EMD Leadership for the Edge of the Century

*Robert L. Martin, Executive Director*

On January 1, 1997 a new three-year term for members of the Academy's College of Fellows will begin. Those appointed to the College will serve the Academy through the end of this Century. The College was first organized in late 1991 with 42 members to serve a five-year term from January, 1992, through December, 1996. The College is comprised of some of the most respected and renowned experts in EMS and public safety communications. We're grateful to be associated with each member of the College and appreciative of their contributions of knowledge and insight.

At the General Session of Navigator '96 we announced Jim Page's selection as the first "Emeritus" member of the College of Fellows. We're very pleased to recognize Jim Page in this manner for his years of dedicated service to the EMS industry and EMD in particular. This recognition, together with several additional appointees (five from the U.S. and eight internationally) brings the current total College of Fellows membership to exactly 50.

The Academy has recently experienced tremendous growth overseas, especially in Europe and the U.K./Commonwealth. The new international Fellows are:

*Marie Leroux* (Urgences Sanit, Montréal, Quebec, Canada),
*Dr. Clemens Kill* (U.N., Marburg, Germany),
*Dr. Gianluca Ghiselli* (Lucca, Italy),
*Dr. J.H.E. Baker* (S. & E. Wales Ambulance Trust, U.K.),
*Stuart J. Ide* (Derbyshire Ambulance Trust, U.K.),
*Andy Newton* (Staffordshire Ambulance Trust, U.K.),
*David M. Triggs* (QEF Career & Mgt. Svcs., Ltd., U.K.),
*Malcolm Woollard* (S. & E. Wales Ambulance, U.K.)

The new Fellows from the United States are:

*Thera Bradshaw* (CRCa, Vancouver, WA),
*Dr. Norm Dinerman* (E. Maine Med Ctr, Bangor, ME),
*Steven Forry* (Emerg. Services Consulting Group, York, PA),
*Gene Moffitt* (Gold Cross Amb Svcs, Salt Lake City, UT),
*Fred Thorp* (Kansas City Fire Dept., Kansas City, KS),
*James O. Page* (EMERITUS — Carlsbad, CA).

Individual biographic details about these new Fellows, together with photos, will be published in the next issue of this newsletter.

An interim Academy position...

**BRAIN ATTACK!**

Why a HOT Response for STROKE Victims is Generally Not Indicated

*Jeff Clawson, MD*

Within the past year, the College of Fellows has received a number of inquiries including "Proposals for Change" to the MPDS regarding new ways of treating stroke victims based on widespread discussion and interest in this area, both scientific and speculative. The College of Fellows has been asked to review this issue and make a formal recommendation. This process should take four to six months. However, since reviewing these submissions, as well as a reasonable amount of literature, the Council of Standards has taken a temporary position regarding modifications to the Stroke protocol, which will stand until the official recommendation of the College of Fellows is issued.

It is the temporary position of the Academy that, at this time, no changes are necessary within Protocol #28's Key Questions, Post-Dispatch Instruction, or Determinant Codes. However, in light of changing science, we recommend the addition of a new Axiom #5 within the Additional Information section, to state:

"The adoption of in-hospital administration of clot dissolving drug therapies may require special assignment of units equipped to evaluate patients for this therapy in areas so adopting it for trial and on-going treatment. Based on the current consensus recommendation to provide this treatment within 3 hours of the occurrence of stroke symptoms, the use of lights-and-siren (HOT) responses is generally not indicated at the present time unless priority symptoms are present."

While the concepts of "Brain Attack" and "Code Stroke" are catchy and provocative, their application toprehospital care appears at present to be limited (continued on page 3)
From the President's Desk...

Navigating EMD with Managed Care...

*Alexander Kuehl, MD, MPH, FACS*

I have been your President for less than two years. I accepted that nomination only after being assured that the Academy, the College of Fellows, and the various working groups within the Academy, would function absolutely independently. I am confident that an academically and scientifically independent course can continue as we chart our future over the next decade. Of course, we must be prepared to "navigate" (that is to make mid-course corrections) based on science, politics, and economics.

Last year it became clear that two "mission critical" events had to occur for the Academy to thrive.

