Zero-Minute Responders

Dispatch – The Voice of EMS

If emergency Medical Dispatch. Can I help you? What is your address?... What apartment are you in?... Okay... What's the phone number again?... How old is she?... Is she conscious and breathing?... Has the baby been born yet?... Can you see any part of the baby yet?... Okay... We've got an ambulance on the way right now... Listen carefully and do exactly as I say...

It is 6:48 A.M. at University Hospital in Newark, New Jersey and my day as a dispatcher in the largest and most active EMS system in the state has begun. The early morning maternity call and my first cup of coffee have ushered in the day.

By the end of this day’s tour, some 12 hours later, there will have been more than 120 telephone contacts just like this one, involving hangovers and heart attacks, sore throats and shootings, migraines and MVAs. While all will differ in nature and severity, they all represent situations involving varying degrees of crisis in people’s lives.

“My job requires that I keep sight of the ‘Big Picture’.”

Between these “regular” requests for assistance, there will be requests for MedEvac helicopters from Somerset and Morris Counties, and possibly divert orders from St. James and Meadowlands Hospitals. Added to this will be many other calls, some so unique that they give me the feeling they have been concocted by a Higher Power to keep me on my toes, and Him amused.

“I was transferred by your ambulance on the 12th of last month and I can’t find my car keys. Do you have them?”... “I need an ambulance to go to the hospital for a cast change. Is it okay to bring my cat along?”... “Can you give me directions to your hospital from Plumstock?”... “Do you take Visa or Mastercard?” (The answers: no, no, where?, and I’m afraid not. Incidentally, I have actually been asked all of those questions.)

Newark’s population of over 400,000 doubles during the workday. Within the city limits are a major international airport, three interstate highways, six state highways, a major shipping port, and numerous railroads and industrial facilities; any of which can, and often are, the scene of emergency medical situations.

What are the difficulties of my job as an EMD? The EMT deals with one patient at a time; he has the luxury of focusing all his attention on that single person. My job requires that I keep sight of the “Big Picture.” Set to the hectic pace of the city environment. This means keeping track of not only a single patient, but the entire emergency care system. This feat consists of knowing

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From the President’s Desk:

- Jeff J. Clawson, M.D.
- President, NAEMD

"Can’t You Tell Me What to Do?!"

R  ecently several individuals and governmental agencies have approached the NAEMD and me personally with several common questions about the legal ramifications associated with not implementing a Medical Priority Dispatch System. In response to the majority of these questions, I can offer the following synopsis of what is fast becoming an absolute avalanche of medical-legal lawsuits involving the misadventures of dispatchers and shortsightedness of their administrators.

I am currently aware of 20 dispatch lawsuits in America in some stage of litigation. It is very interesting to note that in none of the 20 suits were the target agency’s dispatchers EMD trained, nor were they using a medical priority dispatch protocol system. In the last 13 years, there has never been a case, successful or otherwise, against a dispatch center or agency that used the MPDS.

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By the way, the 13 year old’s favorite TV show was Rescue 911. Does the fact the entire nation gets an in-service lesson on standard of care every Tuesday night on CBS cause a bit of concern in light of these tragic events? It should.

The second area of concern is the lack of standardized dispatch decision making with regards to prioritization. When there exists a proven, medically approved protocol process, that has been used in over 40 million dispatches without a lawsuit, it borders on foolhardy to continue the traditional type of dispatch process now referred to tongue-in-cheek as “Dodge City dispatching.”

The letter stated, “She knew the dispatcher should have told her what to do, because she had seen it on TV.”

In a drowning case in south Florida, a 13 year old sister of the victim, plucked the lifeless body of this 18 month old girl from a swimming pool, raced to the phone, called 9-1-1, and was told to stay on the line, as paramedics were being sent. After asking two or three times what was happening without a satisfactory answer, finally pleaded with the dispatcher, “Can’t you tell me what to do?!” She was told, “just stay on the line.” No instructions were ever given, the girl was eventually partially resuscitated, lived a year as a complete vegetable, and died.

"...it borders on foolhardy to continue the traditional type of dispatch process now referred to tongue-in-cheek as ‘Dodge City dispatching.’"
TOP ACCOLADE
Mercy Medical Services Wins Award at Senate Productivity Conference

Mercy Medical Services of Las Vegas has received the Top Ac- colade in the service category bestowed by the 1991 U.S. Senate Productivity Award’s Committee. The conference and subsequent formal banquet were held Tuesday, March 26th at the Desert Inn Hotel and Country Club in Las Vegas, Nevada.

