This image contains the cover page of the May/June 2008 issue of The Journal of Emergency Dispatch. The cover features a group of people waving and celebrating. The text highlights the following topics:

- **Power of the Protocol**
  - Medicine Hat plugs in with first ever triple accreditation at Navigator 2008

Other highlights include:

- **Dispatcher of The Year**
  - Scott Dunkelberger takes the stage

- **CDE MPDS v12**
  - Design answers to the toughest calls

- **Navigator ANNUAL CONFERENCE PULLS ATTENDEES FROM AROUND THE WORLD**

The cover also includes a feature about the National Academies of Emergency Dispatch.
Quickly sending the RIGHT on-scene information to responding officers and updating it in real-time can help save lives. That’s what the Police Priority Dispatch Protocol System® does better than any other. When your team takes a 9-1-1 call using ProQA® dispatch software, you can be confident that both your new and veteran dispatchers are doing it RIGHT and that responding officers are receiving the information they need to protect themselves and the citizens around them.

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“Information is the reduction of uncertainty”
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**On The Cover:** Medicine Hat Regional Communications Centre. The first tri-accredited (police, fire, medical) center in the world.
Immediately after leaving the Navigator Conference I hopped onto a plane and headed toward Toronto, Canada, where I was scheduled to say a few words in recognition of the Accredited Center of Excellence (ACE) status the Toronto Emergency Medical Services’ Central Ambulance Communications Centre (CACC) had achieved.

As described in the Navigator story elsewhere in this issue of The Journal, the ACE was not an easy feat for the agency. While it’s never a one-size-fits-all slam-dunk achievement for anyone, the process was particularly tough on the Toronto team because of several truly unexpected obstacles that occurred during their seven-year sojourn. The death of Kathie Stephens, who had been a huge advocate of the program until her untimely death from cancer, is something they still find difficult to talk about.

The amazing part of the story is how they stuck with it. As Communications Manager Ralph Dale told me, the process may have been stalled but never their determination to accomplish the goal. CACC has been using the Medical Priority Dispatch System (MPDS®) since 1992, upon Dale’s recommendation that their center needed a better tool than what they had been using for assigning critical resources.

Becoming an ACE was following natural progression, Dale said. Now that the goal is achieved—thanks to the tremendous buy-in of dispatchers and everyone else along the line—it’s a feather in their cap since it shows their continuing resolve to maintain the highest standards and stay compliant with the most effective, medically-driven guidelines available.

ACE means a lot to CACC and it says a lot to those on the outside looking in. CACC, which is part of the largest EMS provider in Canada, now joins the ranks of the most outstanding ambulance communications centers, including the cities of Edmonton, Miami, Dublin, and London as well as the Scottish and Welsh ambulance services. Toronto is the second largest ambulance service in the world to gain the status after the London Ambulance Service (LAS).

My belief about ACE means that the citizens and visitors to this great city should understand that when they call 9-1-1, they will be treated by, listened to, and given care by the most dedicated and professional Emergency Medical Dispatchers in the world.

The highest level of care that the ACE status implies for the citizens of Toronto extends to the other 121 centers throughout the world that have earned ACE recognition. The Academy has grown considerably since conferring the world’s first ACE certification on the Albuquerque Fire Department in February 1993 but we’ve never strayed from our task. Accredited Centers of Excellence provide superior, up-to-date public care and efficient resource utilization to achieve maximum results in emergency call situations.

Our hats are off to all of you.
No Problem with Determinant Code 17-Ω-1. Should change to a 17-A-3 remove it from a fire department response?

Jeff Clawson, M.D.

Melissa asks:
We have used the 17-Ω-1 very successfully in our center. I am not aware of any instance of error. I know that each response is locally defined, but before I go to my medical director I would like to know the following:

1. Since the code is now an alpha response not an OMEGA response should, by definition, a BLS capable ambulance respond?
2. Is it against the recommended response if my medical director decided to leave the new response of 17-A-3 a fire department response (this is our practice now)? I do not want to go against any recommendation by the Academy.

I would like to recommend to my medical director that we leave the new 17-A-3 code as a fire department response for us. I will audit 100 percent of these calls to be cautious of this code. My medical director will make the final decision but I would like to provide sound Academy-based responses with my recommendation.

Melissa Allen, EMT-P, EMD-I, EM D-Q, EM D-QA
MedStar Emergency Medical Services
Fort Worth, Texas

Melissa asks:
To answer your first question, we have some large datasets from big users that have identified the presence of cardiac arrest outcomes in the v11.3 17-Ω-1 determinant code. These findings are from accredited centers that I know have very high compliance.

As you may know, the Academy has a rule that there should be “no dead bodies in OMEGA.” This finding was seen in more than one center. The etiology (cause) seems likely to be that the patient fell out because of an arrhythmia, or other unidentified medical condition, and, therefore, had no injuries, and the patient’s level of consciousness was either OK at that moment or was not accurately assessed by the caller. Many of these patients are already sick or infirm and have significant medical conditions and, subsequently, provide a fertile group for untoward hidden events.

The London Ambulance Service (LAS) provided the Academy with an immense dataset, as well as paramedic report outcomes linked to each Medical Priority Determinant Code. These findings are from the LAS data, out of all the OMEGAs (63 codes in the OMEGA version of the protocol) only two codes had any cardiac arrests in any determinant code. The first code identified was not a surprise since we had been telling people that 26-A-1 (Sick Person without priority symptoms), which is 26-Ω-1 in the OMEGA protocol, would likely be an unsafe OMEGA referral for some cases (Lord only knows which ones in this unholy menagerie of conditions).

This proved out with nine arrests found at scene in one year in this group. The other code was a surprise—17-Ω-1 (Falls, PUBLIC ASSIST, no injuries, no priority symptoms)—with six cardiac arrests. All other 61 OMEGA codes (a total of 42,652 patients) had absolutely none (with the exception of 9-Ω-1, of course). In keeping with our mantra that all other OMEGAs must not contain dead people, the Council of Standards voted to remove it from OMEGA. Obviously, a first party caller would be in arrest. Even though the code is an A-3, response is still locally defined.

The Academy released a Special Protocol Alternative Care Advisory that was published in the Spring 2007 edition of The Journal. I am going to attach the entire London dataset for you to look at. It is in an Excel spreadsheet with protocol level tabs at the bottom (you must enable macros to read). Let me know if you have any problems with using it. It is a goldmine of information involving 1.3 million calls.

Given that about 3,000 centers use the protocol, the statistical probabilities are even more certain. The Academy tries to see the big picture on things like this.

To answer your second question, even though the code is now an ALPHA, the use of other public safety personnel with BLS training would not be contrary to the Academy’s recommendations. Most fire vehicles also carry automatic defibrillators and would be better if any unexpected situation was encountered. What was most worrisome was that a delayed response or a referral to nurse advice and the resultant wait in that queue would be unfortunate if the patient was indeed in trouble.

While these cases are very uncommon, they do exist and eventually, even in smaller systems than London, they will be encountered. Also, given that about 3,000 centers use the protocol, the statistical probabilities are even more certain. The Academy tries to see the big picture on things like this.

I hope this helps you in your response decision-making with your excellent medical director, Dr. John Griswell, I might add.

Onward toward the v12.0 light... Doc
Audrey Fraizer, Managing Editor

This issue of The Journal features stories from the Navigator Conference held in Baltimore, Maryland, during the last full week of April. As the Baltimore tourist bureau promised on its Web site, the weather was full charge into spring and the Inner Harbor boardwalk (which you could access right outside the front doors of our conference hotel) was a continuous parade of people vying for a place under sunny skies.

Quite honestly, if it hadn’t been for the generosity of Baltimore County and emergency rescue agencies, I don’t think many of us would have felt the season going on outside, at least not during the daylight hours. Breakout sessions, keynote talks, vendor exhibits, and specialty seminars were nonstop events going on inside and all of them vying hard for our attention. This was the largest conference the National Academies of Emergency Dispatch (NAED) has hosted (check out The Numbers on page 36) and everything—from opening registration to picking up continuing education units on closing day—proceeded without so much as a snarl. Well maybe that’s an exaggeration, yet I heard nothing but praise for the event from the many of people I got to meet.

But a high five goes out to the Baltimore police and fire departments that sent over a rescue vehicle, an ambulance, and a fireboat for harbor side tours. The Baltimore County police officers brought along several of their patrol dogs for demonstrations proving you don’t want to meet one of them while working on the wrong side of the law. The emergency incident helicopter on the top level of the parking garage offered a close look at an operation most of us, hopefully, will not need for travel during our lifetimes.

A side from conference coverage, this issue also features several stories about dispatchers at their jobs. Dispatchers from the communications center for the City of Henderson Police Department had a great time involving officials in their celebration of National Telecommunicators Week and Davis County in northern Utah also made sure that their dispatchers were well recognized for jobs that seldom bring them any attention outside of the comm. center call room.

You’ll find the usual suspects (CDE articles and news items) and a second feature describing some ways in which communications centers incorporate simulators into their training programs. As always, we hope the stories leave you with some ideas to try on your own or, at the least, a moment of conversation among peers.

For those I did meet at Navigator, I thank you since it probably involved an interview. That’s the luxury of my job: the excuse of a story to ask questions and in this case in relation to events close to the heart of those who tell them. May I be so lucky as to hear more of your stories the next time around.

The Journal of Emergency Dispatch is the official bimonthly publication of the National Academies of Emergency Dispatch (NAED), a non-profit, standard-setting organization promoting safe and effective emergency dispatch services worldwide. Comprised of three allied academies for medical, fire, and police dispatching, the NAED supports first-responder-related research, unified protocol application, legislation for emergency call-center regulation, and strengthens the emergency dispatch community through education, certification, and accreditation.

General NAED membership, which includes a journal subscription, is available for $19 annually, $35 for two years, or $49 for three years. Non-member subscriptions are available for $25 annually. By meeting certain requirements, certified membership is provided for qualified individual applicants. Accredited Center of Excellence status is also available to dispatch agencies that comply with academy standards. © 2008 NAED. All rights reserved.
Move over Resusci Anne. Sir Winston Churchill is here to take your place.

At least that was the case when six anesthesiology residents from the University of Utah Medical School gathered to take their turns at stabilizing the cardiac rhythm of the former prime minister to let the surgeon continue the planned femoral popliteal bypass surgery.

“I’m ready to clamp the artery,” said Ken Johnson, M.D., to his anesthesiologist. “No, not now,” responds his resident. “This is not the time to proceed.”

The aging prime minister, in name only of course, was experiencing a myocardial infarction (heart attack) while under sedation 90 minutes into surgery to bypass a blocked artery of the upper right thigh. The ischemia, perhaps the cause of the patient’s co-morbid diabetes and high blood pressure in combination with the intervention, needed immediate attention, the anesthesiologist reasoned, before the surgery could go on.

Seven minutes later, following the injection of sodium nitrate, Churchill’s condition was stabilized. The doctor could now place a graft to bypass the clotted artery if Churchill could make it through the next scheduled intraoperative emergency.
Typical day in simulation

It was a typical Wednesday morning for a patient in the simulation lab, who next week could go by the name of Madame Curie, Isaac Newton, or (heaven forbid) Barack Obama or Hillary Clinton. The virtual reality set-up boasting haptic technology gives the residents an operative sensation similar to working with real live patients without the potential of medical hazard. No one gets a bruised larynx.

Johnson said the mannequins offer a great alternative to former teaching methods that emphasized on-the-job training with real people. "The residents get the benefit of working through some complicated situations," he said.

In other words, mannequins help prevent future liability issues. There's wiggle room when it comes to simulator error.

The med school established the Simulation Center 10 years ago with the METI® (Medical Education Technologies, Inc.) human patient simulator (HPS®), which the Florida-based company calls Stan for the abbreviated "standard man." Other mannequins added over the years include a Harvey simulator, otoscopy and ophthalmoscopy models, and the pediatric simulator the school purchased in 2000.

Simulation brings life to medical lessons

The computer-driven mannequins are programmed to experience true-to-life scenarios that can change to fit the whim of the instructor's lesson.

The programmed systems—cardiovascular, pulmonary, pharmacological, metabolic, genitourinary (male and female), and neurological—bring the simulator alive. The model at the university's medical school does just like the METI site says it should do: it blinks, speaks, shows a pulse, and mirrors human responses to such procedures as CPR, intravenous medication, intubation, ventilation, and catheterization. A stethoscope placed over the spot where his heart would be reveals authentic beating sounds.

The same year the pediatric model arrived saw Johnson assume educational direction at the lab and things really started to simulate. The doctor initiated the early Wednesday morning simulation rotations for first-, second-, and third-year anesthesia students with the tremendous backup support of the lab's coordinator Diane Tyler, RN, and master computer programmer Noah Syroid, who holds a master's in bioengineering. Try to imagine Syroid as the wizard behind the curtain. He manipulates the simulator in response to the treatment parallel to the condition and provides simple simulated conversation. "Winston, count back from 100," instructs the anesthesiologist prior to surgery, and Winston is out almost as soon as he says, "O.K."

Tyler, the lab's chief of all administration, slots classes for other medical students and staff members, along with programs outside the school proper. Pharmaceutical drug representatives have viewed the simulated adverse reactions to the drugs they promote, while paramedics from the Salt Lake City Fire Department tested their abilities to revive patients after a heart attack.

Scenarios based on real life

Johnson prepares the medical scenarios that Syroid programs based on real life cases (with obvious name changes to protect patient privacy). Tyler puts the information into "op note" style and sets up the lab, including the trays of operating tools. The residents mask up before "surgery," and are even known to chide the surgeon or the nurse in the fashion of good-natured surgical camaraderie. "We try to maintain the demeanor of an operating room," said Johnson. "It's a great way to teach teamwork."

The brief time each anesthesia resident actually spends at the head of the table mimics the potential crisis situations that can occur during surgery, such as the sudden cardiac event.

When the students open the mannequin's mouth to insert the tracheal tube, they find realistic reproductions of a pharynx and an epiglottis. A tube passed through the vocal cord enters a real looking trachea. If the tube is pushed too far, it could slide into the bronchus—a potentially grave medical error Johnson said is
frequently made by novices. The simulator seldom dies in practice. “This is a place where residents come to learn from their mistakes,” Tyler said. The goal is to teach, and not to stump the residents in situations that result in traumatic outcomes in an open forum among peers.

Did You Know

Resusci Anne has led a much-fabled life after death.

One story has the mannequin known throughout the CPR world modeled after the doctor who lost a daughter to an asthma attack. So grieved by her death and the inability of bystanders to administer life-saving CPR in his absence, he created a mannequin that would teach the public the skills they needed to avert similar tragedies. The face of the model was that of his beloved daughter named Anne.

A second and more widely accepted story attributes the likeness to a young woman who drowned in the Seine near the end of the 19th century. According to this version, the model produced a facial mask of the unknown woman whose body was fished from the river for burial in a pauper’s grave. Somehow, the mask was stolen from the morgue and later found in a Parisian souvenir shop.

Newspapers romanticized the story, speculating her death as a result of an unrequited romance. This story became popular throughout Europe, as did reproductions of her death mask. Perhaps the serene beauty and calm repose captured in her mysterious smile struck a nerve or gave a glimmer of hope into a world beyond personal tragedy. The death mask of the girl who became known as L’Inconnue de la Seine became an object of art, so coveted that many factories were engaged to produce mass quantities for public sale.

Generations later, the woman whose life ended so tragically in a river took on near immortality when Åsmund S. Laerdal chose her face as the model for the realistic cardiopulmonary resuscitation training mannequin.

Laerdal, a well-known Scandinavian publisher and toymaker, was introduced to the project by two American doctors looking for a way to promote the public training of CPR. The doctors were convinced that life-saving resuscitation could be performed with expired air, mouth-to-mouth or mouth to mask. They needed a training mannequin.

According to an article in Resuscitation magazine published in 2002, Laerdal was favorably predisposed to the challenge since he had saved his own 2-year-old son Tore from drowning by grabbing him from the water just in time and clearing the boy’s airways. He traveled to America to meet with Peter Safar, M.D., who together with James Elam promoted the airway, head tilt, chin lift (Step A) and the mouth-to-mouth breathing (Step B) components of CPR.

Almost two years went into the development of the model and the first models built in the 1960s were sold under the name Resusci Anne. Resuscitation magazine reported that attitudes at the time required a female mannequin since “men would be loath to practice mouth-to-mouth ventilation on men.” The name Anne came from that of a doll Laerdal had designed from plastics in post-war Europe.

Sources: Barbara and David Mikkelson, “CPR Annie” at http://www.snopes.com/medical/emergent/cprannie.asp

The Laerdal Company at http://www.laerdal.info/navigation.asp


The simulator seldom dies in practice. “This is a place where residents come to learn from their mistakes.”

- Diane Tyler

Popular teaching device everywhere

The University of Utah Medical School is far from the only school enhancing its education through medical simulation, considering the 2,500 organizations worldwide that use the METI technology let alone the other companies offering simulators for education and training. Since the other METI models can mimic emergencies such as drug overdoses, vehicular accidents, effects from weapons of mass destruction, bioterrorism, and other traumatic injuries, the Maryland Fire and Rescue Institute (MFRI) uses an emergency care simulator (ECS) called Terry (or Terrie if it’s a female)
Emergency service responders are a group fast tapping into the technology simulators offer. Take for instance the Maryland Fire and Rescue Institute (MFRI) of the University of Maryland that was so impressed about what a simulator could do they purchased four METI emergency care simulator (ECS) models over the years and have since established a mobile lab for advanced life support (ALS) continuing education courses.

You can call me Terry or Terrie

The newest ECS model, called Terry or Terrie depending on the anatomical arrangement they decide for their simulated patient, is the full-time resident of a mobile lab that MFRI hauls all over Maryland to different county fire/rescue stations for simulation exercises.

