Becoming an Academy Accredited Center of Excellence...

What's It Take To Be An ACE?

What level of professional EMD service does your center provide? Are you looking for increased morale, corporate pride, and credibility? Are you ready to make a firm commitment to documenting compliance with policies, procedures, and protocol? If you're ready to stand out as one of the best EMD operations in the world—*show it!* Three additional communication centers recently did just that as they were awarded the highest honor the Academy can bestow—that of an Accredited Center of Excellence (ACE).

On behalf of the Academy, Dr. Clawson formally presented Accreditation Plaques to **Lancashire Ambulance Service NHS Trust** on June 3rd, **Staffordshire Ambulance Service NHS Trust** on June 4th, and **AMR of Colorado, Denver Communications** on July 1st. The Academy congratulates all three centers for their hard work and dedication to quality patient care. This achievement is something to be proud of.

Earning this award involves preparing a detailed self study document and submitting a formal application, including extensive meeting minutes, case reports and a significant number of random sample recorded and evaluated calls. A detailed on-site review is also necessary. All paperwork focuses on compliance with the Academy's "20 Points of Accreditation."

The Academy provides independent evaluation through its Board of Accreditation to verify and document compliance levels with all aspects of a comprehensive EMD program—from quality assurance and improvement to medical direction and control, pre-arrival instructions, continuing education, and long response times. Sometimes conflicts arise if a caller or field technician disagrees with the EMD methodology of airway maintenance and Dispatch Life Support (DLS). Many field personnel do not fully understand and appreciate the rationale of DLS. Many feedback reports from paramedics often criticize this proven telephone airway maneuver. The purpose of this article is to provide the EMD point of view to other health care and first aid professionals as this concern, on face value, is well justified.

A trained emergency responder has always been taught to place patients who are unconscious in the recovery position—also known as the three quarters prone position, left lateral recumbent, etc. This differs considerably from the EMD protocol that places unconscious patients on...
From the President's Desk...

A New Global Perspective

• Alexander Kuehl, MD, MPH, FACS

I recently returned from Sitges, a beautiful medieval town on the Mediterranean near Barcelona, and the site for a meeting of all Spanish emergency physicians. It was an eye-opening experience for me, and not just because of my encounter with sunburn which surely should have prompted a "7-C-2" response! At that well-attended Western European Conference I found yet another confirmation that the world has awakened to the importance of EMD.

Contrary to my earlier impressions of the European prehospital care community, those in attendance seemed acutely aware of the need for pre-arrival instructions at dispatch and of the importance of protocols, not just from the traditional EMD perspective, but for dispatch of helicopter and alternate care services as well. The discussion was directed by the need to provide the most efficient prehospital care possible—beginning with the first access of the communications center.

There is a rising need in the prehospital care community throughout the world to locally standardize levels of prehospital care and response...

The discussion was directed by the need to provide the most efficient prehospital care possible—beginning with the first access of the communications center.

Accreditation...

(continued from page 1)

and MPDS questioning and response. Accreditation demonstrates to employees, patients, competitors and the community that you support a long-term commitment to excellence.

The ACE application process and the associated MPDS protocols are based on generally accepted medical dispatch practice standards as published and promulgated by the Academy and the American Society for Testing and Materials (ASTM), the National Association of EMS Physicians (NAEMS), the National Institutes of Health (NIH), the American College of Emergency Physicians (ACEP), the U.S. Department of Transportation (UDOT), and the American Medical Association (AMA), among others.

The Board of Accreditation is currently finalizing a revised and expanded application packet detailing the "20 Points" and how to fulfill them for centers interested in becoming an ACE and earning this level of recognition. The new packets will be available later this Fall. Also, Marc Gay, our Accreditation Board Chair, will moderate an informative panel discussion entitled "The Road to Academy Accreditation" in connection with Navigator '97 this November. Questions should be directed to Robert Martin or Eric Christensen at the Academy.

