

IEMSA VOICE

A VOICE FOR POSITIVE CHANGE IN IOWA EMS



PAGE
5

EMS DAY ON THE HILL
FEBRUARY 25, 2016

ADVOCATING FOR



**VOLUNTEER
TAX CREDIT** 2015
TAX YEAR

PAGE
08

VOLUNTEERS!
See this article for details on the
\$100 Volunteer Tax Credit



PAGE
18

MISSION : LIFELINE
2016 STEMI Conferences
& Education

PAGE
14

CE ARTICLE :
HEMORRHAGE CONTROL :
EMS Care





BOUND TREE MEDICAL – IEMSA’S NEW GROUP PURCHASING PARTNER –

IEMSA’s Membership Committee is excited to update you on the Group Purchasing Program. The contract has been awarded to Bound Tree Medical. Bound Tree has entered into a two-year contract with IEMSA to provide our Affiliate Members with considerable discounts on their products.

As the leading EMS distributor in the United States, Bound Tree Medical has been providing emergency medical equipment, supplies and pharmaceuticals to fire departments, law enforcement agencies, military, and other EMS organizations for over 35 years. Bound Tree offers thousands of quality products from leading manufacturers paired with innovative service to help you save time and save lives.

THE RIGHT PRODUCTS

Bound Tree offers an extensive product offering including value-priced private label products, kitting solutions, recertified equipment and a full line of pharmaceuticals.

Private Label Products – With savings up to 20% off of name-brand medical supplies, Bound Tree’s portfolio of private label products enables providers to deliver quality treatment at a better overall value.

Kitting Solutions – Bound Tree’s pre-assembled kits provide a cost-effective, convenient way to respond quickly, providing immediate care for emergency situations.

Recertified Equipment – Bound Tree’s recertified equipment includes AEDs, monitor/defibrillators, infusion pumps, pulse oximeters, suction units, ventilators and vital sign monitors from top manufacturers.

Pharmaceuticals – Bound Tree offers a full line of EMS pharmaceuticals including Class II and Class IV drugs.

THE RIGHT SERVICES

Bound Tree offers valuable services to increase efficiency and accuracy, reduce liability and positively impact your bottom line.

Operative IQ – Maintain accurate inventory records, reduce overhead costs and eliminate costly mistakes.

UCapIt Controlled Access Rx Dispenser – Monitor and track accountability for access to pharmaceuticals.

Bound Tree University – Maintain certification with more than 20 hours of FREE, accredited CEUs.

THE RIGHT INFRASTRUCTURE

Bound Tree has the resources to offer convenient online ordering, timely deliveries and disaster support services.

Nationwide Distribution – Six distribution centers strategically positioned for operational efficiency and disaster response.

Disaster Support – A resource for agencies that encounter incidents that require immediate deployment of emergency medical.

THE RIGHT SUPPORT

Bound Tree’s dedicated account managers offer valuable input on cost/quality tradeoffs, state/local requirements, industry changes and new product introduction.



Peter Lawrence

Going on three years with Bound Tree, Peter has over 15 years of Medical Sales experience. He is a dedicated Account Manager who works remotely and takes pride in treating his customers with great sincerity and the manner that he would like to be treated as a customer.

[Visit Bound Tree Medical Today!](#)

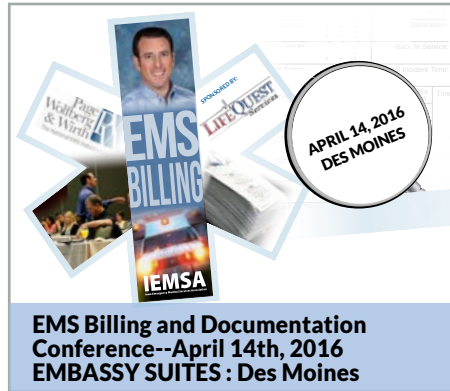


> CONTENTS

The VOICE is published quarterly by the Iowa EMS Association covering state EMS issues for emergency medical services professionals serving in every capacity across Iowa. Also available to members online.



05 A RECORD NUMBER OF LEGISLATORS JOINED US FOR A BREAKFAST RECEPTION IN THE ROTUNDA :
IEMSA TALKING POINTS AND BILL WATCH



21 EMS Billing and Documentation Conference--April 14th, 2016 EMBASSY SUITES : Des Moines
13TH ANNUAL REGIONAL BILLING CONFERENCE : CES FOR EMS BILLING MANAGERS & CERTIFIED AMBULANCE CODERS

OUR PURPOSE : To provide a voice and promote the highest quality and standards of Iowa's Emergency Medical Services.

> BOARD OF DIRECTORS

- > **President :** Linda Frederiksen
 - > **Vice President :** Mark McCulloch
 - > **Secretary :** Katy Hill
 - > **Treasurer :** Brandon Smith
 - > **Immediate Past President :** Jerry Ewers
-
- > **Northwest Region :**
John Jorgensen, LaDonna Crilly, Tracy Foltz
 - > **Southwest Region :**
Sarah Solt, Nella Seivert, Rob Marsh
 - > **North Central Region :**
Gary Merrill, Mark Sachen
 - > **South Central Region :**
Mark McCulloch, Katy Hill, Brad Vandelune
 - > **Northeast Region :**
Amy Gehrke, Lee Ridge, Rick Morgan
 - > **Southeast Region :**
Thomas Summitt, Matthew Fults, Linda Frederiksen
 - > **At-Large :** Jerry Ewers, Brad Buck, Brandon Smith
 - > **Education :**
Mary Briones, Brian Rechkemmer
 - > **Medical Director :** Dr. Josh Stilley
 - > **Lobbyists :** Michael Triplett, Eric Goranson & Karla Fultz McHenry

> BOARD MEETINGS

- > **April 13, 2016**
Embassy Suites, Des Moines
12:30—2:30pm
- > **June 16, 2016**
WDM Station 19- 1:00—3:00pm
- > **July 21, 2016**
Teleconference - 1:00—3:00pm
- > **September 15, 2016**
WDM Station 19- 1:00—3:00pm
- > **October 20, 2016**
WDM Station 19- 1:00—3:00pm
- > **November 10, 2016**
Iowa Events Center at the Annual IEMSA Conference Time: TBD
- > **December 15, 2016**
Teleconference - 1:00—3:00pm

> IEMSA OFFICE

5550 Wild Rose Ln., Suite 400
West Des Moines, IA 50266

515.225.8079 • fax: (877) 478-0926
email: administration@iemsa.net
Office Manager: Lisa Cota Arndt

04	PRESIDENT'S NOTE : 2016 : An Exciting Year Ahead
06	LEGISLATIVE UPDATE : 2016 TALKING POINTS AND EMS DAY ON THE HILL 2016
07	BILL WATCH : YOU'LL LOVE THIS HANDY GUIDE TO THE IEMSA LEGISLATIVE BILLS
08	VOL. EMS TAX CREDIT : DON'T MISS THIS INFORMATIVE ARTICLE ON WHO QUALIFIES FOR THE \$100 EMS TAX CREDIT
09	SCHOLARSHIP QUALIFICATION RULES : DEADLINE TO APPLY FOR 2016 SCHOLARSHIPS IS JUNE 1, 2016
10	SE EMS SATURDAY : EFFECTIVE REGIONAL CONFERENCE-- SPONSORED BY IEMSA
10	MEMORIALIZING OUR OWN! Applications are due April 11, 2016 if you have a Hero from your crew engraved on the EMS Memorial.
11	BUREAU OF EMERGENCY & TRAUMA SERVICES UPDATE : (IDPH) has received a \$6.3 million grant to help save the lives of Iowans
12	IEMSA AWARDS NOMINATIONS : Nominate an EMS Provider, Instructor, Dispatcher, Service that you know deserves recognition.
14	CE TRAINING : Hemorrhage Control-- Active Members earn an optional CE
17	SPOTLIGHT ON TRAINING : University of Iowa Emergency EMSLRC
18	MISSION : LIFELINE 2016 STEMI Conferences & Education
20	Uh-Oh! PEDs CONFERENCE-- EMS TRAINING TO CARE FOR LITTLE BODIES
21	13th Annual Billing Conference-- In DES MOINES --April 14th!