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**ACADEMY POSITION PAPER**

*Developed August 28-29, 1996 at the Navigator '96 EMD LEADER SUMMIT Snowbird Resort, Utah, USA*

The National Academy of Emergency Medical Dispatch seeks to promote the rapid integration of both public safety dispatch and managed care information systems and dispatch into seamless efficient networks; and, therefore, urges that the following principles be adopted by the industry:

1. High quality access/entry for all callers.
2. Easy availability of pertinent and accurate patient health information at the access point.
3. Medical oversight and approval of the health related aspects of the access centers.
4. Efficient integration, where possible, of health and public safety access activities.
5. Financial support for agencies who coordinate access by the required managed care providers.
6. Modern EMD, as certified by the Academy, is the standard of telecommunication access for all unscheduled medical care.

This position should be disseminated to all other influential national groups in the disciplines of prehospital care, EMD, managed care, and public safety operations with the stated purpose of reaching a consensus position.

First, we needed to have a gathering of the Academy from all membership categories (including the College of Fellows); and second, we needed to chart a course for the Academy so we could navigate through these incredible times of change in terms of health care evolution. The result of our brainstorming was the Navigator '96 conference and Leader Summit planning sessions that went on concurrently at Snowbird.

In terms of meeting our goals to bring together the various groups of Academy members, we have been successful. The nearly 400 experts, educators, dispatchers and students who gathered at Navigator '96 have solidified and verified our understanding of the Academy and our mutual relationships. The quality of material presented on a practical, scientific, and academic level, represents a logarithmic improvement over any previous EMD gathering that I am aware of.

As important, the Navigator '96 Leader Summit looked into the future and I can confidently tell you that EMD will play an integral role in the future of the integrated health system that is developing here in the United States. High value for us in EMD, and for health care as a whole, can only be reached when the "right care is provided to the right patient at the right time and in the right setting." It is only through reliable compliance to a serious, consistent, dispatch philosophy that high value can be achieved. Of course those dispatch protocols must also be scientifically and uniformly updated and improved.

Clearly, the managed care systems will establish critical pathways and these pathways will start right at the time of system access. If they are not started early, the liability will be significant and value (that is the balance between quality/cost) will not be optimized! Compliance to structured dispatch protocols is mission critical for safe and efficient system entry of essentially all unscheduled health care in the U.S. and, eventually, around the world.

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(Commentary taken from Dr. Kuehl’s General Session, “EMD & Why We Are Here,” as presented at Navigator '96, August 30, 1996.)
Brain Attack! (STROKE)

and caused undue pressure and premature recommendations for dispatch protocol change, nearly all of which have come from non-physicians. It is not widely understood that it was only June 18th of this year that the FDA approved the first drug for general use in the hospital-based treatment of thrombotic (caused by a clot) stroke. The recommendation that TPA (thrombolytic activator) is effective when administered within the first 3 hours of the onset of definitive stroke symptoms when clearly shown to be non-hemorrhagic in nature, does not currently support a HOT response reaction from the prehospital community. Hunt, et al., in their landmark study of HOT vs. COLD time differences, showed a mean time of only 45 seconds, leading them to conclude, "the 43.5-second mean time savings does not warrant the use of lights-and-siren during ambulance transport, except in rare situations or clinical circumstances." (Annals of Emerg. Med., 41(5))

It should also be noted that not all strokes are thrombotic in nature. The clot dissolving mechanism of TPA, while potentially very beneficial for those experiencing a clot blocking a cerebral artery, would dissolve the blood-limiting effect of the patient’s own clotting process and if administered to a stroke victim suffering from a cerebral hemorrhage, can cause a significant increase in damage or even death. Since differential diagnosis currently requires an in-hospital scan (MRI or CAT) and laboratory tests to safely differentiate a thrombotic stroke from a hemorrhagic one, significant evaluation and care must precede the administration of such clot dissolving medications. Saving a minute or two by traveling HOT is not relevant to the patient’s overall time spent in hospital evaluation and preparation for treatment.

The argument that rehybridization of stroke victims may limit the size and scope of a stroke also does not, at this point, warrant addition of HOT responses of IV-equipped units based on the current knowledge of the significance compared to the amount of time saved traveling lights-and-siren.

