

NCEMSF NEWS

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COLLEGIATE EMS WEEK!

November 10-16 is an opportunity for you to increase community recognition of your group.

Visit the NCEMSF Web site for details and downloads.

Message from the President

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

Welcome back!!! I hope that everyone has settled back into their normal routine. My routine has become anything but normal. For those of you that have been following my career decisions, this year I started my surgical resident in a hospital outside of Philadelphia. The experience as a whole has been exciting and rewarding but extremely tiring. The concept of an 80-hour work week has yet to truly set in. Nevertheless, your NCEMSF Board of Directors and I have remained committed towards continual growth and success of NCEMSF.

Over the past several months, we have been working on several new and existing projects. Tim McMichael and Kelly Schirmer have revised the EMS Week packet. I extend to both of them many thanks for their efforts. Collegiate EMS Week is November 10th-16th. It is a great way for you to increase recognition of your organization, congratulate your members for their hard work, and most importantly have fun. More information, including a downloadable packet, is available on our website.

We are also pleased to announce that Hopkins Emergency Response Organization in conjunction with NCEMSF will be hosting next year's conference. The conference is slated for February 27-29, 2004 at the Renaissance Harborplace Hotel in Baltimore, Maryland. Baltimore provides us with an extraordinary opportunity to utilize faculty from University of Maryland Shock Trauma Center, Johns Hopkins University, as well as the local Baltimore EMS. It promises to be an educational experience that you will not want to miss.

Lastly, we are working on improving our Regional Coordinator system. This system provides a backbone for communications among our members. In order for this to become a success we need your help. Each school needs a NCEMSF Liaison. This

person will facilitate communication between their regional coordinator and their school. Please contact your regional coordinator for more information. A list of regional coordinators can be found on page 2 of this newsletter.

In addition to these projects, we have continued to provide resources for growth of campus based EMS and intervention for those needing assistance. The most recent inquiry was from University of Pennsylvania located in Philadelphia, PA. Several interested students have asked for help to develop the groundwork for a response group on their campus. Special thanks to Josh Marks, NCEMSF National Coordinator, for providing them with personalized guidance. We have also initiated contact and opened a line of communication between the administration of Kent State University (Kent, OH) and NCEMSF. After 31 years of providing service to the campus of Kent State, the university administration decided to discontinue their ambulance service in an attempt to balance their budget.

I hope that in the coming months that I will have good news to report on both of these situations. I look forward to another year of success with your support.

Best wishes,



George J. Koenig, Jr., D.O.
President NCEMSF

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New Regional Coordinators Take Office

Joshua Marks, NCEMSF National Coordinator

At the end of the last academic year many of our Regional Coordinators graduated or moved on to join our Alumni Association and pursue other full time activities. On behalf of the Board, I would like to thank our current and retired Regional Coordinators for their service and commitment to NCEMSF.

Now, as a new academic year is upon us, it is time for us to begin planning our annual events and reacquaint ourselves with what is happening on the campuses of our nearly 200 member institutions. To

assist with this task we have appointed a number of new Regional Coordinator, completing the Regional Coordinator Network.

Regional Coordinators are primarily responsible for enhancing communication between our member institutions and the Board and serving as information resources for our members. Regional Coordinators maintain contacts at each of the schools in their region. Regional Coordinators also promote and help organize annual events such as

Collegiate EMS Week, Regional and National Conferences, and the Membership Drive. Finally, Regional Coordinators aid in advertising local events on the national level.

Contact your Regional Coordinator today and begin forming a mutually productive relationship!



