



Official EMS Star of Life Awards Nomination Packet

Ohio Chapter, American College of Emergency Physicians (Ohio ACEP) and the EMS Division of the Ohio Department of Public Safety celebrate EMS Week with the

15th Annual EMS Star of Life Awards Ceremony

Join us in celebrating Ohio's Emergency Medical Services STARS!

This Awards Nomination Packet includes:

- Information about all the EMS Star of Life award categories
- Regional Stars Award Criteria & Nomination Form (*pages 4-5*)
- Star of Life Patient Consent Form (*page 6*)
- Frank Giampetro Distinguished EMS Educator Award Criteria & Nomination Form (*pages 7-8*)
- ALS & BLS EMS Provider of the Year Criteria & Nomination Form (*pages 9-10*)
- Volunteer & Paid/Combo EMS Agency of the Year Criteria & Nomination Form (*pages 9-10*)
- EMS Medical Director of the Year Criteria & Nomination Form (*pages 9-10*)

All Nominations due March 8, 2013

Mail, fax or e-mail to:
Ohio ACEP, EMS Star of Life Awards
3510 Snouffer Road, Suite 100
Columbus, Ohio 43235
Fax: 614-792-6508
E-mail: lehman@ohacep.org

*The EMS Star of Life Awards Ceremony will be held on Wednesday, May 15, 2013.
Official event details are to be determined.*

EMS Week 2013 - May 19-25



The Ohio Chapter of the American College of Emergency Physicians (Ohio ACEP) and the EMS Division of the Ohio Department of Public Safety take great pleasure in presenting:

The 15th Annual EMS Star of Life Awards Ceremony

The EMS Star of Life Awards were created by Ohio ACEP and the Ohio Division of EMS to recognize outstanding achievements and to honor those in Ohio's EMS system whose accomplishments rise above the day-to-day excellence of that system.

Award categories include:

- Regional Stars
- ALS Provider of the Year
- Paid/Combination Agency of the Year
- Frank Giampetro Distinguished EMS Educator
- BLS Provider of the Year
- Primarily Volunteer Agency of the Year
- EMS Medical Director of the Year

Each day in Ohio, EMS providers save lives and perform countless noteworthy acts of caring, kindness and service to their community. These awards are a tribute to those individuals and organizations whose overall contributions go beyond their basic duties and responsibilities and who represent the finest traditions of our profession.

The deadline for nomination submissions is March 8, 2013.

Thank you for supporting our efforts to honor and recognize the State of Ohio's exceptional EMS providers! If you have any questions, feel free to contact Ohio ACEP Executive Director, Laura Tiberi, ltiberi@ohacep.org, or Laura Lehman, llehman@ohacep.org or call 614-792-6506.

Michael Smith, MD, FACEP
President, Ohio ACEP

Laura Tiberi, CAE
Executive Director, Ohio ACEP

Melvin House
Executive Director, Division of EMS

EMS Star of Life Awards

Purpose

- ❖ **HONOR** exceptional EMS personnel from Ohio.
- ❖ **RECOGNIZE** Ohio's emergency medical services system and organizations for a job well done.
- ❖ **REUNITE** EMS providers with the person treated and present the actual patient scenario.
- ❖ **GENERATE** positive media stories regarding prehospital care and the ***EMS Star of Life Awards***.
- ❖ **MAGNIFY** the profile of National EMS Week in the State of Ohio.

Winner Selection Process

An Award Selection Panel consisting of the Ohio ACEP EMS Committee, Ohio ACEP Staff, ODPS EMS Division staff, members of the State Board of Emergency Medical Services and others as appropriate will review each nomination and select the winners. Once all nominations are reviewed, you will be notified if your EMS personnel have been chosen as winners.

All nominations will be thoroughly reviewed to determine that the nominee is in good standing and that individuals are currently certified at the level for which they were nominated. Any nomination that does not meet these criteria will be considered invalid and will not be forwarded for consideration. Members of the Ohio ACEP Board of Directors, members of the State Board of Emergency Medical Services, and ODPS EMS Division staff are ineligible to receive any of these awards.

No award will be given if there are no nominations for an award. No award will be given if the Selection Panel's evaluation finds that no nominee meets that award's criteria.