The paramedics find the simulator a great way to learn, said Angie Bennett, the MFRI ALS program coordinator. “They can see a patient’s condition play out and see what can happen at different stages,” she said. “We certainly couldn’t bring in an actual patient to do the same. It’s great.”

The MFRI was the first among ALS trainers to incorporate a simulator when METI introduced its EMS technology. In fact, the Institute bought EMS simulators one and two, and the two newest models are numbered 1000 and 1001 according to the METI production schedule. Not only is the MFRI a first in the technology, it’s also one of the busiest METI incorporated training shops around—between Labor Day and Christmas all but one day has been booked.

Mobility brings success

Bennett attributes their success to the program’s flexibility. They can offer courses at the Institute, which is based at the University of Maryland campus, or, with the trailer, on the road.

The trailer, made to resemble the back of an ambulance, protects the expensive simulators and saves time, according to Rebecca “Becky” Spicer-Himes, a manager within the MFRI Administrative Services Section. “We used to keep them in boxes and haul them around that way,” she said. “That wasn’t always efficient. They’re expensive, so we were risking something happening to them in the constant take down and set up, and they do take a long time to prepare at the location.”

The result is a mobile lab that includes a trailer (24 feet long, 8 feet wide, and 6 feet 1 inch tall), the simulation mannequin, seven computers, four video cameras, three LCD monitors, and a heater/air conditioning unit.

As Spicer-Himes describes in the July 4, 2007, edition of JEMS, the mobile unit has everything, from a cot and emergency medical supplies to a patient that can simulate just about any medical emergency. A partitioned area at the front of the trailer contains computers loaded with 12 pre-packaged programs with scenarios that include COPD, congestive heart failure, and pneumonia with septic shock.

“They can see a patient’s condition play out and see what can happen at different stages.”

– Angie Bennett

All physiological, pharmacological, and event data is logged and time stamped. As part of this learning process, evolutions are videotaped and reviewed in a debriefing session. If needed, teaching points are restated and the student can retest.
Almost the Real Thing. Simulators present close to life situations

When you walk into the room, you’d bet you were experiencing the real thing.

Four system status controllers (SSCs). Four three-screen computer-assisted dispatch terminals. The sounds of voices dispatching emergency units in response to a steady stream of 9-1-1 calls.

But look a little closer and you’ll see a four-screen equipped fifth terminal and a guy who is wearing a headset and looks like he’s listening to what the others are saying, rather than taking his own calls.

Welcome to the Niagara Region Emergency Medical Services Communication Centre training room. The simulated setting, says training supervisor Richard Ferron, presents real world conditions for the SSCs in their last weeks of on-the-job training with the busy emergency service agency in Ontario, Canada.

“I get to know how they will respond once they move to the floor,” said Ferron, an advanced care paramedic who shifted to a focus in communications because of his interest in education. “The “simulator” lets me observe their personal skills, their abilities to multi-task, and whether they’re able to think quickly in an emergency.”

If the simulator proves they’re not?

“They learn the flow,” said Ferron.

The last four weeks in simulation, however, are the final proving grounds.

The Niagara Region Emergency Medical Services Communication Centre went live nearly three years ago (June 1, 2005) with 28 EMD certified dispatchers and eight certified EMD-Qs. All were ready to hit the floor running on day one thanks to a training center and staff that had been in full gear for three months prior.

Centre Manager Lyne De Grasse said that they wanted personnel thoroughly trained in Medical Priority Dispatch System (MPDS”) protocols, call taking, and dispatch when the communications centre opened their lines for business. This was no easy task, she admits, especially since their SSC training program from the beginning required 10 weeks of coursework and four concluding weeks in the simulation lab. The additional two weeks making up the actual 16-week training program are devoted to on-the-floor mentoring.

The last four weeks in simulation, however, are the final proving grounds.

“The simulator is about as close to reality as you can get.”

– Lyne De Grasse

There’s no kidding around when practicing in action.

“I emphasize realism,” he said. “They know they have to take this seriously because they’re showing me how they will perform.”

The Niagara Region Emergency Medical Services Communication Centre covers 715 square miles and 452,000 permanent residents plus the some 15 million visitors that come to southeastern Ontario, Canada, each year to visit Niagara Falls.
Chest Pain Without Symptoms. What’s the priority?

By Brett Patterson

Corinne asks:
I need your advice. My colleague and I were just discussing Priority Symptoms and code 19-A-2, Chest pain < 35 (without priority symptoms).

My interpretation of 19-A-2 is that the chest pain is a priority symptom. Wouldn’t this make the code an oxymoron based on the description? If chest pain is a priority symptom, how can the descriptor say Chest pain < 35 (without priority symptoms)?

Corinne Begg, Quality Improvement Coordinator, Lower Mainland Region Communication Centre
Vancouver, British Columbia

Corinne:
You are technically correct. However, the intent is to capture “symptomatic” chest pain patients in this age group. In other words, signs or symptoms other than the pain, especially symptoms such as difficulty breathing, a decreased level of consciousness, or signs of poor perfusion like sweating or color changes, indicate a patient that is more prone to having actual heart damage that is affecting the pumping action of the heart. Such signs or symptoms, in the presence of chest pain, should indicate to the EMD that a serious situation is possible and that remaining on the line may be appropriate.

Chest pain in patients 35 and older is a priority symptom. Chest pain without associated symptoms in someone under 35 is not a priority symptom. What is more important than the definitions is the practical use of the protocol. The protocol applies these definitions for the EMD: only the principle needs to be known. Patients under the age of 35 rarely have heart attacks, and protocols are built on probability. However, heart attacks do occur in this age group, but other symptoms of poor perfusion are generally associated. This education may help EMDS when confronted with a patient under the age of 35 presenting with chest pain.

Roxann asks:
I work in an accredited 9-1-1 center and we are often told by our EM D-Q that we are held to and graded on a much higher standard. With that in mind, it leads me to believe that we are over prioritizing calls because we are not allowed to clarify if a patient’s abnormal breathing is secondary to their pain from an injury such as a broken ankle. For example, a second party caller stated that a 45-year-old female stepped wrong and broke her ankle. She is conscious and breathing, completely awake, not breathing normally, and the injury is classified as NOT DANGEROUS Body Area. Therefore, code is 30-D-3 (Abnormal breathing). However, if we are allowed to clarify that the abnormal breathing is secondary to the pain, the call could be coded 30-A-1.

This is also an issue on the Sick Person Protocol 26 when the ill patient is vomiting. Since we are not allowed to clarify if the abnormal breathing is because of the vomiting, we are shunted to Protocol 6.

Is this an EMD standard or a self-imposed standard? In other words, does the higher priority standard slant prioritizing?

Roxann Martinez
Paramedic, MedStar EMS
Fort Worth, Texas

Roxann:
As usual, there are two sides to this issue. First let me say that you make an excellent point. People in pain and people who are vomiting are not breathing normally, but the abnormal breathing is generally not clinically significant. Conversely, for an EMD to assume, or to clarify in a leading way, i.e., “Is her abnormal breathing the result of her pain?” is risky. It seems that the intentions of your quality improvement (QI) coordinator is to balance these factors.

I can assure your QI coordinator that trauma calls are coded CHARLIE (Protocols 4, 17, 30) because of abnormal breathing alone is almost always found to be nonemergent at the scene. This data has recently been studied and has led to changes in version 12 of the Medical Priority Dispatch System® (MPDS), which was recently released. In version 12, these changes include qualifying the difficulty breathing question with or chest neck injuries only, and augmenting the Delta Determinant for difficulty breathing to chest or neck injury with difficulty breathing.

Unfortunately, short of upgrading to MPDS v12, there are no easy answers. While I think it is prudent and responsible for the EMD to clarify anything that seems to be in doubt, I also think it is the EMD-Q’s responsibility to assure that EMDS do not turn innocent clarification into habitual doubt and routine attempts to downgrade. The observation and identification of this phenomenon is subjective but well documented and very important. EMDS that routinely question the caller’s answers (and integrity) place themselves, their patients, and their agencies at risk.

With that said, there is definitely a place for responsible clarification. In the cases where it seems obvious that abnormal breathing is not related to the problem, i.e., when the caller mentions pain or vomiting when asked about breathing, it seems prudent to clarify. However, this should be done while leading the caller as little as possible and without asking the caller to make a subjective decision or diagnosis. For example, it is probably better to have the caller ask the patient if his or her breathing is all right, rather than asking the caller if the abnormal breathing is related to the pain or vomiting.

I would suggest discussing this issue with your EM D-Q during a training session. It is important that the EM D-Q understand your position and vice-versa. There is nothing worse for a QI program than an adversarial relationship between the reviewer and the reviewed. The reviewer should always be an advocate, not an adversary.
Are You Completely Alert? MPDS version 12 pays attention to challenge of consciousness

By Ben Rose

Incidents involving a change in the patient’s level of consciousness offer certain challenges. Sometimes it can be difficult to determine where on the continuum of consciousness the patient falls. On one end of the continuum, the patient may be completely awake and behaving normally. On the other end of the continuum, the patient may be completely unconscious. Unconsciousness is classified as one of the nine time-life priority complaints in the Medical Priority Dispatch System® (MPDS) and has a relatively high probability of being a true emergency.

In between the two extremes lie a range of states including fainting, near fainting, dizziness, or some kind of altered or decreased level of consciousness. Of course, the caller may describe what they see any number of ways, so figuring out where the patient lies along this continuum can challenge your calltaking skills and your knowledge of protocol. This article will highlight several changes that have been made in the new MPDS version 12 to help you handle these incidents.

Unconsciousness vs. fainting

The difference between unconsciousness and fainting is a simple but important distinction for you to make. Unconsciousness is a persistent state, meaning the patient is still not awake while you process the call.

Unconsciousness can result from either medical problems or trauma. In this article, we will focus on unconsciousness resulting from medical problems.

Fainting, called “syncope” in medical terms, is a transient or fleeting state, meaning the patient “comes to” or wakes up rather quickly. Fainting is generally less serious than unconsciousness. However, fainting may represent a serious problem that requires medical evaluation. Even near fainting and dizziness (in certain cases) can indicate a potential emergency, as we will see. (See also Axiom 1 and the First Law of Fainting on Protocol 31.)

The problem with “conscious”

Historically, callers have sometimes had a hard time answering Case Entry Question 5, “Is s/he conscious?” Some callers didn’t understand the word “conscious,” while others may have been unsure exactly what you were after—“conscious” is an awfully medical-sounding term, after all.

What are you after with this question? On Case Entry, you aren’t yet concerned about whether the patient has a decreased level of consciousness. All you really want to find out is if the patient is awake at all so you can select the correct Chief Complaint Protocol. You just need the caller to give you a simple yes or no.

In MPDS v12, the experts on the Council of Standards have chosen new terminology based on suggestions from a survey designed and implemented by the London Ambulance Service (LAS). The new terminology is designed to elicit the desired information from everyday members of the public using everyday language.
The new Case Entry Question 5 is: “Is s/he awake (conscious)?” The word “awake” is much simpler than “conscious” and gets right to the point in a way every caller should be able to understand. Notice that “conscious” remains, but as a clarifier only. If the caller does not understand “Is s/he awake!” you should then ask “Is s/he conscious?”

5. Is s/he awake (conscious)?

Yes
No
Unknown

Choosing the right protocol for unconsciousness

When the caller reports medical unconsciousness as the Chief Complaint during Case Entry, choosing the correct Chief Complaint Protocol is generally straightforward. In the absence of scene safety and mechanism of injury concerns, your choice is typically between Protocol 31, Unconscious/Fainting (Near), and Protocol 9, Cardiac or Respiratory Arrest/Death.

The patient’s status of breathing will determine which one you choose. If the caller reports that the patient is breathing effectively, you then use Protocol 9, Cardiac or Respiratory Arrest/Death. If the caller reports that the patient is breathing uncertain (AGONAL),” and process the case using Protocol 9.

In these situations, use the Agonal Breathing Diagnostic to verify. Here, you will discover another change made in MPDS v12. Previously, you were directed to measure five breaths, or four intervals. In order to decrease interrogation times for patients with ineffective breathing, you are now directed to measure just four breaths, or three intervals. In the Agonal Breathing Diagnostic in ProQA®, you will notice that only three interval bars now appear. The evaluation result now displays after you have measured four breaths (see above photo).

When faced with these difficult situations, remember Case Entry Axiom 1. If, for whatever reason, the patient’s status of breathing cannot be determined or verified by a caller who is with the patient, send a 9-E-2, “Breathing uncertain (AGONAL),” and go to Protocol 17 for the fall.

A new Rule appears on both Protocol 17 and Protocol 31 to provide guidance on choosing the correct Chief Complaint Protocol.

Why go to Protocol 31 for this kind of incident? The reason is that fainting, near fainting, and dizziness can indicate underlying heart problems that can be the first and perhaps only sign of a heart attack or other serious heart problem requiring ALS care. Although you might consider going to Protocol 17, there are usually no significant mechanism of injury concerns with a ground-level fall. In this case, the potential for heart problems is more serious than the ground-level fall, and the Chief Complaint is truly the fainting or dizziness, rather than the fall.

If the height and cause of the fall were not apparent from Case Entry and you went to Protocol 17, there is a safety net to catch these cases. Looking at Protocol 17 in MPDS v11.3, you will see that one of the answer choices for “What caused the fall?” was “Fainted or Nearly fainted (ground level).” This answer choice shunted you to Protocol 31. In MPDS v12, another answer choice has been added to account for dizzi-
ness with a ground-level fall. Again, you are shunted to Protocol 31.

When the fall is higher than ground level, you’ll still choose Protocol 17 to address the mechanism of injury and potential scene safety issues.

Potential heart problems

Patients with fainting or near fainting and patients who experienced dizziness prior to a ground-level fall must be carefully evaluated to determine if they are in the middle of a potential cardiac emergency. Protocol 31 has been enhanced with additional Determinant Descriptors to classify patients in various levels of risk and to give agencies more flexibility with response options.

For these patients, it is critical to distinguish between the patient who has become fully alert and the patient who is not alert. The not alert patient will receive a DELTA response, while the fully alert patient may receive a CHARLIE or even an ALPHA response.

As with the consciousness question on Case Entry, callers sometimes have a difficult time supplying a good answer when you ask the Key Question “Is s/he completely alert (alert)?” The new alertness Key Question is: “Is s/he completely alert (responding appropriately)?” Take special note of the new clarifier. If the caller does not understand “is s/he completely alert?” you should then ask “is s/he responding appropriately?”

The new wording will help you correctly triage patients on Protocol 31. As explained in Axiom 3, a responsible EMD can clarify this question in additional ways if there is any trouble getting a useable answer.

For completely alert patients whose only symptom is fainting or near fainting, the patient’s age and cardiac history both play a role in figuring out the correct Determinant Code in MPDS v12. Notice that the cardiac history question has been moved to a subquestion position under “(Conscious) Is s/he completely alert (responding appropriately)?” This means it will only be asked when the patient is conscious. Patients who are still unconscious or who have fallen unconscious again by the time this question is reached, automatically fall into the DELTA category, regardless of their cardiac history.

Remember that so far, we’ve only been talking about fainting or near fainting with no other symptoms. Patients with color changes, abnormal breathing, or abdominal pain (in females of child-bearing age) fall into other Determinant Codes.

Dizziness without a fall

Dizziness by itself is not likely to be a prehospital emergency unless it has caused the patient to fall down, indicating that the patient may have momentarily fainted and may be experiencing a heart problem. Without a ground-level fall and without any identifiable priority symptom, dizziness (or vertigo) is handled on Protocol 26, Sick
Person (Specific Diagnosis). Prior to MPDS v12, dizziness without any other symptoms would have been coded as 26-A-1 (no priority symptoms and no other NON-PRIORITY complaint identified).

In MPDS v12, a new Determinant Code has been created on Protocol 26 to handle patients whose only symptom is dizziness or vertigo. In fact, a whole new set of ALPHA-level NON-PRIORITY complaints has been created, and the old set of ALPHA-level complaints has been moved into the OMEGA category.

The new ALPHA-level NON-PRIORITY Complaints include commonly reported symptoms that may require an ambulance response, but due to the absence of priority symptoms should not be over-}

trialed into the CHARLIE level. Among the new ALPHA-level NON-PRIORITY complaints is 26-A-3, “Dizziness/vertigo.”

Sick persons

A number of problems related to the patient’s level of consciousness can occur while using Protocol 26, Sick Person (Specific Diagnosis), even when the caller seems to be reporting a straightforward sick person call. Case review and outcome data have shown a significant number of patients on Protocol 26 who have been triaged into the ALPHA-level NON-PRIORITY complaints when in fact they may require ALS care. These patients may be experiencing insulin shock, stroke, or a number of other critical problems. The only sign these patients may have of the need for ALS care is an altered level of consciousness.

These patients appear on Protocol 26 because, for whatever reason, the caller’s chief worry is the reported sickness. Sometimes the caller does not even notice the change in consciousness until you prompt the caller to check by asking “Is s/he completely awake (alerting permanently) or ‘Yes, he’s awake, but he’s kind of out of it.’ The patient seems to be in some state in between fully alert and not at all alert. The caller recognizes that something is not right, but is not really sure how to answer the question and offers a qualification of some kind. Because of this frequent caller confusion, obtaining a clear answer to “Is s/he completely alert (responding appropriately)?” is especially important on this protocol. In MPDS v12, the new wording (“alert” instead of “awake”) will make it easier for the caller to give you a useful answer for such remote incidents.