2003-2004 Regional Coordinators

West Coast (AK, CA, HI, NV, OR, WA):
Mark Malonzo, Loyola Marymount University
west-rc@ncemsf.org

Central (AR, AZ, CO, ID, KS, LA, MO, MT, NE, NM, OK, TX, UT, WY):
Brian Solomon, Rice University
central-rc@ncemsf.org

North Central (IA, IL, MN, ND, SD, WI):
Scott Miller, St. John's University
northcentral-rc@ncemsf.org

Midwest (IN, MI, OH):
Reagan Kelly, University of Michigan
midwest-rc@ncemsf.org

Southeast (AL, FL, GA, KY, MS, NC, SC, TN):
Adam Weaver, Emory University
southeast-rc@ncemsf.org

Pennsylvania (PA):
Patricia Alex, Bucknell University
pa-rc@ncemsf.org

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Michael Hilton, Columbia University
ny-rc@ncemsf.org

Northern New England (ME, NH, VT):
Anna Johnson, University of Vermont
nne-rc@ncemsf.org

Massachusetts (MA):
Matthew Harris, Brandeis University
ma-rc@ncemsf.org

Mid Atlantic (DC, DE, MD, VA, WV):
Kelly Schirmer, George Washington University
midatl-rc@ncemsf.org

Northeast (CT, NJ, RI):
Robert Hart, University of Rhode Island
northeast-rc@ncemsf.org

Join or Renew Now and Receive More: 2003-2004 Membership Drive is Under Way

It is that time of year again: time to renew your NCEMSF membership. We know how many of you are procrastinators (we procrastinate, too). Do not wait until the 2004 National Conference to pay your annual membership dues. *Update your record online and submit your dues today to get more from your membership.*

More what? The benefits of membership are ever growing. Beyond NCEMSF internet services and newsletters, members receive a free subscription to *EMS Magazine*, reduced conference

registration fees (the difference in conference fees typically pays for your annual membership dues!), and receive discounts at select vendors of student interest. Check the NCEMSF web site for a complete list — and then check back often, as the list is constantly expanding. Signing up early allows you to enjoy these benefits longer. Remember, membership follows the academic year, and expires each year at the end of June.

Paying your dues at the beginning of the

academic year also allows NCEMSF to better serve you. Managing the wide variety of internet resources provided costs money, as does publishing newsletters and running events such as Collegiate EMS Week. NCEMSF depends on your support!

To sign up or to renew your membership visit the web site (<http://www.ncemsf.org>) today. The process is simple, the time required is minimal, and the dues will make all the difference.

(Continued on page 7)

Professor Squirrel

Serious Campus EMS Advice from a Nut

Dear Professor Squirrel,

I have a two-part question for you:

Part 1: Many of our active members graduated last year, and we are left with a skeleton crew. What can we do to recruit new blood into our organization?

Part 2: For those of us still with the organization, we find ourselves pulling lots of shifts each week just to keep the service running. We're burning ourselves out and asking 'Why are we doing this?' Any suggestions on ways to boost morale?

Sincerely,
Running on Empty

Dear Empty,

You ask questions that have been pondered by many an EMS crew. First, recruiting new members must be an ongoing process. You should never be satisfied that you have enough staff, because as soon as you get comfortable, BAM! Graduation hits and you lose your most experienced people. What opportunities do you have to recruit? How about a table at the student activity fair? Give presentations on safety for residence life at Freshman orientation -- and recruit while you are speaking to them. Set up a table in the student union once a month with recruitment information. Ask if you can have five minutes in a pre-med or related class for undergraduates to talk about "service-learning" opportunities on campus with your organization. Campus administrators love the term "service-learning." It gets them brownie points when they promote service-learning, so always use that term when asking for time or a table or whatever. The bottom line is personal contact! You won't get far just running ads in the student newspaper or posting flyers. Ask anyone in the marketing field. You get results from personal contact -- be out there in the public eye and ask people! You have to get them one at a time. Pretty soon, one at a time yields 10 new members.

Don't wait for a once a year orientation session. People lose interest and they have conflicts. If you only orient once a year, consider changing your system to one where new members can orient in an ongoing continuous program. Break it into segments and make it so they can come in anywhere in the cycle and pick up orientation sessions even if it carries over into the next semester or even the next year. That also makes the system flexible for people who have conflicts with sessions.

