This Spring is election time!

Passing the torch

• Jeff J. Clawson, MD, President

Since the Academy was first formed, over 5 years ago, it’s been the intent of the founders to nurture and develop this organization into an internationally-recognized, stand-alone, standard-setting academic institution. Now the Academy is “growing up” and my tenure as President is coming to an end. According to our internal policy, the term of President and Vice President is “five years, with one subsequent re-election term possible.” Well, my five years is up and I’ve chosen not to run for re-election. I feel it’s time for some new, independent direction to take over.

As a current, certified member of the Academy, each of you has specific voting rights to elect your new President and Vice President. After reviewing nominations from the Board of Directors and College of Fellows, I’m pleased to announce 5 worthy candidates from our College of Fellows, for the office of Vice President. In alphabetical order:


Photos and brief biographies will be included, along with voting instructions and an official ballot, in the Spring (May) issue of this newsletter.

To be eligible for the office of President, a College of Fellows nominee must hold a medical-related Doctorate degree (MD or DO). This requirement was adopted to encourage medical-knowledge based policy, procedures and decision making. The President will sit on the Board of Directors and act as a reviewer (“reader”) of all policy, standards and MPDS protocol modification suggestions. The President will also write regular articles for this newsletter. I’m especially pleased to announce our new Presidential Candidates: Drs. Alexander Kuehl & Silvio Najt. I’ve been acquainted with both Sandy and Silvio for many years and will wholeheartedly support whichever candidate is elected. Photos and brief introductions follow:

• Alexander E. Kuehl, M.D. is the Director of the Emergency Medical Program for New York Hospital–Cornell University Medical College, in New York City. Also an Associate Professor of Clinical Surgery and Public Health at Cornell University Medical College, Dr. Kuehl is Internationally-recognized as a top practicing EMS physician. He is a Fellow of the American College of Surgeons and a Diplomat for the American Board of Emergency Medicine, Orthopedic Surgery, and the National Board of Medical Examiners. In addition, he is a Lieutenant Colonel in the Medical Corps of the U.S. Army Reserve (member since 1971).


We are honored to have Dr. Alexander Kuehl as a member of the Academy’s College of Fellows, and now as a candidate for President of the Academy. If elected, he will contribute his expert academic and editorial experience to the Academy.

• Silvio A. Najt, M.D. is the Director of the Emergency Medicine Training Institute in Argentina. An Internationally-recognized EMS expert and consultant, Dr. Najt organized the 1st private EMS system for the city of Buenos Aires (pop. 4 million). He has developed and protocol systems for physicians, nurses, drivers and dispatchers. Today, ICEM, the “Instituto de Capacitación en Emergencias Médicas,” conducts training for all levels of EMS, from CPR to BLS/First Responders, from Dispatchers to ALS/Paramedics. As a member of the College of Fellows, Dr. Najt translated the MPDS protocols into Spanish and is currently the only academically-certified EMS instructor in South America. After receiving his M.D. in 1975, Dr. Najt studied Cardiology and went on to develop the CPR and ACLS instructor programs for the Argentinian Heart Association. In 1983 he was appointed as the American Heart Association’s representative in Argentina and has translated most of the AHA’s CPR & ACLS textbooks into Spanish. Dr. Najt is the author of several articles, in both English and Spanish, for the international medical community and the general public.

We are honored to have Dr. Silvio Najt as a member of the College, and now as a candidate for President. He has been instrumental in international EMD development, and if elected, will contribute his considerable experience and insight to the Academy.

Additional background information is available from the Academy on either candidate. Remember, watch for your official voting ballot and instructions next issue!
MPDS Q & A.
QC Case Review

Scott A. Hauert
Director of Curriculum

The question of how to conduct effective quality assurance case review is one that I’ve been asked repeatedly. Because of the importance of this topic, I’ve chosen to dedicate this issue’s Q & A column to go into some depth about this process.

As Dr. Clawson has noted many times, every sound quality assurance program is predicated on the following four principal objectives for internal policy, practice, and procedure:

1. Assure that employees understand their duties.
2. Measure and evaluate employee compliance relevant to their duties.
3. Thoroughly review the effects of compliance, evaluating effectiveness, correctness, and safety.
4. Effect necessary changes and assure subsequent improvements in compliance through continuing education and feedback to both the employee and his/her supervisor.

