



Washington Update

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1. NASEMSO Congratulates Elizabeth Armstrong on Appointment to FEMA Advisory Committee

In February 2010, the Department of Homeland Security's Federal Emergency Management Agency (FEMA) announced its search for 12 emergency management professionals to serve on its National Advisory Council (NAC) for a term of three years. Specifically, FEMA was searching for professionals in: Emergency Management, Public Health, Emergency Medical Provider, Standard Settings, Disability, Access and Functional Needs, State Non-Elected Official and Tribal Non-Elected Official. The NAC was established in accordance with the Post-Katrina Emergency Management Reform Act of 2006. Its membership may consist of up to 35 members appointed by and serving at the discretion of the FEMA Administrator. Since its inception, the council has made recommendations to the FEMA Administrator on the National Response Framework, the National Incident Management System, the Stafford Act, the National Disaster Housing Strategy, and on disability and private sector issues. After extensive review three candidates have been reappointed and nine have been newly selected to serve on the Council for three-year terms, until June 15, 2013. Congratulations to "our own" Beth Armstrong on her new appointment!!

New Appointments:

Category: Emergency Management

Mark Cooper (LA) – Executive Director of the Governor’s Office of Homeland Security & Emergency Preparedness, State of Louisiana

Category: Public Health

Paul Biedrzycki (WI) – Director of the Disease Control & Environmental Health for the City of Milwaukee Health Department

Category: Emergency Medical Provider:

Conrad Kearns (FL) – Vice President & Chief Operating Officer for Community Emergency Medical Services

Category: Special Needs

June Kailes (CA) – Disability Policy Consultant for the Center for Disability and Health Policy, Western University Health Sciences

Category: State Non-Elected Official

David Miller (IA) – Administrator for Iowa Homeland Security and Emergency Management Division

Category: Standards Setting

Elizabeth Armstrong (VA) – Executive Director of International Association of Emergency Managers

Category: FEMA Administrator Selections

Adora Obi Nweze (FL) – President of the Florida State Conference, NAACP

Officer of the Federal Government (Ex Officio):

Christine Wormuth (VA) – Principal Deputy Assistant Secretary for Homeland Defense and Americas' Security Affairs, U.S. Department of Defense

Kevin Yeskey (MD) – Deputy Assistant Secretary & Director of Office of Preparedness and Emergency Operations, U.S. Department of Health and Human Services

Reappointments:

Category: Tribal Non-Elected Official

Charles Kmet (AZ) – Emergency Management Administrator for Tohono O'odham, Department of Public Safety

Category: FEMA Administrator Selections

Nancy Dragani (OH) – Executive Director of the Ohio Emergency Management Agency

Teresa Scott (FL) – Director of Public Works for the City of Gainesville

For additional information on the NAC, including a complete list of current FEMA National Advisory Council members, please visit: <http://www.fema.gov/about/nac/>.

2. NASEMSO Assists in Public Safety Video Quality Effort

Communications Technology Advisor, Kevin McGinnis, recently attended a meeting of the Video Quality in Public Safety work group to continue the EMS community's leadership in developing video communications tools for the nation's public safety providers. This effort has recently produced a document, "Defining Video Quality Requirements: A Guide for Public Safety," which will be released this month. You can check the following website for the release announcement http://www.pscr.gov/projects/video_quality/vqips/vqips.php. NASEMSO encouraged the review of this video system procurement guide by EMS chiefs and appreciate the participation of Chris Montera, chief of the Western Eagle County Ambulance District in Colorado and Aaron Reinert, Executive Director of Lakes Region EMS in Minnesota for testing the draft product.

In 2008, the Office for Interoperability and Compatibility (OIC) within the Command, Control and Interoperability Division (CCI) partnered with the U.S. Department of Commerce's Public Safety Communications Research program to form the Video Quality in Public Safety (VQiPS) Working Group. The VQiPS Working Group is comprised of volunteers from each public safety discipline, including law enforcement, fire, and emergency medical services from the local, state, and Federal levels, as well as representatives from industry, Federal agencies, academia, and non-profit organizations. Together, these entities work to coordinate disparate video standard development efforts and ultimately arm public safety consumers with the knowledge they need to purchase and deploy the right video systems to fulfill their missions. For more information, please contact NASEMSO Program Advisor, [Kevin McGinnis](#).

3. NASEMSO Coordinating Comment on Proposed Exam Integration

Attendees to the 2010 NASEMSO Mid-Year Meeting and associated NASEMSO webinar had the opportunity to hear Implementation Team Chairman, Dan Manz and NREMT Associate Director, Rob Wagoner explain a proposed matrix (“strawman”) that addresses the outcome of a stakeholder meeting on exam integration held in April 2010. The draft has been developed to facilitate discussion among state EMS officials related to NREMT exams and the new Scope of Practice Model and the Education Standards. The matrix is based on results from the 2009 NASEMSO Annual Survey on statewide implementation of the Education Agenda with consideration to national re-registration cycles. The document has been posted in the “Toolkit” under Transition Materials on [NASEMSO Education Agenda web site](#).