The U.S. Senate Productivity Awards are conducted annually to recognize Nevada organizations whose effective productivity improvement efforts contribute to the restoration of America as the leader in the international marketplace. The conference brings together public and private sector organizations which have demonstrated particularly effective productivity efforts.

Mercy implemented numerous initiatives to improve their productivity standing. Empowering employees was the greatest motivating factor for such a feat. Employee involvement programs such as participative management teams have escalated employee pride and morale. Additionally, with the implementation of state-of-the-art Com-puter Aided Dispatch including NAEMD-certified Emergency Medical Dispatch training and system status management techniques, tremendous strides have been taken to eliminate voice radio traffic and improve already phenomenal response times. And, the greatest measure of productivity is customer satisfaction, which has not only been maintained but exceeded because of positive patient outcomes due to the company’s high clinical standards. According to customer response questionnaires and testimonials from grateful patients and their families, Mercy has only delivered quality patient care but shows consistent care and commitment to the Nevada communities it serves.

Also vying for the service category award were the multi-billion dollar companies of Reynolds Electric & Engineering, and the Las Vegas office of Xerox Corporation. Sanctioning the presentations and awarding the Silver Medallion for Excellence were U.S. Senators Harry Reid and Richard Bryan (pictured above with Mr. Robert Forbuss, CEO and President of Mercy).

AMPDS Survey
How well does it really work? edited by Yoonne M. Dickson

Recently Sacramento Regional Fire/EMS Communications Center conducted a survey on the quality of Medical Priority Dispatch Systems (MPDS) with several member agencies throughout the Sacramento region, including: American River Fire; Florin Fire; Folsom City Fire; Pacific Fire; Sacramento County Fire; Elk Grove Fire; Courtland Fire; Wilton Fire; and Fair Oaks Fire District. A total of 126 forms were received by the Center. Each question on the survey was followed by the total responses for all Districts in percentages. MPDS DISTRICT SURVEY RESULTS:

89.0% of all the Districts found that “Since MPDS, dispatch information has been more accurate”

81.7% found that “Since MPDS, the patient and/or family are better prepared for emergency arrival”

79.0% found that “Emergency vehicles have arrived on the scene to find a calling party giving care by dispatch instructions”

93.5% found that “Having arrived on the scene to find a calling party following dispatch instructions, the instructions were appropriate to the patient’s needs”

78.3% found that “Since MPDS, the incident type arrived at is the same as the incident type given by dispatch”

86.0% found that “Since MPDS, dispatch communications are more professional”

87.3% found that “Since MPDS, dispatchers have shown more interest in patient condition and outcome”

88.3% found that “MPDS updates (secondary information) are reliable, and you can usually plan ahead for emergency arrival”

92.1% felt that “It would be beneficial for dispatch personnel to spend some ride-along time in the field”

84.8% felt that “It would be beneficial for field personnel to spend observation time in dispatch”

84.6% felt that “In general, dispatch is more considerate to the needs of field personnel since MPDS”

89.3% felt that “MPDS has enhanced patient care”

Dispatching is not a matter of luck, it takes dedication and hardwork. Some are now calling the multiskilled EMD a “renaissance dispatcher”, What do you call yours?
WHOM DO I CALL AT THE NAEMD?
We believe a few introductions are in order:

Mr. Michael R. Jessop is the new Executive Director of the National Academy of Emergency Medical Dispatch. Mike has been an EMD and Field Paramedic for most of his life. He has worked closely with Dr. Clawson for over 16 years. He was a member of the first Utah class of paramedics when that program began in 1974 and was the Founder and President of the Utah Paramedic Association. In 1985, Mike was named “Firefighter of the Year” by the Utah Kiwanis Club. In 1991, he was recipient of the State “Paramedic of the Year” award for his pioneering work in Utah’s Emergency Medical Services system. From 1967 - 1991 Mike was employed as a dispatcher, firefighter and paramedic with the Salt Lake City Fire Department. He has been the Medical Coordinator of the Training/EMS division and from 1988-1991 served as “Chief Paramedic.” Over the years with the SLCFD, his responsibilities included maintaining certification and medical training for 300 personnel and acting as liaison with all local hospitals, State Regulatory Agencies, State Medical Examiners Office, various civic and charitable groups, the City Council, and its budget and appropriation committees. He served on wage negotiation teams, exercise and fitness programs, grievance committees, and drug security. Mike headed the tracking of all infectious disease exposures and was coordinator for field tPA studies. He has worked in the Interior Sector, Medical Sector, Rehab Sector, and as Medical Incident Commander. Mike has responded to over 15,000 EMS calls. We are elated to have Mike working with us to further the cause of Emergency Medical Dispatching. If you have questions relating to EMD course scheduling, pricing, instructor coordination, retesting, contracts, or the overall function of the Academy itself, please direct your call to Mike.

