EMERGENCY MEDICAL DISPATCH!

The official Journal of the National Academy of EMD

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EMD Communications Training • *Dolores Luber, M.Sc.*

Making the Caller Connection

In Emergency Medical Dispatching it is very important for the EMD to try and "reach out" to the emergency caller and understand their situation. The EMD's duty is to calm them down, even control them temporarily, in order to get the necessary information needed to send "the right thing, in the right time, in the right way." In mulling over *"The Psychological Components of Pre-Arrival Instructing"* from Appendix B of the EMD Course Manual, I realized the vital need to "make a connection" with the emergency caller.

There are many ways of **1)** making an emotional **connection** with the distraught caller, **2)** getting the caller to **listen**, and **3)** instructing the caller as to how he or she can **assist** rather than impede in the rescue procedure. I have often had to deal with distraught persons on the telephone. It is my experience that one must follow the steps 1,2,3: that is, the EMD must become a **caring** and **important** person to the caller, the EMD must get the **attention** of the caller and **keep** it, and only then is the EMD in a position to give instructions which have any chance of being followed.

The EMD must become a CARING and IMPORTANT person to the caller...

Hysteria implies a loss of emotional control. We are all taught that we should stay in control. However, when something very bad happens, a person can lose control. Loss of control can cause embarrassment, shame, anger, despair, hopelessness. What can the EMD say to counter the above emotions which underlie the hysteria and panic? How can the dispatcher assist the panicked person in regaining control of their breathing, their voice, their arms, legs, etc. and their reasoning? This all must be done before the caller can **assist** in the emergency.

There is one thing the EMD knows for sure, (it is self-evident and often forgotten) that is, the caller telephoned 911. I suggest that the EMD praise the caller for having the necessary intelligence and control to call 911. This must be done in a positive, forceful manner, that is, the caller has already helped the person in distress, he or she has done the

(Continued on Page 2)

IN THIS ISSUE:

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Robert L. Martin, Editor.

Caller Connection...

(continued from Page 1)

right thing. I believe that this intervention will establish a rapport between the caller and the EMD. The EMD can then continue by emphasizing what else the caller can do. No **ifs**, no **buts**, no **negative statements**, only **positive re-framing** of what is going on. For example, "You have done very well by calling 911, I am now listening to you and ready to help you and the person in difficulty. You have already been helpful, I know we can help." What is your name?

If step #1 is **PRAISE**, step #2 is make a personal **CONNECTION**. And this can be done very effectively through the use of a person's first name. For example, "My name is Dolores, what is your name?" A person will respond habitually with his or her name. "Excellent, Mary, now you and I are going to work this thing out, right Mary." "Now, Mary, what is your address... etc." In effect, the use of a person's name and a strong, carefully-modulated voice are hypnotic techniques which can assist the EMD in taking control of the caller's breathing, emotions and responses.

Does society value emergency procedures enough to pay for the research, the setting up of training programs, and the training of personnel?

The EMD must not under *any* circumstances get sucked into the emotionality of the caller, no anger, no frustration, no yelling, all statements should be framed **POSITIVELY**, that is, "in just a moment now, you will take three deep breaths and you will begin to feel calmer and calmer, that's it, three deep breaths, just let yourself slow down a little," etc. If the EMD becomes emotional, the caller will become even more frightened, that is, the EMD would also seem to be out of control and useless.

The EMD must be like a wise God, Father, Grandmother, Doctor, etc., a figure of hope, security, knowledge, and infinite resources. No small undertaking indeed, but very possible and probable. Therapists function in this capacity with extremely decompensated clients. There are times when the client depends on the therapist and the therapist is, in fact, very much in control, or very influential, in the lifestyle and behaviors of the client. I believe that this is the relationship that the EMD ideally creates in order to proceed through the caller in assisting the victim.

