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**Summer 2015**

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**NASEMSO NEWS**

**1. Countdown to the NASEMSO Fall Meeting You Won't Want to Miss!!**

With the NASEMSO Fall Meeting in Louisville, KY just 2 months away, the Program Committee has planned a full range of topics and networking opportunities sure to meet the needs of your state office! Online registration is now open and members are reminded to reserve hotel rooms early to get advertised rates before the room block sells out! A preliminary program is posted and councils and committees are working on finalizing agendas now. Please note: the deadline for the 2015 abstract/poster competition is August 31, 2015. Exhibitor and sponsor information, an evening at the Kentucky Derby Museum, an EMSC simulation opportunity, and much more is included at <http://www.nasemso.org/Meetings/Annual/AnnualMeeting2015.asp>.

**2. Trauma Monograph Survey Now in Progress**

The NASEMSO Monograph “Status of State Trauma System Planning and Development” was developed, administered and completed in 2010. A goal of the NASEMSO Trauma Managers Council is to administer a similar survey in 2015 for comparison with the 2010 survey (where able) to identify the changes the different trauma systems across the country have made in order to present the data collected at the NASEMSO Fall Meeting of the Council. The survey reflects questions that are often asked by the Trauma Managers to assist with benchmarking, procedural efforts, and funding. Respondents that complete the survey PRIOR TO AUGUST 15 will receive a \$5 gift card to Starbucks and be entered into a drawing for complimentary registration to the Trauma Managers Council meeting in Louisville, KY October 12- 13, 2015. Trauma managers that did not receive the link to the survey or email distributed on June 29 with a pdf version of the survey to assist in advance are asked to contact [Kathy Robinson](#).

**3. Cot Fastening System Technical Service Bulletin Just Released**

The U.S. Department of Transportation Office of Defects Investigation has asked both manufacturers of EMS cots and retention systems to issue a Technical Service Bulletin (TSB). The TSB is notifying and reminding local EMS agencies and personnel about the importance for regular inspection and preventive maintenance with regard to ensuring proper performance of “Antler and Rail” style cot fastening systems. NASEMSO was asked to distribute the Technical Service Bulletin to our members. [Download a copy of Ferno’s Antler-and-Rail Fastening System Technical Service Bulletin here](#). Ferno is requesting NASEMSO’s assistance with further distribution to local EMS agencies. Stryker’s bulletin will be posted at NASEMSO’s website once it becomes available.

**4. Results of NASEMSO CP/MIH Report Now Available**

NASEMSO has published the final report [EMS Office Assessment of the Status of Community Paramedicine/Mobile Integrated Healthcare in the States and Territories](#), completed by the NASEMSO CP-MIH Committee with support from the Office of Emergency Medical Services, National Highway Traffic Safety Administration, U.S. Department of Transportation. Increasingly, state and territorial EMS offices have been involved in leadership and regulatory aspects of CP system and service development. The purpose of the report is to assess that progress and its impact. The NASEMSO Staff Contact in this regard is [Kevin McGinnis](#).

**5. NASEMSO Invited to Participate in OSHA Rulemaking Process**

In July 2014, the Occupational Safety and Health Administration (OSHA) announced plans to develop a proposed standard to help address occupational safety concerns related to emergency response and preparedness. As the only national EMS organization to send a representative to a related national stakeholder meeting, NASEMSO has been invited to participate in a subcommittee of the [National Advisory Committee on Occupational Safety and Health \(NACOSH\)](#) to assist in the development of regulatory text for a proposed Emergency Responder Preparedness Program Standard. The focus of the rule is primarily on those employers with workers who respond to emergencies as part of their regularly assigned duties, such as emergency medical services personnel. This rule will replace in its entirety, the current §1910.156, Fire brigade standard. The NASEMSO Staff Contact in this regard is [Kathy Robinson](#). [For more information....](#)

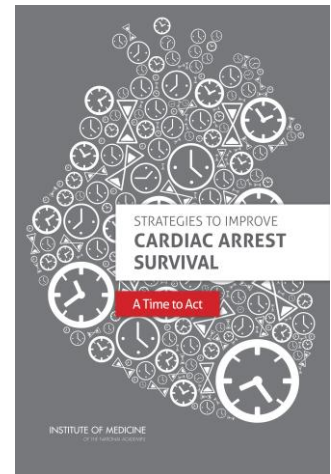
**6. Archive of EMS Compass Webinars Now Available On Line**

EMS Compass hosted a series of town-hall style webinars June 15-18, 2015 as a forum for members of the EMS community and other stakeholders to provide feedback on the quality and performance measures topics under

consideration for further development and testing. Throughout the month of May 2015, EMS Compass held an open “Call for Measures,” and more than 400 measures were submitted through the initiative website. These webinars were the public’s chance to discuss the measures that were proposed and within the context of the 10 domains, provide input that will help the EMS Compass team prioritize the clinical areas and topics addressed. This input will be used by the initiative to evaluate the measures based on criteria such as their importance for EMS to measure and report to their communities and patients, the ability of EMS systems to collect and analyze the data, and the evidence supporting the validity of the measure. The ten webinars were organized by type of performance measure domain, or related area of interest. Members of the EMS Compass Initiative led the webinars, which focused on discussing the types of measures that have been proposed and receiving community input. [For more information...](#)

**7. NASEMSO Data Featured in New IOM Report on Cardiac Arrest Survival**

Each year, cardiac arrest strikes more than half a million people and contributes to avoidable death and disability across the United States; it affects seemingly healthy individuals of all ages, races, and genders, often without warning. Defined as a severe malfunction or cessation of the electrical and mechanical activity of the heart, cardiac arrest results in almost instantaneous loss of consciousness and collapse. Following a cardiac arrest, each minute without treatment decreases the likelihood of survival with good neurologic and functional outcomes. Thus, the consequences of delayed action can have profound, and in many cases, avoidable ramifications for individuals, families, and communities. The Institute of Medicine conducted a study on the current status of, and future opportunities to improve, cardiac arrest treatment and outcomes in the United States. This report examines the complete system of response to cardiac arrest in the United States and identifies opportunities within existing and new treatments, strategies, and research that promise to improve survival and recovery of patients. [For more information...](#)



**8. Comments on NFPA EMS Officer Proposal**

The National Fire Protection Association recently reviewed a request that NFPA establish a new project on emergency medical services officer standards. After a review of all the material before it, NFPA voted to solicit public comments of the need for the project, information on resources on the subject matter and other organizations actively involved with the subject. Based on a recommendation by its Education and Professional Standards Council, the NASEMSO Board of Directors recently submitted comments to the NFPA on the proposal. [For more information...](#)

**9. NASEMSO Revises Issue Brief on Use of Naloxone in OOH Settings**

NASEMSO believes that the increase of substance abuse in the United States is a significant public health and public safety concern that warrants consideration of several related issues. A revised *NASEMSO Issue Brief: The Use of Naloxone in Out-of-Hospital Settings* is intended as an informational guide on the use of naloxone in out-of-hospital settings and the rationale for including mandatory education and medical oversight for the use of naloxone by non-medical personnel. Current data shows that as of June 2015, all states permit Paramedics and Advanced Emergency Medical Technicians (AEMT) or the state’s equivalent intermediate-level EMS providers to administer naloxone. Sixty-six percent of states and the District of Columbia permit Emergency Medical Technicians to administer naloxone (including Alaska, Arizona, California, Colorado, Connecticut, Delaware, Georgia, Illinois, Indiana, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nevada,

New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Texas, Utah, Vermont, Virginia, Washington, and Wisconsin.) Fifty-eight percent of states that recognize the Emergency Medical Responder level permit EMRs to administer the medication (including Connecticut, Illinois, Indiana, Louisiana, Massachusetts, Maryland, Michigan, North Carolina, New Hampshire, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Texas, Vermont, and Wisconsin. [For more information...](#)

**10. NASEMSO Communications Survey Results Now Available**

A new NASEMSO report, [“EMS Office Assessment of the Status of Communications Systems in the States and Territories,”](#) presents the findings of a state EMS office survey conducted in the spring of 2015 about the status of communications systems. It, in part, replicates a similar survey conducted in 2008. At publication due date, 33 of 56 state EMS offices had responded. This is approximately the same rate as a 2001 communications survey to which 32 states responded, but less than the 2008 survey to which 50 states or territories responded. It is NASEMSO’s intention to continue to pursue responses, and publish an update later in 2015. The NASEMSO Staff Contact in this regard is [Kevin McGinnis](#).

**11. Alter Named to NRC Council**

NASEMSO Program Manager Rachael Alter has been selected to serve on the Emergency Medical Services for Children (EMSC) National Resource Center (NRC) Council. NRC Council members provide input on and assist with the implementation of NRC activities as prescribed by the federal EMSC Program. Congratulations, Rachael, on this prestigious appointment.