Mr. Scott A. Hauert was one of the original NAEMD founders back in 1988. Before his affiliation with Medical Priority, Scott worked for twelve years at a private ambulance service, where he gained experience as a field care provider and dispatcher, later to become Staff Development Coordinator, Trainer of New Employees, Field Supervisor and EMT Captain. He has attended Westminster College and the University of Utah. He currently serves on the Board of the Utah State Emergency Medical Training Council, and the Salt Lake EMS/InterHospital District Council. He is a member of the Board of Directors of the Utah Heart Association, and is a past President of the Utah Association of EMTs (where he gained considerable lobbying experience as that group’s legislative representative). He has worked closely with Dr. Clawson in local, state and national EMS arenas for twelve years. Scott has taught dozens of EMD Certification courses, in addition to EMT courses at the University of Utah, Emergency Medical Education Company (EMEDCO), Granite School District, and for the Utah State Department of Health. He has personally recruited and trained the complete Academy staff of Regional Representatives. In 1987 and 1989, Scott was recipient of the Utah State “EMT of the Year Award” As an accomplished lecturer and writer, Scott has travelled all over North America and has co-authored two technical articles that were published in the Journal of Emergency Medical Services. If you have questions about on-site comprehensive EMD consultations, quality assurance and risk management programs, or course curriculum and content, please direct your call to Scott.
WHOM DO I CALL?

Introductions continued...

Ms. Colleen Fleming has been affiliated with the NAEMD during the past year in various capacities and in assisting with the management of several projects. This May, Colleen assumed the responsibilities of Coordinator for the Academy. Before coming to work with Medical Priority, Colleen worked for five years at the University of Utah with administrative duties in the Colleges of Mechanical and Industrial Engineering. She graduated with a B.S. degree in Health Administration from the University and has excellent organization and management skills. Colleen has a passion for excellence and community service, working voluntarily during her spare time in counselling pregnant teenagers and teen mothers. Colleen has also worked in Federal and State Government for the Department of Defense Investigative Services and will now be applying her skills to assist with the restructuring of the Academy to more efficiently manage its strained resources. If you have questions about test scores, course registrations, dates and locations, certification, recertification, or general management issues, please direct your call to Colleen.

In addition to his roles as President of the NAEMD and Medical Priority Consultants, Dr. Jeff J. Clawson is the Medical Director for the Salt Lake City and County Fire Departments and Gold Cross Ambulance Service. As the originator of the MPDS, he is often referred to as the “Father of EMD”. He is the co-author of the textbook Principles of Emergency Medical Dispatch, and has authored the chapters on EMD in both the American College of Emergency Physicians’ textbook Principles of EMS Systems, and the National Association of EMS Physicians’ EMS Medical Directors’ Handbook. Dr. Clawson is the current Chairman of the American Standards for Testing and Materials (ASTM) Task Force on the National Practice Standards for EMD and the National Association of EMS Physicians’ Committee Chairman on EMD. He has also been the Medical Consultant for the CBS Television program “Rescue 911”. Dr. Clawson has received several international awards for his work in EMD. Last year, the American Ambulance Association honored him for “making the most significant contributions during the past decade in the United States to EMS and Ambulance Services.” He is one of the nation’s few full-time practicing EMS physicians. If you have specific questions about MPDS research and development, articles, consulting, speaking, or medical-legal services, please direct your call to Dr. Clawson.
Voice of EMS...
(continued from Page 1)

where all the available ambulances, personnel and resources are, and to which hospitals the patients are destined. All this must be done while providing the consideration, compassion and proper patient care that we as EMS providers are here to offer.