The "20 Points of Accreditation" formally document and describe:

1. All medical dispatch call-taking and dispatching work stations
2. Current Advanced MPDS licensing of each EMD position
3. Current Academy certification of all EMD personnel
4. How Academy certification will continue to be maintained
5. Minutes from MDRC* and Steering Committee meetings ("Medical Dispatch Review Committee")
6. EMD quality assurance and improvement methodology
7. EMD quality assurance and improvement database
8. Numbers and percentages of randomly reviewed cases (per a sliding scale based on call volume)
9. Consistent MPDS case review at or above the following percentages:
   95% - Case Entry protocol compliance
   95% - Chief Complaint selection accuracy
   90% - Key Question protocol compliance
   90% - Post-Diagnosis Instr. compliance
   95% - Pre-Arrival Instruction compliance
   90% - Subdeterminant selection accuracy
   90% - Cumulative overall score

10. Correct quality assurance and improvement scoring and practices through independent Academy review of randomly assigned cases
11. How field personnel were oriented to the proper use of the MPDS with Pocket User Guides and through in-service or video orientation
12. Use of field responder Medical Dispatch Feedback Reports
13. Current Continuing Dispatcher Education (CDE) program functions
14. How police and law enforcement received S.E.N.D. (Medical Miranda) pocket protocols and related in-service or video orientation
15. Correct local configuration of all MPDS response assignments
16. Field implementation of all MPDS response assignments
17. How MPDS response assignments will be monitored and maintained
18. Specific medical director oversight and controls
19. Sharing of non-confidential data with the Academy for review
20. Support of the Academy's Code of Ethics and practice standards

Dr. Kuehl can be reached through the Academy, or directly at: 518-562-7371, or via skuehl@cvph.org.

Those interested in new ideas and concepts in out-of-hospital medicine and in discussing potential position papers and the future direction of the Academy, should plan on attending the Leader Summit and President's Breakfast at Navigator '97.
EMD IS LIKE QUAKER OATS

April 20, 1997

Dear Dr. Clawson,

Today I finished the EMD certification course, having attended the Executive course in March, and I believe it is time to change the focus of your introductions. On both occasions I was troubled by what came across as an emphasis on litigation or condemnation when a jurisdiction failed to give Prearrival Instructions. For those attending the Executive and Dispatchers course [this approach] is preaching to the choir.

Barry Duff, our very able instructor this weekend, played a tape of a dispatcher doing nothing. Over and over and over again the dispatcher repeated to the anxious caller, "I can't give you any instructions over the phone." To the highly motivated EMD candidates in the audience, this tape spoke louder than any threats of legal action if they didn't jump on board. As it was played, I could feel them [the EMD students] saying to the dispatcher, "Do something!"

What I am getting to is that you [and I] are in positions of great authority, and I think we should motivate our proteges with the right reasons, namely, their desire to help when they can. Nothing we do is done for lawyers. Everything we do is for care of the patient.

May I recommend that your introductions include a tape or video of a dispatcher doing nothing more than taking address, phone number, and chief complaint... then perhaps, a worst case scenario... then a save... and, finally, a tape of a trained EMD helping deliver a baby. Your executives and EMD candidates will be yours within the first 20 minutes of the class.

Save the usual (medical-legal threat) introductions for city fathers or county commissioners or chief dispatchers who haven't caught on yet. It is they who might need the fear of litigation in their hearts. But once their hearts are convinced, I encourage you to sell enthusiasm for Emergency Medical Dispatch like Quaker Oats: it's the right thing to do. People want to help. I loudly applaud your leadership in this service. I wish you continuing success. You have no doubt saved many lives through your innovation and teaching.

David Denekas, MD, FACEP
Medical Director, Calvert Hospital ED
Calvert County EMS, Maryland.

THANKS FOR AN EXCELLENT INSTRUCTOR

February 22, 1997

To the Academy,

You have an outstanding course. The instructor [Sheila George] was fun and very interesting. The material and the manner in which it was presented was both educational and interesting. Sheila is an excellent instructor and made the class a very pleasurable experience. The group exercises were very educational and interesting. Overall, I found this to be a very positive experience and an informative and educating experience. I hope that you recognize the value of such an excellent educator and program. I have been attending EMS classes and courses for 15 years now and am not easily impressed by an instructor or a curriculum. This is an excellent program and the course is well designed, and this particular presentation was excellent.