**12. NASEMSO Logo Gear Available Online**

Register at the ASMI online merchandise store to view and purchase NASEMSO logowear! Browse available items to see an array of great styles and colors, in a full range of sizes. The NASEMSO logo can be added to any of these items, including men’s and women’s shirts, headwear, outerwear, bags, and accessories. See what’s available to meet your needs at <http://www.companypromostore.com/stores/asmi/>.

**FOR THE STATES**

**13. TFAH Provides State Policy Report on Injury Prevention**

According to [The Facts Hurt: A State-By-State Injury Prevention Policy Report](#), West Virginia has the highest numbers of injury-related deaths of any state (97.9 per 100,000 people), at a rate more than double of the state with the lowest rate, New York (40.3 per 100,000 people). In the past four years, the number of injury deaths increased significantly in 17 states, remained stable in 24 states and decreased in 9 states. The national rate is 58.4 per 100,000 people. Injuries are the leading cause of death for Americans ages 1 to 44 – and are responsible for nearly 193,000 deaths per year. Drug overdoses are the leading cause of injury deaths in the United States, at nearly 44,000 per year. These deaths have more than doubled in the past 14 years, and half of them are related to prescription drugs (22,000 per year). Overdose deaths now exceed motor vehicle-related deaths in 36 states and Washington, D.C. [For more information...](#)

**14. NPHL Offers Emergency Declaration Resource**

A new resource from the Network for Public Health Law (NPHL) provides state statutory and regulatory authorities for emergency declarations in all 50 U.S. States and the District of Columbia. It includes emergency declarations, public health emergency declarations, and other types of declarations that may relate to the public’s health. The resource categorizes information as follows:

I. Emergency/Disaster provides citations and hyperlinks to legal authorities for state declarations of “emergency,” “disaster,” and similar terms (as noted in the references) in all 51 jurisdictions.

II. Public Health Emergency lists legal authorities for specific declarations of a “public health emergency,” which may be based on the Model State Emergency Health Powers Act (MSEHPA) or other statutory bases for emergency/disaster declarations premised on public health concerns. These authorities were identified in 35 jurisdictions.

III. Other Declarations catalogs other types of declarations that may also relate to public health, as identified in 47 jurisdictions. Note that additional types of emergency declarations are not included if they may not relate to public health.

IV. Posted Declarations provides hyperlinks to existing online archives of active or expired declarations. These are illustrative only and may not be current or comprehensive

[For more information...](#)

### 15. White House Report Highlights Occupational Licensing

A new White House report, *Occupational Licensing: A Framework for Policymakers*, recommends several best practices to ensure that licensing protects consumers without placing unnecessary restrictions on employment, innovation, or access to important goods and services. It suggest that best practices in licensing can allow States, working together or individually, to safeguard the well-being of consumers while maintaining a modernized regulatory system that meets the needs of workers and businesses. Licensing best practices include:

- Limiting licensing requirements to those that address legitimate public health and safety concerns to ease the burden of licensing on workers.
- Applying the results of comprehensive cost-benefit assessments of licensing laws to reduce the number of unnecessary or overly-restrictive licenses.
- Within groups of States, harmonizing regulatory requirements as much as possible, and where appropriate entering into inter-State compacts that recognize licenses from other States to increase the mobility of skilled workers.
- Allowing practitioners to offer services to the full extent of their current competency, to ensure that all qualified workers are able to offer services.

[For more information...](#)

### 16. IOM Publishes Workshop Summary on Collaboration Between Health Care and Public Health

The Institute of Medicine (IOM) Roundtable on Population Health Improvement recently hosted a workshop to explore the relationship between public health and health care, including opportunities, challenges, and practical lessons. The workshop was designed to discuss and describe the elements of successful collaboration between health care and public health organizations and professionals; reflect on the five principles of primary care–public health integration (which can be applied more broadly to the health care–public health relationship): shared goals, community engagement, aligned leadership, sustainability, and data and analysis; and explore the “elephants in the room” when public health and health care interact: what are the key challenges and obstacles and what are some potential solutions, including strengths both sides bring to the table. The workshop presentations reflected on collaboration in four contexts: payment reform, the Million Hearts initiative, hospital – public health collaboration, and asthma control. [For more information...](#)

### 17. HHS Launches Multipronged Effort to Combat Opioid Drug Abuse

In addressing the National Governor’s Association, US Department of Health and Human Services Secretary Burwell recently announced three bold steps to increase access to substance use disorder treatment services,



including treatment for opioid prescription drug abuse and heroin use. First, the Health Resources and Services Administration (HRSA) will make \$100 million in new funding available to approximately 300 Community Health Centers to expand services for those with substance use disorders, including medication-assisted treatment for opioid use disorder. Lack of access to such treatment is a growing problem nationwide and this infusion of funds will offer many people in need access to quality services. Second, the Substance Abuse and Mental Health Services Administration (SAMHSA) is awarding \$11 million to 11 states to expand and enhance medication assisted treatment services. These funds will enable state treatment service systems to more effectively address the needs of people with opioid use disorders. The grants promote comprehensive, coordinated, and evidence-based medication-assisted treatment and recovery support services. Third, the Centers for Medicare & Medicaid Services (CMS) is releasing guidance to help states implement comprehensive, evidence-based service delivery approaches to substance use disorder treatment. It is estimated that 12 percent of all Medicaid beneficiaries ages 18-64 and 15 percent of uninsured individuals who could be eligible for Medicaid coverage have substance use disorder. Medicaid pays one out of every five dollars for substance use disorder treatment. CMS is establishing a new Medicaid demonstration initiative to states seeking to undertake significant improvements in the delivery of care to beneficiaries with substance use disorder. [For more information...](#)

In related news, the American Health Lawyers Association and the Public Health Law Program (PHLP) are co-hosting a six-part free webinar series focused on legal issues at the intersection of public health and health care. The third webinar in the series, [Using Law to Address Prescription Drug Overdose—Emerging Issues](#), will take place **Friday, August 14, 2015, 1:00–2:30 pm (EDT)**. This webinar will provide an overview of the prescription drug overdose (PDO) public health problem, describe PHLP’s assessment of seven legal strategies related to prescription drug misuse, abuse, and overdose, and examine how states are enforcing PDO legal strategies.

**AIR MEDICAL**

**18. FICEMS Outlines Air Medical Safety Progress in Letter to NTSB**

The Federal Interagency Committee on EMS (FICEMS) has provided an update to the National Transportation Safety Board (NTSB) in regards to two recommendations (A-09-102) the Board suggested to FICEMS in 2009: Develop national guidelines for the use and availability of helicopter emergency medical transport by regional, state, and local authorities during emergency medical response system planning. The letter has received an “Open Acceptable Response” from the NTSB and is now available [here](#).

**19. FAA: Wildfires and Drones Don’t Mix**

Responding to recent incidents in which unmanned aircraft systems (UAS), also known as “drones,” interfered with manned aircraft involved in wildland firefighting operations, the U.S. Department of Transportation’s Federal Aviation Administration (FAA) is supporting the U.S. Department of the Interior and U.S. Forest Service in their simple message to drone operators: *If you fly; we can’t*. FAA is promoting voluntary compliance and working to educate UAS operators about how they can operate safely under current regulations and laws. The agency has partnered with industry and the modeling community in a public outreach campaign called “Know Before You Fly.” The campaign [recently reminded](#) UAS users to respect wildfire operations. Additionally, the FAA provided guidance to law enforcement agencies because they are often in the best position to deter, detect, immediately investigate, and, as appropriate, pursue enforcement actions to stop unauthorized or unsafe unmanned aircraft operations. If a drone is spotted near a wildfire (or other unauthorized areas), report it immediately to local law enforcement and the nearest FAA Flight Standards District Office with as much information as possible. You can find the closest FAA office [here](#).



