



is proud to present the 7th Annual

EMS Star of Life

Awards Dinner and Ceremony



May 14, 2015

Rocketown

601 4th Avenue South

Nashville, TN 37203



What is the EMS Star of Life?

The EMS Star of Life event is designed to honor the accomplishments of EMS personnel from all regions of Tennessee who provide exemplary life-saving care to **adult and pediatric** patients. The goal of the award is to recognize exceptional front-line care, with a focus on agencies and providers who are the initial care responders. The ceremony will include a presentation of the actual adult or pediatric patient scenarios and reunite the EMS caregivers with the individuals they treated. Recipients will be chosen from each of the eight EMS regions in the state. This is the premier event that will kick off EMS week within the state to recognize and honor our excellent prehospital providers.

Nominate an EMS provider!

If you know a rescue or medical team that merits consideration as the regional recipient of the EMS Star of Life Award, please complete the nomination packet that follows and return it to the TN EMSC office by **February 9, 2015**.

****Note:**

The nominating crew will be disqualified from receiving the Star of Life Award if the nominated crew has been recognized for this call in a prior ceremony that would prevent them from attending the Star of Life Award Ceremony.



Tennessee Emergency Medical Services for Children Foundation takes great pleasure in sponsoring the seventh annual:

EMS Star of Life Awards Dinner & Ceremony

The **EMS Star of Life Awards** are designed to:

- ❑ **HONOR** exceptional EMS personnel from each of Tennessee's eight EMS Regions.
- ❑ **RECOGNIZE** Tennessee's emergency medical services systems and organizations.
- ❑ **REUNITE** EMS providers with the person treated and highlight the actual patient scenario.
- ❑ **GENERATE** positive media stories regarding prehospital care and the *EMS Star of Life Award*.
- ❑ **MAGNIFY** the profile of National EMS Week in the State of Tennessee.

The TN EMSC EMS Star of Life Awards Committee reviews nominations and selects winners from each region based on the EMS provider's service to his/her community and commitment to saving the lives of his/her patients. In order to ensure that all qualified EMS providers are considered, we are asking for nominations for recipients of this prestigious *EMS Star of Life Award*. Please note the nomination qualifications:

- ❑ The patient encounter must have occurred during the calendar year of 2014.
- ❑ The patient can be of any age – adult or pediatric.
- ❑ The patient must be neurologically intact.
- ❑ Standards of care (protocols) are followed.
- ❑ The patient EMS run sheets and aeromedical documentation will be submitted and reviewed for completeness.
- ❑ All requested information must be submitted in order for the award to be presented.

If you know an EMS provider(s) who merits consideration as the regional recipient of the *EMS Star of Life Award*, please complete the forms enclosed and forward the appropriate information to the TN EMSC office. **Please note: It is important to have the patient sign the release form before you submit this information in order to release you and TN EMSC from any liability for reviewing these records.** Also, it is our desire to have the patient reunited with the EMS providers at the ceremony, so please discuss this with the patient and encourage them to attend with their family. Once all nominations are reviewed, the EMS Star of Life Awards Committee will notify you if your EMS personnel have been chosen.

The deadline for nomination submissions is February 9, 2015.

Thank you for supporting our efforts to honor and recognize the State of Tennessee's exceptional EMS providers! If you have any questions, feel free to contact Program Coordinator, Erin Hummeldorf erin@tnemsc.org or call 615-936-5274.

Rita Westbrook, MD
President

Rhonda G. Phillippi, RN, BA
Executive Director



EMS Star of Life NOMINATION FORM

****ALL FIELDS REQUIRED-use additional paper if necessary**

EMS Region #: _____

Patient's Name: _____

Patient's Diagnosis: _____

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Submitted by Name: _____ Title: _____

EMS Agency: _____

Address: _____

City, State & Zip: _____

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

Please list all other AGENCIES associated with this team and their contact information:

(For example if your had air medical assist, list the agency name, person to contact, and their complete contact information)

Agency: _____

Name of Contact: _____

Address: _____

City, State & Zip: _____

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

Agency: _____

Name of Contact: _____

Address: _____

City, State & Zip: _____

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



Agency: _____

Name of Contact: _____

Address: _____

City, State & Zip: _____

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

Agency: _____

Name of Contact: _____

Address: _____

City, State & Zip: _____

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

Please provide an attached Excel sheet of each member of each team present on the call, their credentials, and their address.

Patient Name: _____

Home Mailing Address: _____

City, State, Zip: _____

Phone: (____) _____ Cell: () _____

Email: _____

****Please ensure you fill out the Patient Consent Form that is attached.**

Date of Incident: _____

Place of Incident: _____



Permission is hereby granted to Tennessee Emergency Medical Services for Children Foundation (TN EMSC) to utilize the information contained in the EMS run report for my care that occurred on the _____ day of _____ (month), 2014 (year), in _____, Tennessee.

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 Tennessee Emergency Medical Services for Children Foundation 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 Tennessee Emergency Medical Services for Children Foundation, in connection with the use of this information for the EMS Star of Life Award Ceremony.

Patient

Witness

Date

Date

.....

Will you be able to attend the EMS Star of Life Awards Dinner & Ceremony
(Selection will not be based on attendance)

- Yes
 No



DEADLINE FOR SUBMISSION IS MONDAY, FEBRUARY 9, 2015

Submit Your Nomination to the TN EMSC office:

E-mail: erin@tnemsc.org

Fax: TN EMSC, 615-343-1145

Mail: TN EMSC
2007 Terrace Pl
Nashville, TN 37203

For questions please contact:

Erin Hummeldorf, BA, MPA
Program Coordinator, TN EMSC
615-936-5274
erin@tnemsc.org

Checklist to include in submission:

- Star of Life Awards Patient Consent Form
(It is a HIPPA violation to send patient records without their permission. Please allow enough time to secure the patients signature)
- Official Star of Life Awards Nomination Form
- Excel Sheet of Members of Each Organization
- Copy of Run Sheet and Aeromedical sheet if applicable
- News Articles and Photos

Attention: Team Photo (300 dpi resolution) and the following spreadsheet must be sent within 2 weeks of notification for your team to win the Star of Life Award – e-mail to erin@tnemsc.org.
Disqualification will occur if materials are returned incomplete.