To solve your burnout problem, you must solve your membership problem. If you are not doing any fun or social activities, you should. Make them oriented to recruitment and training. Do you get together as a group for any other purpose other than EMS? How about a weekly stress relieving social function, but be sure to invite new recruits. When you sign up new recruits at your table in the student union, don't make their first meeting a paperwork drill filling out HIPAA forms and applications. Invite them to get to know your crew. How about a weekly pot luck dinner where each crew member brings in

something to eat? Food is always welcome (I will bring the acorn squash casserole). How about a weekly movie night at someone's apartment? Does your EMS crew field any intramural sports teams? That's a great stress reliever and a great team building activity. Do you have regular continuing education and training sessions, and do you order pizza? Invite new recruits to training so they can get a feel for what they are getting into.

Within your organization you should have functioning committees that involve everyone, not just crew officers. Besides the usual operations, CQI, and administrative committees, you need to include a committee that has as its purpose public relations and recruiting, and one for social activities. Yes, I said social activities. You identified stress and burnout as a priority, so stress relief must be made just as important as operations. All committees must set attainable goals and regularly review their goals and progress. All members must be involved and must be responsible, including new trainees. Make this a priority, it won't happen on its own. You have to make it happen -- as the athletic shoe commercial says -- just do it! To promote your organization, don't forget to participate in NCEMSF's collegiate EMS week held in November (we hold it then so you can recruit members in the fall, and because EMS Week in May falls during spring finals creating a conflict for many schools). Get the public relations downloads from the NCEMSF web site.

Until next time...
Professor Squirrel

Professor Squirrel has been hanging out on campus begging for food from students and keeping an eye on campus EMS for many years. Send your questions to the Professor at professor@ncemsf.org. The Professor will answer the best ones in the NCEMSF newsletter and on the NCEMSF General-L list. Your name and school will be kept confidential.



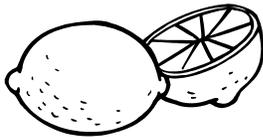
Kudos to SBVAC!
Congratulations to
Stony Brook Volunteer
Ambulance Corps
(SBVAC), recipients of
the 2002 New York State Department of
Health (NYS DOH) Agency of the Year
Award. Keep up the good work!



Lemons and Lemonade: Adapt and Overcome

Dr. Scott C. Savett, NCEMSF Vice President

An old adage says that when life gives you lemons you should make lemonade. If there is any truth to this saying, I saw a large lemonade stand on a recent flight between Philadelphia and Atlanta.



For those who fly on a regular basis, it becomes easy to take for granted the background activities that make a commercial flight possible. Many of these mundane tasks such as refueling the plane and loading the luggage into the cargo hold are mostly hidden from view. On larger planes such as the Boeing 767 on which I was flying, luggage is typically placed in metal bins before being placed in the cargo hold. These large bins, weighing more than a ton when fully loaded, are moved in and out of the cargo hold using a specialized machine. A cross between a truck, a conveyor belt, and an elevator, this apparatus takes containers at ground level, spins them around, and lifts them into the plane.

Not long after boarding this flight and getting settled in my seat, the pilot announced that the cargo loader had broken when the plane was being unloaded from the last flight. The airline had obtained a loaner from another airline, and the ground crew was in the process of attempting to load our bags onto the plane.

From my window seat towards the rear of the aircraft, I had a bird's eye view of the cargo loading activity. And, thanks to my unique vantage point, I was able to witness something quite remarkable. The substitute loader was apparently three inches higher than their typical loader, wreaking havoc on the normally smooth process. With unfamiliar equipment that didn't exactly match the standard configuration, the ground crew improvised. For the first two cargo bins, they used a truck to gently nudge them over the three-inch gap onto the loader. This worked well, but allowed for the possibility of damaging the cargo bins, so they decided to abandon the truck method.

The third bin to be loaded into the plane was a near catastrophe. The gap between the cargo tug and the loader was too wide and the container ended up toppling upside-down. Alone, none of the five ground crew members could have righted the container. However, working together, they were able to wrestle the container upright again and load it into the plane. Precious minutes were ticking by and it was clear that the ground crew didn't want to repeat the toppling scenario with the fourth and final bin that was still awaiting loading.

