winter break, which has increased the size of its department to almost 30 active members. They also have continued to update their day-to-day operations, having just completed a comprehensive overhaul of their Standard Operating Procedures and a transition to an electronic records system.

New York

Five Quad (SUNY Albany) was transporting a patient with lights and sirens when it was struck by a car. The crash sent the ambulance onto its side. The ambulance had 5 personnel and one patient inside. Those 6, as well as the driver of the oncoming vehicle, were all taken to the hospital for evaluation. Five Quad reports, "after a short visit to the

(Continued on page 5 - Regional)

In Need of Imagination

Eric Pohl, NREMT-P, NCEMSF Emergency Management Coordinator

I attended a morning meeting recently that made my eyes glaze over and my face grow slack within a few minutes of it commencing, even though I had just finished my quad-shot hazelnut macchiato and successfully killed several melons using my iPhone ninja skills on the subway ride to work. The topic of this meeting was developing an emergency action plan for....something something... contingency...thingy...disaster... consequence management....zzzzz.

The truth is that more often than not, good intentions in disaster planning get lost in rhetoric and paperwork. And boredom. Everyone knows that the unenviable tasks of planning need to get done, but let us be honest, it is more fun to play with medical toys and fix patients. So with that frame, let me attempt to convince you that planning does not need to be dull and painful.

First, consider the following disaster and potential disaster highlights from just the past few years of collegiate EMS history:

2005: Tulane EMS, New Orleans, LA played an integral role in recovering from Hurricane Katrina and its aftereffects.

2007: Virginia Tech Rescue Squad was the primary responding unit at an active shooter situation that resulted in 32 persons killed and 17 wounded.

2011: Harpur's Ferry Volunteer Ambulance Service of Binghamton University assisted in operating a relief shelter following significant flooding conditions in Broome County, NY.

2013: MIT police officer was killed in the line of duty following the Boston Marathon Bombing.

2015: Philadelphia area campus EMS groups integrated into regional operations to support the visit of Pope Francis.

These things happen, and with all honesty, none of us were prescient enough to foresee any of them with any detail in advance. To an extent, that is a failure. Natural disasters, active shooters, and MCIs are all familiar and unfortunately common scenarios.

Our only limitation is our imagination. We can and should take the time to sit and brainstorm. As a group, take a big sheet of paper and write down all the ideas that come to mind about the potential threats that could happen on your campus. Now that you have thought of the obvious ones, it is time to think of the crazy left-field ideas. Write those down as well. Now think up more crazy stuff. When someone mentions aliens, you probably have enough. Now look for trends, for commonalities, for outliers. How do things connect? What would you do to begin to confront each situation? Congratulations,

you have the beginnings of an all-hazards approach to disaster management. Wasn't that fun?!

As Donald Rumsfeld, former US Secretary of Defense, famously said, "Reports that say that something hasn't happened are always interesting to me, because as we know, there are known knowns; there are things we know we know. We also know there are known unknowns; that is to say we know there are some things we do not know. But there are also unknown unknowns – the ones we don't know, we don't know. And if one looks throughout the history of our country and other free countries, it is the latter category that tend to be the difficult ones."

I mention the five incidents above, not to shock or scare, but to highlight the importance of both collegiate EMS and the need for providers to be conscientious and vigilant. In each of these cases, providers - students just like you - were confronted with serious, life-changing, and notable disasters. These things happen in a free society; however, they need not be a complete surprise. In fact, with proper application of imagination, you can already see the future.

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(Regional - Continued from page 4)

emergency room, all crew members involved were discharged with minor injuries, though some were quite shaken up. We are very fortunate that nothing serious occurred, and the organization is very grateful for the support from NCEMSF, as well as most of the community."

Northeast

Rowan University EMS acquired a second quick response vehicle into its fleet of now five vehicles. The new vehicle has been especially useful during large scale events as it equipped with a water cooler on its exterior to easily and quickly distribute water on hot days.

Northern New England

The Northern New England schools have a few upcoming events this spring. On April 13th, Norwich EMS will hold a mock

DUI demonstration for students on campus. They hope to obtain participation from local fire, EMS and police. Colby EMS will be holding its annual regional training day on April 9th.

McGregor EMS published its latest issue of "Windshield View," addressing issues EMS faces in New Hampshire; this month's topic: narcotic abuse.

Pennsylvania

Penn State University Ambulance Service gets a dose of IT. Student EMTs use technology to help keep fans safe at Beaver Stadium. UAS recently acquired a new e-charting system to reduce paper, track data, and make it easier to store and transmit information about patients.

Southeast

The University of Florida Gator Emergency Medical Response Unit

(GEMRU) partnered with the University of Florida Division of Public Safety to provide the highest level of community service in protection of life and property through innovative services. GEMRU was founded in 2015 as the University of Florida's first 24/7 on-campus emergency medical response system. GEMRU provides first response medical services and is a student operated, volunteer, not-for-profit, non-transport, emergency medical responder service. GEMRU currently has 41 members, 13 of whom are EMT/paramedic certified.