A NOTE FROM OUR PRESIDENT

2016 : AN EXCITING YEAR AHEAD.

BY LINDA FREDERIKSEN, Executive Director, MEDIC EMS,
IEMSA President / Board of Directors

> 2016 brings the excitement of a Presidential election year to our nation, and Iowa formally kicked off the search for our country's leader with a record turnout for the February 1st caucus events..



Although we typically hold our "EMS Day on the Hill" event towards the end of January, this year's event was rescheduled to February 25th to assure the availability of venue space and hotel accommodations for those attending.

> By the time you read this article, our 2016 EMS Day on the Hill event will be history, and we hope to continue to build record attendance each year! Now more than ever, it's critically important to connect with your district legislators to discuss our 2016 talking points included in this newsletter, as well as to make our lawmakers aware of the increasing challenges we face as EMS providers. To assist with our legislative momentum throughout the year, a 2016 IEMSA Legislative Handbook is located on our webpage at www.iemsa.net, and includes a listing of legislators by regions. If you have any suggestions on additional information you would like included in this document, please let us know.

> This year's Leadership Conference was held at the Embassy Suites, Des Moines, following the EMS Day on the Hill event, and featured renowned speaker Dr. Chris Nollette. With over thirty years' experience as an EMS

educator, in addition to concurrent professional experience in all risk public safety fields, Dr. Nollette has a unique teaching style enjoyed by many Iowa EMS providers fortunate enough to attend his past presentations.

> On February 13th, IEMSA's 3rd annual "Uh-Oh, Ped's" conference was held in Coralville with a great turnout.

For the first time ever, IEMSA provided some portions of this conference via webinar to EMS Providers in another state with great success. We appreciate the support of our many outstanding and dedicated health educators and clinicians, who continue to improve pediatric healthcare in our region through the delivery of their excellent and innovative presentations.

> On April 14th, IEMSA welcomes Doug Wolfberg from Page, Wolfberg, and Wirth back for our annual Billing and Management Conference at the Embassy Suites,

Des Moines. A favorite IEMSA presenter, Doug Wolfberg delivers expert information that has helped countless EMS Providers and Agencies improve patient care delivery, as well as associated documentation. Doug's helpful billing and compliance update education is also extremely valuable, with Certified Ambulance Coder continuing education available for all presentations.

> Mark your calendars for the 2016 IEMSA EMS Week celebration on Saturday, May 14, at West Des Moines Public Safety Station 19. This touching memorial

presentation pays homage to the men and women who have served our profession with grace and dedication, and we encourage you to attend.

> In closing, we were deeply saddened by the sudden passing of retired Senator Tom Hancock on January 31, 2016. Senator Hancock, well-known for his passion for public safety, served as a member of the Epworth Volunteer Fire Department for 45 years, and in the capacity of paramedic volunteer and fire chief for 16 years. During his service he led a group of volunteers to complete the paramedic training in the 1980's and their department became one the first rural volunteer services in the state to become certified in advanced life support. He also served as former president of the Iowa Firefighter's Association and past president of the Dubuque County EMS Association. Tom was an Iowa Senator for 8 years until 2012, and was elected to the Dubuque County Board of Supervisors in November of 2014.

Without question, the state of Iowa lost a true public safety champion; we offer Senator Hancock's family our deepest condolences, and may he rest in peace.

Stay safe.

BY MARK SACHEN Legislative Chair and NC Region Board Member

IOWA EMS DAY ON THE HILL—LEGISLATIVE BREAKFAST RECEPTION

IOWA EMS DAY-ON-THE-HILL
NEW DATE: **FEBRUARY 9, 2017**
Leadership Conference to be held at the Renaissance Savery Hotel



> 2016 IOWA EMS-DAY-ON-THE-HILL

Our 2016 Iowa EMS-Day-on-the-Hill event was a success! The Iowa EMS Association sponsored a Breakfast Reception for the legislators from 7am-9am on February 25, 2016. Approximately 85 emergency medical service providers from across the state met with a record 55 Iowa's state representatives and senators. We are encouraged by the turnout this year, as our providers were able to share their views and discuss important issues that face all EMS providers across the state. Having a personal one-on-one conversation with our legislators is crucial to giving a face to our issues, as they are asked to consider issues and bills that address ways to support our goal to provide pre-hospital care services to all Iowans.

> In preparation for our Iowa EMS Day on the Hill, concerned providers attended our networking meeting the night before. The group received an update from IEMSA's lead lobbyist, Michael Triplett on issues that would potentially be discussed in the rotunda on Thursday. Key information on initiatives moving through the legislature was presented to ensure we stressed important details to educate lawmakers in our discussions.

> In addition to our 2016 Legislative Talking Points (outlined in detail on the next page), **Senator Jeff Danielson (D)-Waterloo has introduced a bill to allow for the creation of Benefitted Emergency Response Districts (SF 2287).** This bill is written to allow cities and townships to join together and create a Benefitted Emergency Response District to provide fire protection and emergency medical services to citizens and visitors to the established district. The bill is currently in the Senate Ways and Means Committee for consideration. **The push to make EMS an essential service is an issue that our members have been very passionate about,** but has met with some resistance with legislators hesitant to support that initiative due to perceived tax increases that would be necessary to fund it.

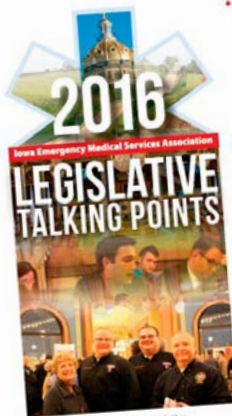
> **The Benefitted Emergency Response Districts is a great compromise to utilize an established tax** to provide a sustainable funding stream to support and maintain adequate fire protection and emergency medical services. This is potentially a huge step forward to ensure Iowa's citizens and visitors will have the access to emergency medical services they expect and deserve.





BY MARK SACHEN Legislative Chair and NC Region Board Member

OUR VOICE ON THE HILL LEGISLATION



- **EDUCATION, TRAINING AND RESOURCES FOR RESPONDERS.** Small and rural communities across Iowa rely on volunteer responders and need high quality resources to leverage that service. Iowans recognize the value of streamlined training, curriculum and resources to ensure there is a steady and sustainable pipeline of volunteer and professional responders. IEMSA supports efforts to make education, training and retraining more cost-effective. In addition we believe funding additional training for existing providers would ensure a way to fill the shortage of top-level certified providers.
- **SUSTAINABLE FUNDING AND MEASURABLE OUTCOMES.** Public safety is a core function of government and the current gaps in EMS coverage are putting the lives of our friends, families and neighbors at risk. IEMSA believes that lawmakers should focus their efforts on structural modernization that ensures adequate protection for those in our state, including local tax levy reform and prioritization.
- **COMMUNITY AVAILABILITY FOR BEHAVIORAL HEALTH SERVICES.** Iowa's behavioral health system has pockets of inefficiency, and these gaps unduly burden local EMS programs and the families of these patients. IEMSA urges legislators to review the behavioral health system and address the problems of limited supply of beds and an increasing demand for services.
- **FUNDING FOR MOBILE INTEGRATED HEALTH - COMMUNITY PARAMEDICS.** IEMSA supports additional state funding for mobile integrated health programs, to facilitate a more appropriate use of emergency care resources and/or enhance access to primary care for medically underserved populations. This program will improve access to and quality of care while also reducing costs.

> EACH YEAR, THE BOARD OF DIRECTORS RECEIVES INPUT FROM OUR MEMBERSHIP TO IDENTIFY THE TOP ISSUES FACING EMS IN IOWA, AND FORM OUR LEGISLATIVE TALKING POINTS.