In addition to the new alertness question, a new Determinant Code 26-C-1, ALTERED LEVEL OF CONSCIOUSNESS, and an associated definition have been created to help the EMD identify patients who may be having a serious problem, even though they seem somewhat alert. This new code falls within the CHARLIE level, indicating that the patient may require ALS care. Use the list given in the new definition to help determine whether the call should be coded as 26-C-1. Note that any other description indicating the patient is not fully awake should be considered not alert, a DELTA situation. (The 26-C-1 code has already been in use in the UKE-Ω version of the protocol.)

What if you’re dealing with a patient whose normal state is not completely awake? A new rule on Protocol 26 provides guidance.

Are “you” completely awake?

The change to “Is s/he completely alert (responding appropriately)” affects almost every Chief Complaint Protocol in the MPDS. Only six Chief Complaint Protocols are unaffected.

On three protocols, the wording change has purposely not been made. Protocols 29, 32, and 34 still contain the old question, “Is s/he completely awake (alerting permanently)?” On these protocols, the caller is likely to be remote from the patient, and a close examination of the patient’s level of consciousness will often not be possible. It is believed that using the word “awake” will make it easier for the caller to give you a useful answer for such remote incidents.

Because you ask this question so frequently as an EMD, it becomes especially important to remember the change and not ask the old question out of habit. You must read the question verbatim to ensure maximum effectiveness of the interrogation.

The changes made in MPDS v12 offer some valuable tools to help you handle the challenges of incidents involving a change in the patient’s level of consciousness.
1. Which of the following best describes the difference between unconsciousness and fainting?
   a. Unconsciousness is a persistent state; fainting is a transient state.
   b. Fainting is a persistent state; unconsciousness is a transient state.

2. The purpose of Case Entry Question 5 is:
   a. to determine if a conscious patient has experienced any decrease in level of consciousness.
   b. to determine if the patient is awake at all.

3. What is the wording of the new Case Entry Question 5?
   a. Is s/he conscious?
   b. Is s/he awake (conscious)?
   c. Is s/he completely awake (alert)?
   d. Is s/he completely alert (responding appropriately)?

4. What is the wording of the new alertness Key Question?
   a. Is s/he conscious?
   b. Is s/he awake (conscious)?
   c. Is s/he completely awake (alert)?
   d. Is s/he completely alert (responding appropriately)?

5. In MPDS version 12, the Agonal Breathing Diagnostic directs you to check:
   a. a maximum of 3 breaths (2 intervals).
   b. a maximum of 4 breaths (3 intervals).
   c. a maximum of 5 breaths (4 intervals).
   d. a maximum of 6 breaths (5 intervals).

6. In MPDS version 12, “patients who are normally not completely awake should be considered alert in the dispatch environment.”
   a. true
   b. false

7. The caller reports that his 83-year-old mother suddenly lost consciousness, fell to the floor, and is now “gasping for air.” What is the best Chief Complaint Protocol for this case?
   a. Protocol 9: Cardiac or Respiratory Arrest/Death
   b. Protocol 12: Convulsions/Seizures
   c. Protocol 26: Sick Person (Specific Diagnosis)
   d. Protocol 31: Unconscious/Fainting (Near)

8. The caller reports that her 5-year-old son has been sick and is running a fever. The child is currently convulsing, is not conscious, and is not breathing. What is the best Chief Complaint Protocol for this case?
   a. Protocol 9: Cardiac or Respiratory Arrest/Death
   b. Protocol 12: Convulsions/Seizures
   c. Protocol 26: Sick Person (Specific Diagnosis)
   d. Protocol 31: Unconscious/Fainting (Near)

9. The caller reports that his 26-year-old wife fainted and fell to the floor. The patient is now conscious and breathing effectively, but a little “out of it.” What is the best Chief Complaint Protocol for this case?
   a. Protocol 9: Cardiac or Respiratory Arrest/Death
   b. Protocol 17: Falls
   c. Protocol 26: Sick Person (Specific Diagnosis)
   d. Protocol 31: Unconscious/Fainting (Near)

10. The caller reports that her 52-year-old husband is feeling dizzy. He has not fallen or fainted and is currently conscious and breathing effectively. What is the best Chief Complaint Protocol for this case?
    a. Protocol 9: Cardiac or Respiratory Arrest/Death
    b. Protocol 17: Falls
    c. Protocol 26: Sick Person (Specific Diagnosis)
    d. Protocol 31: Unconscious/Fainting (Near)
That Sinking Feeling. Water rescue takes focus and persistence to save victims from submerged vehicle

By Ross Rutschman

Remember that scene in the movie "Titanic" where the ship is sinking, the cabins are filling quickly with water and Jack keeps his head and is able to lead Rose and others to safety?

Well imagine if Jack were in a car, what would you have told him so he could get out of the sinking this vessel safely? Dispatch Life Support (DLS) instructions are present for many reasons. Scene safety and some very specific and simple instructions can help to ensure that the caller and others are safe or can get to safety prior to disconnecting the call.

Rules to live by
1. First, do no harm: In other words, don't make the victim (patient) or the situation worse.
2. Don't take any more victims to the scene: It's up to the EFD to take control of the scene and direct the appropriate actions until other responders take over.
3. The action the EFD takes in the first five minutes will many times dictate what other responders will do for the next 50 minutes (or five hours): follow protocol and see Case Entry Rules #1 and #3.
4. Free enterprise is a good economic system, but has no place on the emergency scene.
5. Kind words and reassurance will go a long way in what may seem like a hopeless situation.
This is the ultimate Houdini act that you as the EFD must orchestrate. To accomplish this, you must keep the caller focused. If the vehicle is still floating (window above the water level), tell the caller to roll down the window and GET OUT. While most people believe that electric windows will short out when wet, it will actually take several minutes until the water, including seawater, begins to interfere with the car’s electrical system. In this short period of time, those in the car can still use the electric window motors as long as the key is in the ignition.

If the window won’t open, someone in the car will need to break a window. The windshield is generally impossible to break since it is probably a safety window made up of two pieces of laminated glass with plastic in between. The rear window and side windows are the better bets but even these are very difficult to break (just ask any person who’s been arrested). A person in the car must strike the window in the lower corner or near an edge with a sharp (preferred) or heavy object. There are special tools available for this. If the caller doesn’t have one, tell the person to use whatever heavy object is available. An elbow works, but it will take lots of effort. One last note: tell the caller to be careful about the flying glass. Although less of a priority, a bloody cut is best avoided.

Once the window is broken, instruct the caller and other occupants to look for the light at the surface of the water and swim toward it or to follow the bubbles to the surface (just like in the bathtub or...
a swimming pool). Remember, this whole vehicle sinking process may only take one to two minutes and, yes, all of the occupants must take a deep breath, and hold it, before swimming to the surface.

If the vehicle is sinking like the Titanic, you will need to read these instructions quickly to the caller because time is limited. If window escape has failed, the caller needs to let the vehicle fill with water before attempting to open a door. Once the vehicle fills and the pressure equalizes, have the caller open the door and swim to the surface. If the door won’t open against the pressure, someone inside the car will need to break the window.

For other water rescue situations, including ice rescue, swift water rescue, or a person in the water, the instructions are very simple: Don’t go in the water and do not maintain visual contact with the person or the last spot the person was seen. If there is an object (floatable) available, throw it to the person to grab and hold.

Floods

Floods are a little bit different matter. One option is to follow the Tsunami signs to higher ground. In the absence of those signs, advise the caller not to walk or drive through the water. Remember, as little as 18 to 24 inches of water are enough to sweep away a vehicle.

Let’s say someone has decided to drive through moving water and the vehicle stalls. In this case, advise the caller to stay with the vehicle because the caller or others could be swept away in the swift water if a decision to bail out (jump) is made.

If the vehicle is filling with water, the driver should be told to climb to the roof to wait for the Coast Guard. Unlike airline seats, the car seat cannot serve as a floatation device. The caller should be told not to steer the vehicle if the vehicle starts to move with the current. Steering won’t work. Advise the caller to abandon the vehicle if it’s safe to do so, then swim toward a fixed object, such as a tree or a sign, and in the same direction as the moving vehicle, except out of its path.

Fire rescue

If the communications center in “Backdraft” had been using the FPDS, the McCaffrey brothers would have had an easier job. In fact, if they had been using the FPDS, the movie may have turned into a chick flick or just another food channel special.

When the caller is trapped in a structure fire, the caller needs to be informed of some basic survival skills, including staying low to the floor, closing the door immediately, and covering air vents and cracks around the doors with wet clothes, towels, clothes, or anything else that is available. Unlike the movies, the smoke will most likely be down at floor level. If air is needed to breathe, tell the caller to open a window just enough to get some fresh air.

In the unfortunate situation of having a person on fire, relay these instructions:

1. STOP, DROP, and ROLL (for the person on fire)
2. Extinguish with water if available (for the person assisting someone who is on fire)
3. If water is not available, get a blanket, rug, or large coat to wrap the victim in and smother the flames (for the person assisting someone who is on fire)

Hazardous materials

Hazardous materials incidents have the potential for a very complicated scenario, and in keeping Rules 1, 2, and 3 listed above, the Pre-Arrival Instructions (PAIs) are very simple and are meant to be this way.

1. Leave the area if it’s safe to do so (oh yeah, keep others from entering)
2. If it’s on you, don’t touch anything
3. If it’s on someone else, guess what? Don’t touch them
4. If it’s safe, keep affected people isolated so they don’t affect others
5. Advise people not to do anything that may cause a spark and, yes, cause a fire
6. Get the Material Safety Data Sheets (MSDS) for the other responders

The Academy has received some Proposal For Change Forms (PFCs) regarding this issue, but the Fire Standards Council and experts who were consulted agreed that trying to decontaminate victims might do more harm than good.

What happens if urgency seems to run contrary to accuracy?

Accuracy, of course, is the way to go. DLS and the X Protocol are very important parts of the FPDS. The FPDS is not meant to be an Evelyn Wood Speed Reading course. In other words, you can have 100 percent completion, and someone didn’t understand any of the instructions you read because you were reading so fast. SLOW Down! You must make sure that the caller understands your instructions.

By the way, if you have a Titanic-like incident with a car, I hope you are able to respond in the same manner as Jack did by leading the driver and passengers to safety. You never know. This could be your chance at “Dispatcher of the Year.”
CDE-Quiz Fire

Answers to the CDE quiz are found in the article “That Sinking Feeling,” which starts on page 18.

1. As an EFD, it’s up to you to take control of the scene and direct the appropriate actions until responders take over.
   a. true
   b. false

2. According to the 2005 findings of the National Center for Health Statistics, what were the odds of dying in a water transport accident involving a motor vehicle?
   a. 1 in 565,767
   b. 1 in 226,552
   c. 1 in 7,263
   d. 1 in 523

3. It usually takes several minutes before water, including sea water, shorts out the electric windows of a car.
   a. true
   b. false

4. The front windshield is the preferred window to break when the windows won’t open in a sinking vehicle.
   a. true
   b. false

5. According to the article, as little as ______ inches of water are enough to sweep away a vehicle.
   a. 18-24
   b. 25-30
   c. 32-38
   d. 40-50

6. After exiting a submerged vehicle, occupants should:
   a. stay with the vehicle until divers can rescue them.
   b. seek a pocket of air trapped by the vehicle.
   c. follow the bubbles or light to the surface.

7. Most car seats double as flotation devices.
   a. true
   b. false

8. The smoke in a structure fire will most likely be down at floor level.
   a. true
   b. false

9. The Fire Standards Council agreed that:
   a. callers should be advised to begin decontamination of hazardous materials victims prior to the arrival of emergency responders.
   b. no instructions should be given for hazardous materials incidents.
   c. callers trying to decontaminate hazardous materials victims may do more harm than good.

10. DLS instructions should be read:
    a. as quickly as possible while maintaining 100 percent compliance.
    b. as quickly as possible even if it means sacrificing compliance.
    c. slow enough for the caller to understand them clearly.
    d. slow enough for the caller to repeat each instruction as it is read.

To be considered for CDE credit, this answer sheet must be received no later than 6/30/09. A passing score is worth 1.0 CDE unit toward fulfillment of the Academy’s CDE requirements (up to 4 hours per year). Please mark your responses on the answer sheet located at right and mail it in with your processing fee to receive credit. Please retain your CDE certificate to be submitted to the Academy with your application when you recertify.
Opening the Doors: High school program gets students up and running toward lifetime careers

By Audrey Fraizer

Some people beyond the age of these students may say they’re just kids from a perplexing generation. Give them time but hire with caution.

After all, they’re high school seniors from Generation Y. What do they care about staying with a job? As some predictions go, most of them might have eight to 10 jobs before reaching middle age.

If that’s your impression of this up and coming generation, take a good look at the senior high students in Valgene Holmes’ emergency telecommunications course.

Since grade school, it seems, most of the young adults (not kids) in Holmes’ course have had their sights on law enforcement and criminal justice careers. They want to become police officers, crime scene investigators, private investigators, trial lawyers, district attorneys, and emergency service. The 18-year-old will be the first in her family to attend college. She also will be the first in her family to attend college. Reyes has wanted to become a police officer ever since she can remember, and Holmes’ course, which she’s taking during her senior year, fits right into her plans.

“My parents are very excited about what I want to do,” she said. “I have no regrets. I’ve been able to accomplish exactly what I wanted to do.”

Training starts in high school

Reyes is among 23 students in this year’s program, which Holmes had them apply for while in their junior year. The Houston (Texas) Independent School District gives students the opportunity to attend magnet schools that specialize in certain types of curriculum. The High School for Law Enforcement and Criminal Justice (LE/CJ) was started as a magnet school in 1981 as a recruitment source for minority police officers. The school has since expanded its curriculum across a variety of careers related to law enforcement and criminal justice.

To be considered for enrollment, a student must have an overall grade average of 80 percent in major academic courses, standardized test scores at or above grade level, parental consent, and acceptable attendance and conduct performance.

During their junior year, students are invited to fill out applications for possible acceptance into Holmes’ one-year telecommunications program only open to the seniors in high school.

Nothing easy about it

There’s nothing easy about getting accepted into Holmes’ program. He begins the process in their junior year with a formal application that includes a portfolio explaining what they’ve done and what they plan to do. Once through the door, things don’t slow down. Students take 135 hours of instruction over two semesters, including 16 hours of hands-on experience at a communications center.

Holmes picks only the highest ranking students based on his review.

For the 2007-2008 school year, 55 students applied and he ended up accepting 23 based on criteria that includes grade point average, attendance, community service, and an actual interest in the field. One student who made it through the door was later cut from the program for behavior Holmes said was unbecoming to the intended profession.

“I hold their feet to the fire,” Holmes said. “I do whatever I can possibly do to help them succeed.”

And, obviously, that can mean weeding out those students lacking the responsibility and demeanor he demands.

What’s in it for the students?

The program is unique.

Holmes puts to practice skills students will need in their future law enforcement and criminal justice careers. His program’s curriculum is based on the Emergency Telecommunicators Course (ETC) developed by the National Academies of Emergency Dispatch® (NAED), and it is supplemented with Texas state law for emergencies.

By the time they graduate, students are TCLEOSE certified in VESTA/MapStar, basic telecommunications, and TCIC/NCIC; and in emergency telecommunications through the NAED.

TCLEOSE stands for the Texas Commission on Law Enforcement Officer Standards and Education. The Harris County (Texas) Sheriff’s Academy provides the certification for Holmes’ program. The Texas and the National Crime Information Systems (TCIC/NCIC) are computerized indexes of criminal justice information with access to data on wanted persons, missing persons, and gang members, as well as information about stolen cars, boats, and personal or business computers.

Instruction is firsthand

Students also have the opportunity to
get real-life experience through the Greater Harris County 9-1-1 (GHC) network. In fact, since the 2000 school year, of the 329 students who have earned the title of emergency telecommunicator, nearly one-third have been hired by GHC 9-1-1 affiliated agencies in the GHC 9-1-1.

“This is an opportunity for them to succeed in life. The program opens a lot of doors and that’s what education should be all about.”

- Valgene Holmes

This year, 13 seniors enrolled in the program are working 25-hour per week jobs through a LE/CJ co-op program with the Houston Emergency Center (HEC), a GHC network agency. Eleven of the students are taking non-emergency phone calls, one is working in the Geographical Information System (GIS) division that makes the maps calltakers use in the communications center, and one is working part-time in administration.

HEC provides an additional four weeks of training once a student is accepted for the part-time employment. Two weeks involve classroom instruction—learning policies and practices—and two weeks require hands-on training at the computer system. When finished with training, the students work weekdays after classes, from 1:30 p.m. to 6:30 p.m. They earn $10 an hour.

Communications center gives thumbs up

“They’re a great group,” said HEC Director David Cutler, a career police officer who took over the direction of HEC upon his 25-year retirement from the police force. “They’re professional, polite, and really good at multi-tasking.”

Cutler also appreciates the age group which, he said, reflects a limited job history and, subsequently, implies an easier adjustment to the work environment.

“They come in here without bad habits developed over many years of working,” Cutler said. “They’re very responsible young adults.”

Cutler likes the program and the students so much that he plans to expand openings for them at HEC. By 2010, the fourth year of the co-op, he anticipates adding dispatching to the list of jobs available to the students.

Students laud opportunity

Reyes answers the non-emergency calls at HEC. She gives information about where to go for a driver’s license, how to contest traffic tickets, what to do about the neighbor’s barking dog, and who to call about the suspicious behavior of someone seen lurking at the park playground. Once out of high school, she’ll go on to college and then to the police academy.

A another student, George Lozano, 17, finds the non-emergency call answering an asset to his career goal of becoming a police detective. He is good attitude has even impressed a younger sister who he said talks about enrolling in the same program when she’s of age to apply.

“She sees what a great experience this has been for me,” he said.

Then there’s the dispatcher who wants to take over Cutler’s job someday.

“That’s what he told me. He wants to move through the ranks,” said Cutler.

