An abridged “preview” from the new 2nd Edition of the Principles of EMD textbook... (watch for its release this Summer)

Chapter 13: STRESS MANAGEMENT

- Clawson & Dernocoeur

Dispatching is very stressful work. Anyone who has done it knows vividly how the hot seat feels. Shifts that begin with a bang and never slow down can leave the EMD feeling drained and slightly bruised, if not totally battered. On the other hand, in slow times, waiting hours for a call can be hard in its own insidious way.

This chapter addresses stress and its negative effects. It focuses on the stressors unique to the dispatch office and offers the EMD an understanding of the way stress can build to unhealthy levels.

It also describes various strategies to recognize and cope with stress. Half the battle is learning to admit that over-accumulations of stress exist. The other half is learning to manage stress appropriately.

The EMD plays a pivotal role in emergency services. Everything that happens in the system funnels through the dispatch office. The EMD must continually make

(continued on page 6)

MPDS Q&A...

The Fourth Law

- Bill Kinch, EMT-P, EMD Instructor

All certified EMDs should remember from their initial EMD training the “Three Laws” of Emergency Medical Dispatch:

1. First, do no harm.
2. When in doubt, send ’em out (or, always err in the direction of the patient’s safety).
3. Don’t be in doubt so damn much (or, with proper training and protocol, the EMD avoids guesswork).

Are you sure your calltakers are following the protocol?

(continued on page 5)
Those Lights & Sirens Don’t Save Lives...

• Alexander Kuehl, MD, MPH, FACS

While reading through the New York Times last month I was struck (no pun intended) by an article describing yet another pedestrian death in the wake of a “hot” response. In this case, it was a Bronx woman who was killed by an ambulance responding to a psych. patient...

As your Academy President, I felt compelled to write the editor in an effort to better focus the issues. My letter appeared in the April 16th edition of the New York Times and is reprinted here.

Since New York City’s recent merger of the Fire Department with EMS, many positive changes have been evident. However, one major area that still needs examining is priority dispatch. During the past months there has been increased controversy in New York City over the use of lights-and-sirens, the apparent increase in emergency vehicle collisions, and the selection of appropriate response units and modes. It is my impression that the individuals charged with medical oversight of the system will likely reduce the number of “HOT” responses currently authorized now that Fire Dept. first responders with AEDs predictably arrive more quickly and efficiently.

Some would argue that EMS systems need to send the ambulances “HOT” to each scene routinely, even though first responders have already arrived; that paramedics need to be sent to all emergency calls; and that EMT/BLS ambulances should wait for the paramedics’ arrival before transporting. These arguments have never been scientifically proven.

In New York City, some EMS providers closely monitor radio traffic in an effort to “jump calls,” thereby arriving first, with the object of perhaps helping the patient and perhaps obtaining the business. Thankfully the NYC FD/EMS will limit this phenomenon as it upgrades its system with modern computer-driven dispatch. While the issues and the solutions are complex in NYC, and around the world, as Academy members know, priority dispatch, implemented with proper medical oversight, can develop a plan that will be medically correct and operationally efficient.

Academy members, in fact all EMDs, should look carefully at how their agencies implement priority dispatch to ensure that the most appropriate local resources, in the appropriate mode, are being assigned to each MPDS determinant code. In systems where EMDs are able to do their jobs appropriately, and the MPDS determinant codes have been set up logically and carefully, there is no need for units to “jump calls” since dispatch will be sending the “right thing(s), in the right way, at the right time, in the right configuration.” It’s important that it’s not just the EMDs who realize that a policy dictating routine “HOT” transport and lights-and-siren use must save an awful lot of lives to justify the unnecessary death of a pedestrian.

Priority dispatch, implemented with proper medical oversight, can develop a plan that will be medically correct and operationally efficient.

To the Editor:

An April 12 news item chronicled yet another traffic accident death following a “HOT” ambulance response, this time of a 63-year-old Bronx woman struck by an ambulance on its way “to assist a person with mental problems.” The flashing lights and sirens response in this case was medically questionable, as police officers are usually needed to deal with such a situation.