4. NASEMSO Joins EMS Organizations in Support of Allocating 700 MHz D Block to Public Safety

In recent letters to members of Congress, NASEMSO joined several national EMS organizations in calling for legislation that would allocate the 700MHz D Block to public safety for use in conjunction with the 700 MHz broadband spectrum licensed to the national public safety broadband license holder and to coordinate both sets of spectrum through that license holder and its public safety representative board. A bi-partisan bill to allocate the 700 MHz D Block to public safety was introduced into the House of Representatives in late April. The bill "[Broadband for First Responders Act of 2010 \(H.R. 5081\)](#)" has been referred to the House Committee on Energy and Commerce. A companion bill has not yet been introduced in the Senate. A copy of the Senate letter from national organizations is available [here](#). In the Federal Communication Commission’s (FCC) recent National Broadband Plan, the agency proposed to hold another commercial auction for the D block. In 2008, FCC efforts to sell the D Block to a single bidder who would run both a commercial service and share the spectrum with public safety agencies via a leasing system collapsed when the auction failed to attract the minimum bid.

5. NASEMSO Responds to Request for Endorsement on MUCC for Mass Casualty Triage

In a recent letter to the project coordinator, NASEMSO President Steve Blessing conveyed the Association’s support for the concept of the Modified Uniform Core Criteria (MUCC) for mass casualty field triage. Expressing concern for the lack of evidence, NASEMSO’s endorsement is based on consensus with the National Association of EMS Physicians (NAEMSP), the American College of Surgeons (ACS), and the American College of Emergency Physicians (ACEP.) The intent of the project is to ensure that providers at a mass casualty incident utilize triage methodologies that incorporate these minimum core criteria in an effort to promote standardization among EMS jurisdictions and agencies. Mass casualty triage systems currently in use can be modified using the MUCC to ensure interoperability. NASEMSO encourages project leaders and the CDC to work to prove the effectiveness of MUCC and encourages additional research to study all major prehospital mass casualty triage systems. State EMS directors have been instructed how access the draft document in a recent email.

6. NASEMSO Releases Education Agenda Implementation Report to NEMSAC

At its 2010 Mid-Year meeting, NASEMSO provided a rollout of its latest report on implementation of the EMS Education Agenda. The [Report to the National EMS Advisory Committee \(NEMSAC\) on Statewide Implementation of the Education Agenda](#) is based on results of the 2009 NASEMSO annual implementation survey. This document is intended to provide an overview of statewide implementation of the Education Agenda. Data was collected in 2009, and state EMS directors were given an opportunity to revise their information in April 2010. The report is merely a “snapshot in time” and should not be received or interpreted as a strict policy decision by any state. States retain the authority to implement the Education Agenda in a way that best meets their needs. NASEMSO expresses its deep appreciation to all 50 states and the territories of the District of Columbia (DC), the US Virgin Islands (VI), and the Northern Mariana Islands (MP) for their contributions to this survey.

7. HHS Announces \$250 Million Investment in Prevention and Public Health

U.S. Department of Health and Human Services Secretary Kathleen Sebelius recently announced \$250 million in new Affordable Care Act investments to support prevention activities and develop the nation’s public health infrastructure. Chronic diseases, such as heart disease, cancer, stroke, and diabetes, are responsible for 7 of 10 deaths each year among Americans, and account for 75 percent of the nation’s health spending. Many Americans engage in behaviors such as tobacco use, poor diet, physical inactivity, and alcohol abuse, which harm their health. The investments announced in prevention and public health are the second allocation for fiscal year 2010 from the new \$500 million Prevention and Public Health fund created by the Affordable Care Act. [For more information...](#)

8. ONC Issues Final Rule to Establish the Temporary Certification Program for EHR Technology

The Office of the National Coordinator for Health Information Technology (ONC) has issued a final rule to establish a temporary certification program for electronic health record (EHR) technology. The temporary certification program establishes processes that organizations will need to follow in order to be authorized by the National Coordinator to test and certify EHR technology. Use of “certified EHR technology” is a core requirement for providers who seek to qualify to receive incentive payments under the *Medicare and Medicaid Electronic Health Record Incentive Programs* provisions authorized in the Health Information Technology for Economic and Clinical Health (HITECH) Act. HITECH was enacted as part of the American Recovery and Reinvestment Act (ARRA) of 2009. The Centers for Medicare & Medicaid Services will soon issue final regulations to implement the EHR incentive programs. [For more information...](#)

In related news, the CDC has announced plans for an upcoming COCA Call on Electronic Health Records (EHR). A CDC subject matter expert will discuss both strategies to increase compliance with public health recommendations and guidelines, and the role of EHR systems in improving dissemination of public health information at point-of-care. [For more information...](#)