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

Managing Pain in the Field

Michael T. Hilton, MD, MPH, NCEMSF Director-at-Large

Good pain management can improve the quality of care of an EMS system and is an important aspect of prehospital care. However, among the many treatments emphasized in EMS, pain management is often underappreciated. Additionally, there are many barriers to treating and controlling pain in the field.

Your EMS service is dispatched to a 20 year-old college student who was playing rugby when her shoulder became dislocated. She is in pain. Consider what kind of response this patient would receive in your system and think about what you would do to manage this patient in the field. Do the same exercise for an 86 year-old female visitor on campus who tripped and fell on an outstretched arm, presenting with a deformed left wrist. And now do it for an eight year-old child who fell down four steps, hitting his head on concrete, who is now crying, stating his head hurts. In an ideal world, all of these patients would receive pain medication. In the real world, somewhere between zero and one of those patients would actually receive pain medication.

It is important to treat pain. For a patient, pain management decreases sympathetic tone and the body's endocrine stress response and makes the patient more comfortable. For an EMS provider and EMS system, adequate pain management improves the perception of overall quality of care of your system. Secondly, when EMS providers administer pain medications, patients get

pain relief quicker – by up to two hours -- then if pain management were deferred to the emergency department.

However, EMS providers generally have not been adequately managing pain in the field. Research studies have indicated that up to 90% of patients in pain transported by EMS report no pain relief, and up to 7% of pediatric patients in pain received no pain medications in the field. In trauma patients, up to 98% of patients with acute fractures receive no pain medication.

Qualitative research has provided insight into some barriers associated with pain medication use in the field. Paramedics have reported being reluctant to administer pain medications when there are no objective signs of pain, such as elevated blood pressure or heart rate or based on facial expression. However, keep in mind that pain is subjective and not an objective phenomenon. Paramedics have reported concerns about drug-seeking behavior; about what degree of pain relief to target; about proper doing of medications; discomfort with pediatric patients and difficulty in establishing IV access in pediatric patients. However, one of the biggest barriers in the EMS system and dispatch design is that patients with painful injuries are likely to be triaged to BLS, precluding pain medication use.

Key ways to address these barriers include a culture of pain management in

your EMS system, initial and regular continuing education on pain management, and protocol development and system design. Regarding the cultural change, this should be part of a workplace culture that emphasizes the patient experience. Pain management is a key measure of the patient experience. Providers should be taught both pharmaceutical and non-pharmaceutical methods to control pain, which includes opiate pain medications, splinting and positioning, and therapeutic communication and directed imagery. More importantly, providers should be taught how to recognize patients in pain, even when external and objective signs are lacking, and how to measure pain. Protocols should specify a system to measure pain, such as the Numeric Rating Scale (1-10) and the Faces Pain Scale for children. Protocols should be inclusive of the many etiologies of pain, and not limit pain management to isolated extremity injuries. Finally, EMS systems should be organized in a way that treats pain as an ALS response, if possible, to allow the patient a chance to receive pain medication.

Although pain management is often overlooked, it is an important aspect of EMS care. There are barriers to good pain management, but they can be overcome, improving your system and making patients more comfortable.



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**How were
Collegiate EMS
Week and CPR
Day celebrated
on your
campus???**

**Email stories,
photos, videos,
press releases
and local press
coverage to:**

**emsweek
@ncemsf.org**

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

EMS Finances and Operations: Need versus Want

Joshua A. Marks, MD, NCEMSF Secretary and Chief-of-Staff

Flip through *EMS World's* annual EMS Buyer's Guide or walk the exhibit hall at any national convention and you will view and hear about a plethora of products available to assist you in delivering patient care or running your service. Similarly, read *JEMS* or *Prehospital Emergency Care* and discover numerous innovative programs being conducted by various companies throughout the country. Your imagination can go wild with the possibilities for your own squad and you can envision how you might implement some of these many products or ideas.

But before moving forward, pause and think about your organization's core mission. Evaluate your current performance and ability to meet your goals and ask whether your proposal truly enhances your mission. Does it improve your ability to fulfill your objectives making it an organizational priority, or simply represent a luxury you would like if otherwise available?

We are often confronted with this valuation of need versus want for our organizations and must look critically to weigh the various options. Exploring ideas from various angles helps in answering this question. As a clinician I might see great value in a particular product and might view it as offering time savings or increased accuracy and precision. But as a Board member, I might examine the cost and question the benefit with respect to the accepted standard of care or focus on outcome measurements, and ask whether an actually perceived difference exists. From a legal perspective, I might wonder about the implications of providing a new service or implementing a product on some of the company's vehicles and not on others if we were not able to purchase sufficient quantity of a particular product for all vehicles, or be concerned about establishing an unproven defacto new standard.