**COMMUNICATIONS**

**20. Wireless Association Seeks to Improve 9-1-1 Call Accuracy**

CTIA is making a big push to help refine the Federal Communications Commission’s (FCC) rules around location accuracy of 9-1-1 calls from mobile devices. The Wireless Association is creating an advisory group and a working group, as part of continued efforts to improve location accuracy on emergency calls placed from mobile phones. In January, the FCC approved new rules that it hopes will improve location accuracy for wireless calls placed to 911. The new rules acknowledge that wireless carriers will need to time to implement technology that will help to improve location data on "E911" calls and set a roadmap of deadlines for completion of the improvements. In addition, CTIA asked the FCC not to sunset a rule that requires wireless carriers to transmit all 911 calls including those from non-service initialized (“NSI”) handsets. Several groups have outlined the importance of geographic information systems (GIS) mapping to improve location accuracy. GIS data is not a new element to 911 systems—it has been used for years to help PSAPs locate emergency callers—but it becomes more critical in NG911 systems, which utilize geospatial routing to determine which PSAP should receive an emergency call or other communications. [For more information...](#)

**21. System Redesign Responses to Challenges in Safety-Net Systems**

A study team from the Boston University School of Public Health, under a contract with the Agency for Healthcare Research and Quality (AHRQ), conducted case studies in eight safety-net systems to examine the challenges safety-net hospitals and systems are facing. The team also examined the strategies and resources safety-net systems use to address the challenges of the changing health care environment. Safety-net systems serve low-income, medically vulnerable patients and offer special health care and social services that other hospital systems do not. Download Information--

- [System Redesign Responses to Challenges in Safety-Net Systems: Summary of Field Study Research](#)
- [System Redesign for Value in Safety-Net Hospitals and Systems: Challenges and Implications: Slide Presentation](#)

**DATA**

**22. Cerner, Leidos and Accenture Win Massive Defense Contract for EHR System**

A team led by Leidos Inc. has won the long-awaited \$4.3 billion contract award for the Defense Healthcare Management Systems Modernization (DHMSM) system. The team also includes electronic health record vendor Cerner Corporation and Accenture Federal. The new contract will cover more than 9.5 million Defense Department beneficiaries and the more than 205,000 care providers that support them. The contract will improve current interoperability among the DoD, the VA and private sector health-care providers and enable each to access and update health records. The contract is based on protocols established by the Office of the National Coordinator for Health IT and the DoD/VA interagency program office. Over the next decade, as this new system is designed and rolled out, it will affect not only military hospitals and physicians, but also the many civilian physicians who care for active and retired military personnel and their dependents. Between 60% and 70% of this care is provided in the civilian sector. Consequently, the DoD contract specifies that the Cerner EHR must be interoperable with other EHRs that are used in private-sector hospitals and clinics. While the lack of interoperability has been a sore point with healthcare providers, Cerner is considered by some to be more open to information exchange than is Epic Systems, which also competed for the DoD contract in an alliance with IBM. All work on the project is supposed to be completed by 2025. [For more information...](#)

**23. Hospitals Leverage Big Data to Improve Patient Safety**

Boston Children’s Hospital has teamed with the nonprofit, federally funded MITRE Corp. research center, pulling together data from multiple sources — electronic health records, safety event reports, physiologic monitors, etc. to gain insights into what may have caused patient harm. The partnership initially focused on two key patient safety concerns — alarm fatigue and medication safety. The MITRE Corp. previously performed similar analysis in conjunction with the airline industry through the FAA Aviation Safety Information Analysis and Sharing system, now comprising 121 air carriers and 185 data sources. The alarm project concluded last August while medication safety is still ongoing. A few key insights from the alarm project included the fact that 85 percent of alarms were yellow or low priority, and 60 percent were for patients at a low-acuity level. From that, Boston Children’s removed some patients who were unnecessarily still being monitored, and it’s recalibrated the thresholds that require action on alarms. Up next, the National Patient Safety Partnership will tap into data to predict when a patient’s condition is deteriorating. Cincinnati Children’s Hospital Medical Center and Children’s National Health System, Washington, D.C., also are in the partnership. [For more information...](#)

**24. AHRQ Releases New Tool for Analysis of Hospital Discharge Data**

AHRQ has released Fast Stats, a new online tool from the Healthcare Cost and Utilization Project (HCUP) that provides easy access to the latest HCUP statistics from 41 states on numbers of hospital discharges by payer group (Medicare, Medicaid, private insurance, uninsured) and by condition category (surgical, mental health, injury, medical). Fast Stats enables state-by-state comparisons and can be used to analyze the effects of Medicaid expansion on hospital utilization levels and payment sources. For example, Fast Stats shows that in Colorado, a Medicaid expansion state, there was a 50 percent increase in Medicaid-covered hospital stays during the first nine months of 2014. During the same period, hospital stays for the uninsured declined 90 percent. In contrast, Missouri, which did not expand Medicaid under the Affordable Care Act, experienced no significant changes in hospital stays for Medicaid or uninsured patients. Information in Fast Stats is presented in graphics accompanied by underlying tables with numbers and data export options for analysts. Statistics will be updated quarterly or annually as new data become available. Data for 2014 are fully or partially available for 17 states. New topics about health care delivery in U.S. hospitals will be added in the future. [For more information...](#)

**DOMESTIC PREPAREDNESS**

**25. Senate Passes IPAWS Legislation**

The US Senate recently passed S. 1180, a bipartisan bill known as the Integrated Public Alert and Warning System (IPAWS) Modernization Act of 2015. This bill would modernize the nation’s public alert and warning system to ensure that federal, state and local officials can effectively warn citizens during times of disasters, acts of terrorism, and other threats to public safety. If passed by the House of Representatives and signed by the President, among other things the Bill would direct FEMA to establish the Integrated Public Alert and Warning System Subcommittee that would develop and submit recommendations for an integrated public alert and warning system to the National Advisory Council, which shall report the recommendations it approves to agencies represented on the Subcommittee and to specified congressional committees. [For more information...](#)

**26. HHS Awards Improve Public Health Preparedness**

The U.S. Department of Health and Human Services recently announced the award of more than \$840 million in cooperative agreements "to improve and sustain emergency preparedness of state and local public health and health care systems. The cooperative agreement funds are distributed through two federal preparedness programs: the Hospital Preparedness Program (HPP) and the Public Health Emergency Preparedness (PHEP)

programs. Nationwide, HHS awarded a total of \$228.5 million for HPP and \$611 million for PHEP in fiscal year 2015." [For more information...](#)

**27. HHS Launches GIS-Based Tool for Health Disaster Readiness**

The [HHS emPOWER Map](#), an interactive online tool, has launched to aid community health agencies and emergency management officials in disaster preparedness as they plan ahead to meet the emergency needs of community residents who rely on electrically powered medical and assistive equipment to live independently at home. The new tool is sponsored by the U.S. Department of Health and Human Services’ Office of the Assistant Secretary for Preparedness and Response (ASPR) in its ongoing efforts to support community resilience and build national health security. [For more information...](#)

**28. CRS Offers Primer on Ebola Legal Issues**

A new report from the Congressional Research Service (CRS) indicates, “Several West African countries are currently grappling with an unprecedented outbreak of Ebola virus disease (EVD). Here in the United States, where Ebola is not endemic, a handful of EVD cases have been diagnosed, and domestic transmission of the virus has occurred in only two cases to date. This report provides a brief overview of selected legal issues regarding measures to prevent transmission of Ebola virus and the civil rights of individuals affected by the disease.” In addition to civil rights, the report provides background material on a number of strategies, including quarantine and isolation authority, border entry issues, airlines and travel restrictions, and international health regulations. “*Ebola: Selected Legal Issues*” is now available for review on the [NASEMSO web site](#).

**29. New ASPR TRACIE Gateway Provides Emergency Preparedness Information**

In 2014, the United States Department of Health and Human Services’ (HHS) Assistant Secretary of Preparedness and Response (ASPR) created the Technical Resources Assistance Center and Information Exchange (TRACIE) to meet the needs of regional ASPR staff, healthcare coalitions, healthcare entities, healthcare providers, emergency managers, public health practitioners, and others working in disaster medicine, healthcare system preparedness, and public health emergency preparedness. Components include Technical Resources, Assistance Center, and Information Exchange. The resource has been launched and is now live. [For more information...](#)

**30. SAR Initiative Intended to Train Healthcare Personnel on Suspicious Behaviors**

The Nationwide Suspicious Activity Reporting (SAR) Initiative, a collaborative effort by the U.S. Department of Homeland Security, the Federal Bureau of Investigation, and state, local, tribal, and territorial law enforcement partners, has released the online training "[SAR Training for Public Health and Health Care Partners](#)." The training was developed to help public health and healthcare personnel (including EMS) recognize what kinds of suspicious behaviors are associated with pre-incident terrorism activities, understand how and where to report suspicious activity, and protect privacy, civil rights, and civil liberties when documenting information.