9. AHRQ Mass Evacuation Planning Tools Available

AHRQ has just released the “[Hospital Evacuation Decision Guide](#)” designed to provide hospital evacuation decision teams with organized and systematic guidance on how to consider the many factors that bear on the decision to order an evacuation, and assist decision teams in identifying some of the special situations, often overlooked, that may exist in their facility or geographic area that could affect the decision to evacuate. In related news, readers are reminded of the Agency for Healthcare Research and Quality (AHRQ) model to help federal, state, and local emergency planners estimate the vehicles, drivers, road capacity and other resources they will need to evacuate patients and others from health care facilities in disaster areas (which was originally published in December 2008.) The Web-based Mass Evacuation Transportation Planning Model is designed to be used prior to an emergency to help answer such questions as:

- How long will it take to move patients from one facility to another?
- How many transport vehicles, such as ambulances, wheelchair vans and buses, are required to complete the evacuation within a certain time period?
- How might the location and other attributes of the evacuating and receiving facilities affect evacuation plans?

Emergency planners can enter into the model any number of evacuating and receiving facilities and specific conditions that could affect transportation plans. The model will estimate the resources and hours needed to move patients from evacuating facilities to receiving facilities, based on assumptions that the planner specifies. The model was pilot tested in New York City and Los Angeles. [For more information...](#)

10. FDA Warns of Counterfeit “Tamiflu”

FDA notified consumers and healthcare professionals about a potentially harmful product represented as “Generic Tamiflu” sold over the Internet. FDA tests revealed that the fraudulent product does not contain Tamiflu’s active ingredient, oseltamivir, but cloxacillin, an ingredient in the same class of antibiotics as penicillin. Patients who are allergic to penicillin products are at risk of experiencing similar reactions from cloxacillin. [For more information...](#)

11. Multiple Groups Working on Health Effects of Gulf Oil Spill

Over the past month a number of committed stakeholders, including state, local, and federal health officials, academic researchers, BP scientists, community residents and other interested parties have been meeting at the Tulane University School of Public Health and Tropical Medicine to develop a flexible framework that can marshal and coordinate needed science and public health resources. Partially based on the lessons learned and models developed by NIEHS, NIOSH/CDC and ATSDR/CDC at the World Trade Center, a proposed *Oil Spill Health Assessment Framework (OSHAF)* is an effort to create a flexible process for a more rapid response to emerging health and science questions surrounding human exposure to a wide variety of contaminants and residuals from the Gulf Coast Oil environmental catastrophe. OSHAF also integrates the concepts and structure of the recently convened ATSDR/CDC and NCEH/CDC Conversation on Public Health and Chemical Exposures. Through an open, multi-stakeholder structure, working groups have been developed around a series of topics also proposed to be addressed by the OSHAF. These include:

- Collection of information about chemical use, who is exposed, and the level at which people are exposed;
- Gaining more knowledge of how chemicals affect people’s health
- Policies and practices that tell us about risks, reduce harmful exposures, and create and use safe chemicals
- Increasing efforts to prevent, prepare, and respond to chemical emergencies
- Protection of communities from chemical exposure

Additional information is not currently available.

12. Federal Agencies Introduce Online Mapping Tool to Track Gulf Response

NOAA has launched a new federal web site -- a one-stop shop for detailed near-real-time information about the response to the Deepwater Horizon BP oil spill. The Web site incorporates data from the various agencies that are working together to tackle the spill. Originally designed for responders, who make operational decisions, to the oil spill disaster, <http://www.GeoPlatform.gov/gulfresponse> integrates the latest data on the oil spill’s trajectory, fishery closed areas, wildlife and place-based Gulf Coast resources -- such as pinpointed locations of oiled shoreline and daily position of research ships -- into one customizable interactive map. [For more information...](#)

13. Weather Extremes Could Lead to Busy Summer for EMS Providers

An “active to extremely active” hurricane season is expected for the Atlantic Basin this year according to the [seasonal outlook](#) issued by [NOAA’s Climate Prediction Center](#) – a division of the [National Weather Service](#). As with every hurricane season, this outlook underscores the importance of having a hurricane preparedness plan in place. Across the entire Atlantic Basin for the six-month season, which began June 1, NOAA is projecting a 70 percent probability of the following ranges:

- 14 to 23 Named Storms (top winds of 39 mph or higher), including:
- 8 to 14 Hurricanes (top winds of 74 mph or higher), of which:
- 3 to 7 could be Major Hurricanes (Category 3, 4 or 5; winds of at least 111 mph)

In May 2010, *IS-324.a Community Hurricane Preparedness* was revised to update information on hurricane science and National Weather Service forecast products. In addition a section on Emergency Management was added. [For more information...](#)

Coming off a strong El Niño winter weather pattern, portions of the western United States will enter the 2010 fire season drier than normal, according to the annual Fire Season Outlook released by the Predictive Services group at the National Interagency Fire Center (NIFC). The drier conditions suggest **higher than normal wildfire potential** for the Northern Rockies of Montana and Idaho; parts of eastern Washington; northwestern Wyoming; and a portion of south-central Oregon stretching down into the northeastern corner of California. [For more information...](#)

14. WISER Now Available for Apple Products

The National Library of Medicine (NLM) has announced the release of the Wireless Information System for Emergency Responders (WISER) for iPhone/iPod touch. WISER provides a wide range of information on hazardous substances, including substance identification support, physical characteristics, human health information, and containment and suppression advice. Please note that, like all iPhone applications, WISER is also compatible with Apple's iPad. Look for new enhancements to the content and functionality of this application in the coming months. You may download WISER for the iPhone/iPod touch from the iTunes App Store, which can be accessed directly using the following link: <http://itunes.apple.com/us/app/wiser-for-iphone-ipod-touch/id375185381?mt=8>
Coming soon: WISER for BlackBerry.