A few years ago, the dispatcher’s job was simply to keep track of the ambulances in service, get the patient’s address, and put the two together. The complexity of the EMS system today, however, requires much more of medical dispatch. With the advent of such concepts as mass casualty incidence, multi-incident command, prioritized dispatch protocols, quality assurance and medical control at dispatch and the dispatcher as the “Zero-Minute” first responder, dispatching has become a very complex and specialized profession. Dispatch Life Support is very different from Basic Life Support or Advanced Life Support.

These changes in the traditional role of the dispatcher result from two main factors. First is the expansion of emergency medical services into such new areas as Hazardous Materials specialization and Aero-Medical Rescue. This has resulted in the need for improved management of available resources.

Fifteen or twenty years ago, an appropriate response to almost any emergency situation meant sending a police car and/or ambulance to the scene, picking up the patient and quickly getting to the nearest hospital. The patient’s needs, myocardial infarction or fractured leg, were usually met with the same red-light-and-siren response.

Today’s specialized emergency care skills require a precise, prioritized EMS response, ensuring that the patient receives the appropriate care based on the nature of his specific illness or injury. This includes directing the patient to the facility best able to treat the condition, a factor that is particularly important in trauma, and even more crucial in a multi-casualty incident.

The second factor responsible for the more complex role of today’s dispatcher comes from the developing concept of the EMD as the true “Zero-Minute” first responder on the scene. This approach has been pioneered by Dr. Jeff Clawson. His Advanced Medical Priority Dispatch System follows a specific, structured and medically sound approach of asking questions and giving instructions, all designed to enable the EMD to assign the appropriate unit to the location and provide the caller with necessary instruction in initiating patient care PRIOR to the arrival of field units. This effective “Zero-Minute Response Time” results in the saving of lives that would clearly have been lost due to the limitations of on-the-road field unit response times. This concept has worked well since its inception. It has enhanced patient care and saved lives.

Over the years, the dispatcher’s role has evolved from off-scene messenger to on-scene active participant, and this trend is continuing to expand. In order to function effectively, the EMD today must not only possess a thorough knowledge of telecommunications skills and equipment, but must be fully familiar with all the varied aspects of the EMS system – a system that now works better than ever before.

David St. Clair and Thomas Tryon are Academy-Certified EMDs and EMS partners at the University of Medicine and Dentistry Hospital in Newark, New Jersey.

Rescue 911 Needs Your Help

Dr. Clawson is the medical consultant for CBS’s popular and award-winning prime time series Rescue 911. We at the NAEMD are often asked how to get in touch with the producers of this excellent program. If you are aware of any dramatic 911 calls or rescues, or if you have comments or suggestions about their program, feel free to contact them as follows:

**RESCUE 911**

1-800-678-4276

213-466-8875 or FAX 213-466-5345

1438 N. Gower St., Box #53 Hollywood, CA 90028

Trying to Implement 9-1-1?

Agencies seeking help or more information on how to implement 9-1-1 in their area are invited to contact Mr. William E. Stanton, Executive Director of the National Emergency Number Association (NENA) in Columbus, Ohio.

NENA’s toll-free number is 1-800-332-3911

IMPORTANT NOTE ON RECERTIFICATION

All Academy-Certified EMDs needing recertification must submit an open-book 30-question exam by mail. To simplify tracking, “modules” will not be included in newsletters. Please direct any questions to Ms. Colleen Fleming.
Can’t you tell me...
(continued from Page 2)

they wanted to do it to. This in essence describes dispatchers that “fly by the seat of their pants” and “reinvent the wheel every time the phone rings”. A standard, well designed, reputable medical protocol system produced and maintained by a dedicated, stable organization, gives EMDs and their employers, a clear standard to rely on. This objective, recognized standard would provide a sound basis for defense in any lawsuit so long as it is followed.

My third concern is that of unnecessary red-light-and-siren use. There are literally thousands of emergency vehicle accidents every year in this country. And the sobering fact of the matter is, most of them are preventable. If appropriate prioritization is followed as designed, many cases can be safely sent “COLD” vs. “HOT”. In March of 1989, the City of Los Angeles began sending 25% of their BLS responses “COLD”. And they have not received a single formal complaint to date that I am aware of. This area will be a major driving force for a more rational dispatch response mode process in the 1990s and therefore a sound, well structured MPDS.