Modern emergency medical dispatch enables municipal emergency medical services to use locally approved and nationally verified protocols to query callers, provide lifesaving information and send the optimal type of medical assistance with or without lights and sirens.

The nationwide epidemic of avoidable deaths caused by unnecessary high-speed emergency responses appears to be ebbing; yet in New York hardly a month goes by without a fatality, in spite of local and state regulations that require that even lights and siren responses to be performed with full stops at red lights.

Studies have demonstrated that the use of lights and sirens saves less than one minute, regularly causes accidents in the wake of the emergency vehicles and is life-saving in only a small percentage of cases.

New Uses for the Heimlich Maneuver

- Henry J. Heimlich, MD

Although originally conceived as a treatment for foreign body obstruction of the airway, the Heimlich Maneuver may be used to clear and open bronchials that are obstructed in near-drowning and asthma patients.

At a conference five years ago, a woman raised her hand and related an unexpected incident. "My sister is an asthmatic," she said. "One day when I was visiting, she suddenly couldn't breathe and was turning blue. The only emergency measure I knew was the Heimlich Maneuver. I did it—she immediately took a deep breath—and recovered." Soon after that, I received a letter from the mother of a four-year-old girl describing the onset of an asthma attack. In this case, the attack was so severe the child could not even inhale her medication. "I was about to rush her to the emergency room, but I knew there wasn't time." Almost instinctively, she performed the maneuver and the child began breathing normally.

To understand the effectiveness of the maneuver in asthma you must first understand that asthma attacks occur when muscles surrounding the airway contract, narrowing the air passages, the linings of which are chronically swollen and inflamed. On exhaling, mucous plugs dog narrowed airways and cannot get out. Trapped stale air distends the lungs, making both inhalation and exhalation difficult. Pushing up on the diaphragm with the Heimlich Maneuver compresses the lungs, expelling trapped air and the air flow carries away mucous plugs, thus clearing the airway and ending the asthma attack.

The Heimlich Maneuver is best known for saving choking victims. Since I introduced it in 1974, more than 50,000 lives have been saved by its use in the United States alone. In performing the maneuver, you press upward on the diaphragm, which compresses the lungs, causing a flow of air that expels a choking object that is blocking the airway.

More recently, the maneuver has been shown to save the lives of drowning victims. For 35 years, the use of mouth-to-mouth for treating drowning has been a tragic error. You cannot get air into water-filled lungs. Administering pressure on the diaphragm with the Heimlich expels the water from the lungs and the upward movement of the diaphragm jump-starts breathing.

Our job is now to spread the word about using the Maneuver in asthma [and in near drowning victims]. Asthma patients should consult their physicians before using the Heimlich Maneuver. When performed on asthmatics, the maneuver need only be done very gently because you are expelling air and mucous, not a solid choking object or water.

View represented in "Current Controversies" do not imply endorsement or acceptance by NAEMD. The above was excerpted at the request of the author from the February 97 Allergy Hotline.

Join us at Navigator '97 in Valley Forge this November and sit in with Dr. Heimlich for a scientific general discussion of the Heimlich Maneuver's merit and potential for adoption in dispatch for treating near-drowning and asthma patients. To obtain a two-minute video and further information on using the Heimlich Maneuver for choking, drowning, and asthma, send a $20 tax-deductible (consult your tax advisor) donation to the Heimlich Institute, 2368 Victory Pkwy., Ste. 410, Cincinnati, OH 45206, or call (513) 221-0002.
If you are involved in any aspect of medical dispatch, mark your calendar now! This landmark event combines presentation forums with Academy Certification Courses in the latest emergency medical dispatch science, headed by industry experts and innovators who discuss "doing it right" on the issues that concern you most. Be prepared to come learn how to:

- Properly implement long-term, cost-effective, priority dispatching
- Mitigate and proactively avoid common dispatch liability traps
- Integrate EMD with the future of managed care organizations
- Use certification & accreditation to increase organizational value
- Manage and monitor resource allocations and dispatch quality
- Attract, train, certify, & retain truly professional EMDs

Navigator ’97 has something for everyone involved in any aspect of medical dispatch and emergency communications. Sessions are tailored to the specific needs of three roles: Leaders, Managers, and Line Dispatchers.