Holmes said it’s that type of motivation he looks for and wants to develop. Although an instructor for the past 14 years, Holmes spent 20 years before that as a police officer and criminal investigator. During a three year period he spent in the narcotics division, Holmes said he saw everything—gangs exploiting youths, drug addiction, and lives lost or squandered from the lack of direction and opportunity.

“I had to come up with a way to get young people involved, to keep them straight,” he said. “This helps them. They still make mistakes. They’re young. But, at least, they have something that they can call a land of opportunity.”

– Valgene Holmes
Power of the Protocol

Annual Navigator Conference plugs into dispatch community
You didn't have to go far to see the Power of the Protocol at work during the National Academies of Emergency Dispatch® (NAED) Navigator Conference held at the Inner Harbor of Baltimore, Md. From break-out sessions, networking, keynote speakers, and time to catch up with old friends in the communications business, the conference offered something for everyone involved in the world of emergency calltaking.

"This is a great way for me to exchange ideas and discuss our common issues," said Jerry Pollock, Emergency Management planner, Clearfield County (Pa.) EMA/911.

But not only did the conference bolster his prospects to discuss general communications center issues and emergency dispatch protocol, it also assisted him with a project he's been working on for the past several years. Pollock is a pandemic planner and lately he's been concentrating his efforts on the potential of a widespread outbreak of the avian flu in line with the pandemic planning resolution the U.S. Department of Health and Human Services and (Pa.) Governor Ed Rendell signed in March 2006.

"I knew a lot was going on at Navigator that would help," he said.

He was no doubt far from disappointed. The 2008 Navigator Conference held at the Baltimore Marriott Waterfront during the last full week in April was the largest conference in terms of the number of attendees since the NAED initiated the annual event. A total of 1,189 from all levels of dispatch and law and fire enforcement—or 1,258 if you count the number of speakers including instructors—gathered for three days of formal conference events that was preceded by three days of intensive workshops, seminars, and the EFD, EPD, and EMD training and certification courses.

And as far as pandemic data, an entire session was devoted to the pandemic flu and the new Medical Priority Dispatch System® (MPDS) Protocol 36 that can be used during an officially announced flu pandemic. Protocol 36 has been designed to identify potentially infected patients who meet predetermined case definition.

"This is a true conference for dispatchers," said Bardonna Woods, chief of communications, Washington County 911/Fire and Rescue Communications, Hagerstown, Md.

Lots to do

This year’s conference featured three keynote speakers and award ceremonies to recognize dispatchers, Accredited Centers of Excellence (ACE), graduates of the Communications Center Managers Course (CCM), and leaders in the emergency communications profession. In among those events, there were 60 break-out sessions spread across three days and ample time to visit displays provided by 49 exhibitors, including federal agencies representing the Department of Homeland Security and a representative from a new documentary television series Call 911.

Roger Novak, of XYBix Systems, finds the conference a great way to learn more about his market and the type of people the profession attracts. Novak said Navigator gets him into the heart of dispatch. "These are the people who do the job, day in and day out," he said. "They’re the ones going to the directors to tell them what they need to make their jobs better.”
DEBRA ARCHER  
QA Coordinator and Deputy Director  
EMA/911  
Clearfield County, Pa.

Debra Archer came to the Navigator Conference with lots of questions to ask. Her center is fairly new to ProQA® and they are in the process of having their CAD vendor rebuild the system to better accommodate the software. But not only was she here to learn more about using ProQA, she also was eager to listen to many of the break out sessions, especially the one about the pandemic flu and the new protocol associated with a potentially disastrous outbreak of the disease. Considering all that’s going on in their communications center, combined with all the great information she could gather in Baltimore, coming to Navigator was an easy decision. “We’re so close it would be foolish not to attend,” she said. “We’ve been really looking forward to this.” Clearfield County 911 answers and dispatches an average of 60,000 emergency and non-emergency incidents per year. There is a staff of 25 dispatchers with an average of five dispatchers on duty at all times.

LT. LENALDO MATTHEWS  
District of Columbia Fire and Emergency Medical Services Department  
Washington, D.C.

Lt. Lenaldo Matthews was at his first Navigator Conference and selecting the NAEMD® pin that would signify the EFD protocol he had spent the past three days learning about at a pre-conference education session. His communications center in the nation’s capital was making the transition to the fire protocols which meant that he and four others from the department were in Baltimore to take the certification course. Matthews said he and his partners were enjoying the course despite the large amount of information they were covering in a relatively short period of time. Although the test was still on the horizon (later that same afternoon), his experience in using medical protocols gave him the confidence to succeed on fire side of emergency services. “It’s a great course,” he said. “And where better to learn than at the center of where it all happens. Each year DC Fire/EM S responds to more than 100,000 calls for emergency medical assistance.

TAMMY OBERST  
Manager  
MedStar EMS  
Fort Worth, Texas

Tammy Oberst has quality assurance in the bag. She is devoted to the science of protocol and the process of making sure her center does it right. Not only does she push QA 24/7, but she also awards the dispatcher and supervisor with the highest EM D-QA scores with a trip to the annual Navigator Conference. It’s a real prize for them, she said. The three days at the international event gives them the opportunity to meet others in the profession along with the chance to gather the information Oberst has found invaluable from the past two conferences she has attended. Tops on her list this year was the data mining pre-conference course and break-out session because of their currency with the department were in Baltimore to take the certification course. Matthews said he and his partners were enjoying the course despite the large amount of information they were covering in a relatively short period of time. Although the test was still on the horizon (later that same afternoon), his experience in using medical protocols gave him the confidence to succeed on fire side of emergency services. “It’s a great course,” he said. “And where better to learn than at the center of where it all happens. Each year DC Fire/EM S responds to more than 100,000 calls for emergency medical assistance.
Michele Holcomb was especially eager to attend Navigator in 2008 after taking the Communications Center Manager (CCM) course the NAED co-sponsors with Fitch & Associates. Not only was there the chance at the conference to pick up on "a lot of great information" but, also, she said there was the opportunity to catch up with the other students from the course she had recently completed. "I'm very excited about this," she said. "CCM looked like a great course and it really lived up to my expectations. The same goes so far for Navigator." Holcomb was so satisfied with the CCM course that Allyson Frederick, a former police officer who switched to dispatch nearly 15 years ago, will be the next from their center to register for the course. Since this was their first Navigator, neither knew how to register for the course. Since this began, will be the next from their center Frederick, a former police officer who completed. "I'm very excited about the conference the NAED honored individuals who personify the Power of the Protocol in the profession. A wards and accolades went to Robert Bass, M.D., FACEP, who received the Dr. Jeff Clawson Leadership Award, and Scott W. Dunkelberger, who received the Dispatcher of the Year Award. Representatives from agencies receiving ACE certifications and recertifications took center stage along with the students who had graduated from the CCM course.

Dr. Bass is a physician dedicated to emergency medicine. He is the executive director of the Maryland Institute of EMS Systems, an independent state agency that oversees and coordinates the emergency medical services and trauma system in Maryland, and he served as a member of the Institute of Medicine's Committee on the Future of Emergency Care in the U.S. Health System. He is an emergency physician who specializes in prehospital care. His interest in standardized emergency medical protocol goes back more than two decades when he met Dr. Clawson through their mutual affiliation with a group that later became known as the National Association of EMS Physicians.

Dr. Clawson, during his introductory remarks, said Dr. Bass always had a vision of system structure in emergency services, particularly in the area of calltaking. "He gets the big picture," Dr. Clawson said. "He leads people along the right path to get things done." Dr. Bass said he was honored to receive the award.

"This is a wonderful award that means so much to me because of my years in communications," he said. "I've watched dispatch grow over the years and become a real profession. It's been my honor to work with the NAED to help move it in that direction."

Dunkelberger, a New County Castle Emergency Communications (Del.) dispatcher, exemplifies the dedication to the profession as this year's recipient of the Dispatcher of the Year Award. The award, handed out by NAED Associate Director Carlynn Page and sponsored by EnRoute, identifies the individual that furthers the values of the Academy through his or her actions on calls and among co-workers.

According to the nomination submitted by Jeffrey Miller, Q1 for the New Castle County Department of Public Safety Emergency Communications Division, Dunkelberger "has had an outstanding career" with the division. As the citation reads, he has excelled in compliance with the protocols and constantly strives to deliver the best service possible to all in need. A call in which he provides Pre-Arrival Instructions to four children trapped inside their burning home highlighted the presentation.

"Scott did an awesome job in keeping the caller calm," said Page. "The children in that apartment would have had a far different outcome if it hadn't been for his actions."

Thursday's opening ceremony featured the accreditation and re-accreditation awards. The Medicine at 9-1-1 Regional Communications Centre in Alberta, Canada, was honored for being the first center worldwide to receive an ACE in all three disciplines (fire, police, and medical). From rumors circulating around the conference, it looks like other centers are lining up to reach the same goal.

Brian Dale, battalion chief for the Salt Lake City Fire Department and chair of the NAED Accreditation Committee, introduced representatives from each of the agencies and congratulated them for a task that's not easily achieved.

"You get to levels where it seems you can't go anywhere," he said, using as an example the frustration he sometimes felt when going through the process for the Salt Lake City Fire Department. "But once you're there, and you've gained accreditation, few would want to go back to where they were before. Things are running so much better."

Toronto Emergency Medical Services' Central Ambulance Communications Centre (CACC) is a prime example. The country's largest municipal emergency medical service started the ACE process in 2001 and this year finally made it to the stage to accept the formal certificate.

"It's been a long road," said Jyl McGunigle, EMS supervisor. "ACE is something we have wanted to achieve for a long time and going up there today was an amazing
feeling. I am very proud of the EMDs because if we didn’t have their buy-in, we’d still be waiting for this to happen.”

The Toronto center ran up against several obstacles along the way, both tragic and administrative. Supervisor Kathie Stephens, who initiated the process seven years ago, died and, then, reassignment in resources due to SARS planning put ACE on the backburner until a renewed push last year included dedicated team assignment.

David Ralph, Toronto communications center manager, said the achievement is so important to their entire staff that Freitag would be making a special trip to the center for a second presentation of the ACE certificate to benefit the entire staff.

“T his has been a very, very long road for us,” Ralph said, echoing McGunigal’s words. “It’s been a manpower issue and a compliance issue. We’ve wanted to do this for a long time and it certainly didn’t come without its challenges.”

Jay Fitch, founder of Fitch & Associates, summarized the challenges his students bring to the CCM course co-sponsored by the NAED. This year’s graduating class of 28 students participated in a course that took them through classroom instruction and additional coursework and discussion facilitated through the Internet.

“CC M allows people to go through the self-discovery process from a curriculum and staff that take them into the future,” he said. “The men and women honored today worked hard to get here.”

Class representative David Connolly, of the Brookline Public Safety Department in Massachusetts, called CCM life-changing.

“We returned home with a better understanding of ourselves and that makes us better managers for our centers,” he said. “CC M is something you need to do. The time may never be just right but remember, the sooner you get there, the faster you’ll progress your communications center by leaps and bounds.”

Simply stated, it was “awesome,” said Janine Leute, of the Setaukent Fire Department. “Like they say, it’s two weeks that will change your life.”

Keynote speakers

Opening keynote speaker Ed Racht, M.D., defined the concept of perfect in relation to the business of emergency medical services.

“You want to be perfect in what you do,” he said. “Would you be here at a conference like this if that wasn’t true? No.”

Dr. Racht said dispatchers may define perfect in their world as a matter of solving problems that aren’t theirs and putting away personal stuff for the betterment of the community. He said perfect for dispatchers is neither judging people at the other end of the line nor laughing at people and the reasons they contacted 9-1-1.

He said dispatching is also about hurting and allowing yourself — the dispatcher — to get involved in the trauma of another’s life.

“T here is nothing wrong with that. It’s compassion,” he said. “The day that it doesn’t hurt, get out.”

Thursday’s keynote speaker Dr. Marc Eckstein talked about success in emergency medical services and how findings in research may alter the way we perceive success. As an example he cited Pre-Arrival Instructions (PAIs) for CPR and their successful use in pre-hospital events that are making them a standard of care. Then, he said, there is the success of protocol as evidenced in tiered dispatch and the subsequent allocation of the most appropriate resources.

“Your work does make a difference,” he said. “You truly are the first link in the chain of survival.”

Closing luncheon speaker Richard Lederer departed from the world of dispatch and emergency services in his 45-minute presentation that highlighted obscure facts about the United States presidency. He is the author of several books about
language and over the past two years has delved into history and the publication of his most recent book “Presidential Trivia.”

Fun for all

Rounding out the conference were the exhibitors and the opportunity to take a two-hour cruise inside the Inner Harbor on the Lady Baltimore. Billed as a pirate party, conference-goers were treated to harbor views from the 135-foot deck. Capt. Jim Cullen, who’s been behind the wheel for the past nine years, gives the tour three and sometimes four times a day solid through New Year’s Eve. The boat docks in January and February for maintenance.

Some people he said ask if the job is boring since his tours rarely leave the harbor.

“A’re you kidding?” he asked. “I have a dream job. My scenery changes every 60 seconds no matter how many times I follow the same course.”

Final words

Navigator 2008 was the first conference attended by Nicole Baker, a trainer for the Carrollton Police Department, Texas, and Angela Lewis, a trainer and the EMD-Q from Flower Mound emergency services, Texas. Both sat at the same table during the closing luncheon on Friday, April 25, as recipients of the Dr. Groff, M.D. Scholarship awarded by the DENCO 9-1-1 Area District (Texas) Board of Trustees.

Baker, who has worked in dispatch for eight years, is dedicated to her job. The newsletter she produces monthly for the center will feature highlights from the classes she attended along with the training tips she picked up from peers.

Baker said the job is humbling.

"The choices you make daily can impact people for the rest of their lives," she said. "There are not many jobs like that, where you can make that type of difference."

Lewis, a dispatcher going on 14 years, said EMD is her passion, and which she has shown through an EMD Hall of Fame she started this past year. Each month, the center chooses a dispatcher who best represents a dedication to excellence.

“It’s important to offer people the best you can and to recognize those who do that,” she said. “This conference does that. I look around and see the best dispatchers in the country and the world. They may not want to admit it, but they are truly the best.”

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What does it take to receive the highest recognition from your peers?

“Team work,” said Scott W. Dunkelberger. “It takes everyone making sure things are in the right place when you need them.”

Dunkelberger should know. As this year’s recipient of the NAED Dispatcher of the Year Award, the dispatcher from New Castle County Castle Emergency Communications (Del.), clearly knows first hand what it takes to get the right resources there for the people he’s trying to help.

Take for example, the emergency call that personifies the job he does. At 4:17 a.m. on Nov. 13, 2007, Dunkelberger received a 9-1-1 call from frantic 16-year-old Tyaja Pulliam reporting a house fire sparked from an unattended candle that was trapping her and three siblings inside a second floor bedroom. The smoke was so thick, breathing was difficult. She wanted to escape out the window and Dunkelberger convinced her to wait for responders.

Dunkelberger took action. Following Emergency Fire Dispatch (EFD) protocols, he instructed her to shut the door and seal the doorway with clothing and pillows to block the smoke. He kept the teen on the phone, reassuring her, until firefighters were on the scene and able to rescue everyone without injury some eight minutes later.

NAED Associate Director Carlynn Page, who presented the award at opening ceremonies at Navigator 2008, said from listening to the call, she was confident that Dunkelberger’s actions saved the day.

“It would have been a far different outcome had it not been for Scott’s ability to remain calm and deliver the protocol in its prescribed manner,” she said.

But it wasn’t only me, Dunkelberger insisted after the presentation.

“I work with a great group of guys, and for me to get the award without them here, well, it’s hard,” he said. “We work together. I’m accepting this for all of them.”

Dunkelberger is a guy cut out for his work. He is from a long line of family members involved in emergency services and has volunteered as a firefighter since age 16. At age 19, he landed his first dispatch position with the Delaware State Police and after nearly six years there, he switched to his current position.

Although he consistently tells his wife that he’s on a two-year plan, things haven’t work out that way. He can’t seem to let go and it is calls like the house fire that keep him coming back for more.

“I can affect a positive outcome, and that keeps me going,” he said. “There are hard calls, like the baby who dies from SIDS, but then we get the calls, like this one, when everything just falls perfectly into place.”

Dunkelberger was nominated for the award by the New Castle County Emergency Communications Quality Improvement Supervisor Jeffrey Miller, who was at the awards ceremony along with the New Castle County Chief of Communications David Roberts. Miller praised Dunkelberger for his use of protocols and initiatives to further a professional attitude “indicative of his desire to deliver the best service possible to all in need.”
Dogs, a Boat, and Emergency Vehicles.
Baltimore police and fire departments pull out the stops to enlighten Navigator’s emergency-minded audience

Inside the exhibit hall a police dog is biting a man dressed in a padded green body suit. An ambulance and a rescue vehicle are parked outside the lobby doors of the Marriott Baltimore Waterfront, and there is a boat equipped for fire emergencies docked against the pier across a bay of the Inner Harbor.

“We're waiting word on when the helicopter will arrive,” explains EMS Chief Alexander Perricone, of the Baltimore City Fire Department, as he squints at his watch on this particularly sunny afternoon.

You know how busy the state’s aviation command can get. A sudden emergency can delay even the best-laid plans.

It was day one, a Wednesday, at Navigator 2008 and police and fire officials from city and county departments in Baltimore and the state of Maryland have pulled out many stops to show dispatchers their side of law enforcement.

“We really appreciate what you do for us,” said Chris Davies, a canine trainer from the Baltimore County Police Department K-9 Unit. “We love that the dispatchers keep their ears open for us.”

“We love that the dispatchers keep their ears open for us.”