15. DHS Announces New Standards for Voluntary Private Sector Preparedness

Department of Homeland Security (DHS) Secretary Janet Napolitano recently announced the adoption of the final standards for the Voluntary Private Sector Preparedness Accreditation and Certification Program (PS-Prep)—a major milestone in DHS' implementation of a program recommended by the 9/11 Commission to improve private sector preparedness for disasters and emergencies. PS-Prep is a partnership between DHS and the private sector that enables private entities to receive emergency preparedness certification from a DHS accreditation system created in coordination with the private sector. The standards—developed by the National Fire Protection Association, the British Standards Institution and ASIS International—were published for public comment in the Federal Register in Oct. 2009. The adoption of the final standards was published in a Federal Register notice on June 15, 2010 following a series of regional public meetings and the incorporation of public comments. DHS will continue to accept comments on PS-Prep, the three adopted standards, and/or proposals to adopt any other similar standard that satisfies the target criteria of the December 2008 Federal Register notice which announced the program. Comments may be submitted to <http://www.regulations.gov> or FEMA-POLICY@dhs.gov, in Docket ID FEMA-2008-0017. [For more information on PS-Prep...](#)

16. Louisiana Toughens Texting Ban

U.S. Transportation Secretary Ray LaHood has commended Governor Bobby Jindal for signing a new law on Thursday, which makes texting while driving in Louisiana a primary offense beginning August 15, 2010. This law strengthens Louisiana's 2008 texting ban, which allowed law enforcement officials to ticket drivers caught using their phones only if they were pulled over for another offense. Drivers caught texting behind the wheel will continue to face a fine of \$175 for the first offense and up to \$500 for any that follow. Recently, Secretary LaHood launched pilot programs in New York and Connecticut as part of a "Phone in One Hand. Ticket in the Other." campaign to study whether increased enforcement and public awareness can reduce distracted driving behavior. For more information on distracted driving and the Department of Transportation's work, visit www.distraction.gov.

17. CDC Features New Articles and Statistics on TBI

Each year, TBI contributes to a substantial number of deaths and cases of permanent disability. A TBI is caused by a bump, blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain. The severity of a TBI may range from "mild" to "severe". CDC's National Center for Injury Prevention and Control funds 30 states to conduct TBI surveillance through the Public Health Injury Surveillance and Prevention Program. TBI-related death and hospitalization data submitted by participating CORE states are published in CDC's State Injury Indicators Report. A new report, [Traumatic Brain Injury in the United States Emergency Department Visits, Hospitalizations and Deaths 2002–2006](#), is an update to CDC's previously published report released in 2004 and is intended as a reference for policymakers, health care and service providers, educators, researchers, advocates, and others interested in knowing more about the impact of TBI in the United States. [For more information...](#)

18. CDC Highlights Data on Nonmedical Use of Prescription Drugs

Rates of overdose deaths involving prescription drugs increased rapidly in the United States during 1999--2006 (1). However, such mortality data do not portray the morbidity associated with prescription drug overdoses. Data from emergency department (ED) visits can represent this morbidity and can be accessed more quickly than mortality data. To better understand recent national trends in drug-related morbidity, CDC and the Substance Abuse and Mental Health Services Administration (SAMHSA) reviewed the most recent 5 years of available data (2004--2008) on ED visits involving the nonmedical use of prescription drugs from SAMHSA's Drug Abuse Warning Network (DAWN). This report describes the results of that review, which showed that the estimated number of ED visits for nonmedical use of opioid analgesics increased 111% during 2004--2008 (from 144,600 to 305,900 visits) and increased 29% during 2007--2008. The highest numbers of ED visits were recorded for oxycodone, hydrocodone, and methadone, all of which showed statistically significant increases during the 5-year period. The estimated number of ED visits involving nonmedical use of benzodiazepines increased 89% during 2004--2008 (from 143,500 to 271,700 visits) and 24% during 2007--2008. These findings indicate substantial, increasing morbidity associated with the nonmedical use of prescription drugs in the United States during 2004--2008, despite recent efforts to control the problem. Stronger measures to reduce the diversion of prescription drugs to nonmedical purposes are warranted. [For more information...](#)