All Navigator ’97 sessions will be held at the Sheraton Valley Forge & Plaza Suites Hotel, located just outside Philadelphia, off the Pennsylvania Turnpike, Exit 24, King of Prussia. Plan to come early and stay late to enjoy historic Valley Forge. Special local tours will be offered and networking opportunities will be plentiful. The Valley Forge National Historic Park is often referred to as "the birthplace of the American spirit" and the surrounding area is home to numerous American historical sites, museums, & shopping venues—including the second largest mall in the country!

This wonderful, historical setting will set the stage for renowned speakers, respected advisors, and EMD heroes both new and old. Presenters include: Dr. Norm Dinerman, Dr. Henry Heimlich, Steven Forry, Jim Page, Jay Fitch, Geoff Cady, Chip Darius, Tim Pelton, Doug Wolfburg, Dr. Sandy Kuehl, and Dr. Jeff Clawson. Concludes with a special President's Breakfast Sunday morning.

A limited block of rooms has been reserved at the special Navigator Conference rate of $99/night (single or double occupancy). Hotel reservations are on a first-come, first-served basis and we cannot guarantee space. Please reserve your spot early by calling: Sheraton Toll-Free Reservations: (888) 267-1500. Sheraton Valley Forge Front Desk: (610) 337-2000.

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<th>Tue. 11th</th>
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<th>Fri. 14th</th>
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<th>Sun. 16th</th>
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<tr>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>President's Breakfast</td>
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<td>EMD Course</td>
<td>Executive Course</td>
<td>EMD-Q Course</td>
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Registrations can also be processed over the phone through JEMS or check out: <www.jems.com>.

**PASSPORTS:**
(choose your focus area of interest and involvement)

- **$395** - EMD Passport
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- **$445** - EMD-Q Passport
  (EMD-Q Course & Conference)
- **$495** - Manager Passport
  (NEC Course, Manager Seminar, & Conference)
- **$545** - Leader Passport
  (NEC Course, Leader Summit, & Conference)

**Individual Sessions Only:**

- **$250** - EMD Course
  (Basic, Nov. 11-13)
- **$295** - EMD-Q Course
  (Advanced, Nov. 12-13)
- **$175** - NEC Course
  (Executive, Nov. 12)
- **$175** - Manager Seminar
  (Nov. 13)
- **$225** - Leader Seminar
  (Nov. 13).
- **$175** - Conference Only
  (Nov. 14-16)

All registrations add a $50 late registration fee after September 1st. Current Academy-Certified EMDs take a $25 discount (must list certification no.).

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The Fourth Law...

(continued from page 1)

For example, it is not appropriate to pick-up the protocol only for cardiac arrests, choking and childbirth incidents, as we have witnessed in multiple centers. Treatment is always based on appropriate evaluation, "jumping" to PALS without proper interrogation and utilizing the "Bridge" card features of problem verification often lead to incorrect "instructions" that may sound exciting but are often plain unnecessary and sometimes harmful.

Think about this new "law." If you are in an EMD management role, are you sure your calltakers are following the protocol? Is there a sound quality assurance/ improvement program in your communications center? If the answer to the QA/I question is "yes," is the information about the EMD's performance shared with them in a positive way? In essence, is it sporadic or tied to a continuous quality improvement (CQI) process?

There is only one way to ensure that priority dispatch is working appropriately—you must quality control the process. This is done by selecting a significant percentage of emergency medical cases (usually 7 to 10%) that have been "EMD'd" and having individuals trained in QA procedure listen and score the cases utilizing a standardized QA evaluation format. The standard objective this gives to review is essential in being fair and consistent. The MPDS, since compliance to it is required, is by far the most objective QA process in EMS today. You either did it, or you didn't.