DEADLINE FOR SUBMISSION IS MARCH 8, 2013

Ohio Chapter ACEP – EMS STAR OF LIFE AWARDS
3510 Snouffer Road, Suite 100, Columbus, Ohio 43235
888-642-2374 / Fax: 614-792-6508 / llehman@ohacep.org / ltiberi@ohacep.org

Regional Stars Nomination Form

****ALL FIELDS REQUIRED****

(Use additional paper if needed)

Due by March 8, 2013

Nomination Criteria

A winner will be selected from each of Ohio's 10 EMS Regions. This award is meant to recognize an individual/agency for their remarkable life-saving efforts and exceptional patient care performed during a particular call in the state of Ohio.

This awards ceremony reunites patient(s) with their EMS providers at the ceremony. Please discuss this with the patients and encourage them to attend. *Please note: It is important to have the patient sign the release form before you submit this information in order to release you and the Ohio Chapter ACEP from any liability for reviewing these records.*

Eligibility & Requirements

- Any Ohio-based, Emergency Medical Service organization and/or individual(s) in good standing with their respective agency and the State of Ohio;
- Organization/Individual is dedicated to serving their community and committed to saving the lives of their patients.
- Incident took place in Ohio during the 2012 calendar year;
- Organization/Individual demonstrates the highest quality level of care and professionalism.

Submitted by: _____

Address: _____

City, State & Zip: _____

Phone: (____) _____ Email: _____

Contact regarding nomination - Please contact me _____ Agency contact listed below _____

Names of Nominees (w/credentials, i.e. FF, EMT-B, EMT-P, etc.) – Please type or print CLEARLY

1. _____ 6. _____

2. _____ 7. _____

3. _____ 8. _____

4. _____ 9. _____

5. _____ 10. _____

(Continue to next page)

AGENCY Affiliation: _____

Agency Contact: _____

Phone: (____) _____ Email: _____ Fax: _____

Address: _____

City, State, Zip: _____ County: _____

Agency Medical Director: _____

Medical Director's Phone #: _____ Medical Director's E-mail: _____

Agency Chief: _____

Chief's Phone #: _____ Chief's E-mail: _____

Patient Name: _____ Patient Phone Number: _____

*Patient Consent Form Attached: YES *Required. Nomination will not be reviewed or considered without this form.

*Date of Incident: _____ *Must be during the 2012 calendar year

*Place of Incident: _____ *Must be in Ohio

Please provide a brief description of the EMS run:
(Attach a copy of run sheet, news articles, photos, etc.)

Please explain why you think the *Regional Star Award* should be given to the nominees:

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PATIENT CONSENT FORM
(Required for Regional Star Award Only)

Permission is hereby granted to the Ohio Chapter of the American College of Emergency Physicians (“Ohio Chapter ACEP”) and the EMS Division of the Ohio Department of Public Safety (“Division of EMS”) to utilize the information contained in the EMS run report for my accident that occurred on the _____ day of _____ (month), _____ (year), in _____, Ohio.

I understand that the EMS run report contains personal medical information that may, under state and federal laws, be considered confidential, and I hereby expressly waive my right to maintain the confidentiality of this medical information, so that the information in the EMS run report may be used by Ohio Chapter ACEP and the Division of EMS in connection with the EMS Star of Life Award Ceremony. This release and waiver includes the potential publication of the information on television, radio and print media.

I also expressly waive any and all claims that I might have against the EMS service that prepared the EMS run report and/or against Ohio Chapter ACEP and the Division of EMS, in connection with the use of this information for the EMS Star of Life Award Ceremony.

Patient Name (Please print)

Witness Name (Please print)

Patient Signature

Witness Signature

Date

Date

FRANK GIAMPETRO DISTINGUISHED EMS EDUCATOR AWARD

Nomination Criteria

Due by March 8, 2013

Purpose

Each year, the Ohio Chapter of the American College of Emergency Physicians awards the **Frank Giampetro Distinguished EMS Educator Award** at the Annual EMS Star of Life Banquet. This award, sponsored by Premier Physician Services, was established to recognize a dynamic educator who has made notable contributions to the Emergency Medical Services system thus improving the quality of care delivered to the citizens of Ohio.

Eligibility

Eligible candidates will be actively involved with the EMS care delivery system and have made an outstanding contribution to the profession in one or more of the following areas: service to community/ EMS Department through education and training, contribution to the body of knowledge in prehospital care, prehospital research/publication activities, and education leadership. ***There is no time limit for when these requirements may have been accomplished.***

Requirements

Contribution to ***Excellence in EMS Education*** in at least one of the following:

Service to community/EMS Department:

- Active local, state or national participation in the education and training of EMS providers.