19. HHS Announces Patient Safety and Medical Liability Demonstration Projects

The Department of Health and Human Services' Agency for Healthcare Research and Quality (AHRQ) has announced grants to support efforts by States and health systems to implement and evaluate patient safety approaches and medical liability reforms. The demonstration and planning grants are part of the patient safety and medical liability initiative that President Obama announced during a September 9, 2009 address to a joint session of Congress. As part of his vision for a health care system that puts patient safety first and allows doctors to focus on practicing medicine, the President directed the Secretary of HHS to help States and health care systems test models that: (1) put patient safety first and work to reduce preventable injuries; (2) foster better communication between doctors and their patients; (3) ensure that patients are compensated in a fair and timely manner for medical injuries, while also reducing the incidence of frivolous lawsuits; and (4) reduce liability premiums. Overall funding for the initiative is \$25 million, with \$23 million allocated to grants and \$2 million allocated to a final evaluation contract. Awards have been published [here](#). For details on each project go to: <http://www.ahrq.gov/qual/liability/>

20. HHS Announces Health Workforce Funding to Improve Access to Primary Care

U.S. Department of Health and Human Services Secretary Kathleen Sebelius has announced a series of new investments worth \$250 million to increase the number of health care providers and strengthen the primary care

workforce. The new investments were made possible by the Affordable Care Act. The investments announced today in the primary care workforce are the first allocation from the new \$500 million Prevention and Public Health fund for fiscal year 2010, created by the Affordable Care Act. Half of this fund – \$250 million – will be used to boost the supply of primary care providers in this country by providing new resources for:

- **Creating additional primary care residency slots:** \$168 million for training more than 500 new primary care physicians by 2015;
- **Supporting physician assistant training in primary care:** \$32 million for supporting the development of more than 600 new physician assistants, who practice medicine as members of a team with their supervising physician, and can be trained in a shorter period of time compared to physicians;
- **Encouraging students to pursue full-time nursing careers:** \$30 million for encouraging over 600 nursing students to attend school full-time so that they have better odds of completing their education;
- **Establishing new nurse practitioner-led clinics:** \$15 million for the operation of 10 nurse-managed health clinics which assist in the training of nurse practitioners. These clinics are staffed by nurse practitioners, which provide comprehensive primary health care services to populations living in medically underserved communities.
- **Encouraging states to plan for and address health professional workforce needs:** \$5 million for states to plan and implement innovative strategies to expand their primary care workforce by 10 to 25 percent over ten years to meet increased demand for primary care services.

A fact sheet can be found at: <http://www.healthreform.gov/newsroom/primarycareworkforce.html>. The effort is intended to help address current shortages as well as anticipated shortages that could occur as members of an aging healthcare workforce retire over the next decade.

21. IOM Announces New Workshop Summary on Healthcare Leadership

The U.S. health care system is large, dynamic, complex, and multifaceted. It consists of many participants—including doctors, patients, hospital administrators, insurers, health product companies, and regulators—who have vital roles. Although each of these groups seeks to improve patient health and well-being, they often work in unassociated or fragmented ways that compromise the quality and value of care. The IOM hosted a workshop that brought together stakeholders to discuss opportunities and cooperative strategies to improve the efficiency and effectiveness of care throughout the nation. A new workshop summary on these proceedings, [*Leadership Commitments to Improve Value in Healthcare: Toward Common Ground*](#), is now available from the IOM.

22. New Videos Reveal How NIH Identifies the Most Promising Research Applications

The National Institutes of Health's Center for Scientific Review (CSR) has released a new video to show new applicants and others how NIH assesses over 80,000 grant applications each year to help find those with the most merit. With the majority of NIH's \$31 billion budget supporting grants to researchers, these assessments help ensure investments lead to significant advances in science and health. CSR also has released a companion video: NIH Tips for Applicants. In this video, the reviewers and NIH staff members featured in the NIH Peer Review Revealed video provide advice to new applicants. Both videos incorporate many of the recent enhancements to the NIH peer review and grants systems. They replace a similar CSR video that has been viewed by thousands online and used by hundreds of research institutions across the country and abroad to train and educate new and established researchers. [For more information...](#)

23. Current Epinephrine Shortages Has Potential to Impact EMS

The Food and Drug Administration (FDA) and the American Society of Health-System Pharmacists (ASHP) is reporting a current drug shortage involving Epinephrine 0.1 mg/mL Emergency Syringes manufactured by Hospira

(due to increased demand that occurred following the discontinuation of an unapproved product by another manufacturer in December 2009.) Hospira is working to increase production to respond to the increased demand and plans to have releases by the end of June with additional releases in July and beyond. Abboject INTRACARDIAC syringes are available at that same dosage strength BUT the 3.5 inch needle is permanently attached to the syringe and there are no adapters available to make the intracardiac LifeShield Abboject syringes compatible with needleless IV access systems. There are no alternative manufacturers of epinephrine 0.1 mg/mL emergency syringes. [For more information...](#)

24. Much Ado About Physician Signatures for CMS Documentation

Many of the EMS and health news related web sites are featuring warnings about the quality of physician signatures, as it relates to medical necessity requirements. This is not exactly “new.” CMS issued Change Request 6698 on March 16, [“Signature Guidelines for Medical Review Purposes.”](#) The previous language required a legible identifier in the form of a handwritten or electronic signature for every service provided or ordered. This CR updates these requirements and adds e-prescribing language. Additional clarification of existing rules appears in a recent issue of [“MLN Matters: Signature Requirements for Medical Review Purposes”](#) which was released in March then revised and reissued on April 26, 2010 to include clarifying language from CR 6698. The information spells out CMS directives on such issues as

- handwritten signatures and acceptable signature formats,
- valid electronic signatures,
- attestation statements on unsigned documentation, and
- signature logs.