Myriad communications supervisers have said, "Oh yeah, they use the cards. I see them using it." The next question is, "OK, you may see them flipping through the cards, but what questions are they asking?" This often produces an interesting blank stare (the "deer in head lights" expression). The standard reply is, "I'm not sure, I've never really listened." And that's the point exactly.

Historically, medical call questioning has been subjective at best. The calltaker will ask questions they feel are important, but typically have no relevance in moving the correct response out the door. Asking unnecessary and often inappropriate questions is referred to as "side cycling." This usually does nothing more than increase call processing times as well as distract the calltaker from obtaining the needed objectives for that case. Experience has shown that calltakers often choose the wrong chief complaint protocol as a result of asking unnecessary questions and becoming sidetracked by inappropriate information that is oblique to the objectives of dispatch interrogation.

Evaluation of cases ultimately coded as 31-D-1 (unconscious person at end of interrogation) provides another example relating to the importance of QA. Our experience shows that approximately 40% of these unconscious cases turn out to be cardiac arrests, and of these, more than half do not get pre-arrival instructions.

Unfortunately, the majority of communications centers do "quality assurance" only on cases that have "gone wrong." When you mention quality assurance to a telecommunicator, do you think they get a warm and fuzzy feeling in their stomach? Or more appropriately, does their stomach start to churn? The goal of "Let's catch them doing it right!" helps to shift the paradigm in the world of quality assurance within the communications environment. Feedback, even if not all positive, should always be associated with a continuous quality improvement (CQI) process.

The QA/CQI process requires a medically trained individual, preferably at the ALS level, to conduct an "independent audit." These individuals should preferably not work in the comm. center but be outside its chain of command. This helps prevent the "fox guarding the hen house" syndrome. Other duties of this QA specialist often include EMD training, both for initial and CDE training.

In an effort to promote better QA/CQI processes, a special two-day "enhanced" quality assurance certification program, called "EMD-Q," will be piloted at the Navigator '97 conference in Valley Forge. EMD-Q takes EMD to the next level and is designed to allow telecommunications supervisors, coordinators, and QA personnel to increase their knowledge in the EMD process and provide "quality" assistance in the tape review process.

When discussing the QA process we commonly hear the protest, "I don't have the staff to do Quality Assurance, I can't afford it." The question to all of you is how can you afford not to?

Mr. Bill Kinch is a certified EMD Instructor and a Senior National Faculty Member for the Academy. Bill now resides in Salt Lake City, Utah, on those rare occasions when he's not traveling on the EMS or EMD teaching, speaking, or consulting circuits. He can be reached through the Academy or via email: pmedic1041@aol.com.

What's an EMD-Q?

An EMD-Q is a specially trained graduate of the new Academy Certification Course designed specifically for individuals involved with, or interested in, MPDS quality control and improvement. This information-packed course overviewed all aspects of implementing an effective EMD QI program, including continuing education and adult learning, proper feedback and case review techniques, and software tools (ProQA™ & AQUA™), which all combine to create an efficient Quality Improvement Unit (QIU). Especially recommended for EMD & C.E. instructors. Will be introduced at Navigator '97, November 12-13.
Stress Management...
(continued from page 1)
certain, rapid decisions in the unseen presence of strangers in crisis, relying almost solely on auditory stimuli. In relaying the call to field personnel, the EMD must be sure that the right crew gets the right calls. Staying on top of the entire system at all times is another part of the complex set of challenges faced daily by EMDs.

The EMD is inevitably affected when, shift after shift, invisible callers express powerful emotions. Caller emotions may include anger, anxiety, even hysteria. Similarly, the EMD is the sedentary partner when field personnel relay emotionally-laden messages by radio. When an ambulance crew is being shot at, everyone in range of that radio report, including the EMD, experiences high levels of adrenaline.

The EMD’s job is to direct and coordinate a constant stream of activity while remaining seated at a radio console in a protected building. Chronically high adrenaline levels are harmful, particularly to sedentary people. The pressure to keep up with the action in a passive way can generate stresses difficult to imagine for people who have not done it.