After a brief absence, one of the ground crew re-appeared next to the plane holding a piece of a road barricade. At first, I didn't understand what he was doing – a small piece of lumber certainly wouldn't support a 2000-pound cargo container. Despite my assumptions, he wasn't planning to lift the container with the barricade. Instead, he drove the cargo tug's wheels onto the road barricade, which he had laid on the ground, and gave it the extra three inches of clearance needed to flawlessly move the bin onto the substitute. The result was an unqualified success, and we were finally on our way.

While the above experience has no direct bearing on EMS, it is simple to draw analogies to our functions as EMTs on a scene. On an EMS call, failure is not an option. When things don't go our way on a call, we can't just pack up and go home leaving the patient on scene – that's called abandonment. Similarly, failure wasn't an option for the airline ground crew in Philadelphia. "Adapt and overcome" became the mode of action in this case, just as it should when you are presented with an unusual situation on an EMS scene.

How many times have you been faced with a difficult extrication? And when I say **extrication**, I don't necessarily refer to motor vehicle accident. Have you ever responded to a call where you had to think outside of the box to remove a patient from an awkward location in their residence – like wedged between a bathtub and toilet? For EMTs with more than a few months of experience, the answer is likely "yes."

Taking the "adapt and overcome" philosophy to the next level with regards

to operating a campus-based EMS organization is a different challenge. Limited resources demands creativity. Accordingly, faced with a shrinking budget and increased costs for advanced equipment (AEDs, pulse oximeters, cardiac monitors) campus EMS groups generally have two choices. They can either live within their means by cutting back on expenses, or they can get creative with budget requests, grant writing, and fund raising.

Before you contemplate having your members sell candy bars door-to-door in residence halls, there may be another option. Most campus EMS leaders don't realize the resources available to them, especially for special projects and one-time expenditures. Where do you find a few thousand dollars to replace an aging ambulance cot? Try searching in places that you don't normally look. For example, if your budget comes from Campus Health Services, try approaching a dean in a different administrative branch. High-ranking campus officials typically have discretionary money set aside for special projects they personally deem worthy.

While the funds may be available, don't expect that money will be handed to you on a silver platter. Before approaching campus officials, have a coherent plan thought out. What tangible benefit will the campus community receive for this money? Is there any sweat equity that your organization can put into the project? For example, can your CPR instructors teach some additional classes (assuming CPR classes are revenue generators for your squad) to contribute half of the funds towards the purchase of the new cot? Campus administrators will be more likely loosen their purse strings when they hear that you are not asking for a flat-out grant, but are willing to contribute something yourselves.

Has your EMS group stumbled upon a unique "adapt and overcome" technique for obtaining support from your administration? Please share it with NCEMSF by e-mailing me at vp@ncemsf.org. In future newsletters, we would like to highlight some of the creative methods that might be applicable to groups at other schools.



Electronic Patient Care Reports: Technical Progression?

Eric MaryEa, NCEMSF Director-at-Large

The emergency medical field is no foreigner to alterations and improvements. Since the push towards EMS expansion in the 1950s, emergency care providers have seen the formation of organizations such as the National Registry of Emergency Medical Technicians, funding increases following NHTSA's Highway Safety Act of 1966, which required states to develop effective EMS services to receive federal highway aid, and the eventual emergence of the Paramedic in Florida in the 1970s. Now, almost fifty-five years since its inception, EMS is beginning to witness a shift in how patient information is recorded and transmitted through the use of electronic patient care reports (PCRs). This transition has already occurred in a

select few collegiate EMS organizations including the Cornell University Emergency Medical Service, Santa Clara University EMS, Texas A&M University EMS, and the University of Delaware Emergency Care Unit.