These talking points guide our discussions with state legislators in regards to these issues throughout the legislative session. I'd like to thank all the members of IEMSA's Board of Directors who continue to work tirelessly to champion our legislative agenda.

I'd also like to extend a special thanks to IEMSA's Immediate Past President, Chief Jerry Ewers, without whose expert knowledge of all things legislative and tireless commitment have been a tremendous help to me. I would also like to thank IEMSA's Vice President Mark McCulloch who creates and publishes our surveys to members to gather the critical information from you, our member.

As Chair of IEMSA's Legislative Committee, I can't begin to tell you how much I appreciate all the work that these committee members do to support our legislative efforts.

> EDUCATION, TRAINING AND RESOURCES FOR RESPONDERS-This is an issue of concern from year to year. IEMSA continues to work to secure funding to improve education and ensure the state's providers have access to the training and resources they need to continue providing the best pre-hospital care Iowans deserve and have come to expect.

> SUSTAINABLE FUNDING AND MEASURABLE OUTCOMES-In Iowa, EMS is not considered an essential service like our other partners in public safety. Many agencies struggle with funding to keep their services operational. IEMSA recognizes that EMS services are in need of sources of sustainable funding to continue providing Iowans the assistance they need in the event of an emergency. It's also important that we provide the structure to ensure that our EMS system is consistently delivering the best in pre-hospital emergency care across the state.

> COMMUNITY AVAILABILITY FOR BEHAVIORAL HEALTH SERVICES-Iowa is in crisis when it comes to behavioral health services. Availability of care for our state's citizens is woefully inadequate. People who need help are often times transported across the state and even to other states to receive care. In too many cases, these transports are being made by EMS crews that are taken out of service in their communities to provide these transports and affect their ability to respond to emergencies. Often, these crews have been on duty for many hours and at the end of their shifts, are transporting these patients long distances, which puts the crews and the patients at risk. IEMSA is advocating increased access to behavioral healthcare for Iowans.

> FUNDING FOR MOBILE INTEGRATED HEALTH-COMMUNITY PARAMEDICINE-Skyrocketing healthcare costs continue to put an increasing strain on Iowans. By implementing community paramedicine programs, Iowans can get the appropriate care in more cost-effective ways. Improved care and increased access can be provided at the same time reducing costs.

As the state's voice for EMS, IEMSA works very hard to improve the state of EMS in Iowa. We cannot do the important work for Iowa EMS without input from you! If you are an IEMSA member, thank you for your support. If you aren't an IEMSA member, I invite you to join IEMSA and become a member and support EMS initiatives to improve emergency pre-hospital care for all Iowans.

>>> SEE EMS BILL WATCH CHART ON **PAGE 7**



BILL WATCH



BY MARK SACHEN Legislative Chair and
North Central Region Board Member

BILL	DESCRIPTION	LAST ACTION	IEMSA POSITION
SF 508	Possession, sale, transfer, purchase, and use of fireworks	Passed Senate State Government. Returned to committee as it was superseded by SF 2113.	AGAINST
SF 2113	Possession, sale, transfer, purchase, and use of fireworks	Successor to SF 508. In Senate Ways and Means.	AGAINST
SF 2155	Statewide land mobile radio communications system fund	In Senate Appropriations. Passed Senate 30-20, in House Appropriations.	Undecided
HF 2302	Waivers for convicted criminals to gain access to a licensed profession	In House State Government. Dead for the session.	Undecided
HF 2256	Continuing education for certified AEMTs and creating a certified AEMT continuing education tax credit.	In House State Government. Dead for the session.	Undecided
SF 2206	Institutional health facilities under the newborn safe haven Act.	In Senate Human Resources. Dead for the session.	Undecided
SSB 3158	Authorizing the establishment of benefited emergency response districts.	Passed Senate State Government, on to Senate Ways and Means. Passed State Government, see SF 2287	Undecided
SF 2287	Authorizing the establishment of benefited emergency response districts.	Successor to SSB 3158. On Senate Debate Calendar. Referred back to Senate State Government, which kills the bill for the session. Once we get data from the Iowa Farm Bureau on township taxes and levy rates, we can ask for a Ways and Means bill to be drafted.	FOR
SF2008	Opioid antagonist administration by EMTs and law enforcement.	In Senate Human Resources. Returned to committee as it was superseded by SF 2218.	FOR
SF2218	Opioid antagonist administration by EMTs and law enforcement.	Successor to SF 2008. Passed Senate 48-0. On to House Calendar as companion to HF 2380. Placed under unfinished business.	FOR
HF 2132	Opioid antagonist administration by EMTs and law enforcement.	Passed House Public Safety. See successor HF 2380.	FOR
HF 2380	Opioid antagonist administration by EMTs and law enforcement.	Successor to HF 2132. On House Debate Calendar. Placed under unfinished business.	FOR

BILL WATCH UPDATE AS OF 3-16-2016 : WATCH YOUR E-MAIL FOR UPDATES ON THESE IMPORTANT BILLS.





Iowa Department of
REVENUE

VOLUNTEER TAX CREDIT

2015
TAX YEAR

BY LINDA FREDERIKSEN Exec. Dir. MEDIC EMS and President IEMSA

> Volunteer Firefighter and Emergency Medical Services (EMS) Personnel and Reserve Peace Officer Tax Credit for the 2014 Tax Year (returns filed in 2015)

Effective January 1, 2013 the Volunteer Firefighter and EMS Personnel Tax Credit was available for volunteer firefighters and volunteer EMS personnel. Effective January 1, 2014, the Reserve Peace Officer tax Credit will be available for volunteer reserve peace officers. In order to qualify for the credits, the taxpayer must meet the conditions listed below.

QUALIFYING CONDITIONS

> FOR VOLUNTEER FIREFIGHTERS:

- > Must be an active member of an organized volunteer fire department in Iowa.
- > Must meet the minimum training standards established by the Fire Service Training Bureau, a division of the Iowa Department of Public Safety.
- > A paid firefighter who volunteers for another fire department is eligible for the credit, effective January 1, 2014.

> FOR VOLUNTEER EMERGENCY MEDICAL SERVICES PERSONNEL:

- > Must be trained to provide emergency medical care, certified as a first responder or greater, and been issued a certificate by the Iowa Department of Public Health.
- > A paid EMS personnel member who volunteers for another department is eligible for the credit, effective January 1, 2013.

> FOR RESERVE PEACE OFFICERS:

- > Must be a volunteer, non-regular, sworn member of a law enforcement agency who serves with or without compensation, has regular police powers while functioning as a law enforcement agency's representative, and participates on a regular basis in the law enforcement agency's activities including crime prevention and control, preservation of the peace, and enforcement of the law.
- > Must have met the minimum training standards established by the Iowa Law Enforcement Academy.

> AMOUNT OF THE TAX CREDIT

For tax year 2014, the tax credit equals \$100 if the volunteer serves for the entire calendar year 2014. If the volunteer does not serve the entire year, the \$100 credit will be prorated based on the number of months that the volunteer served. If the volunteer served for a portion of a month, that will be considered as an entire month. The table below provides the qualifying amount of tax credit by months of service for the year.

Number of Months of Service	Amount of Tax Credit	Number of Months of Service	Amount of Tax Credit
1	\$8	7	\$58
2	\$17	8	\$67
3	\$25	9	\$75
4	\$33	10	\$83
5	\$42	11	\$92
6	\$50	12	\$100

If an individual serves in more than one position as a volunteer firefighter, volunteer EMS personnel, and reserve peace officer, the credit can only be claimed for one volunteer position. One credit can be claimed on the IA 1040

> WRITTEN STATEMENT REQUIREMENTS

Taxpayers claiming the tax credit are required to have a written statement from the fire chief, the chief of police, sheriff, commissioner of public safety, or other appropriate supervisor verifying that the individual was a volunteer for the number of months that are being claimed. These letters do not have to be included with a filed return, but must be produced by the taxpayer upon request by the Iowa Department of Revenue (IDR). It is recommended that the statement contain the following information: Volunteer Name, Fire Department or EMS Service Name or Police Department, Number of Months of Service for the Year, Amount of Qualifying Credit, and the Name, Title, and Signature of the official authorizing the credit.