Michael Eckler, EMD
West Chicago, Illinois.

LAS VEGAS FIRENEWS HONORS EMDs

by Tim Szymanski, September, 1996

Two Fire Communication Dispatchers are credited with the delivery of two babies during the morning hours of August 20, when both of the fathers called 9-1-1 for assistance. Both babies are doing fine.

The first call was received by Judy Miller, who has been a dispatcher for nearly 7 years. She has assisted with the delivery of nearly two dozen babies by providing life saving information over the phone. She is credited with assisting in the delivery of a set of triplets a few years ago.

Dispatcher Patty Harris, a 4-year veteran, assisted with the second delivery. Both of the dispatchers used the Emergency Medical Dispatch (EMD) program which provides the dispatchers with information on what questions to ask and with instructions to relay to the caller. The system is credited with saving lives of choking victims, instructing people how to administer CPR, or in this case, how to deliver a baby.

In addition to providing information to the caller, the dispatcher must keep the caller calm and provide assurance that they can accomplish what needs to be done. Although they faced an extremely stressful situation, both of the dispatchers maintained their professional demeanor with positive results.

LIGHTNING WARNING

December 30, 1996

Per our phone call, I am forced to retire my certification due to a work-related injury. In August of 1992, I was struck by lightning while on a 9-1-1 phone call. As of April 1995 I have been 100% totally disabled with central nervous damage. The lightning came through my headset and entered my left ear. Maybe you could warn future EMDs on the dangers of being on the phone during a thunderstorm and advise 9-1-1 centers to have proper surge protection to protect their dispatchers.

As a former Communications Training Officer with the Martin County Department of Public Safety I can honestly state your program works. As a primary call taker I can't count the number of lives your program has saved and/or affected.

Your program is foolproof as long as the EMD follows your cards to the letter. I think that in the 5 years that I took 9-1-1 calls, I've handled every type of call possible. To hear the breath come back into the victim is an experience I shall cherish forever.

I sincerely regret having to retire certification #8221. My job meant everything to me. Again, you have the greatest program in the country. You have touched the lives of many.

David A. Smith, EMD
Stuart, Florida.
Navigator '97 has something for everyone involved in any aspect of medical dispatch and emergency communications. Come prepared to 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

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. 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! Presenters include:

Norm Dinerman, MD
Henry Heilmich, MD
Jeff Clawson, MD
Sandy Kuehl, MD
Jim Page, JD
Doug Woburg, JD
Jay Fitch, PhD
Bill Atkinson, PhD, EMT-P
Geoff Cadry, BA, EMT-P
Chip Darius, MA, EMT-I
Tim Pelton, MS
Steve Forry, NREMT-P

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) 337-4000.

NOVEMBER, 1997

EMD COURSE
EMD-Q COURSE
EXECUTIVE COURSE
LEADER SUMMIT
MANAGER SEMINAR
EMD CONFERENCE
PRESIDENT’S BREAKFAST

24-Hour EMD Course, Tue. 11th–Thur. 13th
Line dispatchers, field personnel, and aspiring EMD professionals can come experience the premier EMD Certification Course, newly revised and updated for 1997 and taught by an Academy-authorized Master Instructor. Let Academy certification work for you and achieve the recognition you deserve. Participants will learn how to properly utilize the MPDS protocols. Meets all DOT/NHTSA and ASTM standards.

16-Hour EMD-Q Course, Wed. 12th–Thur. 13th
A new Certification Course designed specifically for individuals involved with, or interested in, MPDS quality control and improvement. This information-packed course overviews all aspects of implementing effective EMD Q.A., including Continuing Ed. and adult learning, proper feedback, case review techniques, and software tools (ProQ4™ & AQUA™), which can create an effective Quality Improvement Unit (QIU). Especially recommended for EMD & C.E. instructors.