Stress management begins as the responsibility of the individual. The first goal is to develop ways to effectively and honestly monitor stress buildup. That way, stressors can be appropriately managed while they are still relatively minor. Stress management is much more difficult once major problems arise.

One person suffering most of the major signs and symptoms of burnout said that he knew what was happening to him, “but they don’t have any programs for us to fix it.” His company was not providing help, so he felt no obligation to deal with it himself. Who is “they”? And who hurts the most in the end? Most people try to avoid pain. It makes sense for stress management to be a gift that one gives oneself!

There are innumerable methods for coping with stress. Some are healthy and helpful; others are maladaptive and destructive. Learning to work well with stress in dispatch—since some always exists—usually involves multiple approaches. Being an effective EMD requires steady nerves, the ability to concentrate on multiple diverse tasks, and the patience to blend the impersonality of technology with highly personal events. Each person has the choice to manage stress well so that being an EMD can be a rewarding experience.

Dispachers’ First Rule of Randomness:
Emergency calls will randomly come all at once.

Read more about practical solutions for stress management and other important EMD-related issues this Summer in the upcoming Second Edition of the Principles of EMD textbook.

Upcoming Courses
For more information on these and other approved EMD Certification Courses call Medical Priority: (801) 363-9127:

Jun. 6-8  Asheville, NC
Jun. 6-8  Black Diamond, ALB CANADA
         Foothills Regional Comm. Centre
Jun. 10-12  Eureka Springs, AR
           Eureka Springs Police Dept.
Jun. 12-14  Baltimore, MD
           Baltimore City Fire Dept
Jun. 16-18  Challis, ID
           Carver County Sheriff
Jun. 18-20  San Marcos, TX
           San Marcos Police Dept
Jun. 18-20  Tifton, GA
           Tift County E-911
Jun. 19-21  Red Deer, ALB CANADA
           Red Deer Coll.
Jun. 19-21  Bellaire, TX
           Bellaire Police Dept
Jun. 19-21  Tyler, TX
           Trinity Mother Frances Hosp.
Jun. 19-21  St. Louis, MO
           IHM Health Studies Center
Jun. 19-21  Moses Lake, WA
           Multi Agency Comm. Center
Jun. 19-21  Thomaston, CT
           Thomaston Ambulance
Jun. 21-23  Peace River, ALB CANADA
           Peace Regional EMS
Jun. 27-29  Northampton, MA
           Western Mass. EMS
July 1-3  Carthage, MO
          Jasper County Emerg. Services Board
July 28-30  Huntsville, AL
          U. of AL School of Medicine, EMS Educ.
Aug. 1-3  Boise, ID
          Idaho EMS/State Comm. Ctr.
Aug. 4-6  Somerset, PA
          Somerset County 911
Aug. 6-8  Chattanooga, TN
          Memorial Hospital EMS
Aug. 11-13  Dorchester, MD
          Caroline County Dept. of Emerg. Mgt.
Aug. 18-20  Bremerton, TX
          Bremerton Police Dept
Aug. 19-21 & 22-24  Wilmington, NC
          New Hanover County Sheriff’s Dept
Aug. 22-24  Watertown, NY
          Giffroy Ambulance, Inc.

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

University of Iowa—EMS Learning Resource Center
Mike Hartley (319) 356-2597.
<www.uhcuiowa.edu/ems/SERc>

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 Ghiolani (614) 228-1745.

Palm Beach Community College (Florida & region)
Gary Duff (407) 439-8213.

Nash Community College (Rocky Mt., NC)
Jay Dornsell (919) 641-7999 x312.

Phoenix College (Arizona)
Dr. K.M. Lewis 602-285-7207.

Bruce Cheney (603) 271-6911.

Memorial Hospital EMS
(Chattanooga, TN) — Dave Thompson (423) 629-9142.

Mtn. EMS (Sunnyside, CA)
Jeff Diehl or Aaron Halmson
(916) 257-0249.

San Jose Fire Dept. (CA)
Gary Galasso (408) 277-4105.

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

Abbott Amb. (St. Louis, MO)
John Huffman (314) 768-1000.

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