By way of concrete examples, think about video laryngoscopy for intubation or some of the automated CPR devices on the market for continuous high performance compressions. Both devices are expensive, aid in delivering theoretically optimal patient care, but neither are the accepted standard of care yet. Additionally, whether either is truly superior to the current accepted standard is still being investigated (i.e. are measured outcomes of first pass success and survivability actually better?). Take tablet versus liquid spray nitroglycerin as an alternate example of increased expense with no clinical difference or efficacy. Spray may lead to some efficiency and speed of administration especially on a

two person crew, but is that worth the cost and is it needed in all circumstances?

Similarly, community paramedicine and physician responder initiatives show promise and may add value to big healthcare systems but are largely unfunded and unsupported EMS ventures. How does one evaluate the cost benefit relationship of these types of services especially for smaller organizations, and how might a smaller organization implement a similar service to its scale?

If money was not a factor and we did not need to adhere to budgets, some of these decisions would not need to be made. However, given all of our realistic financial confines we are forced to make financially sound decisions that are also patient centered and community minded. We must evaluate our desire or want for a product or program against our absolute need for it in order to meet our stated mission. This is not just a financial decision though. While we might look to expand our mission, we should again review whether we are meeting our current one, and ask how might such an expansion aid or possibly even detract from our current operation. Those organizations that need to focus on generating revenue to fund their programs might see new programs as new revenue streams to fund existing efforts which could be great. However, the opposite effect could occur and new endeavors could equally drain resources currently utilized for other essential aspects of your operation.

This is not to say that you should not seek to grow and improve upon your organizations status quo. Quite the contrary, you just need to be always mindful of your mission and of your constituency and need to be strategic about all advances.

It is acceptable to negotiate and advocate for a want but know your audience and be careful not to overstate the data, or make claims that cannot be substantiated. Administrators may not be clinicians but they are likely savvy business people and will learn if clinical claims of superiority or necessity are not true. You will lose credibility and also fall short of your desired goal. It is your job to be factual, educated, and convincing based on your true assessment of the situation.

As you network at this year's conference and learn about the delivery of campus based EMS across the country, gather ideas, evaluate your mission, and assess your organization's current needs and wants for improvement.



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Please visit the Membership section of the NCEMSF Web site to keep your contact information up-to-date. By virtue of your attendance at the 23rd Annual Conference, you are now a NCEMSF Personal Member through the completion of the 2015-2016 academic year (May 31st). Thank you for your ongoing support of campus based EMS and NCEMSF!

The NCEMSF Database of Collegiate EMS Providers is an excellent resource in the event of natural disaster or other public health emergency. Please keep your information up-to-date so that should the situation arise, we can contact you and collectively as campus based EMS answer the call to act!

In addition to making a continued commitment to the advancement of existing collegiate emergency medical services and the development of new response groups, your membership provides financial support to promote Collegiate EMS Week and our annual conference, produce publications, honor outstanding collegiate EMS organizations, and advocate for collegiate EMS.

Your membership in NCEMSF also entitles you to a number of member discounts including medical software and reference, EMS equipment and supplies, apparel and *EMS World Magazine*. These offers and discounts are detailed in their entirety on our website and are available only to NCEMSF members.

Your NCEMSF membership adds to the collective strength of hundreds of members throughout the nation - those participating in and advocating for collegiate EMS. Renewing your NCEMSF membership in June for the 2016-2017 academic year shows your continuing commitment to collegiate EMS. Don't let your enthusiasm for collegiate EMS diminish just because your college graduation is imminent. NCEMSF also offers life memberships that keep you in touch with the world of collegiate EMS. More information about our membership categories and rates can be found online at www.ncemsf.org/membership.

Campus EMS Startup Resources

Every year, NCEMSF receives multiple inquiries from enthusiastic EMTs on campuses across the country desiring to establish squads of their own. Among the many resources we provide to help new groups succeed, we advise strongly that organizers make it to the annual NCEMSF conference. One of the most challenging aspects of starting a collegiate EMS organization is developing a network of experienced providers at peer institutions who can give advice, answer questions, and serve as a sounding board for ideas.

This year is no exception, several new groups and those still trying to form are in attendance to learn from the whole of campus based EMS. Please reach out, welcome them and share your collective knowledge!

Specifically, University of New Mexico has made great progress in forming its new campus squad and members will be attending conference for the first time this year. UNM was awarded an NCEMSF Grant under the New Group Initiative to help fund its attendance. Similarly, representatives from Radford University and Indiana University - Bloomington will also be traveling to Philadelphia with assistance from a New Group Initiative grant. These grants are available through NCEMSF to help defray the costs of attendance for groups still going through the significant difficulties of starting a collegiate EMS organization.

The NCEMSF Startup Packet is available for download online.

Contact Joseph Grover, NCEMSF Startup Coordinator, with specific questions: startup@ncemsf.org.