Obviously all these objectives are important, but especially notice and consider the fourth element. If this objective is lacking, no change for the better takes place because fact is never translated into function. However when accomplished, this objective in effect, “completes the loop” of quality improvement as a cyclical process.

In order to facilitate functional case review, there are 4 basic steps to follow.

The EMS agency should:

1. Publish an official policy regarding the use of the MPDS protocols;
2. Provide EMD in-service training and CDE;
3. Implement QA case review and data management policies and procedures; and
4. Analyze data and implement feedback and remediation.

It is very important that all dispatch personnel have a clear policy that specifies mandatory use of the Academy-approved MPDS protocols on every call for medical assistance. Each EMD must formally interrogate using such protocols, determine proper Dispatch Determinant Codes, and routinely provide Post-Dispatch & Pre-Arrival Instructions.

“Establishing a formal policy is the first step toward any effective quality assurance process.”

The best means of case evaluation, validation, and performance monitoring is through regular, random tape review by trained dispatch QA personnel, or what we call the Quality Assurance Unit (QAU).

QAU personnel should:

1. Listen to each taped review case using a formatted review form;
2. Determine if protocol was followed according to standard policy, practice and procedure; and
3. Identify whether the dispatcher followed formal interrogations, gave correct PAI’s and made the correct response decision based on the information given.

This procedure provides pertinent information regarding protocol compliance and the effects of non-compliance on the system. It also allows for the development of continuing education topics based on QA findings.

For proper data analysis and feedback, the case review process should remain consistent from one reviewer to the next to avoid disparity. A clear policy outlining performance thresholds should be published for both dispatchers and case evaluators, and this process should be strictly adhered to. A standard review process and policy will ensure that when multiple QA people look at cases, more equity and objectivity will exist in the process.

Dispatch supervisory personnel should avoid reviewing their own crew’s cases to avoid a “fox watching the hen-house” syndrome. Case review is best conducted outside of the dispatch chain of command by independent, ALS-trained personnel, with their findings then reported through channels to the communications operation.

Calls marked for review should include randomly selected cases for each dispatcher, along with all CPR, Choking and Childbirth (PAI) cases. The cases should not be pre-screened. Cases reviewed should only be those involving 911 or seven digit access cases where the dispatcher was able to speak to the calling party. 4th party referrals from the police department, on-scene personnel or other sources should not be included in the sample set.

Equal numbers of cases should be reviewed for all personnel each month and the total volume of cases should not be less than 5% of all cases, providing a statistically significant random sample.

All taped cases should be identified by noting the date and case numbers, before being forwarded to the QAU. If there is a specific case requested for review, a “Feedback Report” form, or similar notification, should be submitted to the QAU along with the tape. Using dispatch feedback forms is a vital component of case review.

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Case Review, continued

Helpful sample feedback and case review forms are available, or you can design your own. These forms provide a useful tool to alert the administration of possible operational problems and can be submitted by any dispatch-related individual, including EMS field personnel, law enforcement, hospitals, and dispatchers themselves. This written request for clarification of “what happened” at dispatch should be researched by the QA personnel and then shared with others as deemed appropriate. There is an identified learning curve in quality assurance feedback implementation that requires on-going “review” of the case review process itself, in essence, “QA of QA.”

Each case should be reviewed by the QAU by listening to the tape at least 3-4 times. First, the tape should be listened to from beginning to end to get a general “overview” picture of the case. Subsequent hearings should be focused specifically on monitoring protocol compliance and coding accuracy. The date, time, operator number, and situation should be identified on a “QA template,” or similar reporting form, as well as any specific consideration factors. A copy of the QA template should be placed in the employee QA file and another forwarded to communications according to policy, practice and procedure.

The evaluator should not assume anything as obvious that is not verbally reported by the caller upon questioning. If the caller volunteers information regarding the patient late in the call that relates to a question that the dispatcher did not ask, the question should still be considered “missed.” Each protocol question need only be asked for the dispatcher to get credit for it, even if the caller gives no answer. If the case requires follow-up remediation or other specific action, it should be noted on the evaluation form and copies forwarded to the appropriate parties.