**31. IAB Issues Law Enforcement TECC Training and First Aid Recommendations**

The InterAgency Board (IAB) has published a white paper on Law Enforcement Tactical Emergency Casualty Care (TECC) Training and Individual First Aid Kits. The mission of the IAB is to strengthen the nation’s ability to prepare for and respond safely and effectively to emergencies, disasters, and CBRNE incidents. The IAB accomplishes this by emphasizing interoperability, compatibility, and standardization; fostering a multidisciplinary perspective; facilitating effective intergovernmental partnerships; being a credible, proactive voice of the responder community; and sharing field operational experiences and practices. This whitepaper provides information on why standardization among the training and equipment supplied to Law Enforcement Officers would enhance the

provision of pre-hospital point of wounding care and allow for quality control, common language, and interoperability. [For more information...](#)

**32. CDC Issues Health Advisory on MERS-CoV**

The CDC recommends that clinicians consider Middle East Respiratory Syndrome Coronavirus (MERS-CoV) infection in people with respiratory illness who have recently been in or near the Arabian Peninsula or South Korea, the agency said in an updated health advisory. On May 20, South Korea reported its first confirmed MERS case. Since then, the country has had 184 confirmed cases and 33 deaths, according to the World Health Organization. One of these patients traveled to China while symptomatic. The WHO says the following may have contributed to the rapid spread of MERS-CoV in South Korea: lack of physician knowledge about the virus, suboptimal infection control and prevention at some healthcare facilities, doctor-shopping, and hospital visits by friends and family. The health advisory provides detailed criteria for which patients to evaluate for MERS-CoV. [For more information...](#)

**33. WHO Issues Best Practices for Naming New Human Infectious Diseases**

The World Health Organization (WHO) calls on scientists, national authorities and the media to follow best practices in naming new human infectious diseases to minimize unnecessary negative effects on nations, economies and people. According to the WHO, the use of names such as ‘swine flu’ and ‘Middle East Respiratory Syndrome’ has had unintended negative impacts by stigmatizing certain communities or economic sectors. WHO, in consultation and collaboration with the World Organization for Animal Health (OIE) and the Food and Agriculture Organization of the United Nations (FAO), has identified best practices for the naming of new human diseases, with the aim to minimize unnecessary negative impact of disease names on trade, travel, tourism or animal welfare, and avoid causing offence to any cultural, social, national, regional, professional or ethnic groups. [For more information...](#)

**34. USFA Posts Operational Lessons Learned in Disaster Response**

A new report from the United States Fire Administration (USFA) looks at after action reviews from major disasters of the past decade to gain insight into lessons learned. It identifies gaps and needs in first responder training and resources and presents solutions that serve to better prepare local-level fire services for all-hazard events and to interact with federal resources. The disasters studied were weather-related events that required responding firefighters to assume duties for which they were unprepared or for situations they never anticipated. [For more information...](#)

**35. FEMA Outlines a Decade of Progress After Hurricane Katrina**

August 2015 marks the tenth year since the devastating 2005 Atlantic Hurricane Season. According to the National Oceanic and Atmospheric Administration (NOAA), Hurricane Katrina was one of the strongest storms to impact the coast of the United States, causing widespread devastation and affecting an estimated 90,000 square miles along the central Gulf Coast states. Less than a month later, Hurricane Rita and then Hurricane Wilma in October made landfall compounding an already catastrophic situation. Since 2005, FEMA has significantly improved its ability to assist communities in responding to and recovering from disasters. With the support of Congress, FEMA was provided additional authorities and tools to become a more effective and efficient agency, one that is focused on putting survivors first. Specifically, the Post-Katrina Emergency Management Reform Act (PKEMRA) of 2006, gave FEMA clear guidance on its mission and priorities, and provided the legislative authorities needed to better partner with state, local, tribal, and territorial governments before, during, and after disasters. [For more information...](#)

**36. Resources Focus on Medical Considerations and Dialysis Services During Disasters**

EMS officials may find two resources useful in planning efforts related to dialysis patients in a disaster: [Emergency Shelters: Medical Triage Considerations for ESRD \(End Stage Renal Disease\) Patients](#) is a 57-minute webinar from the Centers for Medicare and Medicaid Services and the ESRD National Coordinating Center discussing how disasters, particularly those with water or prolonged power outages, commonly adverse impact individuals who rely on regular, life-maintaining dialysis services. It covers basic emergency planning for the renal community, and managing dialysis patients in the shelter and during the triage process. In addition, the Kidney Community Emergency Response (KCER) Coalition offers a one-page document as a shelter triage checklist for hemodialysis and peritoneal dialysis patients that requests patient demographic information and a physical evaluation. If five or more of the physical symptoms on the list are checked, the patient will appear to be in need of acute dialysis treatment. To obtain the “Shelter Triage Check List for Hemodialysis (HD)/Peritoneal Dialysis (PD) Patients,” click [here](#).

**37. MRC Response Threatened by Federal Budget Cuts**

A life-saving emergency medical response program staffed by more than 200,000 volunteer healthcare professionals and others across the United States is threatened by a devastating 55 percent cut in federal funds that was recently approved by a U.S. Senate committee. The program called the Medical Reserve Corps, is a national network of volunteers organized locally to protect the health and safety of their communities. It deploys doctors, nurses, emergency medical technicians, paramedics, mental health professionals and non-medical volunteers with specialized skills who assist healthcare professionals to care for people in emergencies. But despite all this good work by the Medical Reserve Corps, the Senate Appropriations Committee recently voted to slash the budget of the organization from \$9 million this year to just \$4 million in the 2016 fiscal year that begins in October. [For more information...](#)

**38. New Guidance Available on Shelter Operations During Radiation Emergencies**

The Centers for Disease Control and Prevention (CDC) has released A Guide to Operating Public Shelters in a Radiation Emergency. The guide, the result of a multiagency collaboration that included NACCHO, has been developed to assist with planning and response efforts related to shelter operations in a radiation emergency. The scope of the guide encompasses information and guidance about screening for radioactive contamination, decontamination, radiation monitoring, registration, health surveillance, and communications. Read more <http://nacchopreparedness.org/?p=4616>

**39. NACCHO and CDC Release New Radiation Legal Preparedness Report**

On July 10, CDC’s Public Health Law Program published Public Health Preparedness: Examination of Legal Language Authorizing Responses to Radiological Incidents, an assessment of state and local laws that authorize restriction of movement and decontamination of people during a radiological event. The assessment is the result of a partnership between CDC’s Public Health Law Program, CDC’s National Center Environmental Health, Radiation Studies Branch, and the National Association of County and City Health Officials. Read more <http://nacchopreparedness.org/?p=2533>

**40. Tabletop Exercises Shed Light on Radiation Preparedness Efforts**

Imagine thousands of people gathered at a popular park for an outdoor music festival: they are crowded together, distracted by the music and unaware of their surroundings. Imagine the park is in a downtown urban area—one of the largest in the country—and bordered by skyscrapers, all filled with people working, shopping, and cooking

dinner. The park is a major tourist attraction and holds baseball diamonds, tennis courts, and three museums within its borders. The park is packed with people even in the areas not fenced off for the concert. Now imagine that a dirty bomb goes off in the park, without any warning. The DuPage County Health Department in Illinois was asked to do just that when NACCHO staff last week conducted a tabletop exercise that tested the health department's ability to provide public shelters in the face of a radiological incident. Read more <http://nacchopreparedness.org/?p=4330>

**41. Enhancing the Effectiveness of Public Health Mutual Aid through EMAC Mission Ready Packages**

The National Emergency Management Association has archived its recent Emergency Management Assistance Compact (EMAC) webinar on public health mutual aid. Victoria Carpenter, the EMAC Executive Task Force Chair provides an overview of EMAC and highlight some of the 13 EMAC Articles of Agreement which provide protections to deploying personnel followed by Gerrit Bakker, Senior Director, Public Health Preparedness at the Association of State and Territorial Health Officials who spoke about the development of Mission Ready Package templates for Medical and Public Health resources. View the webinar [here](#). A pdf copy of the slides is available [here](#).

**42. HHS Launches National Ebola Training and Education Center**

To ensure that U.S. health care providers and facilities are prepared to safely identify, isolate, transport, and treat patients with Ebola and other emerging threats, the U.S. Department of Health and Human Services has launched a National Ebola Training and Education Center. A collaborative effort among HHS' Office of the Assistant Secretary for Preparedness and Response (ASPR), the Centers for Disease Control and Prevention (CDC) and three academic institutions, the program supports further training of health care providers and facilities on strategies to manage Ebola and other emerging infectious diseases. Through the effort, ASPR and CDC will provide \$12 million over the next five years to Emory University in Atlanta, Georgia; University of Nebraska Medical Center/Nebraska Medicine in Omaha, Nebraska; and Bellevue Hospital Center in New York City, New York, which together will co-lead the National Ebola Training and Education Center. [For more information...](#)

**43. Hartford Consensus III Emphasizes Bleeding Control**

Our nation's threat from intentional mass-casualty events remains elevated. Enhancing public resilience to all such potential hazards has been identified as a priority for domestic preparedness. Recent events have shown that, despite the lessons learned from more than 6,800 U.S. combat fatalities over the last 13 years, opportunities exist to improve the control of external hemorrhage in the civilian sector. These opportunities exist in the form of interventions that should be performed by bystanders known as immediate responders and professional first responders, such as law enforcement officers, emergency medical technicians (EMTs), paramedics, and firefighters (EMS/fire/rescue), at the scene of the incident. The Joint Committee to Create a National Policy to Enhance Survivability from Intentional Mass-Casualty and Active Shooter Events was founded by the ACS. The committee met twice in 2013, making specific recommendations and issuing a call to action. The deliberations of the committee have become known as the Hartford Consensus. A third meeting was convened on April 14. This Hartford Consensus III meeting focused on implementation strategies for effective hemorrhage control. The overarching principle of the Hartford Consensus is that in intentional mass-casualty and active shooter events, no one should die from uncontrolled bleeding. An acronym to summarize the necessary response is THREAT:

- Threat suppression
- Hemorrhage control
- Rapid Extrication to safety
- Assessment by medical providers



- Transport to definitive care

[For more information...](#)

**44. GAO Report Recommends National Resilience Strategies Following Hurricane Sandy Recovery**

The Disaster Relief Appropriations Act of 2013 appropriated about \$50 billion for recovery from Hurricane Sandy, part of which was intended for disaster resilience and hazard mitigation. In March 2015, the Government Accountability Office (GAO) identified the cost of disasters as a key source of federal fiscal exposure. GAO and others have advocated hazard mitigation to help limit the nation's fiscal exposure. GAO was asked to review federal efforts to strengthen disaster resilience during Hurricane Sandy recovery. This report addresses (1) how federal recovery funds were used to enhance resilience, (2) the extent to which states and localities were able to maximize federal funding to enhance resilience; and (3) actions that could enhance resilience for future disasters. To conduct this work, GAO reviewed key federal documents such as the National Mitigation Framework, interviewed federal officials responsible for programs that fund disaster resilience, and administered structured interviews and surveys to all 12 states, the District of Columbia, and New York City in the Sandy affected-region.

[For more information...](#)

**45. DHS Releases First Responder Guidance for Improvised Explosive Devices and Active Shooter Incidents**

The Department of Homeland Security (DHS), in coordination with the Departments of Defense, Health and Human Services, Justice, and Transportation, has released "[First Responder Guidance for Improving Survivability in Improvised Explosive Device and/or Active Shooter Incidents.](#)" This first responder guidance provides evidence-based response strategies based on best practices and lessons learned from civilian and military IED and/or active shooter incidents. The recommendations presented—early, aggressive hemorrhage control; personal protective equipment (which includes ballistic vests, helmets, and eyewear); and greater first responder interoperability and incident management—will help to save lives by mitigating first responder risk and improving the emergent and immediate medical management of casualties encountered during IED and/or active shooter incidents.

**46. FedEx Notifies Feds That It Will No Longer Handle Select Agents for Transport**

Shipping giant FedEx no longer is willing to transport packages containing research specimens of potential bioterror pathogens in the wake of high-profile safety mistakes by an Army lab that unknowingly shipped live anthrax for years, according to a letter the company sent to federal regulators and obtained by USA TODAY. FedEx's refusal to transport these kinds of specimens is drawing concern among officials at major laboratories, who say it was the primary way they sent and received critical samples used to diagnose diseases and for the development of vaccines, treatments, tests and detection equipment. Neither UPS nor the U.S. Postal Service will transport the specimens. [For more information...](#)

**HIGHWAY SAFETY**

**47. FHWA Highlights EMS Involvement in Highway Safety Plans**

The Strategic Highway Safety Plan (SHSP) is a statewide-coordinated safety plan that provides a comprehensive framework for reducing highway fatalities and serious injuries on all public roads. It is during the SHSP process that statewide goals, objectives, and key emphasis areas are established. The four E's of highway safety - engineering, education, enforcement and emergency medical services (EMS)—must be considered during this process. The Federal Highway Administration (FHWA) is committed to involving EMS in the SHSP Process. FHWA recently hosted EMS events via webinar featuring our colleagues in Maine and Missouri that have been archived but are available for viewing.

- Webinar #1: <https://connectdot.connectsolutions.com/p8whb7f2czf/> (Featuring Maine)

- Webinar #2: <https://connectdot.connectsolutions.com/p6essmewk9b/> (Featuring Missouri)

The accompanying slide decks have been added to the NASEMSO web site [here](#). And don't forget to visit the FHA website [Saving Lives Together: The Highway Safety and the EMS Connection](#) for ideas on how to successfully integrate EMS into the SHSP Process.

#### **48. NTSB Focuses on Collision Avoidance Systems in Vehicles**

The National Transportation Safety Board (NTSB) has released a report discussing the findings and recommendations of its Special Investigation Report on the Use of Forward Collision Avoidance Systems to Prevent and Mitigate Rear-End Crashes. The report looks at previous NTSB recommendations pertaining to the reduction of rear-end crashes and examines currently available technology to prevent and mitigate these collisions. In the report, the NTSB recommends that manufacturers make collision avoidance systems standard equipment in newly manufactured vehicles, beginning with collision warning systems, and adding autonomous emergency braking once NHTSA completes standards for such braking systems. To view the full report, including the conclusions and recommendations to NHTSA and to passenger vehicle, truck-tractor, motorcoach, and single-unit truck manufacturers, click on the following link: <http://www.nts.gov/safety/safety-studies/Documents/SIR1501.pdf>. To view "Safety Alert: Addressing Deadly Rear-End Crashes" click on the following link: <http://www.nts.gov/safety/safety-alerts/Documents/SA-046.pdf>.

#### **49. Congress Passes 3-Month Stop Gap Measure to Finance Highway Projects**

For the second time this year Congress has failed to pass a long-term highway spending bill, instead, extending the funding for surface transportation programs at the level authorized for fiscal year 2014 another three months. The authorization is now set to expire on October 29, 2015. The short-term extension for highway funding also included \$3.4 billion for the Department of Veterans Affairs, which is facing a huge budget shortfall that the department says stems from increased demand for its services. Click [here](#) for a fact sheet on the legislation from the House Transportation and Infrastructure Committee.

### **MEDICAL DIRECTION**

#### **50. OIG Fraud Alert Focuses on Physician Compensation**

Physicians who enter into compensation arrangements such as medical directorships must ensure that those arrangements reflect fair market value for bona fide services the physicians actually provide. Although many compensation arrangements are legitimate, a compensation arrangement may violate the anti-kickback statute if even one purpose of the arrangement is to compensate a physician for his or her past or future referrals of Federal health care program business. This marks a shift from prior enforcement actions by HHS-OIG that primarily focused on the hospitals and other entities who paid the prohibited remuneration. Violations of federal healthcare law can subject a physician to significant personal civil and even criminal liability. The US Department of Health and Human Services Office of the Inspector General (OIG) encourages physicians to carefully consider the terms and conditions of medical directorships and other compensation arrangements before entering into them. A "roadmap" for new physicians to avoid Medicare and Medicaid Fraud and Abuse is now available. [For more information...](#)

#### **51. Multiple Recalls on HeartWare Ventricular Assist System Updated**

The Food and Drug Administration (FDA) has established a web site on a series of recalls related to the HeartWare Ventricular Assist Device involving all HeartWare systems currently in use. The recalls involve the continuous power supply, worn alignment guides, power management software upgrades, driveline outer sheath discoloration and cracking, and driveline pulling and snagging. Patients who experience these issues should contact their physician or VAD Coordinator at their hospital center. [For more information...](#)

**52. H&HN Magazine Highlights Statewide Stroke Care**

In the current issue of Hospitals and Health Networks (H&HN) online magazine, authors highlight progress in the development of comprehensive stroke systems, noting “State systems of stroke care bring hospitals, paramedics, and others together to improve outcomes.” The article positively features the important role of EMS personnel in the delivery of high quality stroke care. The article states that collaborative efforts by the Joint Commission and the American Stroke Association in creating Comprehensive Stroke Center certification will expand to small hospitals that are able to administer tPA and then transfer patients to primary or comprehensive stroke hospitals. H&HN is a subsidiary of the American Hospital Association. [For more information...](#)

**53. FDA Approves Brain Implant to Treat Symptoms of Parkinson’s Disease and Tremors**

The U.S. Food and Drug Administration has approved the Brio Neurostimulation System, an implantable deep brain stimulation device to help reduce the symptoms of Parkinson’s disease and essential tremor, a movement disorder that is one of the most common causes of tremors. The Brio Neurostimulation System can help some patients when medication alone may not provide adequate relief from symptoms such as walking difficulties, balance problems, and tremors. The Brio Neurostimulation System consists of a small (1.9in x 2.1in x 0.4in) battery-powered, rechargeable electrical pulse generator implanted under the skin of the upper chest and wire leads that attach to electrodes placed within the brain at specific locations depending on whether the device is being used to treat Parkinson’s disease or essential tremor. The electrical pulse generator continuously delivers low intensity electrical pulses to target areas in the brain. Health care providers make adjustments to the pulse generator to optimize the effects of the Brio Neurostimulation System. Serious adverse events included intracranial bleeding, which can lead to stroke, paralysis or death. Other device-related adverse events included infection and dislocation of the device lead under the skin. The Brio Neurostimulation System is manufactured by St. Jude Medical in St. Paul, MN.