Clinician's signatures serve as authentication of services rendered or ordered. CMS will not accept signature stamps for Medicare or Medicaid claims.

25. NEMSMS Announces Live Streaming of Memorial Service

The National EMS Memorial Service recently announced that for the first time, the 2010 National EMS Memorial Service will be steamed live via the Internet. The move to the new host venue at the First Presbyterian Church of Colorado Springs brought with it the technical ability to provide family members, the EMS community, and any other interested parties who cannot be present in Colorado Springs the opportunity to view the Service live, rather than wait for the official DVD to be released. The web cast will begin at 6:00 pm MDT on Saturday, June 26, 2010 and will be available from links to be posted at <http://live.nemsms.org>

26. McNeil Expands Consumer Products on Recall

McNeil Consumer Healthcare has expanded its January 15 recall to include four lots of Benadryl Allergy Ultratab Tablets (100 count) and one lot of Extra-Strength Tylenol Rapid Release Gels (50 count). These products were inadvertently omitted from the initial recall, which occurred after consumers complained of a musty smell. Testing revealed trace amounts of 2,4,6-tribromoanisole (TBA), a chemical connected to wooden pallets used for shipping. [For more information...](#)

27. CAAS Panel of Commissioners Seeks New Medical Representative

At the end of 2010, the Commission on Accreditation of Ambulance Services will be replacing its medical representative on the CAAS Panel of Commissioners due to the completion of term limits. Kathy Rinnert, MD has served expertly in this position for the past six years, and as panel chair for the past two of those years. Kathy succeeded previous medical representatives Bob Domeier, MD and Stan Zydlo, MD. CAAS is now soliciting applications from qualified EMS physicians to fill the upcoming three year term, beginning in January 2011. If you

know of anyone who may be interested in this position, we invite you to contact CAAS right away so that we may provide you with the necessary application and documents. Applications will be accepted now until September 1, 2010. Please contact the CAAS office at 847-657-6828 for additional information.

28. Senate Aims to Remove 'Retardation' Terminology from Federal Health Laws

A U.S. Senate committee has approved a measure to remove the words "mental retardation" and "mentally retarded" from federal labor, health and education laws to help remove what supporters describe as a hurtful label. The bill, approved by the Senate Health, Education, Labor and Pensions Committee would replace the terms with "intellectual disability" and "individual with an intellectual disability." The measure will now be considered by the full Senate. [For more information...](#)

29. Association of Corticosteroid Dose and Route of Administration in Acute COPD K. Lindenauer et al

JAMA. 2010;303(23):2359-2367. Although given at lower doses, oral corticosteroids provide the same outcomes in acute exacerbations of chronic obstructive pulmonary disease (COPD) as higher intravenous doses, according to a study in *JAMA*. Despite guidelines recommending use of the low-dose oral route, researchers found that the higher-dose intravenous route was used initially in 92% of some 80,000 patients admitted to over 400 U.S. hospitals. The primary outcome measure — a composite of the need for mechanical ventilation after the second hospital day, death during hospitalization, or readmission for COPD within 30 days — was no worse in orally treated patients. The authors conclude that the initial use of high-dose intravenous therapy "does not appear to be associated with any measurable clinical benefit," and has the added dangers associated with intravenous therapy as well as higher costs. Editorialists say that the results "are sufficient to take action to change practice now." [JAMA article](#) (Free abstract; full text requires subscription)

30. A Randomized Trial Comparing Two Cuffed Emergency Cricothyrotomy Devices Metterlein et al. *The Journal of Emergency Medicine* - 07 June 2010 (10.1016/j.jemermed.2010.04.008). Background: According to different algorithms of airway management, emergency cricothyrotomy is the final step in managing the otherwise inaccessible airway. As an alternative to an open surgical procedure, minimally invasive approaches exist. Various sets for different methods are commercially available. QuickTrach™ (VBM Medizintechnik GmbH, Sulz am Neckar, Germany) contains a plastic cannula over a metal needle for direct placement in the trachea, whereas a guide-wire is used for the actual placement of the cannula in the Melker Set™ (Cook Group Incorporated, Bloomington, IN). Objective: We hypothesize that the direct puncture involving less discrete steps is faster to perform. However, it will lead to more complications due to the higher force needed to place the relatively thick needle. Method: After approval of the local ethics committee, the study was performed on cadavers of 16 adult sheep. A wire-guided cricothyrotomy was compared with a catheter-over-needle technique. Successful placement and performance time were compared. Complication rate and maximal achieved airway pressure were evaluated. Data is given as mean and interquartile range, and Mann-Whitney U-test ($p < 0.05$) for significant differences. Results: With the wire-guided technique, successful placement was possible in all attempts. The catheter-over-needle method was successful in 63% and had a higher complication rate (75% vs. 13%). The cannula-over-needle method allowed a faster cricothyrotomy (32 [2–34] vs. 53 [52–56] s). Both methods allowed the delivery of similar maximal airway pressures (50 [44–51] vs. 48 [43–53] mbar). Conclusion: The wire-guided method proved to be the more reliable technique, leading to fewer complications. However, the direct puncture was faster to perform. Placed accurately, both devices allowed sufficient ventilation. [For more information...](#)