– Chris Davies, canine trainer

A dog day mid-afternoon
Two canine trainers, handlers, and several dogs from the Baltimore County Police Department K-9 Unit fascinated dispatchers during their afternoon show given in an enclosed corner of the Conference exhibit hall at the hotel. Aki, a German shepherd, demonstrated his attention to commands and provided a very good reason why you wouldn’t want this dog in your pursuit.

There She Blows The fireboat crew of the Baltimore City Fire Department shows the reach of the water from their boat in a demonstration off the Inner Harbor in Baltimore, Md.

“They’re very intelligent dogs,” said Davies, who was decked out neck to toes in the heavily padded green suit he wears when training the unit’s 23 German shepherds. “Just watch how Aki watches me and how he obeys the commands of his handlers. His eyes follow me wherever I go. He won’t do anything until his handler says to.”

Aki did sit, lay down, heel, and even attack Davies on command of his handler, Cpl. Robert Griffith. The dog went for Davies padded arm each time Griffith gave the command and withdrew his bite only when told (and for demonstration purposes, several times). A dog well trained never goes for the neck or head, Davies explained, unless in a rare instance when that’s all the suspect’s willing to reveal.

Aki is one of the county’s 30 dogs trained in patrol and, for some of them specialty work like sniffing out guns,
explosives, and narcotics. Lt. Dave Folderauer’s four-year-old lab, Sunny, is a gun and explosive sniffer. Sunny won’t go for Folderauer’s gun but bring him to a scene where a suspect may have thrown his weapon, and he’s all over it.

“T’hat’s the way they’re trained,” said Folderauer. “Sunny [same as the rest] had patrol training for 16 weeks and another eight weeks for his specialty.”

And in case you’re interested, the training never ends. It takes six months to get them on the road once they arrive to the canine unit and twice a year they go through repeat training for certification.

When not training, sniffing out contraband, or chasing bad guys and gals down dark alleys, the police dogs essentially lead the same lives as Griffiths, Folderauer, and the unit’s 23 other handlers. They work their shifts and when they’re over, they call it a day as long as another crisis doesn’t demand their skills.

“They go home with us. When they’re off, it’s family and they’re social lives,” said Folderauer. “Bonding is a big part of their training. We want them to be our best friends.”

Engine-powered law enforcement

If dogs weren’t your fancy, there was plenty of engine-powered law enforcement equipment to see at Navigator 2008, complements of Baltimore city and state agencies.

Despite her advanced years on the water, Foster said she’s probably got another 10 to 15 years left in her. If, as rumor has it, she’s refurbished, there’s no telling how many more years she may have cruising the coastline of the Inner Harbor.

In fact, Foster could be the one beating her to retirement; and it’s really not a job he looks forward to leaving.

“My job, it’s been a good thing,” he said. “On a sunny, warm day like today, there’s nothing like it.”

A quick hop across a bridge spanning the harbor and conference goers could take a look into the ASAP ambulance, also operated by the Baltimore City Fire Department. The ASAP (meaning alternative support apparatus) ambulance is a fully enclosed, all-terrain rescue and EMS vehicle. The department owns three.

“They’re our golf cart ambulances,” said Perricone. “But look inside and there’s more than you might anticipate for such a seemingly small sized emergency vehicle. The ASAP is equipped with all of the portable gear needed for an ALS rescue and there is room for a patient requiring a stretcher and another who is still ambulatory. Front seating accommodates two attendants and a driver.

There are many benefits to its compact design, said Perricone.
Baltimore City uses the ASAPs purchased last year for large events such as the Inner Harbor Fourth of July celebration, foot races, street festivals, and in similarly big events where large, tightly packed crowds would absolutely hinder the arrival of a full size ambulance. It also handles well on beaches and through other types of rough terrain, explained Perricone. “People like it. The crews like it,” he said. “It gets us through the crowds and to the patients much faster than the larger models.”

Back across the bridge and in a space close to the hotel, was the almost brand new Urban Search and Rescue (USAR) vehicle the Baltimore County Fire Department bought in 2007 with a grant from the Department of Homeland Security. The double-decker USAR was neatly packed with everything the crews might need for special rescue codes like swift water incidents, trench collapses, confined spaces, and high angle rope mountaineering.

Lt. Kevin Nace, of the Baltimore County Fire Department, said the vehicle is indispensable. The USAR not only enhances their participation in the Central Maryland Task Force, which is set up to provide a coordinated response to disasters in urban environments, but also combines the equipment formerly dispersed among several stations in the county.

“This makes it much easier and more uniform,” he said. “Everything is in one place so it’s immediately accessible when we need it.”

A quick tour around the USAR reveals shelves of just about everything you can imagine in the world of urban rescue - ropes, night vision goggles, medical supplies, scaffolding, air source carts, flippers, ventilation fins, rock and water helmets, dry suits, gussets, and harnesses.

The ASAP ambulance is a vehicle that gets crews through the crowds and to the patients much faster than the larger models.

The potential flight emergency call volume averted original plans, at least for that one day, explained Bob Adams, operations manager for Maryland State Police communications. Good weather that subsequently may result in a greater number of traffic accidents can do that.

The Maryland State Aviation Command that agreed to fly in their helicopter on Thursday has, since 1961, provided the Maryland State Police and allied law enforcement partners with aerial search and rescue support and airborne law enforcement support. In 1970, aviation command completed the first civilian medevac mission in the country and since then they have transported more than 120,000 patients to date, at no charge to the patient.

The helicopters parked up on the eighth floor of the parking garage drew a sizable crowd of dispatchers, eager to take in every display Baltimore and the State of Maryland had to offer during the Navigator Conference.

Apparently, the demonstrations added a welcomed dimension; a break from the educational sessions and a perspective of the emergency medical care and rescue services going on outside of the communications centers.

“I really liked all that was going on, especially watching the guy training the dogs,” said Amy Tormasi, a dispatcher from Delaware, Ohio. “He was amazing.”

Lesson You Don’t Want to Learn
Canine trainer Chris Davies demonstrates why you don’t want to be pursued by one of the dogs from the Baltimore County Police Department K-9 Unit.

Ready for Action
The Urban Search and Rescue vehicle is ready for just about any emergency, from underground trench and mine collapses to swift water and mountain rescues.

The helicopter did arrive, although on Wednesday it was from the University of Maryland Medical Center, which through a partnership with Petroleum Helicopters Inc. Air Medical transports patients requiring complex care over extended distances.
Effective procedures for handling calls involving a missing or sexually exploited child are ready for use and available to adopt as your state’s standard. And if that’s just one of the many important messages you brought home from Navigator 2008, be sure to let others know.

For the past two years, several agencies, including the National Academies of Emergency Dispatch® (NAED), have worked together to develop a document that outlines dispatch procedures to bring a missing or neglected child home quickly and safely.

Plans for the new standard developed through the efforts of the Joint Steering Committee on Call Center Best Practices in Cases of Missing and Exploited Children were announced at the Navigator Conference in 2007. Later the same year, the committee rolled out a comprehensive standards document along with, more recently, the chance to receive various levels of training at minimal cost to participants.

The standards document, available from the Web sites of the National Center for Missing and Exploited Children (NCMEC), the National Emergency Number Association (NENA), and the Association for Public-Safety Communications Officials (APCO), is intended for voluntary use among communications centers. As explained on the APCO Web site, the document is a reference specifically for emergency calltakers to present the missing and/or sexually exploited child response process.
Let’s go nationwide

Those describing the new standards at NAVIGATOR, however, want to go many steps further than simply making a standards document available for use at communications centers.

NCMEC and the other agencies involved want help from people who are willing to become thoroughly involved in the process. They want the standards to go national and they are willing to provide the means necessary to get their goal accomplished—at least in terms of training and education for public law enforcement agencies, including their affiliated call centers.

Peter Bellmio, senior policy adviser to NCMEC CEO Ernie Allen, said they are trying to inspire law enforcement officials and communications center managers to see the value of the standards.

“We want their hearts and minds and after that, we’ll do the training,” he said.

The three courses offered through NCMEC are:

• A two-day course for chiefs of police, sheriffs, and call center managers held at NCMEC headquarters in Alexandria, Va.

• A one-day course for call center managers that is held at the request of states and regions of the country interested in adopting the new standards.

• A one-day course to train the trainers on the use of the new standards, also held upon request as part of implementation efforts at the state and regional level.

More information about the courses is available by calling the NCMEC training department at 703-837-6348. Ask for Laura Silver.

Uniform adoption

The classes not only encourage the use of a standard at dispatch centers, but they also assist in promoting actual adoption for uniform application among local, county, state, and national agencies.

The national focus is critically important, said Robert Hoever, associate director, NCMEC Department of Training and Outreach. “We can’t do this without teamwork,” he said. “There’s too much at stake. We’re talking about children’s lives.”

So far, six states have taken the group up on the offer to push mandates, of which four are participating in a pilot program to gauge how well the protocol works. Ohio adopted the standards in January 2007 and is among one of four states to participate in the pilot program. The other three states in the pilot program are Maryland, Utah, and Florida.

William Hinkle, director of the Hamilton County Communications Center (Ohio) and the Ohio 9-1-1 Council chair, compared the adoption of missing and exploited children dispatch protocol to the evolution of the NAED protocol.

“We want to follow the same example here where people see the value and it becomes a national program because of the obvious benefits,” he said.

Tell your friends

Information that you should share among others in dispatch includes:

• A copy of the standards document is available for download.

NCMEC is also putting together a flip-style series of “cheat sheets” of standards that dispatchers can refer to so that they use the protocol and pre-arrival instructions efficiently in case of a call reporting a missing child or a child in danger of sexual exploitation. Keep an eye on a new page on NCMEC’s Web site specifically designated for communications centers.

• The NCMEC call center, which handles 500 calls per day, has an incredible number and variety of resources available to law enforcement and the general public. The number is 1-800-THE-LOST.

Federal law and missing children

Federal law requires police to report each case of a missing child under age 21 reported to the National Crime Information Center (NCIC). Contrary to what many believe, federal law prohibits police from establishing or maintaining a waiting period before accepting a missing child or unidentified person report. The National Child Search Assistance Act also mandates agencies to:

• Enter, without delay, reports of missing children under age 21 into the state law enforcement system and NCIC and make it available to the state’s Missing Children Information Clearinghouse or other agency designated to get such reports.

• Update identifying information on each case in NCIC within 60 days.

• Pursue proper investigative and search action, and

• Maintain a close liaison with NCMEC for the exchange of information and technical assistance in appropriate cases (42 USC §§ 5779 and 5780).
There’s nothing quite like attending a great conference held in a place like the Inner Harbor in Baltimore, Md., especially considering the museums, restaurants, and overall great views within walking distance of the main event.

Just ask Christian Laucher and Heinz Novosad, two quality assurance managers from a LEBIG center in Sankt Pölten, the capital city of Lower Austria. Although the two managers had their hands full with courses and break-out sessions over the three-day conference, there was still time to take in a few of the sights.

“Baltimore is a beautiful city,” commented Novosad, who is a paramedic for the Red Cross in Austria as well as a manager for the country’s busiest communications center.

But it’s also a city that may have to wait for further inspection at a time when there is more than a few days to take everything in. Laucher and Novosad were on the East Coast for less than a week following a 12-hour cross Atlantic flight with a long list of things to do from the inside of the conference center at the Baltimore Waterfront Marriott Hotel. There were several sessions to attend daily, of course, and get together with friends they’ve met during the international and national conferences attended over the past several years.

Novosad said they really appreciate the EMD protocol used at their centers and the chance to attend Navigator and EuroNavigator. Last year at the EuroNavigator Conference held in Leeds, U.K., Stefan Schmidt from the LEBIG agency in Baden, near Vienna, was honored as the IAED Dispatcher of the Year for his consistent and accurate use of protocol and Pre-Arrival Instructions. The deeply moved EMD told his audience that the award was representative of the job he and fellow dispatchers do on a regular basis, regardless of the attention they may or may not receive. “Protocol is what makes quality management possible,” Novosad said. “It’s the best tool we have in the comm center when it comes to helping the patient.”

The LEBIG agency in Lower Austria consists of six Command & Control Centers, each connected to a central database system for CAD, communications, geographical information system and what else is necessary in an agency consolidated from dozens of smaller centers. The 120 calltakers and dispatchers (EMD certification required) spread throughout the network answer the emergency and service calls of an area of about 20,000 square kilometers (or 12,000 square miles). In people terms, the LEBIG agency serves 1.5 million people, including the 51,000 who live in the capital city. The dispatchers also cover requests for patient transportation. Because of the diversity of the job—service and emergency calls in addition to patient transport—the dispatchers and calltakers spend months in training. Most, if not all, have paramedic or EMS backgrounds and each generally puts in a few days each month in that voluntary capacity. The conferences always offer them ideas to take back home, said Laucher, a dispatcher going on 11 years.

And this year, there’s the added push to learn more about the Accredited Center of Excellence (ACE) process so that their center in Sankt Pölten can become the first ACE in Austria and neighboring Germany. Novosad said ACE is a distinction that would set them apart. It’s a measure of the quality they provide, he said.

Laucher called the achievement a status symbol.

“We’d be the first,” he said. “That’s very important to us.”

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**No Place Like Navigator.**

Austrians rank protocol and conference among their priorities.
Robert R. Bass, M.D., FACEP, is an emergency medical physician comfortable taking center stage in a sign of dedication to the EMS profession.

As executive director of the Maryland Institute of EMS Systems, he works diligently with state governmental and health care agencies to formalize, through statute and regulation, the administration, regulation, and operation of the statewide EMS system.

He is nationally known for his research, particularly the future of emergency medical care in the United States, and he has innumerable awards from state and national health and regulatory agencies all across the board. In 2005, for example, the National Highway Traffic Safety Administration (NHTSA) honored Dr. Bass and 18 others for accomplishments in promoting highway safety.

The NHTSA award recognized Dr. Bass for “leadership, vision, and tireless efforts to improve and enhance emergency medical services across the United States.”

These are the same attributes that Dr. Jeff Clawson said guided his selection of Dr. Bass for the annual leadership award given at the Navigator 2008 closing lunch.

“He has always had a vision of system structure,” said Dr. Clawson during his introductory remarks. “He gets the big picture. He leads people along the right path to get things done.”

Dr. Clawson and Dr. Bass go back many years. They met in the early 1980s when a small group of emergency medical physicians got together and, from there, eventually became part of the larger group that organized the National Association of EMS Physicians. Dr. Bass has served as the association’s president.

From the start, Dr. Bass said he recognized the importance of the medical protocol Dr. Clawson created and as such has been instrumental in bringing the Medical Priority Dispatch System® (MPDS) to communications centers where he has worked as the EMS medical director. All emergency medical dispatchers for the state of Maryland must successfully complete an Emergency Medical Dispatcher (EMD) training program approved by the state’s EMS Board.

Dr. Bass said his belief in the use of protocol comes from experience, especially an incident he readily recalls from his tenure as medical director for Houston EMS where he promoted MPDS for its research-based allocation of emergency response resources.

“We had not yet finished the EMD training course when a dispatcher received a call from a mother,” he said. “Her daughter was choking. The dispatcher grabbed Dr. Clawson’s cards and brought the mother through the process. The next sound we heard was the child. She was breathing.”

The incident—and Dr. Bass still has the 9-1-1 tape—convinced him that resource allocation was only one important asset found in using protocols and their associated Pre-Arrival Instructions (PAIs).

“They save lives,” he said. “We wanted the system to save resources and because of this call we found out that they can also save lives.”

Dr. Bass received his undergraduate and medical degree with honors from the University of North Carolina at Chapel Hill in 1972 and 1975, respectively. Prior to completing his undergraduate education, he was employed as a police officer in Chapel Hill, N.C., and served as a volunteer member of the local rescue squad. Dr. Bass completed an internship and residency in the United States Navy and he is board certified in both emergency medicine and family medicine. He has served as a medical director of emergency medical services (EMS) systems in Charleston, S.C.; Houston, Texas; Norfolk, Va.; and Washington, D.C.
The day before I sat down to write this article, a couple in Sunnyvale, Calif., suffered an unimaginable and horrific tragedy. They found their 9-month-old baby unconscious and not breathing.

They dialed 9-1-1 for help. At first, neither parent could even speak to us. They had done the only thing they could do. The baby's mother could be heard in the background, a near five on the Emotional Content and Cooperation scale. Within a few seconds, the baby's father was on the line, barely understandable as he tried to ask for help, not hearing the repeated attempts at confirming his location. A response was generated almost immediately, sending the responders to the unconfirmed location we had from the landline phone. It was all we had, but it was clear we could not wait.

A few moments later another 9-1-1 line began to ring, and we learned the baby's mother had picked up her cellular phone and dialed 9-1-1 although her husband was right next to her and already on the phone to us with 9-1-1.

We cannot judge callers for their actions under such conditions; every one of us would very likely be a completely irrational creature, maybe even capable of only calling for help and nothing more.

This is the call we train for. This is why we have built the habits we have so fastidiously worked on with consistent, comprehensive quality improvement. We must be in the habit of doing things correctly because we can't suddenly “fix” our compliance problems when The Big One comes.

Under extreme conditions, performing our basic skills is a struggle; performing a new skill, one to which we are not accustomed, becomes a near impossibility. That's why we need to be in the habit of performing correctly before calls like this come in. That's why quality improvement is so vital to all disciplines of emergency call processing.

No matter the discipline, our protocol for assessing emergencies and coding calls of every type, whatever that process may be, needs to be second nature for us. Making it up as we go along just isn't good enough anymore. A police officer needs to be able to reload his weapon without thinking about it because when he is under fire, there's little margin for error. While the emergency dispatcher may not be dodging bullets in a literal sense, we must be able to achieve our
highest levels of performance under the most extreme stress.

