

The Holy Grails of Emergency Medical Dispatching

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Today we have reached a truly historic moment—literally a “red-letter day” in Emergency Dispatch. This is the first journal in EMS and public safety history dedicated to the evidence-based foundation of the science of Emergency Dispatch and Response Determination. The evolution of emergency medical dispatch, followed by the fire and police dispatch disciplines, has to date largely been based on clinical and on-line observational experience as recommended, and validated, by the most knowledgeable experts in all of public safety. This process is now complemented by this journal’s mission to stimulate and publish more scientific research for the further advancement of emergency dispatching.

I have dedicated 36 years working in the area of emergency dispatch, with an early predilection for systems, concepts, and configurations in dispatch protocol design and response. Over the years, the draw of more accurate and defensible science has beckoned, as well as the requirement to hold that research to a highly compliant use of a reproducible and describable protocol.

Because of the largely subjective nature of the art of emergency dispatching, the input of on-line dispatchers’ experience and the evaluation of public safety experts will continue to be the bulwark of how the protocols and other aspects of dispatch (training, QA, logic, and accreditation science) will progress, but more and more scientifically structured methodologies in our study processes will drive even greater improvement of our special niche in public safety.

To cut to the chase, based on my years of work in the field of emergency medical dispatch, there are several ongoing enigmas to be solved in the attempt to perfect the interrogation and response coding processes at dispatch that will drive much of the most important research as we move forward. These, which we call the “Holy Grails” of EMD, roughly in order, are:

1. Determining true non-alertness and the level of its effects on outcome
2. Determining life-threatening abnormal breathing
3. Determining SERIOUS (life threatening) bleeding
4. Chest pain (non-traumatic) outcome-based interrogation and coding refinements
5. Detecting strokes that are “hidden” in other Chief Complaints
6. Deciphering more specific information from “Unknown Problem” situations
7. Outcome-based refinements of body area injured and bleeding classifications

Those who will study and perfect these very important questioning evaluations and code predictive outcomes should get the Nobel Prize – if such were ever given in our field.

We know that there are a million ways to practice medicine—and many more million ways to practice police, fire, medical, and nurse-triage dispatching. The Academies’ unified protocol systems are but one of each, but they are currently the only scientific and evidence-base systems, due to their embedded method of continuous input, structured evaluation, and ultimate consistent evolution. Therefore, the potential of a single change does not just apply to a single dispatcher or a single dispatch center; it can, in a reasonably short period of time, be implemented in thousands of centers, and for millions of people—but only through such a unified system.

Our collective efforts to improve the science of emergency dispatch should be officially, as well as enthusiastically, re-launched with the christening of this journal, the *Annals of Emergency Dispatch & Response*, which hopes to become the sentinel forum for evolving our profession through experimentation, research, and new thinking.