31. Use of Novel Biomarkers in AMI Daniel Chan and Leong L Ng *BMC Medicine* 2010, 8:34doi:10.1186/1741-7015-8-34. Excerpt--Some biomarkers in an apparently health population predicts risk of coronary disease and allows clinicians to initiate early preventative treatment. In addition to biomarkers, various well-validated scoring

systems based on clinical characteristics are available to help clinicians predict mortality risk, such as the Thrombolysis In Myocardial Infarction score and Global Registry of Acute Coronary Events score. A multimarker approach incorporating biomarkers and clinical scores will increase the prognostic accuracy. However, it is important to note that only troponin has been used to direct therapeutic intervention and none of the new prognostic biomarkers have been tested and proven to alter outcome of therapeutic intervention. **Conclusions:** Novel biomarkers have improved prediction of outcome in acute myocardial infarction, but none have been demonstrated to alter the outcome of a particular therapy or management strategy. Randomised trials are urgently needed to address this translational gap before the use of novel biomarkers becomes common practice to facilitate tailored treatment following an acute coronary event. [For more information...](#)

UPCOMING EVENTS

STATEWIDE EMS CONFERENCES

Symposium by the Sea 2010. Sponsored by EMLRC and FCEP. July 29 - August 1, 2010 Boca Raton, FL The Boca Raton Resort & Club. Go to <http://www.emlrc.org/sbs2010.htm> for more information.

Pennsylvania State EMS Conference. September 17-18 (with preconference sessions on September 15-16), 2010 at the Lancaster County Convention Center in Lancaster, PA. More information can be found at www.pehsc.org.

TN 9th Annual Update in Acute & Emergency Care Pediatrics Conference. October 1-2, 2010. Wilderness At the Smokies Resort, Sevierville, Tennessee For more info go to: www.tnemsc.org

PULSE CHECK 2010, the 55th Annual Educational Conference & Trade Show of the NYS Volunteer Ambulance & Rescue Association, will be held Thursday evening September 30, 2010 to Sunday morning October 3, 2010 at the Holiday Inn Albany on Wolf Road. Information is posted on the Association's web site at www.nysvara.org.

New Jersey Statewide Conference on EMS, Atlantic City November 11th - 13th 2010. For more information visit: www.njemsconference.com

New Jersey METI Games. November 11th - 12th, 2010. For more information visit www.njemsconference.com.

National Conferences and Special Meetings

Safer Vehicles Webinar: How can we develop and implement new vehicle safety initiatives in the U.S.? *June 21, 1:30 - 3:00 PM ET*
https://www.nhi.fhwa.dot.gov/resources/webconference/web_conf_learner_reg.aspx?webconfid=20433

EMS Education Implementation Webinar. June 23, 2010 @ 3 pm. **"How Does Program Accreditation Improve the Quality of EMS Education?"** More info including registration link at www.nasemso.org as speakers and topics are confirmed.

*CDC Webinar: Leveraging the Electronic Health Record for Public Health Alerting. June 22, 2010, 1:00 pm - 2:00 pm (Eastern Time) **Call Number:** 1-888-790-6180 **Passcode:** 1281914 Please join us for this informative COCA conference call. A CDC subject matter expert will discuss both strategies to increase compliance with public health recommendations and guidelines, and the role of EHR systems in improving dissemination of public health information at point-of-care. <http://emergency.cdc.gov/coca/callinfo.asp>

Road User Safety Webinar: How can we promote new road user safety efforts in the United States? June 30, 1:30 - 3:00 PM ET

https://www.nhi.fhwa.dot.gov/resources/webconference/web_conf_learner_reg.aspx?webconfid=20434

"Accreditation is not a Four Letter Word." EMS Program Accreditation Workshops presented by NAEMSE/CoAEMSP. June 25-26, 2010 in Philadelphia, PA. For more information, go to <http://www.naemse.org/accreditation/>.

NAEMSE EMS Instructor Course. June 25 - 27, 2010, Sweetwater, TX. This course addresses foundations of the EMS classroom and is designed to help instructors become more effective and efficient educators. For more information, or to register for the May course, visit: <http://www.naemse.org/instructor-course/>

EMSC Town Hall Conference Calls 3:30 pm to 5:00 pm (eastern) July 14, 2010. The local number is (202) 476-6338 or call toll-free dial (877) 355-6338 and enter EMSC (3672) for the meeting ID#.