> RECORDKEEPING RECOMMENDATIONS

It is recommended that volunteer fire departments, EMS services, or police departments maintain a record of the letters that are authorized in the event that IDR requests a list of authorized credit recipients. It is recommended that these lists be kept for at least three years.

IEMSA EMS EDUCATIONAL SCHOLARSHIP

APPLICATION DEADLINE : JUNE 1, 2016

BY BRIAN RECHKEMMER, Board Member and Scholarship Chair

The Iowa Emergency Medical Services Association is proud to offer annual scholarship opportunities in 2016. Funds are intended to assist those hoping to enter the emergency medical services job force or for established members of the EMS community looking to advance their education and certification level. Emergency Medical Services personnel are essential features of any disaster management effort. Whether paid or volunteer, EMS is often the first to arrive at accident sites, making split-second life-saving decisions during every shift. Quality education and comprehensive training is essential for EMS providers and paramedics, because no two disasters, emergencies or accidents are alike. The goal of the IEMSA annual scholarship fund is to encourage continued improvement and advancement for our state's providers.

Initial certification requires schooling, and continuing education, and it also plays an important role in keeping EMS personnel on the cutting edge of life-saving first responder protocols. College level programs exist at two and four-year colleges. Whether basic or advanced-EMT, school can be costly. IEMSA would like to assist individuals with scholarship funding to help achieve or further career goals.



Pictured above are our 2015 Scholarship Winners

SCHOLARSHIP SELECTION PROCESS

1. Only those applications which are complete, accurate and received by the deadline will be considered. (Current Scholarship Application Deadline : June 1, 2016)
2. IEMSA will notify all applicants by email of the status of their application.
3. EMS scholarships are not awarded for course work already taken.
4. Scholarship payments are made directly to the recipient of the scholarship.
5. The following criteria will be used in the scholarship selection process:
 - Dedication to the profession
 - Financial need
 - Dedication to the community
 - Service as a positive ambassador for IEMSA

Please consider applying for one of these scholarships or forward information on to other potential recipients.

Click Here to print the application:

http://iemsanet/pdfs/Scholarship_Application.pdf

SCHOLARSHIP DETAILS :

> We will be awarding scholarships for \$500 each to two individuals that are pursuing a certificate for EMR, EMT, AEMT or PARAMEDIC. One \$500 scholarship is awarded to a training program, to be awarded at their discretion.

> **(2) Individual Scholarships and (1) Training Program Scholarship will be awarded.** Scholarships are one time only and are not awarded on a repetitive basis. IEMSA members and direct family of IEMSA members will be given preference. Scholarship recipients will be contacted individually and announced at the 27th Annual IEMSA Conference & Trade Show.

Deadline for submission of applications : June 1, 2016.

> To find the IEMSA Scholarship application please visit the IEMSA Website at http://iemsanet/pdfs/Scholarship_Application.pdf



University of Iowa EMSLRC students in training. Learn more about this program on page 17. We feature a different EMS Training Center/College each issue. Learn more about the educational options in Iowa by reading the VOICE.

2016 EMS MEMORIAL CELEBRATION : MAY 14

BY TOM SUMMITT Muscatine Fire Dept. & South East Board Member

> Planning has begun for the Annual EMS Memorial that will be held May 14, 2016 in West Des Moines

Iowa. We are accepting applications for this year's EMS Memorial Celebration. **The deadline is April 11, 2016.**

EMS MEMORIAL CRITERIA

- > **Line of Duty Death:** Individual was killed in the performance of his/her EMS duties—No Fee
- > **National/State/Local Recognition:** Provider had a significant impact of EMS in their community, spent at least 10 years providing EMS, or died while an active member of a department—Fee: \$125.00

To submit an outstanding EMS Provider that has died from your community please complete an online application at www.iemsa.net (Click Here to open Application) and print the pdf application and submit all materials by April 11, 2016 to IEMSA, 5550 Wild Rose Lane, Ste. 400, West Des Moines, IA 50266.

The names of individuals submitted will be engraved and celebrated at the May 14, 2016 EMS Memorial Ceremony, held at the EMS Memorial, West Des Moines Station #19, 8055 Mills Civic Parkway, West Des Moines, IA 50266. This event is presented by IEMSA in cooperation with supporting sponsors.

Watch your e-news for more information--and get your applications in today--to honor your provider heroes and friends.



This is just one way to remember and honor an EMS provider that has given so much to Iowa EMS.....Please make arrangements now to attend this beautiful ceremony.

10



EMS SATURDAY

SOUTH EAST REGIONAL CONFERENCE

BY TOM SUMMITT Muscatine Fire Dept. South East Board Member

On January 9th, 2016 IEMSA sponsored the 7th Annual Southeast Iowa EMS Saturday with over 55 in attendance.

As always, these are very well attended! Speakers from Iowa included Julie Davis with classes on Burn Update, and LVAD & the EMT, Jules Scaddon with her presentations on two different PEDS topics, Casey Thompson on Meth

& EMS, Matt Fults with a Cardiac class, and rounding the Day out was Rick Sywassink from Montana on Crime Scene and Homeland Security.

Our next SE EMS Saturday will be January 14, 2017! Plan to join us!

If you would like to have a mini IEMSA EMS Day in your area, contact your local IEMSA Board member from your region !



EMS BUREAU UPDATE

BY REBECCA CURTISS IDPH, Bureau Chief-Bureau of Emergency & Trauma Services



The Iowa Department of Public Health (IDPH) has received a \$6.3 million grant to help save the lives of lowans experiencing cardiac arrest both in and out of the hospital. The grant, awarded by The Leona M. and

Harry B. Helmsley Charitable Trust, will be administered by the IDPH Bureau of Emergency and Trauma Services (BETS).

> **The bulk of the grant funds will be used to place LUCAS® 2 Chest Compression System devices in ambulances and hospitals across the state,** and to provide training for their use. The LUCAS® device provides automated chest compressions, meaning CPR can be performed longer and more consistently.

> **“Studies have shown that two people can only perform uninterrupted CPR for 5-10 minutes because of fatigue,”** said IDPH BETS chief Rebecca Curtiss. “These automated LUCAS compression devices could be the difference-maker in saving the lives of those experiencing cardiac arrest.”

> **A limited number of automatic compression devices are currently in use in Iowa, and have shown positive results.**

The devices are able to maintain a higher flow of blood to the brain and heart, compared to manual compressions – this has been shown to improve the positive outcomes of CPR in cardiac arrest patients from an average of 0-5 percent to as high as 40-50 percent.

> **Each LUCAS® 2 Chest Compression System costs about \$10,000, making it difficult for smaller EMS agencies or**

hospitals to purchase. This grant will dramatically increase the number of units available throughout the state.

> **All 99 counties in Iowa are eligible to write an application for ambulance services to receive a LUCAS® device.** The applications will be available on the IDPH Grants.Gov web site by mid-summer, and information will be sent to EMS service directors when the application is available. A county may not apply for more devices than authorized ambulances. The following formula will be used to determine distribution of the devices: A county with a population of less than 10,000 may request 2 devices; a county with a population of 10-15,000 may request 3 devices, a county with a population of 15-20,000 may request 4 devices, a county with a population of 20-50,000 may request 5 devices and any county over 50,000 in population may request 6 devices. Priority will be given to rural services and those that do not have a mechanical CPR device. Each county will determine where the devices (which services) will be distributed within the county. The applications will be available in five rounds of subsequent applications. Following the first four rounds of applications BETS will determine how many devices remain unissued, and then a final application will be issued statewide for all EMS providers to apply for a device. A total of 394 devices will be purchased and distributed to EMS services.