8-Hour Executive Course, Wed. 12th
A comprehensive MPDS overview, presented for EMS managers, key supervisors, and medical directors who need to understand what EMD is, how it works, and how it works best. Presented by Dr. Jeff Clawson, this newly enhanced course covers the essential concepts that promote a safe, effective, and professional EMD program from a management perspective.

Leader Summit (moderated), Thur. 13th
Medical directors, governmental policy makers, top management, CEOs, and consultants all combine to participate in lively and often controversial discussions related to the future of telephone-delivered, non-traditional, out-of-hospital medicine. This all-day interactive session, moderated by Dr. Sandy Kuehl, will present the new ideas, mission, and vision of EMD and its role in medical access for the next millennium.

Manager Seminar, Thur. 13th
EMS administrators, supervisors, risk managers, and operations consultants benefit from the combined knowledge of such industry experts as Mie Gunderson, Chip Darius, Tim Pelton, and Phil Coco. Come participate in a full day focused squarely on communication center operations and hands-on management, with presentations about conflict and stress, quality control and TQM, and staffing and personnel hints & helps.

EMD Conference, Fri. 14th–Sun. 16th
Designed as the Navigator '97 crowning experience, this conference will stage renowned speakers, respected advisors, and heroes new and old. The plenary sessions and the Leader, Manager, and EMD focus tracks provide an array of interactive, multidisciplinary perspectives. Concludes with a special President's Breakfast.
Airway Management
(continued from page 1)

their backs but with the head tilted back, constantly monitoring breathing status until the ambulance arrives. The EMD will give instructions for patients to be turned if a problem with vomiting or dribbling (“dripping” in North America) is evident.

The perception is that of a dilemma and radical difference in patient care. These situations manifest quite often and there is a need to carefully evaluate these areas in terms of protocol compliance, necessary life saving actions, the medico-legal well being of the providing service, and current medical thinking.

WHY EMD IS DIFFERENT —

The first issue to be clearly explained and understood is that telephone instructions differ from ordinary first aid, technician, or paramedic protocols in that they are completely non-visual. Field professionals and trained first aid specialists have been taught to look, listen, feel, assess the situation, and take appropriate "hands-on" action in keeping with their training and protocol. These luxuries are not available to the EMD who has to rely solely and believe the verbal information given in answer to key questions, within seconds. They then have to provide simple instructions in plain language to callers who, more often than not, have no first aid training whatsoever.

These instructions have to be very easily understood to be administered correctly. Additionally, the EMD is on a critical time scale. They may also be confronted with hysterical callers who have to be carefully handled with proper calming skills.

Secondly, there must be a realization that patients with airway compromise, be it traumatic or medical, may die quickly or sustain brain injury if corrective action is not taken immediately. The majority of ambulance services do not have ideal response times. Ambulance crews must understand this if there is to be any hope of a positive patient outcome. Brain death begins in 4-6 minutes without oxygenation.

MAINTAINING THE AIRWAY —

In cases of arrest, there is enough medical evidence to show that late CPR/ALS (8-9 min.) is ineffective. The question is: what is the safest, most reliable, and understandable method of providing immediately effective airway control on the telephone to an untrained person? Remember it’s almost impossible to quickly teach callers the jaw thrust maneuver over the telephone in a time-life crisis.

Obviously from the previous track record, the MPDS airway protocol is the best and most proven method, but it has to be followed to the letter. Callers administering pre-arrival instructions must be committed to aggressive management by tilting the head back and keeping it tilted back. Callers should be told they must not leave the patient until the ambulance arrives and to call back if the condition worsens. The EMD should stay on the line if possible.

The reason for not routinely using the recovery position is quite simple. Patients are inevitably left when they are placed on their side. Panic continues, other telephone calls are made to relatives or neighbors and cardiac arrest is not easily spotted when the patient is lying on their side and the caller is in another room. The MPDS actually commits the caller to stay in close physical and visual contact with the patient, while monitoring the head tilt, thus enabling a quick reaction to any observed change in circumstances.