With the recent history-making criminal conviction of a 9-1-1 dispatcher for willful neglect of duty (Detroit 2008), this message could not be any more important or timely. The EMD who took yesterday's horrific call did an exceptional job calming the caller, providing reasons for required actions, and consistently and reassuringly providing instructions in a clear and concise manner. There was no judgment of the caller, no raising his voice to get control of the call; just clear, calm reassurance throughout his assessment and his delivery of instructions.

With the EMD's help, the baby's father performed round after round of CPR while the responders were en route. Alas, it was to no avail; their baby was beyond help and sadly did not survive. Despite the horrific circumstances, the emotional trauma and chaos, with his dying baby in his arms, the father said two words before hanging up; two words we all too often do not hear. Even when we do hear them, we tend to dismiss too often do not hear. Even when we consider that there will always be the possibility for calls like this one, we realize that our jobs will never be easy. There's too much at stake.

It would be easy to dismiss protocol compliance as unimportant, especially when the outcome is negative like it was on yesterday's call. It would be easy, but it would be wrong. We make a difference. Correct use of the protocol makes a difference. It made a difference to that father. If you don't believe it, I'll send you the recording of him saying “thank you.” I'm sorry the outcome was not a triumphant bystander CPR save; sometimes there's nothing anyone can do. We all know, however, that there are other times when we can do something and what we do (or do not do) can literally mean the difference between life and death.

Thank you for continuing to struggle with protocol compliance. Thank you for continuing to learn better ways to do business. Thank you for continuing to serve despite staffing problems, low wages, lack of administrative support, and often a lack of gratitude from the public you serve. Thank you for getting involved with quality management. It truly is everyone's responsibility.

We must be in the habit of doing things correctly because we can't suddenly “fix” our compliance problems when The Big One comes.

In February 1993, Jeff Clawson, M.D., and Scott Hauert, former director of curriculum for the National Academies of Emergency Dispatch (NAED), held a press conference to announce a milestone: the Albuquerque Fire Department had achieved the first NAED Accredited Center of Excellence, or ACE.

According to the press release that accompanied the announcement, the Albuquerque Fire Department's emergency medical dispatch operation had undergone a “dramatic evolution” over the 12 months it took to accomplish the distinction. The center was now better able to serve the community, providing a more efficient and effective communication link between the caller, dispatcher, and response personnel.

The ACE distinction has never wavered. ACE still means a standard of excellence and recognition of efforts to provide the best level of service possible. The following list acknowledges communications centers new to ACE and those reaccrediting since February 2008.

New Accreditations

| 119 | National Ambulance Service (Midland Division); Tullamore Ireland |
| 120 | Harford County Division of Emergency Operations; Forest Hill, Md. |
| 121 | Alameda County Regional Emergency Communications Center; Livermore, Calif. |
| 122 | Toronto Emergency Medical Services; Toronto, Ontario Canada |

Reaccreditations

| 08 | San Ramon Valley Fire Protection District; San Ramon, Calif. |
| 10 | Miami Dade Fire Rescue; Miami, Fla. |
| 21 | Cumberland County Emergency Communications; Fayetteville, N.C. |
| 25 | American Medical Response - Evansville; Evansville, Ind. |
| 51 | Dekalb County 911 Communications; Tucker, Ga. |
| 61 | San Jose Fire Department Communications; San Jose, Calif. |
| 66 | Richmond Ambulance Authority; Richmond, Va. |
| 67 | East of England Ambulance Service Bedfordshire & Hertfordshire Localities; Bedfordshire U.K. |
| 68 | Santa Clara County Communications; San Jose, Calif. |
| 91 | North Memorial Ambulance Service; Brooklyn Center, Minn. |
| 96 | Tampa Fire Rescue Communications; Tampa, Fla. |

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The Right Pieces. Solving the performance puzzle takes an understanding of the quality improvement process

By Mic Gunderson

Editor’s Note: Quality and performance improvement efforts in EMS and emergency medical dispatch (EMD) have become quite sophisticated over the years, yet many of the education and implementation methods and results have much to gain from the best practices in other industries. This and subsequent columns will discuss the history and key concepts of quality and performance improvement; explain concepts and tools for measuring and improving process performance; and provide ideas for practical strategies aimed to improve quality and performance. The lessons are not just applicable to improving dispatch and communications center operations, but are also valid for EMS, fire, and law enforcement agencies—and organizational performance in general.

History and key concepts

Fredrick W inslow Taylor developed the principles of "scientific management" at the turn of the 20th century. Before the industrial revolution, quality was the responsibility of individual craftsmen. While this was reasonably effective and practical in its day, the cost and time required to train new craftsmen made that approach impractical to use in mass production processes that came with the industrial age.

Faced in that era with a largely uneducated immigrant workforce and the need to dramatically expand the workforce in increasingly complex factory operations, Taylor worked with industrialists like Henry Ford to dissect manufacturing processes into complex sequences of very small individual tasks and then determine the single best way to accomplish each task. One by one, these tasks could be readily taught to the workers. Since management assumed that the best process had already been designed and implemented for each task in the sequence, quality efforts in this "scientific management" model focused on monitoring and correcting the worker's compliance to the task assigned.

When defects were found in the finished product, the blame was placed primarily on the failure of workers to comply with instructions for their tasks.

In the 1930s, a more enlightened view on quality began to emerge. Walter Shewhart was a statistician working on the improvement of manufacturing quality. He developed a tool called the statistical process control chart, which enabled workers to detect problems in the manufacturing process before the product was completed. This led to recognition that problems in process design, not worker failure, were the primary causes of manufacturing (and service) defects.

Workers were usually aware of process quality problems, but organizational cultures discounted the value of their input. Workers were supposed to do their job and leave the managing to the managers—after all, the highly educated industrial engineers had carefully determined the best way to perform each task. How could a simple factory worker know more than the "experts" in management offices?

With Shewhart's challenges to the wisdom of the scientific management approach, two of Shewhart's protégés, W. Edwards Deming and Joseph Juran, built on Shewhart's pioneering work and began to teach a fundamentally different approach to improving quality. Their work, along with that of others including Armand Feigenbaum and Philip Crosby, evolved into what is commonly referred to as "total quality management" (TQM). TQM has been built on several key points, which are summarized in Table 1.

Over the years, TQM has been extraordinarily successful in public and private enterprises all over the world. Health care, however, has been very slow to adopt these principles, causing the paradigms of scientific management to persist in health care's approaches to quality and performance improvement. Reminiscent of Taylor's methods, the focus has been on monitoring the actions of individual clinical staff members for non-compliance to protocol, policy, and procedure.

EMS and EMD approaches to quality have been strongly influenced by these health care approaches. The focus largely remains on monitoring individual performance for compliance to protocol—which is important but fails to address problems in process design and should not be the only activity when improving quality and performance.

It is important to note that the quality management processes used by the National Academies of Emergency Dispatch® (NAED) and in the tools developed by Priority Dispatch Corp.® (PDC) have recognized these issues and developed...
Lip service paid to quality management

While most organizations say that quality is their highest priority, their actions, budgets, and allocations of management attention suggest otherwise. Quality management does not occupy center stage in the strategic planning of most organizations. It is often relegated to a department or function. Few managers view quality improvement as a core responsibility to monitor and improve among the processes under their stewardship. This is especially true in health care, EMS 9-1-1, and fire services where quality and performance need to be strategic priorities.

To be effective and sustainable, improvement efforts should be like a laser beam—precisely focused and concentrated on specific issues and processes that are of the most concern to the stakeholders. This prioritization has been identified as a key factor in the success of many improvement strategy implementation efforts.

Value management

Dispatch centers, ambulance services, fire rescue agencies, and the associated regulatory and medical oversight entities have invested significant sums of money, directly and indirectly, on data related infrastructure. These data infrastructures serve many direct purposes ranging from notification of crews of an emergency response to bookkeeping and payroll. However, there is a deeper dimension of data infrastructure that seeks to support the management of the enterprise. This dimension of data infrastructure is often referred to as a management information system (MIS).

A fundamental role of health care management is providing good stewardship by making the best use of available resources to serve the needs of patients and other stakeholders. The best use of resources involves considerations of quality and cost, e.g., how well the enterprise is using its resources (equating to cost) in meeting the needs of patients and other stakeholders (equating to quality). The combined effects of cost and quality can be expressed as “value” (Equation 1).

\[
\text{Value Quotient} = \frac{\text{Quality}}{\text{Cost}}
\]

(In essence, making better use of resources is an action that causes value to increase. This can be accomplished by:

- Increasing quality at the same cost
- Decreasing cost at the same quality
- Any combined change in quality and cost that has a net increase in value

For example, consider the need of the patient who has experienced an episode of sudden and unexpected cardiac arrest. Resuscitation to restore the pre-episode levels of cardiopulmonary function is the patient’s primary need and a community gives its EMS system stewardship of resources to meet this need. Quality in this case could be expressed as the percentage of patients who experience sudden and unexpected out-of-hospital cardiac arrest who survive the episode and return to their pre-arrest status. Cost could be expressed as the cost per capita spent in the community to provide the EMS system capability. Imagine a community in which $25 per capita is spent each year (in tax subsidy, third party payments, and user fees) for EMS. The community has a 10 percent survival rate to hospital discharge for out-of-hospital cardiac arrest cases. The value the EMS system provides for this need could be expressed as shown in Equation 2.

\[
2.5 = \frac{10\%}{\$25.00}
\]

Now consider another community that also has a 10 percent survival rate, but only spends $12.50 annually per capita on EMS. It would have a value quotient twice as high as the first community (Equation 3).

\[
5 = \frac{10\%}{\$12.50}
\]

EMS managers, regardless of how they are funded or organized, share the same duty: to be good stewards of the resources their communities entrust to them for delivering EMS that returns a good value to the communities they serve. EMS 9-1-1 communications center managers should work to develop indicators that reflect their costs, quality, and corollary value quotients for their various processes.

Future installments of this column will explore these challenges and potential solutions in more detail.

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**Key Concepts of Total Quality Management**

- Process design is the primary determinant of process quality and performance.
- Improving process design should be the primary focus of improvement efforts.
- Workers want to do a good job and want to take pride in their workmanship.
- All processes within an organization, including support and administrative services, potentially impact quality.
- Worker fear of reprisal can be a huge barrier to discovering and correcting problems.
- When worker insights and skills are cultivated within a positive management culture, they usually turn out to be the best ideas for eliminating problems and improving processes.
- The sooner a problem is detected, the easier and cheaper it is to correct. The ultimate solution is problem prevention.
- Preventing problems must include the efforts of external suppliers so that potentially defective items are prevented from entering into processes.
- Quality planning, quality assurance, and quality improvement are three distinct but complementary activities and all must be present to make overall improvements.
- What gets measured gets done and tends to improve.

**Table 1** Key concepts of total quality management

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**Equation 1** The value quotient

\[
\text{Value Quotient} = \frac{\text{Quality}}{\text{Cost}}
\]

**Equation 2** Value quotient with 10 percent survival rate and $25 annual cost per capita

\[
2.5 = \frac{10\%}{\$25.00}
\]

**Equation 3** Value quotient with 10 percent survival rate and $12.50 annual cost per capita

\[
5 = \frac{10\%}{\$12.50}
\]
Let the Good Times Roll.
Scavenger hunts, proclamations, and memories highlight celebrations during National Telecommunicators Week

The fire chief in Henderson, Nev., plays a pink colored Barbie guitar and if you don’t believe me, just go to the department’s dispatchers for proof. They have six pictures of Doug Stevens, who’s been chief since January 2008, proudly displaying Barbie’s Fashion Avenue 2002 model.

Then, there’s the Police Chief, Richard D. Perkins. He wears a wig. The mayor, James B. Gibson, gives out the city key to just about anybody who asks for one.

But these are only three of the examples of what city officials may do when no one is looking. Or in the case of the Henderson City Police Communications Department, what city officials will do to support their dispatchers during National Telecommunicators Week.

The city officials had their chance to show their fun sides as part of a scavenger hunt organized by three of the city’s dispatch supervisors, explained Liz Jannotti, communications program coordinator for the City of Henderson Police Department. The 40 women and three men who work in dispatch at the communications center had two weeks to gather 102 items, which included everything from evidence of gags played with city officials to wearing socks with sandals, getting their pictures taken with the city’s SWAT team, and visiting the local Elvis Presley impersonator at the downtown Las Vegas Graceland Chapel. They collaborated in squads created around the shifts they work, and not only collected items like keys to the City of Henderson and Hooters casino chips but took pictures of those agreeing to participate.

“Some of the things you wouldn’t expect to do this, got involved,” said Jannotti. “Every one was having so much fun, I wanted to play. But as a judge, I got to see what everyone put together.”

When not scavenging on their off time, the dispatchers in the center dressed up according to the day’s theme. From western wear to crazy hat and pajama day (modest flannel only, please), everyone dressed to the nines, said Magalhaes.

Plus the truly great part, said Magalhaes, is the stories they’ll have to tell over and over again for years to come or, at least, until next year when they begin plans for National Telecommunicators Week 2009. “Every shift has a story to tell,” she
said. “People worked together as teams and the whole thing has really built up the squads.”

The City of Henderson is not alone in its efforts trying hard to honor their dispatchers in recognition of National Telecommunicators Week.

Davis County Sheriff’s Office (DCSO) 911 Communications in northern Utah treated their dispatchers to daily indulgences like cinnamon rolls, cupcakes, breakfasts from McDonald’s, pizza, ice cream, gift cards, and certificates of appreciation. The sheriff and the two chief deputy sheriffs signed a proclamation in honor of the dispatchers and the person the department chose as the dispatcher of the year is someone they all admire for his spunk and hard work.

“We’ve done a cake or gift card in the past but this year we wanted to do something extra to honor the people who don’t get a lot of attention for the tremendous job they do,” said Tom Norvelle, the center’s manager since January 2008.

So, that’s exactly what they did.

Two large banners commemorating the DCSO telecommunicators hang on the walls and the National Telecommunicators Week proclamation is in a place that can be read by anyone entering the center. An article Norvelle wrote and sent to the local newspapers lists the responsibilities of a job that includes answering thousands of calls each month for the DCSO, seven local policies agencies, the Utah Highway Patrol, six fire departments, and five other state agencies.

Dee Bird, who was selected as the center’s dispatcher of the year, has been answering the phones and radio for nearly 20 years. He recalls the days when dispatch was done from the old courthouse building in downtown Farmington before they moved to the dedicated facility at the Davis County complex.

While the intensity of the calls hasn’t changed, the number of calls has jumped tremendously in relation to a part of the Wasatch Front that has boomed in population density over the past decade.

“There were two dispatchers when I arrived and we answered one channel,” Bird said. “It’s nothing like that today.”

Compare that to the current 24 dispatchers answering multiple channels, said Norvelle. “You have to have the hardest and toughest skin in world to do this job, and the people we have here work as a team.

This isn’t something you can do alone or without the right training.”

Bird remembers his first save, a child choking on toast. Bird read the Pre-Arrival Instructions (PAIs) for performing the Heimlich maneuver and, to his relief, soon heard over the phone the sound of the child breathing.

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“We got everyone involved, from the fire department, police, and the administrative offices. These people now know more about what we do and they get to meet the people who take care of the dispatching.”

– Liz Jannotti

“It was a good sound,” he said. “I get all types of calls but when kids are involved in an emergency, those are the hardest calls.”

There are also calls, of course, that don’t turn out so well. For those, Bird said, he talks among the other dispatchers. He’s never had a call he couldn’t handle although there are certainly some that he said stay with him far beyond the time it takes for paramedics and firefighters to respond.

Micalle Slack, who has been with DCSO communications for 28 years, said it’s the excitement and opportunity to do something good for people that keeps them there. She also appreciates the camaraderie.

This is a week when they also celebrate the lives of those they have worked with over the years, she explained. In their case, in a departure from the sweet foods and accolades, the dispatchers will plant flowers at the grave of their friend and former co-worker Pattie Rolph, who died five years ago from injuries sustained in a car accident.

“She was the best,” said Slack.

Stories about National Telecommunicators Week made their way to many printed and online newspapers during the April 13-16 week of commemoration. The following are just a few examples of dispatcher recognition taken from newspapers and electronic publications from throughout the country:

• The Emergency Telephone Service Committee is saluting the 2,000 emergency telecommunicators who staff Michigan’s 182 public safety answering points (PSAP). Last year, these employees helped in saving lives, apprehending criminals and protecting property by answering over 6.5 million 9-1-1 calls. (Government Technology)

• State Sen. Robert Singer (R-Ocean, Monmouth, Burlington, and Mercer, N ew J ersey), presented plaques of recognition to 13 dispatchers from the Jackson TWP Police Department. “We honor each of these individuals for the fine work they do in Jackson,” Singer said. “We recognize the outstanding efforts of all our state telecommunicators.” (Tri-Town News)

• On a somber note, to celebrate National Public Safety Telecommunicators Week, local law enforcement and public safety agencies asked for help for the families of two Elbert County (Colorado) dispatchers who died in a car crash. Todd Sielaff and Richard (Joe) Rockwell died in a crash on March 16. (The Reporter-Herald, Loveland, Colo.)
ED Doctors Seek Solutions to Crowding

More than 80 percent of emergency physicians said they had grave concerns about the crowded conditions in their emergency departments, according to a poll conducted by the American College of Emergency Physicians (ACEP).

Most physicians said crowded conditions have worsened, and 21 percent said their hospitals actively support ending or reducing patient boarding, a practice in which admitted emergency patients wait for an inpatient bed, often in hallways.

Of the 1,496 doctors surveyed, 200 said they knew of a patient who had died because of the practice.

In related news, a Health Affairs study cites the lack of open hospital beds as part of a growing problem in wait times for emergency department services. According to the study’s results, patients on average are waiting for a time that is 36 percent longer, compared to the time they waited due to comparable medical complaints seven years ago. For example, patients triaged with acute myocardial infarction saw their waits jump 150 percent for a typical delay of 50 minutes or longer before seeing a physician, compared to 20 minutes seven years ago.