Throughout the United States very few areas have switched over to the computer data entry system. However, the desire in and research behind doing so is relentlessly growing. The answer as to whether electronic patient care reports help or harm EMS has deep roots in its implementation and regulation. Some of the justifications behind the changeover include a decline in paper documentation, rapid and easier access to patient information, and faster

completion. The next step in answering the question as to whether the electronic method is helpful to the prehospital field is to analyze if these justifications are practical.

Presently, most state EMS systems have paper patient care reports composed of multiple sheets which serve a carbon-copying function, whereby one copy of the report can be retained by the ambulance personnel and another given to the receiving facility. The total amount of paper utilized depends on the amount of sheets attached to each report, save addendums or patient refusal forms. In most cases, even after the transition to computer-based data entry, copies will
(Continued on page 7)

News from the NY Region Including Blackout 2003

Michael Hilton, NCEMSF NY Regional Coordinator

I hope everyone had a relaxing summer and is enjoying the new academic year. Despite the fact that classes were not in session over the summer there is quite a bit to report from the New York Region.

Columbia University:

Columbia University EMS' new 2003 Ford E350 Horton type III ambulance is in service. I wish to congratulate CUEMS' leadership and membership for making what seemed to be impossible become a reality. I also want to congratulate those members of CUEMS who stayed on the Columbia campus all summer to keep the corps in service 24/7 throughout the break. CUEMS is now a 365 day/year operation!

Fordham University:

I recently met with representatives from Fordham University EMS who are in the process of purchasing a new ambulance to replace its older of two vehicles. Fordham is a BLS corps located in Bronx, New York.

SUNY - Stony Brook:

Stony Brook Volunteer Ambulance Corps has received the Suffolk County 2002 Regional EMS Council Agency of the Year and the 2002 NYS DOH Agency of the Year awards. Stony Brook is a two ambulance, ALS/BLS service located on Long Island. NCEMSF is proud to have

such a distinguished corps among its ranks. Congratulations, Stony Brook.

Miscellaneous News:

Noah Reiter, former director of Rice University EMS and former Central Regional Coordinator, has moved to New York City to run Lenox Hill Hospital's EMS program. Good luck in your new position, Noah!

Blackout 2003 (August 14, 2003) – Thoughts and Reflections

Emergencies such as these stress the local EMS system. New York City, for example, had a 5000 call backlog because of the large number of 911 EMS calls received. Such emergencies overload regional mutual aid support as well: NYC could not obtain mutual aid from the next-closest EMS region, Westchester County, just north of NYC. Westchester's EMS system was overloaded itself, and could barely cover its own EMS calls. Yet, even with such a backlog, students, faculty, and staff on campuses in the NY area, such as Columbia University, did not have to wait more than 5 minutes for an ambulance. The importance of collegiate EMS, while evident in everyday operations, becomes even more apparent during emergencies that tax the local EMS and its mutual aid support system.

In response to the blackout some collegiate agencies that were in service over the summer added crews, modified responses and triaged patients in order to provide as prompt and efficient care as possible. Some agencies struggled with computer, radio and repeater system failures as a result of the power outage but were able to improvise and stay in service despite the lack of electricity.

The response of our corps during the blackout should be used as a diagnostic test for how we are doing in providing emergency medical services. In a world in which terrorism is in the back of everyone's mind, we must be ready to respond. We should always strive to better our services by holding ourselves to increasingly higher standards. During emergencies such as the blackout, working in less than ideal conditions, with a heightened sense of anxiety and a slight breakdown of local emergency services which many rely on as a back-up, our services' faults and strengths become apparent. We can use this knowledge to help better our corps, by mending the faults and emphasizing the strengths.

NY schools please continue to send your updates to ny-rc@ncemf.org. Good luck with the new school year!



Columbia University EMS Expands Its Fleet

Elizabeth Milkes Jerome, Columbia University EMS

This summer Columbia University EMS (CUEMS) expanded its already high level of care by launching year-round emergency medical service to the University community and by taking receipt of a new ambulance.