> **There are 118 hospitals in Iowa, 82 of which are critical access hospitals. Rural and critical access hospitals have priority for these devices.** The LUCAS® devices will be distributed to hospitals with less than 100 beds, hospitals that currently do not have a LUCAS® device or a cardiac catheterization lab. A total of 81 devices and 25 back plates will be purchased and distributed to hospitals.

Please send any questions to Rebecca Curtiss-BETS Bureau Chief at rebecca.curtiss@idph.iowa.gov

11



CODE ONE CONFERENCE

BY MATT FULTS, NRP: University of Iowa EMSLRC & Board Member

EMS providers from around the state gathered at the campus of Kirkwood Community College on March 11th and 12th, 2016 for the Annual Code One Conference.

IEMSA board members were on hand both days to speak with fellow EMS providers. Non-members attending Code One were offered the chance to add their name to the growing list of EMS providers advocating for positive change

in Iowa EMS. Current IEMSA members were offered the chance to enter into a drawing that awarded an 2016 Annual IEMSA Conference Registration. Code One offered an excellent opportunity for current IEMSA board members to

interact with members. We would like to extend a thank-you to the Code One planning committee for their hard work and hospitality. **Please visit the IEMSA booth at Code One in 2017.**



2016 IEMSA AWARD NOMINATION FORM

GET YOUR NOMINATIONS IN—DEADLINE FOR NOMINATION IS SEPTEMBER 21ST FOR THE ANNUAL IEMSA AWARDS. The awards are announced at the annual conference.

EMS Providers give of themselves every day, with little or no recognition or show of appreciation. If you know someone who has given above and beyond, please nominate that person for this prestigious recognition. **To nominate a person or service for one of these awards you must:**

- 1>** complete this form.
- 2>** include a letter of recognition/nomination.
- 3>** submit your nomination to the IEMSA office before September 21, 2016.

> Individual EMS Provider of the Year

- ☐ Volunteer
☐ Career

> EMS Service Provider of the Year

- ☐ Volunteer
☐ Career

> Instructor of the Year

> ☐ Dispatcher of the Year

> ☐ Friend of EMS

> ☐ Hall of Fame

NOMINATION FORM ONLINE!

GO TO THIS LINK:

[HTTP://WWW.IEMSA.NET/AWARDS_NOMINATIONS.HTM](http://www.iemsa.net/awards_nominations.htm)

NOMINATE A DESERVING EMS PROVIDER OR SERVICE TODAY!

Nominee's Name

Company/Service

Address

City/State/Zip

Phone Number

E-Mail Address

EXPLAIN WHY THIS NOMINEE SHOULD RECEIVE THE AWARD (ATTACH A SEPARATE SHEET IF NEEDED):

V MEDICAL DIRECTOR UPDATE



WITH THE NEW YEAR COMES THE NEXT PANDEMIC.

I have done some digging into what it

means and thought you all might benefit from some information as well.

> Zika virus is classified as an Arbovirus.

Arbovirus is an RNA virus transmitted by arthropods. This is in the same family as yellow fever, West Nile, dengue, and Japanese encephalitis. Originally Zika virus was discovered in rhesus monkeys in the Zika forest of Uganda in 1947. The virus has certainly spread and there have been outbreaks in Africa, Southeast Asia, the Pacific Islands, and the Americas. Brazil reported a case in May 2015 and infections have now occurred in at least 20 countries of the Americas. Zika virus is spread by the Aedes species of mosquito. This mosquito is found throughout the world with the Aedes aegypti being very common in North America.

An infection with the Zika virus usually causes mild symptoms such as fever, rash, muscle aches and pains,

and conjunctivitis. In effect the Zika virus gives symptoms similar to a mild flu. Truly severe disease resulting in death is pretty uncommon, but there are case reports of Guillain-Barre Syndrome and other autoimmune illnesses.

So why are epidemiologists worried

about Zika virus? The concern for this disease is microcephaly. This is when infants are born with an abnormally small head and brain. This results in long-term intellectual disability and other significant complications. There has been a 20-fold increase in the number of children born with microcephaly in Brazil between 2014 and 2015 [1]. There is not a direct known causal link between Zika virus and microcephaly, but there is a strong enough correlation that many epidemiologists believe Zika virus is causing the upswing in microcephaly.

In the United States there have been no known cases of mosquito vector

transmission of the virus. Some of the biggest areas of concern in the US are warm tropical locations like Hawaii and Puerto Rico. There have been several cases of people travelling from endemic areas such as Brazil with the infection.

What is an Iowa EMS provider to do

about Zika Virus? For now, not much. The risk of exposure in the continental US is still low. If you are in contact with someone thought to have Zika virus the risk transmission can be significantly reduced with a simple mask in addition to standard BSI. When you are outside this spring and summer it is best to wear bug repellent or long sleeves, but the risk of Zika virus is much less than many arthropod vectored infections that

are already in the US. Even if an EMS provider contracts Zika virus, 80% of people with the virus are asymptomatic. The other 20% of people have mild symptoms that are usually self-limited. There is a much stronger push for vaccine development since the link to microcephaly was discovered, but it will probably be some time before a commercial vaccine is available, like on the order of 3-7 years.

Right now, Zika virus does not pose much risk to the Continental US but further investigation into the virus, it's complications, and vaccinations or treatments is certainly warranted. As always, please let me know if you have questions or comments on this article or suggestions for future topics.

[2] A. S. Fauci and D. M. Morens, "Zika Virus in the Americas — Yet Another Arbovirus Threat," JAMA, 2016.

"Zika Virus," CDC, February 2016. [Online]. Available: <http://www.cdc.gov/zika/>.

D. Lucey and L. Gostin, "The Emerging Zika Pandemic: Enhancing Preparedness.," JAMA, 2016.

"Zika Virus Resource Center," American Medical Association, February 2016. [Online]. Available: <http://www.ama-assn.org/ama/pub/physician-resources/public-health/zika-resource-center.page>.



Hemorrhage Control: and EMS Care

BY Christopher Metsgar, MS--EMS Resources Center Director
University of Iowa Hospitals and Clinics --Emergency Medical Services Learning
Resources Center (EMSLRC) • Iowa City, Iowa

> It is a beautiful Midwestern day; you and your partner have completed checking out your rig, and orienting your Paramedic Student Intern to

how your agency stocks its ambulances. The astute student asks you and your partner "What is the most useful piece of equipment used in EMS today?" Your partner begins to discuss the new LUCAS device that your agency was able to purchase through a state wide grant, funded by the Helmsley Foundation. Then, you start to tell the student about the new 12-Lead monitor that was purchased through the American Heart Association's Mission Lifeline Project funding that allows you to capture and send 12-Lead ECG's to the receiving hospital.

During your conversation the tones drop for a call, "Rescue 51: respond to the high school for shots fired."

You acknowledge the page and go enroute emergently to the school. You begin to monitor all radio channels and hear the gut wrenching traffic that is relaying that there are multiple patients. Law enforcement is on scene, the fire department is enroute, and your communication center is directing all responding units to the incident command channel they have established. As you're responding, you instruct your student to begin preparing for potential patients with gunshot wounds. You arrive to the staging area, just as you did during the county-wide disaster drill months ago. Triage has been established and you are informed there are multiple patients. You are advised you will be transporting one patient to the trauma center located 15 miles away.

Patient number one is a 15-year-old female patient that has been shot in the left thigh area. The patient's pants are soaked with blood and her teacher is holding direct pressure to the anterior aspect of her leg above the knee. The patient is screaming in excruciating pain. Your student provides you with a tourniquet and you apply the tourniquet approximately two inches above the bullet wound. You secure the tourniquet as tight as you can and then you begin to rotate the windless until the bleeding has stopped. You then place the patient on the cot, cover the patient with a warm blanket and begin your patient assessment. The patient's respirations are 14 and

non-labored, blood pressure is 92/76, pulse is 96 weak and thready at the radial site, and you note her skin to be cool and clammy. Her pulse oximetry displays a reading of 97%. The patient rates her pain at a 7 on a 1-10 scale. You secure her to the cot and begin emergency transport to the hospital. You cover her with a blanket, apply oxygen via a nasal cannula at 2 liters per minute, and establish a 20 gauge IV of Normal Saline to her right antecubital space with fluid infusing at a TKO rate. You complete a full trauma assessment to ensure there are no other apparent injuries.