But don’t blame the physicians. During the period the survey was conducted, the number of ED visits increased by 18 percent while at the same time between nine and 12 percent of emergency departments nationwide closed their doors.

ACEP leaders said the organization is asking Congress to pass the Access to Emergency Medical Services Act, which would create a national bipartisan commission to examine factors that impede the delivery of quality care in emergency departments.

Maine Boot Camp Applies to Dispatchers and Calltakers

Boot camp. You hear about them. Read about them. And now newly hired public service dispatchers and calltakers in Maine must take part in one.

The Maine Bureau of 9-1-1 started its own version of immersion training this spring in a calltaker and dispatcher course that is sure to put dispatch students in command of their radios, phones, and computer-based equipment.

The program is funded through the 50-cent statewide surcharge to all subscriber wire line and wireless telephone numbers in Maine for E9-1-1 services.

Stephen Bunker, 9-1-1 operations manager for the State of Maine Emergency Services Communications Bureau (ESCB), said the program is one he and his team have long anticipated.

“The stakes are so high for dispatchers doing their job right,” he said. “Other public safety jobs require a basic training curriculum, so why not dispatchers? They should have the same opportunities to learn the skills they need for success.”

At the time Bunker talked to The Journal, his office was busy soliciting curriculum proposals from all over the country for a program that must meet objectives developed from three sources: the Association of Public-Safety Communications Officials (APCO) Project 33 Minimum Training Standards, the National Fire Protection Association (NFPA) 1061 Standard for Telecommunicator Qualifications, and a survey the ESCB sent to the 80 communications centers within the state.

The survey, which boasted a 70 percent response rate, queried both dispatchers and center managers about the skills necessary for the job. In addition, the managers were asked to rank the skills in levels of importance.

The results of the six-month job task analysis don’t fit on a “postcard,” said Bunker, and the list of learning objectives that numbers into the hundreds is not something that he could give justice to in an over the telephone rundown.

“We’re looking at many areas, like psychomotor skills, cognitive ability, and even attitudinal skills,” he said. “This will be very comprehensive.”

In other words, the curriculum will be robust. As a core study program, it will apply to all emergency response dispatchers and calltakers. They
North Carolina Legislation Assures Future of 9-1-1

Sometimes it does happen: grassroots appeal creates legislation that actually benefits constituents from all over a state.

In this case, the legislation passed in North Carolina was 20 years in the making but, in the long run, its effect on 9-1-1 services could last for generations.

“Trust me, it was a multi-year effort with a lot of battles, some won, some lost,” said Craig Whittington, ENP, 9-1-1 and special projects coordinator for North Carolina’s Guilford Metro 9-1-1 and second vice president for the National Emergency Number Association (NENA). “But eventually NC-NENA won out and we got a great piece of legislation passed that is going to ensure funding for PSAPs (public safety answering points) in North Carolina for many years to come.”

The legislation, which the North Carolina General Assembly passed late during its 2007 session, modernizes the administration of the state’s 9-1-1 system. Among other provisions, the new law (2007-383) establishes a funding mechanism spread across all voice communications service providers capable of accessing the 9-1-1 system. A single 9-1-1 oversight board is charged with administering the fund including implementation of a new grant program.

The big news for telecommunications and quality assurance personnel is a long-awaited provision that allows PSAPs to use funds for training.

According to the law, allowable training expenses include the cost of transportation, lodging, instructors, certifications, improvement programs, quality assurance training, and training associated with call taking, and emergency medical, fire, or law enforcement procedures.

Training specific to the receipt of 9-1-1 calls is allowed only for intake and related call-taking quality assurance and improvement.

Tonya Pearce, ENP, deputy director of the Durham (N.C.) Emergency Communications Center and president of the North Carolina Chapter of NENA, said the addition of protocols to the list of allowable expenses was a second major goal their grassroots appeal accomplished. Due to an oversight, the initial bill did not include language specifically allowing payment for the associated software, hardware, and maintenance associated with EMD, EFD and EPD.

Representatives from the North Carolina Chapters of NENA and APCO as well as PSAP Directors from North Carolina brought this oversight to the attention of the new 9-1-1 board.

“The 9-1-1 board graciously agreed to follow the intent of the legislation and will include the software, hardware and maintenance as allowable expenses,” Pearce said.

A formal request for a correction to the current legislation will be made in the next legislative session.

Whittington describes the revision as a major triumph for the PSAPs.

“After a lot of hard work by North Carolina NENA, North Carolina APCO, and the 9-1-1 board, we now not only have the training, but the hardware, software, and flip-cards are now allowable expenditures for all three disciplines. Previously only EMD had been,” he said.

W hittington credits Pearce with not only leading the charge but also in convincing legislators that training is essential to the work of a 9-1-1 center and, subsequently, it should be included as an allowable in the funding package.

Pearce said it was simply her turn to help get the job accomplished.

“Many people have been involved over the years, and training is something we’ve always felt strongly should be an allowable expense” Pearce said. “This year we were able to present our case in a way that convinced our legislators that citizens and visitors to North Carolina are best served by telecommunicators who are well trained and have proper tools such as EMD, EFD, and EPD.”
A Continuing Dispatch Education (CDE) article published in the March/April issue of The Journal carries on the tide of a major national discussion: emergency preparedness, particularly in light of a potential influenza pandemic. Our article gave a brief history of flu pandemics and reviewed the EM D role in case of a pandemic. Other articles circulating in the national media during the past several months are also looking at the response capability in addition to the level of preparedness among the 50 states in case of a national health emergency.

For example, the non-partisan Trust for America’s Health released a report in December 2007 that claimed seven states have yet to participate in a federal program to buy anti-virals for a potential influenza pandemic. Under the program, the federal government will pay for a quarter of the cost of buying specific anti-viral medications that reduce the severity of the influenza, while states pay the remainder. States have until June to get their orders in.

A study published in February 2008 by the NGA Center for Best Practices found that while states are making progress on all fronts of preparedness, there remain a few key areas where increased cooperation between states and the federal government needs to occur. For example:

- States do not adequately understand what federal capabilities might be expected at the state level and how federal agencies will engage during a pandemic.
- State response plans rely heavily on the availability of privately held infrastructure and actions by outside organizations, but the relationship, roles, and responsibilities of public and private entities are not yet clearly defined.
- Few states have conducted state-specific economic analyses of their economies under pandemic conditions.

A major concern, and one that Greg Scott brought up in The Journal article, is the overwhelming affect a full-scale pandemic flu outbreak could have on the emergency medical response system. At the height of the pandemic, EMS resources may be severely strained and EMT and paramedic personnel may be depleted due to illness.

That type of concern is echoed in a statement made by Tia Powell, an author of the draft guidelines for ventilator access published in the March 2008 Journal of Disaster Medicine and Public Health Preparedness and director of New York’s Task force on Life and the Law. She gave her comment as part of a health blog by Jacob Goldstein for The Wall Street Journal. “You have a real obligation to protect first responders to keep them from getting sick – to get them masks and to give them inoculations,” Powell said. “But once you’re critically ill patient, you’re critically ill patient. You’re not going to get these people back on their feet so they’ll be taking care of patients.” (Source: The Wall Street Journal health blog, by Jacob Goldstein, published March 13, 2008).

Chances are that sometime in your call-taking career you will answer a call that requires the use of MPDS® Protocol 7: Burns (Scalds)/Explosion.

At least, that’s what can be assumed from burn statistics released by the Centers for Disease Prevention and Control (CDC).

The CDC reported that in 2002, 1.1 million people in the United States experienced a burn. About 40,000 of these people were hospitalized for their burns, including an estimated 25,000 who were admitted to specialized burn centers.

On average, nearly 4,000 people die from burn injuries each year because of residential fires. Seventy-five percent of the deaths occur at the scene or during transport. In 2004, someone died in a house fire every 135 minutes.

Dry heat (like fire), wet heat (such as steam or hot liquids), radiation, friction, heated objects, the sun, electricity, or chemicals can cause burns. But it’s dry heat that causes most of the injuries. According to the CDC statistics, slightly more than 50 percent of the burns reported in the 2002 study were caused by fire or flame, while 32 percent were by scalding and 8 percent were caused by contact with a hot item (an oven rack, a hot iron, firecrackers, and playing with matches; even eggs, which can explode when cooked in their shell can cause second degree burns). Less than 10 percent were the result of electricity or chemicals.

When should burn victims call 9-1-1?

Medline Plus lists these factors:

- The burn is extensive (the size of your palm or larger)
- The burn is severe (third degree)
- The person isn’t sure how serious it is.
- Chemicals or electricity caused the burn.
- The person shows signs of shock.
- The person inhaled smoke.
- Physical abuse is the known or suspected cause of the burn.

Annual conferences held by the big names in emergency communications—NAED®, APCO, NENA—have served as an inspiration to a group of public safety agencies in the Baltimore, Md., and Washington, D.C., National Capitol Region of the United States.

The group, which is primarily made up of quality assurance representatives, call themselves the Tri-State EMD Consortium. They meet on a regular basis to discuss the stuff of quality assurance, like protocol implementation and trouble shooting, training programs, and continuing education.

The idea for a consortium started when Jefferson County, W.Va., was going through its initial accreditation as an Accredited Center of Excellence (ACE) at the end of 2002, early 2003. They wanted to determine how the surrounding agencies were performing quality assurance in their communications centers to check and balance their own case reviews. Jefferson County achieved ACE status in May 2003 (see The Journal of Emergency Dispatch, Fall 2004).

The director of Jefferson County’s communications center, Jeff Polczyński, wanted a peer quality assurance group similar to the...
one his former agency, City of Mountain View, Calif., joined as part of a consortium of agencies within Santa Clara County. Some of these agencies within the Silicon Valley used the Medical Priority Dispatch System® (M PDS) and Polczynski remembers the City of San Jose as a catalyst in organizing many of the group's discussions. A topic that particularly caught his attention was the logistics of moving from M PDS v10.3 to v11 from the angle of quality assurance.

The initial meetings in Jefferson County were set up to include Berkeley County, W.Va., Washington County, M.d., Frederick County, M.d., Frederick County Va., Loudoun County, Va., and Clarke County, Va. During those first few meetings, the participating agencies laid the groundwork for the consortium's expansion.

Jennifer Swisher was appointed as the EM D-Q in Washington County, M.d., and took the reigns to organize meetings. Swisher was instrumental in bringing in the larger agencies closer to the Baltimore and Washington, D.C., National Capitol Region that also used the M PDS. A s interest increased, more and more agencies began to attend.

The consortium has grown steadily since the Navigator Conference in Baltimore three years ago. The group meets quarterly on a rotating basis at the facilities of each participating agency. The meetings focus primarily on EMD topics to include specific protocol clarifications, updates to the protocols, and uses and the appropriate application of Pre-Arrival and Post-Arrival dispatch instructions. Other topics of interest are those pre-determined by group members, such as the design of training programs and continuing education materials that would benefit the various agencies within the consortium.

It has become a tradition for the group to review calls for service based on NAED standards and pulled by the hosting agency. The group members discuss their views on how they scored the incident. Polczynski said that this is a real benefit because they get to view other agency's local directives with rationales, and it has become an "out of the box" view to other possibilities in using the local options to fit their needs.

As of February 2008, the Tri-State EM D Consortium was made up of the following agencies: Harford County, M.d., Carroll County, M.d., Frederick County, M.d., Washington County, M.d., Howard County, M.d., Cecil County, M.d., Baltimore County, M.d., Montgomery County, M.d., Loudoun County, Va., Fairfax County, Va., and Jefferson County, W. Va.

Anyone interested in joining the group should send an email requesting subscription to TriStateEMDConsortium-owner@yahoogroups.com -J O H N K ORMAN , A SSISTANT S UPervisor, D EPARTMENT OF P UBLIC S AFETY C OMMUNICATIONS, T RAINING S ECTION, F AIRFAX C OUNTY, VA

April Designated as National 9-1-1 Education Month

N ational 9-1-1 Education M onth, which the U.S. H ouse Res. 537 passed by unanimous vote in M arch and the U.S. Senate endorsed in A pril, recognizes the importance of 9-1-1 education and the need to keep the public informed about the appropriate use of the emergency call number. National organizations involved in emergency communications will gear their educational efforts toward programming by public safety officials, schools, government officials, and industry leaders so that they can educate children, seniors, and the public about emergency number system.

For example, the organizations involved in supporting the legislation conducted outreach programs throughout the country to build on existing state and local 9-1-1 education efforts in accordance to a national standard, according to a news release from the E9-1-1 Institute.

RECOGNITION

S anta C laus has Competition

N orth Pole, A la., may finally receive distinction beyond that of the hometown for the mythical figure who brings gifts to children on Christmas Day, and all because of a four-year-old who was quick to make a phone call.

Tony Sharpe, who lives in North Pole, a city in Fairbanks North Star Borough, quickly broke from his play with a railroad set to call 9-1-1 when his mother, Courtney, collapsed at their home. He told the dispatcher who answered the call, "M ommym is sick. M omy needs an ambulance. M omy fell over. She is sleeping." Tony was able to describe the apartment building where they lived and paramedic firefighters soon arrived to provide first aid to Tony's mother, who, as it turns out, was suffering from an acute gallbladder attack.

Young Sharpe is not only credited with bringing timely treatment to help his mom but he also is the impetus behind a congressional resolution that designates April as National 9-1-1 Education Month (HR 537). Alaska Sen. Ted Stevens is a co-sponsor of the resolution that calls for appropriate ceremonies, training events, and activities in relation to the nationally recognized emergency number. (see related story above)

Tony, who has since turned five, has had more than his 15 minutes of fame for the emergency call. The American Red C ross of Anchorage also honored young Tony and in March 2008 he was one of eight people the E9-1-1 Institute honored at an event that also marked the 40th anniversary of the first 9-1-1 call. Sen. Stevens presented Tony with the 2007 Citizen in Action Award at ceremonies held in Washington, D.C., which is an appearance that trumped offers from big name talk shows, including "The Tonight Show with Jay Leno" and "The Oprah Winfrey Show."

Tony credits his quick action to the book "It's Time to Call 911: What to do in an Emergency," which was a birthday gift from his grandmother.

The E9-1-1 Institute is a not-for-profit organization that provides administrative and policy support to the Congressional E9-1-1 Caucus. The Institute has been hosting the awards gala for the past five years.
Like the Back of Her Hand. Dispatcher’s knowledge of county’s back country expedites rescue of man accidentally shot in the face

Start a conversation with Cindy Moore-Rossi and in no time you’ll get a picture about just how much she likes where she works and lives, which is literally at the shores of the Atlantic Ocean.

Rossi is a dispatcher going on seven years for Washington County Regional Communication Center 9-1-1 PSAP in Machias, Maine, and, for the past 21 years, an intermediate emergency medical technician for the Machias Ambulance Service. She is a certified firefighter for the neighboring Marshfield Fire Department.

When not answering 9-1-1 calls or reporting to medical or fire emergencies, Rossi is still rushing around as the coach for the local high school’s cross-county team. She was recently named the school’s coach of the year for the fifth year running.

Saying that Machias is a small town is an understatement. While Washington County is large geographically (larger than the state of Rhode Island), the populations of moose and deer making their seasonal treks through Machias probably outnumber the human inhabitants. There are no apartment complexes in Machias and there were less than 200 building permits issued for the entire county in 2007.

“Machias is very rural,” Rossi said. “In town we have a McDonald’s, a Dunkin Donuts, and two gas stations. We’re right off the ocean. It’s beautiful.”

It’s a good thing Rossi knows the countryside so well, particularly when you consider her job of calltaking and dispatching. She knows where to send help based on the sparsest of caller descriptions and she can give directions that get first responders to the scene ASAP.

Knowledge provides the vital link

That sort of aplomb earned Rossi the State of Maine’s Dispatcher of the Year Award in 2007 at the annual EMS conference held in November 2007. Although the award was based on her cumulative efforts over the year, the clincher was a call she answered from a young man in a fight to save his younger brother’s life. The 18-year-old camper had accidentally shot his 16-year-old brother in the jaw at close range while on a backwoods camping trip with their grandparents.

There was no cell phone right after the incident happened, explained Rossi.

“Two minutes from home and most cell phones don’t work around here,” she laughed. “His young man had to load his injured brother into their truck so he could get to the nearest pay phone. He drove miles along rural roads to get help.”

The older brother made his 9-1-1 call from a variety store outfitted for the backwoods hikers and hunters, some 30 miles from the nearest hospital or emergency care center. Rossi was familiar with the store’s location and also where the boys had pulled off Route 9 near the Machias River to camp.

“But it still took awhile for crews to get there,” she said. “You don’t find yourself around here easily.”

During the 45 minutes Rossi stayed on the line giving Pre-Arrival Instructions, the older brother was able to control the bleeding and maintain his brother’s airway until the ambulance arrived. When the first
responders arrived at the store, the boy was still conscious.

"He [the older brother] did everything he was told," said Rossi. "He was absolutely remarkable."

Rossi's directions led police to the campsite so they could investigate the scene and tell the grandparents about the accident. An ambulance crew took over where Rossi left off and transported the younger brother to the hospital. Rossi had no further contact with the family once the call ended but has heard that both boys are doing well.

"You don’t find yourself around here easily."

- Cindy Moore-Rossi

Call struck a note

Stephen Bunker, 9-1-1 operations manager for the State of Maine Emergency Services Communications Bureau (ESCB), was part of the review committee that chose Rossi for the award. He said Rossi's call "struck a note" with her agency and also the people reviewing the many nominations they received.

"She did a stand-out job and her boss had done a tremendous job to document it," he said. "He recognized her good work right off."

The award was given Nov. 7, 2007, which was two days after Rossi was told that she would be attending the event. "I was shocked to find out about the award," she said.