Previously operating 24/7 only while classes were in session with a 1993 McCoy Miller ambulance, CUEMS initiated 24/7/365 service this summer as members responded to calls in the corps' new 2003 Ford E350 Horton Type III ambulance.

CUEMS is a student-run New York State certified Basic Life Support volunteer ambulance corps operating from Columbia University's urban Manhattan campus. The corps responds to approximately 700 calls per year, offering prompt and effective pre-hospital care and transport for the ill and injured of the University and surrounding community. CUEMS is also a FDNY 911 Participating Member.

Entering campus with lights flashing and sirens blaring (despite a University policy that restricts the use of sirens on the campus quad), the new ambulance arrived on July 7, 2003 marking the end of a three-year acquisition process. The acquisition process involved six key steps:

- i) justifying the corps' existence and defining its mission and purpose;
- ii) documenting problems with the old vehicle and establishing a replacement timeline;
- iii) writing specifications;
- iv) submitting requests for proposals;
- v) selecting a vendor and finalizing the specifications;
- vi) issuing a University purchase order.

(Additional information on the procurement process is available by e-mailing ambspecs@ncemsf.org.)

"Columbia University EMS operating mostly independent of the University, had loose connections with the Department of Security and Health Services at Columbia," explained Joshua Marks. "Purchasing a new vehicle required

strengthening the corps' ties with the University and coordinating the interactions of various University departments that normally did not interact." The Department of Security and Health Services at Columbia negotiated to find funds in their respective budgets for the purchase of the new vehicle and its stock of entirely new equipment and supplies. The corps modified its name to acknowledge the departments' support of the program and purchase of the vehicle as well as to further substantiate its jurisdiction on campus. The new full name, as written on the sides of the new vehicle, is "Columbia University EMS: A Division of Health Services at Columbia and the Department of Security."



The ambulance was placed in service on July 17, 2003 at 1700 after corps members spent days labeling and stocking blue compartment bins with new equipment and supplies and receiving all the necessary paper work from the bank, DMV and DOH. Some of those who worked on stocking the vehicle strongly considered sleeping in the new ambulance too, but no one lived that dream until the night of New York's historical blackout, August 14, 2003.

The voted favorite feature on the new ambulance besides the emergency lighting and sound package is the security kill switch that allows the driver to remove the ignition key without turning off the vehicle. Unfortunately, though a security necessity, if the driver returns to the ambulance and steps on the break pedal before returning the key to the

ignition, the ambulance sirens blast and all the vehicle's lights flash. This was embarrassingly discovered by one driver the very dark night of the blackout.

The first corps members to enjoy the use of the new vehicle were the ten who elected to dedicate their summers to taking CUEMS 24/7/365 for the first time in its more than 40 year history. Running two-person crews where they usually run four, CUEMS serviced the Columbia Community with the same high quality care the Columbia Community has become accustomed to during the regular academic year. The ten students, including current members and alumni, answered over 80 calls in the three-month period, less than the normal academic year call volume, but not insignificant considering the summer campus population. The members staying to volunteer for the summer knew each would have to take nearly three 12-hour shifts per week to fill the schedule, but many went above and beyond pushing other obligations aside to ensure that there was no interruption of emergency medical service from the end of classes in May to the beginning of classes in September. In exchange

for their service, the University supplied each of the ten members with housing in University Residence Halls and a modest food stipend. These members proved CUEMS' undying commitment to the health and safety of the Columbia University Community as well as CUEMS' commitment to providing impeccable service and to continuous self improvement.

A formal dedication of the new ambulance and celebration of CUEMS is planned for October to coincide with the kickoff of Columbia University's 250th Birthday Bash. Past and present corps members look forward to attending and celebrating along with the greater University Community CUEMS' achievements.

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“Throughout the US, very few areas have switched to a computer data entry system...”