Contribution to the body of knowledge:

- Dissemination of knowledge of practice through education endeavors to others in the field.
- Recognized resource person in area of EMS.

Publication activities:

- Significant publications of EMS education articles in professional journals.
- Author or co-author of material in instructional guides, position papers, or books.

Education leadership:

- Presenter/Instructor at local, state, regional, or national workshops, seminars, or conferences.



FRANK GIAMPETRO DISTINGUISHED EMS EDUCATOR AWARD
Nomination Form *Due by March 8, 2013*

Nominee's Information:

Name: _____ Date: _____

Title: EMT Paramedic Nurse Physician Other: _____

Organization: _____

Phone: (____) _____ Fax: (____) _____

Email: _____

City: _____ State _____ Zip Code _____

If nominee is not currently employed:

Home Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Why do you believe this person should be considered?

(Use an additional paper if more space is needed.)

Nominator's Information:

Name: _____ Date: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Address: _____

City: _____ State _____ Zip Code _____

All of the information I have provided about the nominee for the **Frank Giampetro Distinguished EMS Educator Award** is true and accurate.

Print Name: _____ Signature: _____

Ohio Chapter ACEP - Frank Giampetro Educator Award
 3510 Snouffer Road, Suite 100, Columbus, Ohio 43235
 (888) 642-2374 / Fax (614) 792-6508 - llehman@ohacep.org

EMS Provider, Agency & Medical Director Awards

Nomination Criteria

Individual nominees must be currently certified at the level for which they are being nominated. The primary reasons for which a person or agency is being nominated must have occurred in Ohio and based on an individual's or service's overall contributions, body of work, or sustained performance, not on single acts of heroism. Individual or agency must be in good standing with their affiliated agency, State of Ohio and/or Medical Board.

EMS PROVIDER OF THE YEAR

An award will be issued for the BLS Provider of the Year and the ALS Provider of the Year

Eligibility & Requirements

- An Emergency Medical Service provider, certified by the State of Ohio as an EMR, EMT, AEMT or Paramedic;
- EMS provider is directly responsible for responding to emergencies or disasters and providing the direct delivery of care with at least one recognized Ohio EMS Agency;
- Has personally or organizationally improved the quality of patient care provided;
- Exemplifies outstanding leadership, professionalism, dedication, and service to the community through involvement with EMS.

EMS AGENCY OF THE YEAR

An award will be issued for the Primarily Volunteer Agency of the Year and the Paid/Combination Agency of the Year

Eligibility & Requirements

- Any Ohio-based, Emergency Medical Service organization that is recognized by the State Board of EMS and the EMS Division of the Ohio Department of Public Safety;
- Is directly responsible for responding to emergencies or disasters and providing the direct delivery of care;
- Is active in local public education and/or injury prevention efforts and demonstrates positive relationships with the community served and with receiving hospitals;
- Takes meaningful and visible steps to assure the quality and professionalism of its personnel and patient care provided.

EMS MEDICAL DIRECTOR OF THE YEAR

An award will be issued to an Ohio physician who serves or has served meritoriously as a medical director for an Ohio based ALS or BLS service

Eligibility & Requirements

- Meets the minimum requirements for the medical director of an EMS organization as outlined in Ohio Administrative Code 4765-3-05;
- Significant active participation in education and training of prehospital emergency medical care providers;
- Has made significant contributions to the development and advancement of EMS at the local & national level through prehospital studies, EMS research and pilot programs;
- Has demonstrated commitment to the principles of quality improvement, customer service, and excellence in EMS.



EMS Provider, Agency & Medical Director Nomination Form

****ALL FIELDS REQUIRED****

Due by March 8, 2013

THIS NOMINATION IS FOR:

- BLS Provider of the Year
- Primarily Volunteer EMS Agency of the Year
- ALS Provider of the Year
- Paid/Combination EMS Agency of the Year
- EMS Medical Director of the Year

Submitted By:

Name: _____

Address: _____

Phone: (____) _____ Email: _____

Contact regarding nomination: Please contact me _____ Please contact nominee _____

Nominee's Information:

Name & Credentials: _____

Address: _____

Phone: (____) _____ Email: _____

Agency: _____ Agency Chief: _____

Chief Phone: (____) _____ Chief Email: _____

This individual/agency meets all eligibility requirements for this award

Why does this individual/agency deserve this award? Please be specific in addressing how the nominee meets the award criteria. (Use additional paper as needed.)

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