What does this all mean? It’s actually quite straightforward. Organization is better than disorganization. Training is better than no training. And you get what you pay for... otherwise you end up “paying” for what you got. This knowledge has made me a true believer in the medical priority system when implemented in its comprehensive form. Of course I’m biased. But then please realize that I receive information about, or am retained as an expert witness in, one dispatch-related lawsuit literally every other week.

It has always been the mission of public safety agencies to protect the lives of their citizens. Without question, Medical Priority Dispatching continues that fine tradition.

CAD Corner
of Medical Priority Consultants, Inc.
(paid advertisement)

The new AMPDS-ProQA is in final production for general release to the Unix and DOS platforms (with others in development). ProQA goes beyond priority dispatch to its next logical step. It has been programmed as a stand-alone system, or can be integrated into nearly any existing CAD. While undergoing extensive quality assurance review and testing, ProQA automates and addresses the following features:

- Record-Keeping & Reporting,
- Quality Assurance Data,
- Statement Rephrasing,
- Database Management & Editing,
- Integration with CAD Functions.

ProQA represents a new era in EMS dispatching, and will be the model of priority dispatching into the 21st century. Following the upcoming October 1991 release of ProQA to stand-alone computer systems, Medical Priority will release an integrated CAD product to those vendors who desire to implement ProQA into their product. More than twenty of the larger CAD vendors have already been contacted and are in various stages of marketing agreements. For availability and pricing information, contact your CAD representative and ask for AMPDS-ProQA by name. If your CAD vendor has not yet started ProQA discussions, please call Medical Priority directly with a contact name and phone number. In addition, if your agency has created its own specialized CAD, Medical Priority can work with your technical staff as necessary.

Did you also know that some HOSPITALS can benefit from the ProQA, Plus and PAI software? Services such as “Ask-a-Nurse” or “Dial-a-Doctor” may wish to include the AMPDS-PAI module in their service. There have been cases of cardiac arrest victims calling these services and going sour while in contact with a doctor or nurse. The PAIs can be given to the calling party while the appropriate agency is called. PAI or ProQA software, as part of the hospital PC or large computer network, is an ideal addition to hospital advice centers.

Medical Priority’s Dispatch Life Support protocols for Priority Dispatch and Pre-Arrival Instruction sequences have proven their medical integrity, cost-effectiveness, and safety in the field by extensive on-line use. It is noteworthy that the MPDS has never been challenged in a dispatch negligence lawsuit in more than a decade of field use.

Agencies that desire more information on ProQA, Plus, or PAI software may call (801) 363-9127. For sales information, ask for Mr. Doug Crump; for CAD vendor information, or technical information, ask for Mr. Richard Saalssaa or Mr. Bill Reid.

AMPDS Pocket User Guide
For agencies who have licensed the 1990 AMPDS, the new Pocket User Guide is now available, containing 3" x 5" reproductions of the protocol cards. Registered licenses will be sent a copy FREE of charge and additional copies are available.

Editor’s note: If your business would like to advertise in this newsletter, call Mr. Bill Lloyd, Vice President of the Academy, to discuss options and rates.
SEPTEMBER
9-11 Harrisburg, IL
14-16 Los Angeles, CA
18-20 La Porte, IN
19-21 Abilene, KS
21-23 Akron, OH
23-25 Saginaw, MI
24-26 Brandon, Manitoba Canada
28-30 San Antonio, TX

OCTOBER
5-7 Memphis, TN
8-10 Cottonwood, AZ
8-10 Walla Walla, WA
19-21 Grand Prairie, TX
24-26 Cincinnati, OH

1991 EMD Certification Courses
This is a current listing, and reflects changes since last publication. Additional courses may be added and/or individual agencies may be sponsoring an on-site certification course in your area.

Announcing...
Promoting Dispatch Quality
Conference and Trade Show - 1992
(see page 5 inside)

NOVEMBER
14-16 Greensboro, NC (1)
22-24 Green Bay, WI
18-20 Greensboro, NC (2)
15-17 Nashville, TN*

DECEMBER
7-9 Philadelphia, PA
7-9 Lubbock, TX
14-16 Charleston, WV
14-16 Columbus, OH

*Held concurrently with this course will be a 1-day EMD ADMINISTRATORS' and MEDICAL DIRECTORS' CERTIFICATION COURSE taught by Dr. Jeff Clawson

The National Academy of EMD
139 E. South Temple, Suite 6000
Salt Lake City, UT 84111

Forwarding and Address Correction Requested