But harder than making it through the emergency call, which Rossi definitely takes in stride, was anticipating the few minutes she'd have to spend on stage. The annual event held over a week in late fall, and sponsored by the state's EMS Training Council, attracts emergency service personnel from all over Maine. The awards banquet that announces the winners from several categories, including the EMD award, draws at least 500 people.

"That terrified me," said Rossi. "I did not want to be in front of all those people. I'm used to staying in the background where there's very little attention."

Bunker, who announced Rossi's name, said a hush fell over the crowd when he read the reason they chose her. Most of those in the audience had heard about the situation and were genuinely impressed to meet the dispatcher who handled the call.

"The recognition shows how well-received EMD has become," said Bunker.

Calltaking career has family connection

The emergency services profession captured Rossi's interest years ago when her son was not quite a year old. He was choking on a small piece of food and all Rossi could do was yank it out of his throat while waiting for the ambulance to arrive. She soon signed up for an ambulance attendant licensing course and from there she certified as an EMT. She was the only female among a class of 35 to take a firefighter's course, and that's where she got the bug for communications.

"It's high energy. It's challenging," she said. "My son was brought up on the sound of a beeper. I listen to scanners 24/7."

Bunker, along with Maine's Emergency Medical Services (EMS), the Maine chapter of the American Heart Association, and other collaborators, put forward Emergency Medical Dispatch (EMD) legislation in Maine that was enacted in the 2005 legislative session. This law mandates, with funding support, the statewide implementation and ongoing evaluation of EMD commencing on Jan. 1, 2007. Although the ESCB remains a critical partner, the oversight for EMD is coordinated by the Maine EMS, a bureau within Public Safety that licenses all dispatching centers and the men and women who answer emergency calls.

Winning Dispatcher Cindy Moore-Rossi accepts her award from Stephen Bunker, 9-1-1 operations manager for Maine.
John Considine proved something his high school counselors probably never thought possible.

He’s going places and he has a perfect score to prove it.

The dispatcher for Jefferson County Emergency Communications in Keaneysville, W. Va., was a self-admitted “wild child” in high school. He gave little thought to what he wanted to do once he graduated and as it turns out, it was a ceremony he almost missed.

“An English exam rounded up my credits but I still graduated with less than a point ahead of what was necessary,” he said. “I didn’t apply myself at all.”

Part of the problem Considine admits was the reputation of several older brothers that preceded him in high school. They were hellions, or at least that’s how they were pegged and, subsequently, the same was assumed of their younger brother.

“I was living up to the school’s expectations,” he said.

Out of high school, Considine kicked around for a while. He looked for a job and got on as a volunteer firefighter for the Citizens Fire Company in nearby Charles Town, W. Va. He applied for work at Jefferson County Emergency Communications and was hired in dispatch. In the evenings, when at home, he’d listen to his siblings, outgrown their wild hairs, and his parents talk about their futures—careers, college, and, basically, what they wanted to do with their lives.

Something clicks

“IT hit me that it was time to get moving,” he said.

Before long, Considine was enrolling in college with plans to apply for nursing school and eventually becoming a Certified Registered Nurse Anesthetist (CRNA). He earned a 4.0 during his first two semesters and that’s while carrying well over the usual 12 to 14 hours per semester.

But work and college were only part of his map for a future that was beginning to unfold for him.

In the past year, Considine did what several others in dispatch have only come close to achieving at the center.

“We’ve had lots of scores in the 99 percentile over the past years we’ve been using the protocol, but John was the first to score 100.” — Laura Pope

Perfect Score. Former wild child hits 100 percent in protocol compliance

First to score 100 percent

“John was our first 100 percent in compliance,” said Laura Pope, the quality assurance director. “We’ve had lots of scores in the 99 percentile over the past years we’ve been using the protocol, but John was the first to score 100.”

The perfect score came from a year’s worth of calls Pope pulls randomly to review the work of the center’s 20 full-time and four part-time dispatchers. In Considine’s case, Pope listened verbatim to 58 calls spread over the 12-month period.

All calls carry equal weight

“As far as the most memorable call, Considine said that’s hard to say because of the volume he answers and, for that matter, it’s not like one call is more important than the next. But, if he had to choose, there is the 9-1-1 call he received one night from the Cliffside Bar and Grill. The caller’s friend, who was the bartender, was fatally wounded from a gunshot to the chest. Three others in the bar were also wounded by random gunfire or shrapnel.

Throughout the call, Considine remembers trying to keep the caller calm despite the mayhem going on around him and even after Considine realized that he recognized the victim’s name from high school.

“The portion of this call that I remember most is how the team that I was working with meshed together like stitches in cloth,” said Considine. “Often times, a dispatch center can become frantic in a situation like this, but that night a person could have walked through the center and not even noticed the magnitude of the call that was at hand. Everyone just split up the tasks and did what they do best, and that is to restore order in a horrible situation as quickly and safely as possible.”

Considine later found out that a single suspect was quickly detained. The three patients were treated and released, and unfortunately, the bartender died.

Not a contest

Considine said although he strictly follows the Medical Priority Dispatch System® (MPDS) protocol for each call he takes, the perfect record was not something he dwelled on. Yes, flawless calltaking is something everyone wants to achieve in this business, he said, but it is not the foremost...
thought when answering a call placed during an emergency.

It’s not about winning a contest, he said. His goal is doing the job right, just like the night he answered the call from a bar that had erupted into chaos when a patron opened fire.

Despite his tendency to downplay the achievement, Considine admits he was getting a little bit nervous near the end of the year knowing any mistake, any misplaced Key Question, or fudged Pre-Arrival Instruction could defeat his near record. The new Aspirin Diagnostic really had him worried.

“It was October and I had two months to go,” he said. “No doubt the Aspirin Diagnostic was going to be the thing that got me.”

Considine said he got jumpy around December and started “bugging” Pope about the results. She held off.

“Hey was begging me to stop reviewing his calls,” she said. “Of course, he was only kidding but I knew this had become something that was very important to him.”

The perfect score (the Aspirin Diagnostic, no problem) was finally announced at the center’s staff meeting in late January. He was recognized again when the center celebrated National Telecommunicators Day in April, both at the center’s event and at a tri-state banquet they attended.

Considine said it was exciting when his name was announced.

“The people I work with really set the bar,” he said. “I knew it wouldn’t be long until someone got 100 percent.”

The fire that blazed through the Smith’s family’s turn-of-the-century home the weekend before Christmas destroyed just about everything they owned, except for Stan Smith’s firefighting uniform, some family photographs, and an upright piano they’re hoping to refurbish once their lives get back to some sort of normal.

To say it was a holiday they will always remember doesn’t make it any easier, admits Tonia Smith, an Edgecombe County, N.C., emergency dispatcher. On the plus side, Stan was able to get their three children safely out of the house and he had his cell phone on hand to call his wife at work before reporting to his own job.

Stan is a full-time employee of the Rocky Mountain Fire Department and also serves with the Pinetops Volunteer Fire Department. Tonia put out a call requesting fire protection from her dispatch position and Stan, who hopped on a fire truck arriving at the scene, was the first firefighter to respond. Engines from the South Edgecombe and Macclesfield volunteer fire departments joined the Rocky Mountain Fire Department soon after the fire started at about 1 a.m., according to local news reports.

Tonia was close behind the engines, having left the communications center once the resources were well on their way. “I was very worried and all I could think about were my kids and husband,” she said.

She found the children, 15- and 16-year-old daughters and a 12-year-old son, in the front yard, wrapped in blankets against the cold and watching the firefighters as they fought the blaze that now engulfed their home. She estimates that it took less than 15 minutes, the time it takes her to drive between the center and her home, for the fire to get that bad.

The perfect score (the Aspirin Diagnostic, no problem) was finally announced at the center’s staff meeting in late January. He was recognized again when the center celebrated National Telecommunicators Day in April, both at the center’s event and at a tri-state banquet they attended.

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“The people I work with really set the bar,” he said. “I knew it wouldn’t be long until someone got 100 percent.”

Staying in gear

For 2008, Considine will again concentrate on answering his calls according to protocol, as well as attend college and volunteer as a firefighter. He will spend at least some of his evenings talking “shop” with his family.

“I’ve surprised myself but my Mom knew I could do it all the time,” he said. “She knew it was a matter of getting myself in gear. In some ways I’ve overcompensated for the time lost in high school.”

Jefferson County Emergency Communications became a medical Accredited Center of Excellence (ACE) in 2003. While the center has relied on the MPDS protocol in the cardset form, they are switching to ProQA® later this summer when the new communications center opens.
Going for the Gold. Torch run fuels 14-year devotion to Special Olympics

Jeffery Coon likes to talk about what he has done for years outside of his former job as the dispatch supervisor of the Maine Department of Public Safety Regional Communications Center in Orono, Maine.

It’s not that dispatching left him without something to talk about, but the time he has spent volunteering is for a cause that has become his avocation.

The former dispatcher since turned communications technician for the Maine State Police has invested hundreds of hours over more than a decade volunteering for Special Olympics Maine.

The volunteer work was something Coon hasn’t been able to get out of his system since the day a Maine senior police officer asked him to help with the annual Law Enforcement Torch Run. Since 1985, Maine law enforcement members have volunteered to run separate legs of a 900-mile course carrying the Special Olympics Flame of Hope. It is a fundraiser that to date has raised over one million dollars for the organization that provides year-round sports training and athletic competition for children and adults with intellectual disabilities.

Coon made his first run in 1992, and during the past 15 years he has been a part of just about every Torch Run held in Maine. He also regularly attends the local and state Special Olympics Games and donates his cooking skills at a hot dog stand that not only whets the athletes’ appetites at Summer Games but also raises additional funds for the nonprofit group.

But the Torch Run and games were only the beginning.

Coon was later elected to the Special Olympics Maine Board of Directors and he has raised hundreds of thousands of dollars as part of Maine Law Enforcement’s annual “To Serve & Protect” fundraiser.

The one-day event, which is held in conjunction with the Torch Run, has law enforcement officers and Special Olympics athletes and coaches pumping gas, washing windshields, and greeting customers at dozens of stations operated by Irving Oil. The oil company, headquartered in Canada, donates five cents to the Torch Run for every gallon of gasoline purchased. The event annually raises over $100,000.

Coon said it’s hard to explain what grabbed and continues to hold his attention.

“They’re a way of expressing my feelings. They are the way I talk when I can’t find the words to say.”

Evidence of Life. Poetry gives words to what dispatcher hears day-to-day

On the days following the death of two DeKalb County, Ga., police officers shot and killed while working off-duty security jobs at an apartment complex, Cecile Lupo did what she does when something affects her so deeply.

She wrote a poem.

The dispatcher for the county’s police department planned to send the poem to the officers’ families as a sign of condolence and solidarity. “We were there for them,” she said. “I may never meet most of the officers but I still feel we’re a family. We know each other from the relationships we build over the radio.”

Lupo began her career nearly 10 years ago dispatching animal control services, first in Florida and then in Georgia. She enjoyed the work with animal control but realized a change was due the day she took a call from a woman whose child had been mauled to death by a neighbor’s dog. “That did it,” she said. “That pushed me into wanting to answer calls about people.”

So, what did she do?

She looked around and wrote a poem once landing the job in DeKalb.

For the past two and a half years, Lupo has helped in all types of crisis. She vividly recalls the Pre-Arrival Instructions she gave
Brings Words to Life Cecile Lupo writes poetry to help cope with the stressful situations of life.

to a father when his wife gave birth to a set of twins before they reached the hospital. “That was awesome,” she said, and she wears the pink stork pin on her uniform to commemorate the event. A call that haunts her is the screams she remembers hearing after a father accidentally ran over his child while backing his vehicle out of the driveway.

Lupo said she has learned to take the good with the bad. “We definitely get our share of hard calls, but then you get a call that makes you feel like you did something really good that day,” she said. “It sometimes evens out.”

The poetry, she said, helps to soften the sharp edges. Writing poems lets her work through the emotions and, sometimes, the poetry even works to help others going through the same experience. They also serve as a reminder of how she felt that day, or even that moment, and some of them go back to her days in high school. Lupo graduated 12 years ago; her poems number into the hundreds.

“They’re a way of expressing my feelings,” she said. “They are the way I talk when I can’t find the words to say.”

Life of a Rookie Dispatcher
By Cecile Lupo

So I filled the application for 6 months I wait several people applied so the anticipation was great I did my background did well on my interview and after waiting so long I can finally breathe “phew”

I did 2 months of training boy it went quick but after a few calls I thought “I have this”

I was released on the floor I was nervous quite a bit I was dealing with people’s lives I couldn’t type; had to learn quick...

So I’ve mastered calltaking I thought I could relax then the word got out I would be training on dispatch

What am I going to do I’m really not that great I don’t know all these codes 10-2....10-4....10-8

I’m training on Center Radio traffic sometimes bad... sometimes fast the units talk over each other but I’m keeping up at last

Then just when I think I got it a unit went on a 10-48 the unit wouldn’t answer Now I’m feeling a little faint

Radio to 299 morning...10-62 the unit still wouldn’t answer What the hell am I going to do!!!

I start additional units I want to make sure he’s fine then 5 minutes later, he keyed up Radio I’ve been 10-8 a long time

I could tell you how I felt but my words wouldn’t rhyme plus they don’t publish cursing not even if it’s one time

So from Cecile to all units when you go on a 10-48 please answer when I 10-62 Don’t let a “sista wait.”

Cecile wrote the following poem about the two off-duty police officers gunned down while answering a suspicious person call while they were working a security job at an apartment complex in Dekalb County, Ga. Each officer left behind four children and a wife. Two suspects were arrested in the ambush-styled murders in less than a day.

The Day It Snowed In Georgia
By Cecile Lupo

It snowed for the first time In God knows how long And heaven opened its gates And the angels sung their song

It seemed that God was really tired And needed some support So he beckoned to his earthly friends To come and join his force

We cried real hard Because both of you were taken This couldn’t be true God must have been mistaken

The room was silent For days on end Please tell me lord When will justice begin

Then our chief said “From Sunset to Sundown, The people who did this Would surely go down.”

So they’re all locked up In four walls gray and dark No signs of sunshine Not even a spark

Yet, our hearts still have An understandable big void Still a lot of mixed feelings Still very annoyed

So I’m asking for some closure Please fill our hearts with love A cure that can only come From the “Highest one Above.”

Please help the families heal Let them understand They died doing what they loved They died like a man

It snowed for the first time in Georgia I hope you both Rest in Peace We’ll never forget to remember you And how you died protecting me.
Over the Phone Help. Dispatch Pre-Arrival Instructions are monument to saving lives

Rosemarie Quinn remembers the day like it was yesterday instead of nearly two years ago that she called 9-1-1.

The date was November 8, 2006. Rosemarie's husband, Peter, had collapsed on the kitchen floor moments after coming home after his daily morning walk. He had no heartbeat or respiration.

"He poured his coffee and sat at the table while I scrambled him some eggs," said Rosemarie. "The next thing I know he was on the floor and I was calling 9-1-1."

According to news reports, Peter was clinically dead from sudden cardiac arrest when Rosemarie made her call to Boca Raton Police and Fire (Fla.) 9-1-1 Communications and dispatcher Kathie Schnakenberg answered her call.

"Kathie told me don't hang up and to do as she said," Rosemarie said. "I stayed on the line and did everything she told me to do. The next thing I knew the ambulance crew was at our door."

For four minutes—from the time of the call until Fire-Rescue Station #4 paramedics arrived to take over—Rosemarie administered chest compressions and mouth-to-mouth resuscitation to Peter.

The experience of administering the life-saving action was her first attempt at giving CPR, unless you count the time she learned the technique on a Resusci Anne training mannequin nearly 40 years ago when she was a Girl Scout leader helping her troop members earn their life-saving badge.

Admittedly, Rosemarie was a little rusty at providing CPR, and she credits Schnakenberg for the intervention that ultimately saved her husband's life.

"It's actually Kathie who saved him," said Rosemarie. "She gave me the instructions and I followed them."

Credits Pre-Arrival Instructions

Rosemarie said the doctors at the hospital even credited the CPR for saving Peter's life, both the over-the-phone Pre-Arrival Instruction (PAI) Schnakenberg provided and the defibrillators' paramedics used when they arrived at the couple's home.

"He's still here annoying me," she laughed. "But we have stories like this all the time," said Rosemarie. "In this case, they had a very happy outcome."

Peter credits his life to his wife's quick-thinking ability to react so calmly, from what's he's been told, in the emergency situation.

"If it wasn't for her, I wouldn't be here," he said. "The nurses called me the miracle man. I have a lot of people to be grateful to."

Schnakenberg has won awards for her work that day, and the story was featured prominently on two local television stations. During one ceremony at Boca Raton Police and Fire 9-1-1 Communications Schnakenberg was able to meet Rosemarie and Peter weeks after the incident when Peter was out of the hospital and at home recovering. According to his wife, he was already looking forward to resuming his daily outdoor walking routine.

"It was such a big deal and everybody was there," said Rosemarie. "Nobody thought he would make it."

Protocol sets a standard

O'Neil said the protocols set a standard. They provide a structure that helps dispatchers get the right resources to the emergency as fast as possible and to respond to priority symptoms—once identified using the appropriate Key Questions—with simple, non-invasive, first aid procedures.


Editor's Note: Boca Raton's communications center is managed by a police services captain and a fire department division chief and operates 24 hours a day, seven days a week. The center is responsible for serving a population of nearly 75,000 (the population swells to more than 100,000 due to industry and business), answering every 9-1-1 call, and providing radio dispatch for police and fire-rescue services. The center answers an average of 22,000 calls a month (this includes emergency 9-1-1 calls).
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— Tom Ling, Johnson County Central Dispatch

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