About This Publication

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

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*Or e-mail your articles to
info@ncemsf.org*

(Electronic PCR - Continued from page 5)

still need to be printed for the EMS agency's records, the hospital, and the state as backups in the event of a server or system crash. In this case, given that a computer-based PCR is usually multiple pages, paperwork has the potential to more than double. A Cornell EMS corps representative stated, “You use a lot more paper with [the electronic system] than for PCRs. The average BLS patient care report is about three pages; the average ALS is about four or five.” Moreover, most states require documentation be kept for a specific amount of time, usually accepted as ten years for a baseline, in the event of a lawsuit. In some cases, such as for minors, the statute of limitations does not begin until the patient turns eighteen. Hard-copy paper documentation is essential in such situations.

Those in favor of the transition are optimistic that such a system would make it more efficient for hospital providers to access patient information when necessary. This may be true in non-emergency situations, such as routine checkups at the family physician, but the practicality of computer-retrieved patient information in emergency situations doesn't prove very convincing. When a patient is brought into the hospital for a severe trauma or cardiac arrest, the time that it would take to research the individual's history on the computer removes attention from the patient. Conversely, if the information were sent to the hospital while en route electronically, it would speed up the process substantially. However, working on a laptop in the back of an ambulance or trying to remember shorthand symbols needed to store information in a handheld PDA also distracts from the patient during transport. Paper reports can usually be written quickly without much effort and can be handed over to the hospital staff when arriving at the facility or shortly thereafter.

In light of the fact that documentation consumes somewhere between a third to a

half of the amount of time spent on a call, people who have been in the EMS arena for a while become used to documentation, and can fill out a paper report fairly quickly. The paper report process itself doesn't depend on much, simply a pen and a blank report. Electronic patient care reports depend on much more, such as a stable computer or terminal, an operating server, printer functionality, and electricity. Remove one of these items from the equation, and the documentation process cannot be completed. All of the information that would have been provided to the hospital following the patient transfer suffers a delay in the transmission of that data, negatively impacting the patient's definitive care. With the exception of private ambulance companies, either state or municipal government entities control EMS agencies. Expecting the state to purchase high-end, quality servers and reasonably fast computers seems a little far-fetched even for the most devout optimist. This is one of the problems currently faced in Delaware, where servers are constantly down, computers are slow, and access to terminals at hospitals is virtually impossible, forcing EMS personnel to return to their stations to complete the reports on their own computers, delaying transfer of documentation anywhere from twenty minutes to several hours following a call.

The beneficial effects of electronic patient care reports are felt more on the state end than on the individual EMS agency. Computer PCRs enable the government to cut back on funding and jobs for data entry personnel and decrease the amount of time needed for filing and QA/QI analysis, but they create more work for the individual prehospital provider. In many cases, technological advancements have revolutionized the field of EMS. With regards to patient information, perhaps this is one field that would be better left untouched.



(Membership, Continued from page 2)

Annual individual membership is \$10.00 for current students and \$20.00 for non-students. You may also consider purchasing life membership at a rate of \$75.00 for students and \$150.00 for non-students and avoid the hassle of renewing yearly.

Are you the director/chief/advisor of your corps? Do not forget to renew your institutional membership as well! Institutions enjoy the benefits of free EMS consulting as well as discounts at select EMS educational and equipment vendors. In addition, only dues-paying institutional members are eligible for NCEMSF recognition and awards. Institutional membership is a nominal \$25.00 a year.

NCEMSF appreciates your ongoing support! If you have questions about your NCEMSF membership, please contact Karolina at membership@ncemsf.org.



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National Collegiate EMS Foundation
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Mark your calendar for upcoming events:

October: Renew NCEMSF membership for individual & institution. Re-establish communication with your NCEMSF regional coordinator. Apply for funding to your student activities board for the Annual Conference.

November 10-16: Campus EMS Week. Celebrate your collegiate EMS group with activities, demonstrations, and other fun events.

December: Finals and vacation. Stay safe.

January: Register for NCEMSF conference. Make travel plans for the conference. Submit NCEMSF award applications and *Striving for Excellence* packets.



February 27-29: Attend NCEMSF Annual Conference. At the Renaissance Harborplace Hotel, Baltimore.