In a recent case in England, an EMD gave instructions on airway management to two first aiders at the scene. They, in turn, of their own accord, decided to modify the instructions and left the patient while they went to look for and guide the ambulance. The young female patient was left on her own, on her back, with a mouth full of vomit.

SPINAL PRECAUTION —

Prehospital professionals are also very aware of the potential of spinal cord injury in traumatic situations. In these cases the EMD is faced with a frightful dilemma if there is an airway problem and long response time. There is danger that the patient may die if the airway is not maintained, yet the EMD is generally advised not to tilt the head in cases where an injury is suspected.

Although the MPDS protocol states quite plainly that these patients should not be subjected to aggressive airway management, there is a need to explore the possibilities: Is there room to enhance the protocol if ventilation without tilting the head is not working? If they are in cardiac arrest, could they be made worse? Are these patients going to die anyway from airway obstruction and hypoxia as the ambulance is still several minutes away? The key here is the word "reasonable." What would be a reasonable action? The EMD must decide. In the U.K., medical experts feel that if all efforts to ventilate according to protocol is not working then it would be advisable to enhance the protocol by placing the head in a neutral position initially, then, if still not working, go ahead with tilting the head.

MEDICAL CONTROL —

In conclusion, the Advanced MPDS provides a basic operational protocol for dealing with the vast majority of calls but, as in all branches of medicine, patients will sometimes appear with unusual presenting circumstances. The Academy strongly advises all services to appoint a Medical Director to oversee EMD and to deal with local issues such as protocol clarification, resuscitation issues, obvious death policy, etc. Services implementing EMD should discuss unusual cases and obtain guidance from their Medical Directors. If there is good, documented reason for recommending a change to the protocol, then services are encouraged to submit a Proposal for Change to the Academy for consideration by the College of Fellows.

Guy Pritchard is a Paramedic and EMD Instructor who is currently implementing EMD programs in the U.K.
Medical Notification:

911 Plus™ now offers a subscription service for those with a medical condition or special emergency needs. Introduced this year by LifeSafety™ Solutions, this technology provides personal information about subscribers such as medical history and preexisting conditions, as well as the location of children, elderly or infirm within a household. In addition, a designated third party can be identified by the subscriber to be automatically notified that a 911 call is answered. The Berks County communications center in Reading, PA is the first area to adopt 911 Plus technology, offering it to a county-wide population of more than 336,000 for $8/month, invoiced on their local telephone bill. For more information contact KCASA, public relations counsel, at (212) 682-6300, or LifeSafety Solutions directly at (888) 4-911PLUS.

For those who need an on-person identification system there is SOS—a small heat-, water-, and crush-resistant capsule containing a strip of special non soluble paper on which can be written all the information necessary in an emergency. The headings on the strip come in six languages. It is worn as a pendant, a bracelet, or as a watch attachment and is available in Chrome, Stainless Steel, Sterling Silver, and Gold. For more info contact SOS America, Inc./NEDIM International, Ltd. at (516) 795-0281 or Fax (516) 737-1022. A comprehensive personal information card, or “smart card” that can be integrated with emergency communication centers is available through EMX, LLC. For more information contact Don Loughlin at (516) 582-3404.

EMD Internet Surf:

For those of you with Internet access there is a veritable treasure trove of EMS and EMD resources available online. While the Academy webpage is still under construction (stay tuned), here are some recommended places to surf:

- JEMS: www.jems.com (check out the Navigator ’97 page!)
- Dispatch Monthly Magazine: www.911dispatch.com/
- Medical Priority Consultants: www.medicalpriority.com/
- ACPM’s “Merginet”: www.merginet.com/
- Nat’l Assoc. of EMS Physicians: www.pitt.edu/~naemsp/
- Nat’l Emergency Number Assoc.: www.nena9-1-1-1.org/
- National Institutes of Health: www.nih.gov/
- EMS Educators: www.eaems.org/
- EMS Resources: techknow.com/emscom/
- Team Dispatch: www.finnet.com/~teamdisp/
- 911 List: www.javanet.com/~nascar43/911maillist.html
- EMD List: EMD_list@list.pitt.edu. (for subscription info email Dr. Ron Roth at <rrn@med.pitt.edu>)

If you know of any other cool EMD sites, let us know at <info@naemd.org> and we’ll check ‘em out!