TOURNIQUETS

Tourniquet use for extremity hemorrhage has a long history in medicine, with description of its usage by ancient Greeks. The use of tourniquets has been controversial throughout medical history. From Columbine in 1999 to San Bernardino in 2015, and many active shooter incidents in between, the standard of care has finally been set. Unfortunately, this is a result of a large amount of data gathered by the military during conflicts in the Middle East. Although tourniquets are used throughout civilian EMS it is imperative that all EMS providers be adequately prepared to use these ageless tools to ensure a positive outcome. As a result of these events the Committee on Tactical Casualty Combat Care and the American College of Surgeons recommend the use of commercially available tourniquets as an integral component of hemorrhage control in the prehospital setting.

INDICATIONS

Tourniquets should be used if controlling the hemorrhage with direct pressure or pressure dressing is not possible or fails. The application of a tourniquet falls under Hemorrhage Control in the Iowa EMS Scope of Practice allowing all provider levels (EMR through Paramedic) to apply tourniquets.

TOURNIQUET APPLICATION

- > Apply a tourniquet to the extremity just proximal to the bleeding wound.

>>> CONTINUED ON **PAGE 15**



Hemorrhage Control: and EMS Care

>>> CONTINUED FROM **PAGE 14**

- > Tighten the tourniquet until hemorrhage ceases, then secure it in place.
- > Write the time of tourniquet application on a piece of tape and secure it to the tourniquet.
- > Leave the tourniquet uncovered so that the site can be seen and monitored for recurrent hemorrhage. If bleeding continues after application and tightening of the initial tourniquet, a second tourniquet can be applied just above the first.
- > Consider pain management if the patient is hemodynamically stable.
- > Transport patient, ideally to a facility that has surgical capabilities.

In the event a commercial tourniquet is not available an improvised tourniquet may be used to stop the hemorrhaging. An improvised tourniquet may be formed

from a blood pressure cuff, belt, shirt, or other item that can constrict the extremity. It is recommended the tourniquet be a commercial tourniquet device.

HOSPITAL ARRIVAL

Upon arrival to the hospital, you provide a verbal handoff report to the receiving trauma team. You and your partner return to the truck to find your student cleaning up the rig. You recall the incident in detail and reflect upon the lasting impact this has made upon your student. You are cleared back to your station after the call. You contact your dispatch center and are informed that 16 patients with gunshot wounds were transported today.

As the day is winding down, you tell your student that although the 12-Lead is a useful piece of equipment, it is not always the most expensive piece of equipment that saves lives. Today the most important piece of equipment was the tourniquet; both the commercial tourniquets used by first responders and EMS and the makeshift tourniquets used prior to our arrival at the scene. As the gold standard continues to elude us, we know for certain that the ability to keep blood in the body is one thing that will never change.

>>> CE QUIZ ON **PAGE 16**

Bibliography

Krgah, J., Swan, K., Smith, D., Mabry, R., & Blackbourn LH. (2012). *Historical review of emergency tourniquet use to stop bleeding. American Journal of Surgery, 242-252.*

McSwain, N. (2016). *Prehospital Trauma Life Support Eight Edition. Burlington: Jones & Bartlett Learning.*

None. (April 2015). *Iowa Emergency Medical Care Provider Scope of Practice. Des Moines: Iowa Department of Public Health.*

Pons, P. J., McMullen, J., Manson, J., Robinson, J., & Chapleau, W. (2015). *The Hartford Consensus on Active Shooters: Implementing the Continuum of Prehospital Trauma Response. The Journal of Emergency Medicine, 878-885.*

Stuke, L. (2010). *Prehospital Trauma Use A review of the current literature. Elsevier Science.*



IEMSA

27TH ANNUAL
**CONFERENCE &
TRADE SHOW**

**SAVE THE DATE
NOVEMBER 10-12, 2016**

> EXHIBIT HALL : HYVVEE HALL C

LARGE DISPLAY OF **THE TOOLS OF YOUR TRADE**

> ANNUAL BOARD MEETING :

Thursday, Nov. 10th, 11:15-12:15

Every member is encouraged to attend the annual meeting. Votes will be taken regarding bylaw changes, new board members & reports on activity of the Association will be given.

> AWARDS CEREMONY :

Saturday, Nov. 12th, 1200-1300, during lunch.

Awards given for EMS Service - Career and Volunteer, EMS Individual - Career and Volunteer, EMS Instructor, Dispatcher, Friend of EMS, and Hall of Fame. Go to [this link](#) for the application to nominate someone today!

> HONORING OUR OWN :

Saturday, Nov. 12th, 0730-0815

Please join us in honoring those no longer with us at this moving ceremony.

> LUNCHES :

Again this year, we have elected to allow you the option and convenience of purchasing lunch during the conference. or you can purchase a lunch ticket as usual.

> CONFERENCE HOTEL GROUP RATES :

Will be at the Renaissance Savery, Marriott, Quality Inn and Hampton Inn. Reserve your room early--they sell out.



Hemorrhage Control:

Continuing Education Quiz

>>> CONTINUED FROM **PAGE 15**

IEMSA members can earn 1 hour (1CEH) of optional continuing education credit by taking this informal continuing education quiz. You must answer all questions, and achieve at least an 80% score.

Deadline: June 30, 2016

Complete this Quiz and:

- **mail to** IEMSA, 5550 WILD ROSE LANE, STE. 400
WEST DES MOINES, IA 50266
- **fax to** (877) 478-0926
- **or email to** administration@iemsa.net

1. When should you apply a tourniquet?

- a. To a patient with congestive heart failure
- b. To a patient with an abrasion
- c. To a patient that continues to bleed after direct pressure has been applied
- d. To a patient with a closed fracture

2. Where should the tourniquet be placed?

- a. Over the wound and dressing
- b. Proximal to the site
- c. At the joint proximal to the injury
- d. Distal to the injury

3. The State of Iowa Scope of Practice allows which level providers to apply a tourniquet?

- a. EMR
- b. EMT
- c. AEMT
- d. Paramedic
- e. All levels can apply a tourniquet

4. How tight should the tourniquet be placed?

- a. Tight enough that the bleeding stops
- b. Tight enough that the bleeding slows
- c. Until the extremity loses a pulse
- d. As tight as you can possibly get it

5. What do you do if the bleeding does not stop with the first tourniquet?

- a. Remove the tourniquet and apply direct pressure
- b. Resort to applying pressure to the proximal pressure point
- c. Place an additional tourniquet distal to the first tourniquet
- d. Place an additional tourniquet proximal to the first tourniquet

6. When should the tourniquet be removed?

- a. 10 minutes after bleeding has stopped
- b. Upon arrival to the hospital
- c. 10 minutes after placing the tourniquet
- d. The tourniquet should not be removed in the field

7. The recommended device for a tourniquet is?

- a. oxygen tubing
- b. tape
- c. a blood pressure cuff
- d. a commercial device

8. What is the clinical definition of hypoperfusion?

- a. Loss of blood
- b. Inadequate tissue perfusion
- c. Increased hemoglobin in the blood
- d. Increased tissue perfusion

9. What other treatment should you provide to a patient that has had a tourniquet placed?

- a. Pain medication if hemodynamically stable
- b. Oxygen to maintain an SpO₂ of >94%
- c. Cover the patient to prevent heat loss
- d. All of the above

10. When responding to a call where massive hemorrhaging is occurring your primary concern should be to:

- a. Stop the bleeding
- b. Scene safety
- c. Fluid therapy
- d. Oxygen therapy

Name _____

Address _____

City/State/Zip _____

Cert # _____

email: _____



SPOTLIGHT ON TRAINING

EMERGENCY MEDICAL SERVICES LEARNING RESOURCES CENTER



Since 1978, the Emergency Medical Services Learning Resources Center (EMSLRC) has been an emergency medical service educational department within University of Iowa Hospitals and Clinics. This department works to provide high quality EMS education to all areas of the state of Iowa.