**54. CMS Issues Major New ICD-10 Guidance for Physicians**

The Centers for Medicare and Medicaid Services and American Medical Association have jointly developed comprehensive guidance for physicians on new ICD-10 compliance flexibilities that both organizations agreed to in early July. Under pressure from the AMA and other provider organizations, CMS agreed to:

- Not deny claims solely based on the specificity of diagnosis codes as long as they are in the appropriate family of codes, so physicians won’t be penalized because of a coding error;
- Not audit Medicare claims in the first year of ICD-10 based on specificity of diagnosis codes if in the appropriate family of codes;
- Authorize advance payments if Medicare contractors cannot process physician claims coded with ICD-10;
- Not penalize physicians via reduced reimbursements for errors in selecting and calculating quality codes for the EHR meaningful use, PQRS and Value-based Modifier reporting programs as long as they use codes within the appropriate family of codes. Penalties also will not be applied if CMS has difficulty calculating quality scores during the ICD-10 transition; and
- CMS will establish an ICD-10 Ombudsman office to help physicians resolve problems during the transition.

[For more information...](#)

**PEDIATRIC EMERGENCY CARE**

**55. Self-Inflicted Injuries on the Rise in Adolescents**

Self-inflicted injury accounts for an increasing number of emergency department visits among injured adolescents, according to a study in Pediatrics. Investigators reviewed national data for nearly 300,000 adolescents (aged 10–18

years) who presented to trauma centers. Roughly 3700 patients (1.3%) had self-inflicted injuries. Self-inflicted injury increased from 1.1% of adolescent trauma visits in 2009 to 1.6% in 2012. The most common methods of self-injury were cutting in females and firearms in males. Factors associated with self-inflicted injury included age 15–18 years, Asian race, comorbid conditions, public insurance, and female sex. Adolescents with self-injury were more likely to die from their injuries than those with other injuries. Emergency department visits offer an opportunity to intervene for youth at high risk for violence. This study helps providers target interventions to teens that may be at increased risk for self-harm and suicide. [For more information...](#)

**56. NIH Funded Survey Finds Consistent Advice Lacking on Infant Care Recommendations**

Many new mothers do not receive advice from physicians on aspects of infant care such as sleep position, breastfeeding, immunization and pacifier use, according to a study funded by the National Institutes of Health. Infants should be placed to sleep alone, on their backs, on a firm sleep surface, such as in a mattress in a safety-approved crib, covered by a fitted sheet. Soft objects, toys, crib bumpers, quilts, comforters and loose bedding should be kept out of the baby’s sleep area. Health care practitioner groups have issued recommendations and guidelines on all these aspects of infant care, based on research that has found that certain practices can prevent disease and even save lives. The study authors surveyed a nationally representative sample of more than 1,000 new mothers, inquiring about infant care advice they received from doctors, nurses, family members and the news media. Roughly 20 percent of mothers said they did not receive advice from their doctors regarding current recommendations on breastfeeding or on placing infants to sleep on their backs — a practice long proven to reduce the risk of sudden infant death syndrome (SIDS). More than 50 percent of mothers reported they received no advice on where their infants should sleep. Room-sharing with parents — but not bed-sharing — is the recommended practice for safe infant sleep. The study appeared in *Pediatrics* and was conducted by researchers at Boston Medical Center, Boston University, and Yale University, New Haven, Connecticut.

**57. Ontario Neurotrauma Foundation Offers Guideline on Peds Concussion**

The National Guideline Clearinghouse (NGC), a web site intended to make evidence-based clinical practice guidelines, related summaries, and companion materials widely available to health care professionals, has recently published the Ontario Neurotrauma Foundation’s “Guidelines for diagnosing and managing pediatric concussion.” The tools in the [original guideline document](#) contain various resources, including assessment tools; a pocket recognition tool; information on return to play, activity, or school; evaluation forms and checklists; and other resources for medications and diagnostic criteria for headaches.

**TRAUMA**

**58. NIH Funded Study Shows Promising Results in Treatment of SCI**

Five men with complete motor paralysis were able to voluntarily generate step-like movements thanks to a new strategy that non-invasively delivers electrical stimulation to their spinal cords, according to a new study funded in part by the National Institutes of Health. The strategy, called transcutaneous stimulation, delivers electrical current to the spinal cord by way of electrodes strategically placed on the skin of the lower back. This expands to nine the number of completely paralyzed individuals who have achieved voluntary movement while receiving spinal stimulation, though this is the first time the stimulation was delivered non-invasively. Previously it was delivered via an electrical stimulation device surgically implanted on the spinal cord. [For more information...](#)

**59. New Scoring System Helps Trauma Centers Prepared for Surges**

A scoring system that can identify periods of high activity and increased trauma patient deaths in hospital emergency rooms may help hospitals better prepare for surges in trauma patient volume that come with

catastrophic events like the Boston Marathon bombing (April 2013) or disasters like the Amtrak train crash (May 2015) in Philadelphia. Trauma surgeon Peter C. Jenkins, MD, MSc, and a team of investigators from Indiana University and multiple centers developed the scoring system, called the Trauma Surge Index (TSI). They reported their observations and results with the TSI in a study published as an “article in press” on the *Journal of the American College of Surgeons* website in advance of print publication later this year. [For more information...](#)

**60. Access VRC Resources Now Available**

The American College of Surgeons has posted several new open access resources you can share with trauma committees, trauma centers, and any interested party. A video, “Clarification and Changes in Verification Criteria” that details some of the important changes taking place in the transition from the 2006 to 2014 Resources for the Optimal Care of the Injured Patient is available at <https://www.youtube.com/watch?v=UfoNbBwPI6E>. The primary audience for this event is site visit reviewers who will be evaluating trauma centers under the new guidelines. In addition, “Resources for Optimal Care of the Injured Patient 2014/Resources Repository” has been posted at <https://www.facs.org/quality-programs/trauma/vrc/resources>. Of particular note, a “Clarification Document” is now available as an open access document as well as a downloadable pdf version of the “orange book.”

**61. Evidence Changes Approach to EMS Spinal Care**

Prehospital spinal immobilization has long been held as the standard of care for victims of blunt or penetrating trauma who have experienced a mechanism of injury forceful enough to possibly damage the spinal column/cord. Two new resources can assist EMS and health care partners recognize and implement valuable evidence related to the use of long spine boards on injured patients.

- [What’s New in Pennsylvania Spinal Care Fast Facts for Emergency Department Personnel](#) – from the PA Department of Health explains why EMS protocols in the state are refocusing on restricting spinal motion rather than immobilization.
- [Long Backboard Use for Spinal Motion Restriction](#) – From the Emergency Nurses Association. Long backboards (LBB) continue to be applied for spinal motion restriction (SMR) in trauma patients despite a lack of substantiated benefits.

The NAEMSP/ACS Position Statement titled EMS Spinal Precautions and the Use of the Long Backboard is available [here](#).

**62. Falls Leading Cause of Unintentional injury and Death in Persons Aged ≥ 65 Years**

According to the Centers for Disease Control and Prevention (CDC), during 2012–2013, among persons aged ≥65 years, men had higher age-adjusted death rates than women from all unintentional injuries, (128.3 versus 84.1 deaths per 100,000 population, respectively), and from the five leading causes of unintentional injury death. Death rates due to falls were the highest for both men and women, with the rates for men 1.4 times higher than the rates for women (66.7 versus 48.8). Compared to the age-adjusted death rates for women, the rates for men were 2.1 times higher for motor vehicle traffic crashes (21.0 versus 9.9). **Source:** National Vital Statistics System mortality data. Available at <http://www.cdc.gov/nchs/deaths.htm>.

**FEDERAL PARTNERS**

**63. Registration Open for FICEMS Meeting on August 12**

The Federal Interagency Committee on Emergency Medical Services (FICEMS) invites you to attend its next meeting on Wednesday, August 12, from 10:00am – 1:00pm EST. The agenda will address SAFETEA-LU

requirements and discussion will include opportunities for collaboration among the key federal agencies involved in emergency medical services. Please register no later than Friday, August 7th. The agenda will include:

- A presentation on “Bystanders: Our Nation’s Immediate Responders”
- Discussion of EMS active shooter response
- Opioid Overdose: a discussion of the problem and the expanding role of EMS
- Reports, updates and recommendations from FICEMS members, including the four priority areas of the FICEMS Strategic Plan

Meeting Registration is now being accepted at <https://www.signup4.net/Public/ap.aspx?EID=FICE10E>.