Upcoming Courses

For more information on these and other approved EMD Certification Courses call Medical Priority: (801) 369-9127:

| Aug. 1-3  | Boise, ID  | Idaho EMS/State Comm. Center |
| Aug. 4-6  | Somerset, PA | Somerset County 911 |
| Aug. 7-9  | Dallas, TX | American Medical Response |
| Aug. 9-10 | St. Albert, ALB. CANADA | Professional Medical Associates |
| Aug. 11-13 | Dorchester, MD | Caroline County Dept. of Emerg Mgt. |
| Aug. 12-14 | Plantation, FL | Plantation Fire |
| Aug. 14-16 | West Plains, MO | Ozarks Medical Center |
| Aug. 14-16 | Chattanooga, TN | Memorial Hospital EMS |
| Aug. 18-20 | Towson, MD | Baltimore County Fire Dept |
| Aug. 18-20 | Brenham, TX | Brenham Police Dept |
| Aug. 19-21 & 22-24 | Wilmington, NC | New Hanover County Sheriff’s Dept |
| Aug. 26-28 | Chanhassen, MN | Ridgeview Medical Center |
| Aug. 29-31 | Gulfport, MS | AMR South (Gulfport) |
| Sep. 4-6 | Lexington, MO | Lexington Fire & Rescue |
| Sep. 4-6 | Salt Lake City, UT | Medical Priority Consultants, Inc. |
| Sep. 10-12 | Grayslake, IL | Criminal Justice Institute |
| Sep. 11-13 | Yorkton, SASK. CANADA | East Central EMS-Crestview |
| Sep. 11-13 | St. Louis, MO | IHM Health Studies Center |
| Sep. 17-19 | Towson, MD | Baltimore County Fire Dept |
| Sep. 25-27 | Red Deer, ALB. CANADA | Red Deer College |
| Oct. 6-8 | St. Paul, MN | St. Paul Fire Dept |
| Oct. 17-19 | Noblesville, IN | Noblesville Communications |
| Oct. 22-24 | Claremore, OK | Rogers University-Claremore Campus |

Footnotes:

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

- University of Iowa—EMS Learning Resource Center
  Mike Hartert (319) 335-2597.
  <www.uhcr.uiowa.edu/pubinfo/EMSLRC>
- U. of Alabama-Huntsville
  Sheila George or Rick Beck
  (205) 351-4413.
- U. of South Alabama
  Phyllis Vinson (334) 639-1070
- Columbus State Comm.
  College (Ohio & region)
  Art Ghidlow (614) 228-1745.
- Palm Beach Community
  College (Florida & region)
  Barry Duff (407) 439-8213.
- Nash Community College
  (Rocks Mt., NC) Jac Dornsief
  (919) 641-7999 x312.
- Phoenix College (Arizona)
  Dr. K.M. Lewis 602-285-7207.
  Bruce Cheney (603) 271-6911.
- Memorial Hospital EMS
  (Chattanooga, TN) — Bud
  Hathaway (423) 495-4678.
- Mtn. EMS (Savannah, CA)
  Jeff Diehl or Aaron Himelston
  (916) 257-0249.
- San Jose Fire Dept. (CA)
  Gary Galasso (408) 277-4105.
- Acadian Amb. (Lafayette, LA)
  Todd Larpour or Jerry Romero
  (318) 267-3333.
- Abbott Amb. (St. Louis, MO)
  John Huffman (314) 768-1000.
- Team Dispatch—Florida
  Promotes EMD & offers awards.
  Send success stories for review.
  1004 Green Pine Blvd., H-1,
  West Palm Beach, FL 33409
  Michael Richman (407) 687-9113.
- Dispatch Monthly Magazine
  “Just For Dispatchers & TCG!”
  Subs. only $20 for 12 issues.
  Write to: Mr. Alan Burton,
  P.O. Box 1153, Benton, CA
  94510—(707) 747-0540.

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