- > **The EMSLRC is proud to announce through collaboration with the University of Iowa College of Liberal Arts and Sciences that graduates of the EMSLRC Paramedic Education Program** are eligible for up to 30 semester credit hours towards a Bachelor Degree.

EMS EDUCATION WITH THE UNIVERSITY OF IOWA DIFFERENCE

- > **Consider the resources available through the University of Iowa's emergency medical services programs.** You'll learn from physicians, surgeons, nurses, and EMS personnel who are part of the state's only academic medical center. Our small-group approach, advanced learning laboratories, and hands-on opportunities make Iowa's program a leader in providing the most up-to-date education for EMS students.

THE UI DIFFERENCE

- > **We are the state's only EMS education program associated with a Level 1 adult and pediatric trauma center, burn center, and certified comprehensive stroke center.**
- > **We are Iowa's only program that has faculty from an academic department of Emergency Medicine.**
- > **Our faculty members are among the state's most experienced instructors in emergency medical services** and are active in EMS initiatives around the state and country.
- > **Specialists from a variety of academic departments** – cardiology, pediatrics, neurology, pulmonology – offer frequent presentations for our students and others in the EMS field.
- > **Our educational staff provides quality educational programs for all members of the EMS system.** Whether you are seeking initial education as an Emergency Medical Technician (EMT), or paramedic, or are an EMT, paramedic,

nurse, advanced practice provider or physician searching for continuing education, we invite you to explore our many course offerings.

- > **The EMSLRC offers full-time academy style courses where students attend both the EMT and Paramedic Education Program** Monday through Friday all day. The program offers two Paramedic Education Programs that start with the regular academic terms in January and August and offers three EMT education programs annually, one in October and two during the summer.

THE PARAMEDIC EDUCATION PROGRAM

- > **This Nationally Accredited three-phase program** consists of 15 weeks of intensive, classroom training, followed by a minimum of 288 hours of supervised hospital clinical time; and a minimum of 360 hours of supervised paramedic field internship time.
- > **Credentials obtained during the course include:** Advanced Cardiac Life Support Provider, Advanced Medical Life Support, EMS Safety, Geriatrics Education for EMS, Neonatal Resuscitation Program (NRP), Pediatric Advanced Life Support Provider, Pediatric Education for Pre-Hospital Professionals Provider, and Pre-Hospital Trauma Life Support Provider.

THE EMT EDUCATION PROGRAM

- > **This education program is the introductory course for those wishing to pursue a career in prehospital emergency medicine** and is conducted over a five-week period. Upon successful completion of the EMT Education Program and if interested, students will be considered for the University of Iowa's Paramedic Education Program:

For more information about our programs visit our website at www.uihealthcare.org/EMSLRC , or feel free to contact us at 319-356-2597 to set up a tour of our facility or to sit in on one of our courses.



2016 MISSION: LIFELINE STEMI CONFERENCES & EDUCATION

Mission: Lifeline is hosting regional STEMI Conferences this spring. The agenda is the same for each conference to maintain consistent content. They are free to all attendees, but you must register. You can register by visiting the Iowa Mission: Lifeline website under the Education and Resources tab or by clicking the link below. Continuing Education credits will be offered.

REGISTER

Conference Dates/Times & Locations

- > **March 30th, 2016** at The Marina Inn Hotel & Conference Center, South Sioux City, NE from 8:00 am – 5:00 pm
- > **May 4th, 2016** at The Iowa Event Center, Des Moines, IA from 8:00 am – 5:00 pm
- > **May 18th, 2016** at The Longbranch Hotel & Convention Center, Cedar Rapids, IA from 8:00 am – 5:00 pm

EMS & NON-PCI HOSPITAL EDUCATION

Statewide education for EMS and Non-PCI hospitals will commence in March, 2016. All classes will be scheduled through Mercy College of Health Sciences. Class scheduling and registrations will begin after March 1st, 2016. For more information on receiving Mission: Lifeline education at your service or hospital, please visit www.heart.org/missionlifelineIA (Hospital, EMS or Education tabs) or call Mercy College of Health Sciences at (515)643-3180.

EMS FUNDING

The 2nd round of funding for EMS 12-Lead ECG equipment closed February 12th. Funding awards will be made to services by the end of March, 2016. If there are future opportunities for funding, services that have completed an application will not have to complete another one.

Prehospital 12-Lead ECG is an extremely valuable tool in recognizing STEMI heart attacks as early as possible. Iowa is far below national average in prehospital 12-Lead ECG acquisition in rural area patients. Mission: Lifeline seeks to develop the system of care for STEMI patients in those areas. This is the key goal of funding the purchase of equipment for those services in rural areas. If you have questions about

future funding opportunities or whether this is right for your service, please contact Heather Maier at Heather.Maier@heart.org or Gary Myers at Gary.Myers@heart.org.

To see the list of EMS services that receive funding and access other valuable information please visit the Iowa Mission: Lifeline website at www.heart.org/missionlifelineIA and click on the EMS tab at the bottom of the page. To date, Mission: Lifeline has funded approximately \$450,000 in 12-Lead ECG equipment to rural EMS agencies.

REFERRAL HOSPITAL FUNDING

Mission: Lifeline has begun the funding of 12-Lead ECG receiving equipment for Non-PCI hospitals. At this time, funding is being prioritized by hospitals near EMS agencies granted funds for 12-Lead ECG monitors. Those hospital impacted by the first round of EMS funding have received their letters, and the next round of hospitals will be notified by the end of April, 2016.

STEMI EDUCATION

Beginning in March, 2016, Mission: Lifeline STEMI education will begin for Non-PCI hospitals and EMS. This education will include an in-depth look at the STEMI System of Care, national and state data and statewide guidelines developed by the sub-committees of the Iowa Mission: Lifeline STEMI Task Force. Services and hospitals receiving funding through the Mission: Lifeline grant will participate in this education as part of their funding process. However, this education is offered to all services and hospitals. It is highly encouraged that EMS and Non-PCI hospitals participated in order to gain a stronger understanding of their part in the STEMI System of Care and to identify areas to improve performance in that region.

STEMI GUIDELINES

The STEMI Guidelines for Non-PCI Hospitals will be released in March, 2016. Interventional Cardiologists from each of the PCI Centers across the state collaborated to build this document. The intent of this guideline is to assist the Non-PCI hospital in prioritizing patient care, expediting the transport of the patient to a PCI Center and foster compliance with the current standard of care for the STEMI patient.

> > CONTINUED ON **PAGE 19**

>>> CONTINUED FROM **PAGE 18**

CONTACT LEGISLATORS

If you are interested in talking with your area legislators to help advance the efforts of Mission: Lifeline, please contact Stacy Frelund, AHA Government Relations Director at Stacy.Frelund@heart.org. She will be happy to provide contact information and help you coordinate your visit with talking points.

Mission: Lifeline will be hosting a Legislative Breakfast at the Capitol Rotunda on March 3rd, 2016 to raise awareness for our representatives about STEMI patients and funding needs.