**64. CDC Reports Aviation-Related Wildland Firefighter Fatalities — United States, 2000–2013**

Airplanes and helicopters are integral to the management and suppression of wildfires, often operating in high-risk, low-altitude environments. Using the most stringent safety guidelines available for each activity during all phases of firefighting will help firefighters, flight crews and fire managers assess risk, limit exposure, share information and enhance teamwork when using aircraft to fight wildfires. A CDC study of fatalities among wildland firefighters showed that during 2000–2013, 78 wildland firefighters were fatally injured while participating in wildland fire duties involving aircraft. Aircraft crashes accounted for the most fatalities. The leading causes of fatal aircraft crashes, which include fixed-wing aircraft and helicopters, were: engine, structure, or component failure; pilots’ loss of control; failure to maintain clearance from terrain, water or objects; and hazardous weather. Although the number of wildland firefighter deaths due to aviation-related incidents have decreased in recent years, working with and around aircraft is still one of the highest risk activities for firefighters. To ensure a safer fleet, agencies responsible for fighting fires have instituted policies, protocols and training requirements to better protect the health and safety of these workers. [For more information...](#)

**65. GSA Secures DHS Commitment to OASIS for Professional Services**

According to a recent press release, The US General Services Administration (GSA) and the Department of Homeland Security (DHS) have signed a Memorandum of Understanding (MOU) securing DHS’s commitment to use GSA’s One Acquisition Solution for Integrated Services (OASIS) and OASIS Small Business contracts for the procurement of professional services. DHS is adopting OASIS as part of its strategic sourcing program and will be using it Department-wide. OASIS is a first-of-its kind solution contract providing the government with maximum flexibility at the task order level. This ensures clients can access the right mix of suppliers and solutions to meet their professional service needs, including multi-disciplinary requirements. [For more information...](#)

**66. DHS Blue Campaign Marks 5 Year Milestone**

The Department of Homeland Security (DHS) Blue Campaign marks five years of collective effort to end the heinous crime of human trafficking in the United States. During this short period, the DHS Blue Campaign has served as the unified voice for the Department’s efforts to combat human trafficking, bringing together the resources and capabilities across DHS to protect victims and bring traffickers to justice. Of course, we do not do this alone. We work closely with our governmental and law enforcement partners, as well as those service providers and non-governmental organizations that work each day to assist victims of human

trafficking. Ending human trafficking in the United States requires the collective resolve of all corners of our nation, and we are grateful to work alongside our committed partners in this effort. [For more information...](#)





**67. OSHA Updates Guidance on Workplace Violence**

In 2013, the Bureau of Labor Statistics reported more than 23,000 significant injuries due to assault at work. More than 70 percent of these assaults were in healthcare and social service settings. Health care and social service workers are almost four times as likely to be injured as a result of violence than the average private sector worker. To reduce the risk, the Occupational Safety and Health Administration today released an update to its [Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers](#)\*. The publication includes industry best practices and highlights the most effective ways to reduce the risk of violence in various healthcare and social service settings. The revised guidelines - which update OSHA's 1996 and 2004 guidelines - incorporate research in the last decade into the causes of workplace violence on healthcare and social service settings, risk factors that accompany working with patients or clients who display violent behavior, and the appropriate preventive measures that can be taken, amid the variety of settings in which health care and social service employees work. The guidelines also stress the importance of developing a written workplace violence prevention program. The program should include management commitment and employee participation, worksite analysis, hazard prevention and control, safety and health training, and recordkeeping and program evaluation. More information on violence prevention in all workplace settings is available on OSHA's [Workplace Violence Web page](#).

**68. FDA Proposes Industry Guidance to Reduce Drug Shortages; Public Comment Invited**

The Food and Drug Administration (FDA) is inviting the public to comment on guidance intended to gain stakeholders' perspectives on various aspects of the development and planned implementation of a quality metrics program launched under the authority of the Food, Drug, and Cosmetic Act (the FD&C Act). The guidance includes an explanation of how FDA intends to use quality metrics data to further develop the FDA's risk-based inspection scheduling, to identify situations in which there may be a risk for drug supply disruption, to improve the efficiency and effectiveness of establishment inspections, and to improve FDA's evaluation of drug manufacturing and control operations. The "[Request for Quality Metrics](#)" document describes a set of measurements to help the agency evaluate the quality of the facilities and the processes that manufacturers use to make FDA-regulated drugs and biologics. These include prescription drugs and certain biological products. A public meeting will be held on August 24, 2015, from 8:30 a.m. to 5 p.m in Silver Spring, MD. There were 219 active drug shortages in the U.S. as of June 30, according to figures from the University of Utah Drug Information Service. That is a marked decline from the more than 300 reported at the end of 2014 but is still a 44% increase over 152 reported in 2010. Manufacturing problems are cited as a leading cause for supply disruptions, which according to the service accounted for a quarter of all drug shortages in 2014. The agency will accept either electronic or written comments concerning the draft guidance and collection of information proposed in the draft guidance by September 28, 2015. [For more information...](#)

**69. Baxter Announces Voluntary Recall of 0.9% Sodium Chloride Injection**

Baxter International Inc. announced a voluntarily recall of one lot of intravenous (IV) solution to the hospital/user level due to the potential for leaking containers, particulate matter and missing port protectors. Leaking containers, particulate matter and missing port protectors could result in contamination of the solution. If not detected, this could lead to a bloodstream infection or other serious adverse health consequences. Injecting a product containing particulate matter, in the absence of in-line filtration, may result in blockage of blood vessels, which can result in stroke, heart attack or damage to other organs such as the kidney or liver. There is also the possibility of allergic reactions, local irritation and inflammation in tissues and organs. [For more information...](#)

**70. Medicare Proposes Reimbursing Physicians for End-of-Life Conversations**

Medicare has proposed a rule that would allow clinicians to be reimbursed for providing advance care planning for seniors. This service includes early counseling for patients to decide the type of care they prefer both before an illness progresses and during treatment. Medicare currently covers this counseling only when patients first enroll, a time when they may not need or want end-of-life counseling. The change is expected to take effect January 1, 2016. [For more information...](#)

**INDUSTRY NEWS**

**71. EMS and Trauma Community Mourn the Loss of EMS and Trauma Legend**

Dr. Norman McSwain, a New Orleans physician revered for establishing the city’s emergency medical services system, died on July 28, 2015 following a brief illness. McSwain's life will be remembered for the impact he made on emergency trauma care. As a member of the American College of Surgeons' Committee on Trauma, he helped develop the Advanced Trauma Life Support and the Pre-Hospital Trauma Life Support programs. His practices have been taught to more than 500,000 people in 45 countries. His methods are widely regarded as the standard for trauma care outside hospitals. He was also the only physician in the American College of Surgeons' history to achieve all five major trauma awards. McSwain served as director of trauma for the Spirit of Charity Trauma Center at the Interim LSU Hospital was a surgery professor at Tulane's School of Medicine. McSwain additionally wrote or revised 25 textbooks and made more than 800 presentations of emergency trauma care in all 50 states, all Canadian provinces and most of Europe and South America. May his legacy live on through all those he cared for as well as those he taught. Rest in peace, Dr. McSwain, we will miss you!

**72. AMR and Rural Metro Enter Merger Agreement**

Envision Healthcare Holdings, Inc. (NYSE: EVHC) (Envision), has entered into a definitive agreement to acquire Rural/Metro Corporation (Rural/Metro) through its medical transportation segment American Medical Response (AMR). This pending acquisition enhances Envision’s mobile integrated healthcare delivery capability, a key component of its care coordination model amongst its pre-hospital, acute care and post-acute care services. Rural/Metro is expected to generate annualized 2015 revenue of approximately \$600 million. Upon closing, the transaction is expected to be accretive to Envision’s earnings. The pending acquisition is subject to regulatory approval and customary closing conditions, and is expected to close in the fourth quarter of 2015. The merger agreement includes all of Rural Metro’s Emergency Medical Services, fire services, and other business operations. [For more information...](#)

**73. Educational Programs Can Reduce Skin and Clothing Contamination Following PPE Removal**

During the removal of personal protective equipment (PPE), the skin and clothing of healthcare workers can become contaminated even when there are no lapses in the removal technique, according to new (as yet unpublished) research. Reporting at the recent Society for Healthcare Epidemiology of America conference, Dr. Myreen Tomas and Curtis Donskey, MD, conducted a series of 435 simulations. Nurses, nurses aides, phlebotomists, radiology technicians, physical and occupational therapists, and other healthcare personnel who use PPE and interact with patients removed gowns and gloves that were "contaminated" with a fluorescent lotion. The researchers observed the healthcare workers removing their gloves and gowns to determine whether correct techniques were being used. They used black light to identify sites on skin and clothing contaminated with the fluorescent lotion. Of the 435 PPE removal simulations, there were 200 instances (46%) of contamination. When the PPE removal technique was incorrect, contamination was more frequent. After the implementation of an educational intervention, there was a dramatic reduction in the rate of contamination. The physicians plan on further studies that involve more education interventions and disinfection techniques. [For more information...](#)