It should be pointed out that the changes in the emergency treatment of acute MI victims caused by the introduction of the clot dissolving treatments of TPA and streptokinase, did not change the substance of, nor dispatch priorities in, either the Chest Pain or Heart Problems EMD protocols. It could further be argued that the stress to the stroke patient in transporting him or her HOT could worsen the stroke by increasing agitation, movement, heart rate and blood pressure, especially those suffering from the currently non-treatable class of strokes caused by cerebral bleeds.

Finally, all MPDS Determinant Codes require a user-defined response to be assigned to them locally. Each agency, under proper medical oversight/approval, must carefully think out, then assign appropriate response configurations and modes (HOT vs. COLD) for each code. Therefore, if local medical oversight deems it warranted to assign a HOT response to all stroke victims, this is within their control. However, this is not recommended by the Academy until further understanding of the significance of saving small increments of time and/or of providing earlier specialized evaluation or care to the stroke victim is obtained.
Academy Organization
(continued from page 3)

As EMD continues to evolve and expand, the need to expand the structure of the Academy has become evident as illustrated in the figure above. Of the groups shown, the Council of Standards, the Readers of the College, the Accreditation Board, the Certification Board, and the Curriculum Board are the most active.

Members of the Council of Standards examine and screen all correspondence and suggestions for improvement in the MPDS or in EMD generally. Usually, the Council can review and process most inquiries, forwarding to various Readers of the College any questions that may require further study or consideration. These “Readers” are simply subcommittee members of College of Fellows who review things such as specific requests for clarification about a particular EMD-related topic, or a MPDS Proposal for Change.

The Boards of Accreditation and Certification are comprised of individuals who review applications for Academy recognition and who set the requirements and standards for those recognizing this achievement — whether it be for Academy-Certified EMDCs, Executive Certification, special EMD Honoraria, or eventual Accreditation as a Center of Excellence. The Board of Certification is chaired by Dr. Jeff Clawson and the Board of Accreditation is chaired by Mr. Marc Gay of Montréal, Québec.

Finally, the Board of Curriculum is responsible for reviewing all Academy-endorsed EMD training materials and course content to ensure uniform acceptance and consistency. This Board (of which I am a member) meets regularly and is Chaired by our Academy Vice President, Mr. Steve Carlo of Buffalo, New York. The Board of Curriculum recently completed its assignment to incorporate the new standards for EMD as published by ASTM and the U.S. Department of Transportation into all new Academy-approved training materials.

As the need arises, other Academy groups will become more active or new ones may be formed to address important issues relative to EMD. Watch future issues of this newsletter for additional position statements and opinions important to our industry as a whole. It is exciting for me, as it should be for all of us, to be a part of this growing organization, now with 20,000 currently-certified members worldwide.

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Mark your calendar for the “EMD Event of NEXT Year!”

NAVIGATOR '97
Summit o Seminar o Conference
November 14-17
Valley Forge
Pennsylvania

Footnotes:
The following organizations offer training & services of interest to Academy EMDCs.

University of Iowa—EMS Learning Resource Center
Mike Hurley (319) 356-2597.

U. of Alabama—Huntsville
Sheila George or Rick Beck
(205) 551-4413.

U. of South Alabama
Phyllis Vinson (334) 639-1070.

Columbus State Comm.
College (Ohio & region)
Art Ghitiouni (614) 226-2400.

Palm Beach Community
College (Florida & region)
Barry Duff (407) 439-3213.

Acadian Amb. (Lafayette, LA)
Todd Laporte or Jerry Romero
(318) 267-3333.

Team Dispatch—Florida
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1004 Green Pine Blvd., H-1,
West Palm Beach, FL 33409
Michael Richman (407) 687-9113.

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Florida EMS Clearinghouse
Information service providing
EMS-related journal articles/documents for small or no fee.
Sue McCauley or Tonya Keiffer
(904) 487-1911.

EMD’s Wanted

The City of Battle Creek, Michigan is accepting applications from certified EMDCs. Salary ranges from $21,499 to $30,080 per year, plus excellent benefits. Information contact: Battle Creek Human Resources at (616) 966-3377.


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