

Listen to the Line

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Emergency Medical Dispatchers (EMDs) play an important role in modern-day Emergency Medical Services (EMS), especially as compared to the minimal logistics role simple dispatchers filled years ago. Today, EMDs serve as gatekeepers, resource allocators, non-visual clinicians, and scene resource coordinators, and are familiar with nearly every operational and clinical aspect of an emergency call. Because of their wide range of training, experience, and involvement, EMDs can be a tremendous resource for today's less involved managers and administrators, provided they are acknowledged and listened to. Unfortunately, however, many administrators do not appreciate the knowledge base they have so readily available, even when it comes to important clinical matters.

For example, it has long been known that prompt aspirin (ASA) administration in the field reduces mortality from myocardial infarction. The 2010 American Heart Association guidelines recommend that aspirin should be given as soon as possible and that it is reasonable to expect this to be done during telephone triage. Fortunately, telephone triage software enables the safe administration of ASA remotely, before the arrival of responders.

However, despite the evidence to support this approach, there are still many EMS agencies that have not adopted or retained it. This reflects the difficulties encountered in putting research into practice, even when the evidence is clear and advocated by EMDs and their standards-setting organizations. As one EMD so eloquently put it: "If my medical director developed chest pain, and had an aspirin available, would she wait for the paramedics to give her one?"

EMDs often feel impotent to effect clinical changes that require higher management agreement. However, with regard to aspirin administration, for example, no one is better placed to recount the concerns and frustrations associated with being on the line with an unstable chest pain patient, when every passing second spent waiting for definitive care from responders not yet on scene diminishes the patient's chances of a full recovery or even survival.

Often, the people most aware of process deficiencies and the evolving standards of their profession are the line employees who practice their craft every working day. However, these employees often lack the impetus, motivation, encouragement, or power to affect changes. Clearly, this is a phenomenon in need of change, especially in dynamic disciplines like EMS where clinical and process standards are constantly changing.

Rather than allowing EMDs to undervalue their role, we should empower them to speak up and put their suggestions forward, making it clear that their input is valuable. Line dispatchers and calltakers should be well represented on any dispatch committee and given a voice powerful enough to be heard by their medical directors, supervisors, and operations managers. The knowledge and experience of the front-line employee is a commodity that should be exploited. Unfortunately, this basic quality improvement principle has yet to be fully realized in emergency communications.

Perhaps the EMD—the linchpin of the emergency dispatch center and gatekeeper of patient care—can be encouraged to champion the clinical and operational upgrades so often undervalued in our relatively new discipline. Perhaps we should "listen to the line."