**74. ABA Offers Resources Related to Elder Abuse**

First responders often find themselves in a position where they can identify signs of abuse. The forms that most quickly come to mind are child or spouse, but elder abuse affects hundreds of thousands every year by family members or “trusted others.” A new national pocket guide helps first responders identify the seven types of abuse while providing backup information to help. “Legal Issues Related to Elder Abuse” states physical, sexual, or psychological abuse; neglect; and financial exploitation all qualify as reportable elder abuse. It covers risk factors to consider; legal topics such as consent, decision-making capacity, and undue influence; abusers; and how a variety of circumstances can be related or relevant to elder abuse issues. Self-neglect is not a crime; however it can still be reported. Most states have laws requiring people in authority to report abuse, and not reporting it is often a crime. Also, though many people think of abuse as only physical, financial exploitation is hardly rare. If something looks fishy but you are not sure, report it. As a responding officer or EMS provider, your voice may be the last chance an abused or neglected elder has to escape such a situation. [For more information...](#)

**75. Physician Groups Collaborate to Address Opioid Crisis**

The [AMA Task Force to Reduce Opioid Abuse](#) is comprised of 27 physician organizations including the AMA, American Osteopathic Association, 17 specialty and seven state medical societies as well as the American Dental Association are collaborating on efforts that urge physicians to register for and use state-based prescription drug monitoring programs (PDMPs) as part of the decision-making process when considering treatment options. According to the AMA, when PDMPs are fully-funded, contain relevant clinical information, and are available at the point of care, they have been shown to be an effective tool to help physicians identify patients who may be misusing opioids, and to implement treatment strategies including referral for those in need of further care. The new initiative will seek to significantly enhance physicians' education on safe, effective and evidence-based prescribing. This includes a new resource [web page](#) that houses vital information on PDMPs and their effectiveness for physician practices, as well as, a robust national marketing, social and communications campaign to significantly raise awareness of the steps that physicians can take to combat this epidemic and ensure they are aware of all options available to them for appropriate prescribing.

In related news, the Drug Enforcement Agency has announced plans for its annual National Take Back Initiative. The **National Prescription Drug Take-Back Day** aims to provide a safe, convenient, and responsible means of disposing of prescription drugs, while also educating the general public about the potential for abuse of medications. [For more information...](#)

**76. Online NIOSH Training Highlights Shift Work and Long Work Hours**

The National Institute for Occupational Safety and Health (NIOSH) has launched an online training program focused on nurses but applicable to anyone on working shifts and long work hours. The purpose of this online training program is to educate nurses and their managers about the health and safety risks associated with shift work, long work hours, and related workplace fatigue issues and relay strategies in the workplace and in the nurse’s personal life to reduce these risks. Part 1 (CDC Course No. WB2408) is designed to increase knowledge about the wide range of risks linked to these work schedules and related fatigue issues and promote understanding about why these risks occur. This knowledge provides background information for Part 2 of the training program. Part 2 (CDC Course No. WB2409) is designed to increase knowledge about personal behaviors and workplace systems to reduce these risks. Content for this training program is derived from scientific literature on shift work, long work hours, sleep, and circadian rhythms. [For more information...](#)

**77. IOM Report Highlights Health Care Access**

The Institute of Medicine (IOM) report *Crossing the Quality Chasm* identified six fundamental aims for health care—that it be safe, effective, patient-centered, efficient, equitable, and timely. Of these fundamental aims, timeliness is in some ways the least well studied and understood. How can timely care be ensured in various health care settings, and what are some of the reasons that care is sometimes not timely? The report presented here was developed by the IOM Committee on Optimizing Scheduling in Health Care to answer such questions. Although the study was prompted by attention to a high-profile crisis in a health center operated by the Veterans Health Administration of the Department of Veterans Affairs (VA/VHA), and it was commissioned by the VA, the report focuses broadly on the experiences and opportunities throughout the nation related to the scheduling of and access to health care. The report reviews what is currently known and experienced with respect to health care access, scheduling, and wait times nationally, and offers preliminary observations about emerging best practices and promising strategies. The report concludes that opportunities exist to implement those practices and strategies (including virtually immediate engagement), and presents recommendations for needed approaches, policies, and leadership. [For more information...](#)

**78. TSAG Issues Technology RFP for Emergency Responders**

The [Transportation Safety Advancement Group](#) recently released a Request for Proposals for a project entitled “*Synthesis of Technologies for Emergency Responders*”. You can view the RFP [here](#). The objectives of this project include creating a taxonomy of emerging deployable technologies and best practices in the use of technology for emergency response and protecting the safety of emergency responders to share within this community. This objective and the nature of the project as a whole strongly align with TSAG’s mission of “identifying effective ITS technologies and practices, disseminating actionable information and engaging diverse stakeholders to improve the safety of travelers and public safety responders.” Proposals are due no later than August 28, 2015.

**79. Researcher Seeks Participants on Disaster Response and Recovery Survey**

John Laine, PhD(c) is conducting a research study on the role of cultural competence as it relates to disaster response and recovery that focuses specifically on the emergency management profession and how it affects minority communities. This study will provide an insight into the experiences of individuals within the African American community during a disaster response and recovery event. The results of the study will: (a) provide positive changes on how to address the needs of individuals within the African American community during a disaster response and recovery event, (b) to ensure that cultural competency training is incorporated for the professional development of emergency managers or responders who serve diverse communities. If you are interested in participating in this study, please contact Mr. Laine by phone ([516-732-1706](tel:516-732-1706)) or you can email him at [john.laine@waldenu.edu](mailto:john.laine@waldenu.edu).

**80. Researchers Say HAC Program Inadvertently Penalizes Major Teaching Institutions**

Hospitals that were penalized more frequently in the Hospital-Acquired Condition (HAC) Reduction Program offered advanced services, were major teaching institutions, and performed better on other publicly reported process-of-care and outcome measures, according to a study in the July 28 issue of the *Journal of the American Medical Association (JAMA)*. These findings suggest that penalization in this program, which is run by the Centers for Medicare & Medicaid Services (CMS), may not reflect poor quality of care but rather may be due to HAC program measurement and validity issues. The researchers speculate that these findings may be the result of surveillance bias, where differences in clinical practice result in varying rates of identifying an adverse outcome. In addition, hospital-to-hospital differences in information technology may also result in differences in the detection of adverse events. Free abstract; subscription required for full article. [For more information...](#)



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**\*\*\*STATEWIDE EMS CONFERENCES\*\*\***

The 38<sup>th</sup> Annual Pennsylvania EMS Conference. September 10-12, 2015 in Lancaster, PA and September 25-26, 2015 in Altoona, PA. [For more information...](#)

21st Annual Pocono EMS Conference. October 14 - 16, 2015 EMS Conference. Venue Kalahari Resort and Convention Center – Pocono Mountains, PA. [For more information...](#)

October 14 & 15, 2015 Emergency Preparedness Coalition Conference. Venue Kalahari Resort and Convention Center – Pocono Mountains, PA. [For more information...](#)

\* 30th annual Texas EMS Conference 2015, November 21-25, Dallas, Texas. <http://www.texasemsconference.com>.

**\*\*\*National Conferences and Special Meetings\*\*\***

**NAEMSE Instructor Course Level 1**

Nashville, TN: August 4-6, 2015

\*Rancho Cucamonga, CA: August 14-16, 2015

**NAEMSE Instructor Course Level 2**

Nashville, TN: August 4-5, 2015

**CAAHEP Accreditation Update & Evaluating Student Competency Workshops**

Nashville, TN: August 4-5, 2015

[For more information...](#)

**National EMS Memorial Bike Ride:** Honor EMS personnel who have died and those who continue to serve the public everyday with long distance cycling events and by promoting healthy lifestyles. [muddyangels.com](http://muddyangels.com)  
West Coast Ride – September 21-26, 2015



NAEMSE Annual Symposium. August 4-9, 2015. Nashville, TN.

[Pinnacle 2015](#). August 3-7, 2015. Jacksonville, FL. Registration is now open!

[EMS World Expo](#). September 15-19, 2015. Las Vegas, NV.

[ENA Annual Meeting](#). September 28-October 3, 2015. Orlando, FL.

2015 FARB Regulatory Law Seminar. Registration is now open for the 2015 FARB Regulatory Law Seminar (RLS) at the JW Marriott Cherry Creek in Denver, CO, on October 1-4, 2015. We encourage all who are interested to register as soon as possible. Go to [www.farb.org](http://www.farb.org) and click on the “Conferences” tab to register or, go directly to our 2015 RLS meeting page by [clicking here](#).

[NASEMSO Annual Meeting](#). October 12-16, 2015. Louisville, KY.

[Air Medical Transport Conference](#) (AMTC), October 19-21, 2015, Long Beach Convention Center, Long Beach, California.

ACEP Scientific Assembly. October 26-29, 2015. Boston, MA.

IAEM Annual Conference and EMEX Expo. November 13-18, 2015 in Las Vegas, NV. [Go here for more information](#) about the Annual Conference.

2016 EMSC Program Meeting. June 21-24, 2016 in Bethesda, MD.

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



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