EMS Education Implementation Webinar. July 21, 2010 @ 3 pm. **"Developing Standards Based Instruction"** More info including registration link at www.nasemso.org as speakers and topics are confirmed.

Pinnacle 2010. July 26-30, 2010. Sheraton San Diego Hotel and Marina. San Diego, CA For more information, go to www.pinnacle-ems.com.

6th International Roundtable on Community Paramedicine. August 9-13, 2010, Vail CO. For more information, go to <http://www.ircp.info/>. CALL FOR ABSTRACTS STILL OPEN!! Deadline for submission is June 15, 2010 at 5 pm MDT. For more information, please click [here](#).

Rural and Frontier EMS and Trauma Summit at the Divide. August 11-13, 2010. Vail, Colorado. Join us for the fourth installment in the Summit Series. This Summit will have something for everyone, from federal and state policy makers to local EMS managers and hospital administrators to individual EMTs. This year's theme will be Beyond Old Boundaries – Exploring New Frontiers. With the co-location of the Summit at the Divide with the International Roundtable on Community Paramedicine (www.ircp.info), we will have the opportunity to stretch our imaginations about what could be for rural EMS and trauma systems. Building on last years' discussions of lessons learned from the theaters of conflict, regionalization and the use of telemedicine to overcome barriers of distance, we will explore additional options for improving access to emergency care in rural and frontier areas. A strong roster of speakers from the U.S. will be augmented by international experts both at the podium and in the audience. Attendees of the International Roundtable on Community Paramedicine will receive a \$50 discount on their Summit at the Divide registration. Registration for the Summit at the Divide includes complimentary attendance at the International Roundtable on Community Paramedicine morning sessions on Wednesday, August 11. Register at <http://eu.montana.edu/summit>

5th Annual Disaster Planning for Hospitals Conference. August 12-12, 2010 in Washington DC. To view the complete agenda, please visit <http://www.worldrg.com/disaster>. Use promotional code "GPN752" and priority code "HW10075-82329" to receive an additional \$300 discount by calling 800-647-7600, e-mailing info@worldrg.com or visiting <http://www.worldrg.com/disaster>. To view the complete agenda, please visit our website <http://www.worldrg.com/disaster>.

"Accreditation is not a Four Letter Word." EMS Program Accreditation Workshops presented by NAEMSE/CoAEMSP. August 20-21, 2010 in San Antonio, TX. For more information, go to <http://www.naemse.org/accreditation/>.

EMS Education Implementation Webinar. August 25, 2010 @ 3 pm. **“Identifying Methods to Measure Cognitive, Psychomotor, and Affective Competency”** More info including registration link at www.nasemso.org as speakers and topics are confirmed.

15th Annual NAEMSE Symposium. September 7-12, 2010. Renaissance Hotel & Convention Center in Schaumburg, IL. For more information, go to <http://www.naemse.org/symposium>.

EMS Education Implementation Webinar. September 15, 2010 @ 3 pm. **“Progression/Regression Strategies: Models of Success.”** More info including registration link at www.nasemso.org as speakers and topics are confirmed.

ENA Annual Meeting. San Antonio Convention Center, San Antonio, TX. General Assembly September 22-34, Scientific Assembly September 23-25, 2010. Go to www.ena.org for more information.

NAEMT Annual Meeting at EMS EXPO 2010 - Sept. 27 – Oct. 1, 2010. Dallas Convention Center, Dallas, TX. For more information, go to <http://www.firehouseevents.com/>.

ACEP Scientific Assembly 2010. September 28 - October 1, 2010. Mandalay Bay, Las Vegas, NV. For more information, go to www.acep.org.

Institute of Medicine Forum on Medical and Public Health Preparedness for Catastrophic Events. October 6-7, 2010. Washington, DC. See <http://www.iom.edu/en/Activities/PublicHealth/MedPrep.aspx> for more information.

NASEMSO Annual Meeting. October 10-15, 2010, Norfolk Marriott Waterside/Waterside Convention Center Norfolk, Virginia. More info available at www.nasemso.org. Sponsorship and exhibitor information [now available](#).

2010 Air Medical Transport Conference October 11-13, 2010. Ft. Lauderdale, FL. For more information, go to www.aams.org.

EMS Education Implementation Webinar. October 20, 2010 @ 3 pm. **“System Update: 2010 NASEMSO Survey Results.”** More info including registration link at www.nasemso.org as speakers and topics are confirmed.

EMS Education Implementation Webinar. November 22, 2010 @ 3 pm. **“The Role of National Certification in Implementing the EMS Education Agenda.”** More info including registration link at www.nasemso.org as speakers and topics are confirmed.

ECCU 2010. Emergency Cardiac Care Update, December 8-11, 2010. San Diego, CA. Sponsored by the Citizen CPR Foundation. For more information, go to <http://eccu2010.com/>.

See more EMS Events on NASEMSO’s web site at <http://www.nasemso.org/Resources/Calendar/index.asp>

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