



*Proudly Presents*  
**The 9th Annual EMS Star of Life Awards Dinner and Ceremony**



*May 04, 2017*

*Rocketown*

601 4<sup>th</sup> Avenue South  
Nashville, TN 37203



## *What is the EMS Star of Life?*

Who is prepared to save a life and provide comfort during life's scariest, and at times tragic, moments? How often are these everyday heroes recognized? Are they ever celebrated? 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 the agencies and providers who are the initial care responders. The ceremony includes a presentation of the actual patient scenarios and reunites 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 to recognize and honor our excellent prehospital providers while also celebrating "EMS Week" within Tennessee.

## *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 Emergency Medical Services for Children (TN EMSC) office by **February 03, 2017.**

### **\*\*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.



The TN EMSC Foundation takes great pleasure in sponsoring the ninth annual:

## *EMS Star of Life Awards Dinner & Ceremony*

The **EMS Star of Life Awards** is 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 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 2016.
- ❑ 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 03, 2017.**

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 Rhonda Phillippi at [rhonda@tnemsc.org](mailto:rhonda@tnemsc.org) or call 615-343-3672.

*Marisa I. Moyers, RN*

Marisa Moyers, RN, ADN  
President

*Rhonda G. Phillippi, MBA*

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: \_\_\_\_\_

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 air medical assistance, police, and the 911 dispatch. Please list the agency name, person to contact, and their complete contact information. From dispatch to the hospital doors, all prehospital providers should be listed)*

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: \_\_\_\_\_

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**An Excel sheet of each member of each team present on the call, their credentials, and their address is required for the nomination to be complete.**

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Patient Name: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

**\*\*Please ensure you fill out the Patient Consent Form that is attached. Your submission will be incomplete until the consent form is filled out\*\***

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), 2016 (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



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**DEADLINE FOR SUBMISSION IS FEBRUARY 03, 2017**

**Submit Your Nomination to the TN EMSC office:**

**E-mail:** rhonda@tnemsc.org

**Fax:** TN EMSC, 615-343-1145

**Mail:** TN EMSC  
2007 Terrace Pl  
Nashville, TN 37203

**For questions please contact:**

Rhonda Phillippi, RN, BA  
Executive Director, TN EMSC  
615-343-3672  
rhonda@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 Every Organization Involved in Incident (attached)
- ☒ Copy of Run Sheet (and Aeromedical sheet if applicable)
- ☒ News Articles and Photos

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



**This sheet must be typed and filled out completely as a part of your nomination packet. If your Star of Life submission is selected, additional contact information will be required at a later date.**

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