THE SYSTEM OF CARE GOALS

> EMS performs 12-Lead ECG on all non-traumatic chest pain patients over 35 years old or any patient you suspect of having a cardiac issue

- > Non-PCI hospitals limit "Door In/Door Out" times to less than 30 minutes
- > 12-Lead ECG performed in less than 10 minutes from First Medical Contact or Door In time by both prehospital (BLS and ALS) and hospitals
- > Overlapping transport services or tier to get patient to Primary PCI quickly and effectively
- > The piece of the system of care collaborates to improve performance measures and improve patient outcomes
- > Decrease mortality rate of STEMI heart attack victims in Iowa
- > Improve the overall outcomes of patients, returning them to their normal quality of life

STATEWIDE DATA QUARTER 2, 2015

First ECG obtained Pre-Hospital (EMS Arr.)	National	First ECG obtained Pre-Hospital (EMS Arr.)	State
Direct	80%	Direct	68%
Transfers	42%	Transfers	19%

Mode of Arrival (to First Facility)	National	Mode of Arrival (to First Facility)	State
Direct		Direct	
POV	37%	POV	44%
EMS	61%	EMS	54%
Transfers		Transfers	
POV	76%	POV	77%
EMS	24%	EMS	22%

Median Time to Reperfusion	National	Median Time to Reperfusion	State
Direct	Minutes	Direct	Minutes
Primary PCI	55	Primary PCI	59
Fibrinolytics	34	Fibrinolytics	77
Transfers		Transfers	
Primary PCI	105	Primary PCI	114
Fibrinolytics	33	Fibrinolytics	38

Median Time from First Medical Contact to Primary PCI (mins)	National	Median Time from First Medical Contact to Primary PCI (mins)	State
	80 min		86 min

Median Time From Arrival to Primary PCI (minutes)	National	Median Time From Arrival to Primary PCI (minutes)	State
Direct Presentation	55	Direct Presentation	59
Arrived by EMS	49	Arrived by EMS	55
Arrived by POV	66	Arrived by POV	67
Transfer In		Transfer In	
From arrival at first facility	105	From arrival at first facility	114
From arrival at Receiving Facility	27	From arrival at Receiving Facility	30



> uh-oh! Peds! CONFERENCE

EMS TRAINING TO CARE FOR LITTLE BODIES

FEBRUARY 13, 2016

RADISSON • CORALVILLE

BY MATT FULTS, NRP: University of Iowa EMSLRC & Board Member



Sponsored in part by:



**On February 13th,
2016 providers
from around
Iowa gathered**

**in Coralville, IA for IEMSA's
Pediatric Conference,
"Uh Oh, Peds!"**

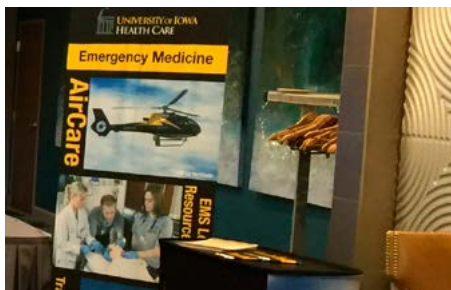
This year registered attendees included EMTs, paramedics, nurses, and physicians. From trauma prevention to children with special needs, many topics were articulately covered. Also featured this year, back by popular demand, was a session that broke down various hands-on skills rarely

performed by care providers. In the hands-on laboratory setting instructors from the University of Iowa Emergency Medical Services Learning Resources Center were on hand to assist with the group instruction. Providers were able to practice endotracheal intubation skills, intraosseous placement, cardiac arrest management, and needle decompression.

The Iowa Emergency Medical Services Association would like to extend a thank you to all of this year's attendees, speakers, and venue staff. The pediatric

conference committee would also like to extend a thank you to the Iowa Bureau of Emergency and Trauma Services, the University of Iowa, and the EMSLRC director and instructional staff. Without your assistance, such a quality event would not be possible. With an eye toward the future, planning has already begun on the 4th Uh-Oh Peds! Conference in eastern Iowa. Please check the IEMSA website frequently and watch for updates via IEMSA eNews.

20



SAVE THE DATE : RADISSON CORALVILLE FEBRUARY 9TH, 2017





2016 IEMSA 12TH ANNUAL REGIONAL EMS BILLING & DOCUMENTATION CONFERENCE

APRIL 14, 2016 • EMBASSY SUITES ON-THE-RIVER
101 E. LOCUST STREET • DES MOINES, IOWA

IEMSA
Iowa Emergency Medical Services Association



IT'S A NEW NAME--SAME GREAT CONFERENCE --Doug Wolfberg has agreed to return to Iowa once again, and IEMSA encourages EMS Services and Providers across the Midwest to join us in Des Moines for this popular and much needed educational event.



CEs FOR EMS BILLING MANAGERS & CERTIFIED AMBULANCE CODERS:

This course has been approved by the NAAC for CEUs. In addition, optional EMS CEHs have been approved. Participants must be present for the entire conference for CEHs to be awarded--no partial credits will be awarded.

HOSPITALITY SUITE WEDNESDAY NIGHT APRIL 13TH
at the Embassy Suites Downtown
Sponsored by PCC

REGISTRATION FEES:

Includes Tuition, Lunch & Breaks

Price: \$200/pp

Click Here to Log-in Register Now!

(or go to www.iemsa.net)
OR Complete the **Registration Form** on the next page and return by fax or mail to IEMSA.

SPONSORED BY:



Billing, Collection & Data Management Services
888-777-4911 • www.lifequest-services.com

> **On April 13, 2016**, the night before the Conference, IEMSA will host a hospitality suite--sponsored by **PCC-An Ambulance Billing Service**. It will be a night of networking, good food, and relaxation before the conference begins. Join us from 6-9pm at EMBASSY Suites.



> **SPEAKER:** Doug Wolfberg is a founding member of Page, Wolfberg & Wirth (PWW), and one of the best known EMS attorneys and consultants in the United States. Widely regarded as the nation's leading EMS law firm, PWW represents private, public and non-profit EMS organizations, as well as billing software manufacturers and others that serve the nation's ambulance industry.

AGENDA:

7:30a - 8:00a Registration -- Breakfast Provided

8:05a - 11:50a

Medicare, HIPAA and Compliance Updates – the NAAC Mandatory CEU presentations :

These Updates are the industry's most complete, timely and insightful look at the "hard news" coming from CMS and other agencies that directly affect your bottom line, AND, they are **approved for the Four Mandatory CEUs needed to maintain your CAC Certification**. These sessions will give you the straightforward, no-nonsense and practical information you need to stay current with all the changing Medicare rules and policies, as well as provide you with the most up-to-the-minute news and information on what is happening at the OIG, OCR and other agencies that directly affect ambulance compliance issues. This session is more critical than ever in light of the government's new enforcement weapons and the substantial new penalties that can come from non-compliance.

11:50a - 1:00p — Lunch Provided

1:00p - 1:50p

The Five Biggest Compliance Risks for EMS

2:00p - 2:50p

Clinical Documentation Improvement (CDI): What is it and How it Can Save Your Service

2:50p - 3:05p — Break

3:05p - 4:00p

Background and Sanction Checks: Look Before You Leap

4:00p - 5:00p

Managing the Electronic EMS Agency: HIPAA Pitfalls in a Digital Age

TO REGISTER ONLINE: **CLICK HERE** http://iemsa.net/member_account.htm—Click the "Login Here" button. You will be prompted to log-in to your IEMSA Account to register--Usernames are set to the email address on file and everyone's temporary password for your first time logging in is set to IEMSA2014 which is case sensitive and contains no spaces. It will prompt you to enter your own password.

Don't have an IEMSA Account? Click Here to create an account:

Once Logged-in--go to the "Online Store" tab at the top of your screen, click on the "Regional EMS Billing & Documentation Conference" icon/link, complete the registration form, add to your cart, process payment and you're registered. You will receive a receipt and confirmation immediately by email. The payment options include: credit/debit card or select "Mail my Check". Registrations are not complete until payment is received, and must be paid prior to the conference. Mail Checks to: IEMSA, 5550 Wild Rose Lane #400, West Des Moines, IA 50266. No Refunds after March 23rd, 2016, Cancellations prior to the 3/23/2016 are subject to a \$50 cancellation fee. **OR CLICK HERE FOR A Registration Form PDF to print and mail/fax.**