Once a case has been evaluated and quantified, the tape and evaluation form should be returned to department administration for filing and archival purposes. Copies of the case evaluation form may be made and forwarded to the EMS communications supervisors for feedback to the EMDs. Letters of commendation and reprimand should be recommended to the Supervisors. Copies of all evaluation forms, feedback forms, letters, and all other correspondence related to the dispatch operation should be maintained by the QAU within the Medical Division in an orderly fashion. A copy of the field assessment form generated by the EMTs or Paramedics should also be attached to these cases for complete analysis.

Whenever a problematic case is identified, the case must be pulled and reviewed by the QAU to determine the protocol compliance level and the caller’s emotional content and level of cooperation score (ECCS). Most problematic cases tend to be the result of protocol non-compliance and should be remediated. However, if it is determined that the dispatcher was 100% compliant and made a correct determinant selection, there may be other factors involved that are outside of the dispatcher’s control, such as the caller having a high ECCS, the call being prematurely terminated or the caller being deceptive (review the “Forsenseability” concept on page 215 of the textbook Principles of Emergency Medical Dispatch).

A computer database provides an invaluable tool for gathering and recording case review information. A database should enable QA personnel to evaluate each dispatcher’s compliance levels overall, with each protocol individually, and with ALPHA, BRAVO, CHARLIE, and DELTA responses. An effective database should allow comparisons with each shift, the system as a whole, for each determinant level and each of the 32 chief complaint protocols. The dispatcher’s overall accuracy in unit response determination can then be quantified and evaluated.

We have found that in proper case evaluation there is more positive feedback than negative. Problematic cases are easily remediated by the supervisor reviewing the case personally with the EMD, with a copy of the QA template completed by the QAU as reference. EMDs often recognize their errors and endeavor to avoid them in the future if sufficient time and attention is paid to evaluating the situation instead of just telling them they “missed up.”

It has been my experience that EMDs want to do the best job possible for the patients and the agency and are open to suggestions and objective evaluation and feedback regarding their performance. This is evidence of EMD professionalism and dedication that never ceases to impress me. If any reader has other suggestions or questions, I would love to hear from you for future editions of this newsletter.
New EMD Course Curriculum

- Robert L. Martin, Executive Director

The Academy is always looking for new ways to recognize, endorse and improve the delivery of Dispatch Life Support. Of course, of primary importance in this delivery is the training and subsequent designation of dispatchers as certified-EMDs. Recently, several members of the Academy staff, together with members of the College of Fellows, completed our editorial input and approved for training use, Medical Priority’s new “Advanced MPDS Emergency Medical Dispatch Course Manual” (sixteenth edition -1994).

The new curriculum has been completely reorganized and edited to reflect the current standard of care. The manual is divided into seven parts. Each has a “Preview” showing the objective, main points, terms and concepts introduced and discussed in that part. An expanded glossary of terms and abbreviations has been added, along with appendices for support material and references, forms and (my personal favorite) the role of the Academy in training, certifying and recertifying EMDs. Several case transcripts of actual calls are still included throughout.

This new manual and the Clawson/Deroceau textbook “Principles of Emergency Medical Dispatch” are currently the approved instruction texts for EMD students who wish to apply for Academy EMD-certification. It is important to note that the Academy does not distribute nor directly benefit from the sale of dispatch protocols or associated training materials. Our benefits come from increased access to a larger and more widely diverse membership, which means we can better represent your interests in the industry and give all trained EMDs the professional recognition they deserve. The Academy receives its primary financial support through membership certification and recertification.

The Academy regularly approves formal EMD training courses conducted by current Academy-certified instructors, which meet existing national standards and use the Advanced MPDS protocols as approved through the College of Fellows. Such training is widely available through Medical Priority Consultants and is becoming more available through various Community Colleges and other EMS training sites (see Upcoming Events). For more information about the new, 1994 EMD Course Manual and its associated curriculum, call Medical Priority Consultants’ Sales, Service & Support Dept. at (801) 363-9127.