It is important to stress communicative skills in the training of EMDs, so they understand the value of positive re-framing, of making a personal connection, of exercising the components of psychological control over the caller, and the value of specific techniques by which these skills can be learned. The *teaching* of these skills is not difficult. The difficulties lie in the issues of *time*, *money* and *motivation*.

The people who answer suicide hot lines, parental-assistance lines, battering and rape reporting lines would be good resources as to the training of personnel and appropriate procedures and strategies; that is, crisis intervention by means of the telephone. And of course, therapists (psychologists, psychotherapists, counsellors, etc.) who often are responding to a person in panic, or a person in extreme distress or anguish.

I derive great personal and professional satisfaction from assisting a person in great distress. It is a miracle that I am able to make happen and it gives me a sense of being a worthwhile, contributing member of society. It should be no different for EMDs. We now have only to teach them these skills.

There is much to be said on this topic. Does society value emergency procedures enough to pay for the research, the setting up of training programs, and the training of personnel? We now have the understanding, the knowledge and the skills to effectively improve communications and their medical and psychological results. ■

Dolores Luber, M.Sc. is a clinical psychotherapist, practicing in Montreal, Quebeq, Canada. She has specific expertise in interpersonal communications and special interest in the psychology of crisis management.

"The credit belongs to the man who is actually in the arena, who strives valiantly . . . and spends himself in a worthy cause, who at the best, knows the triumph of high achievement: and who, at the worst, if he fails . . . at least fails while daring greatly so that his place shall never be with those cold and timid souls . . . who know neither victory nor defeat." *-Theodore Roosevelt*

From the President's Desk: The Value of Protocol Compliance

• *Jeff J. Clawson, M.D.*
President, NAEMD

Quality Assurance is the new watchword in EMD. And well it should be. QA generically has three main goals. *First*, to ensure that employees understand and comply with policy, practice, and procedure; *second*, that policy, practice and procure are correct and understood; and *third*, that information about compliance problems in policy, practice and procedure are rectified through re-training and careful procedural modification.

Obviously, the third goal is essential, for without it, it is impossible for the other two to have effective meaning. That is that when compliance problems, or the discovery of inadequacies related to understanding and training in EMD are found, those problems need to be *fixed*. Policy, practice and procedure should be carefully modified to solve the problems that arise, and dispatchers given the necessary updated training.

The dispatch Quality Assurance Unit of the Los Angeles City Fire Department has five paramedics with a major duty to review 5% of the medical dispatch case load received each year (≈250,000). An initial very interesting finding from their dispatcher MPDS compliance data was that interrogation compliance has a dramatic effect on the accuracy of correct Determinant level selection by EMDs. That data from the initial 3250 cases reviewed demonstrated the following:

Entry Question Compliance	Key Question Compliance	Correct Determinant Chosen
<100%	<100%	**36.5%**
100%	<100%	**74.5%**
<100%	100%	**82.2%**
100%	100%	**93.2%**

As we can see, when neither Entry Level, nor Key Question interrogation meet complete compliance, the correct determinant was chosen less than **37%** of the time. However, when both meet full compliance, the correct determinant percentage jumps to over **93%**. While this information does not predict actual scene findings, it appears straightforward that if the Determinant, as identified by the reviewing QA Unit paramedic, is incorrect at the time of dispatch, the code-type is much less likely to be an accurate predictor of the patient's true condition.

Prior to this review of thousands of cases in Los Angeles, the necessity to strictly comply with Entry Level and Key Question interrogation was stressed as an absolute rule. Now we have some very objective data to in essence prove this theory which is so vital to the success of a comprehensive MPDS and the EMS system it appropriately deploys. ■

Conventions of the new *Advanced* MPDS

• *Scott A. Hauert*

The 1990 revision of the MPDS reflects Medical Priority's commitment to the creation and enhancement of our state-of-the-art, safe and user friendly instrument of intervention for use in the Medical Dispatch Center. Emphasis was placed on consistency in both protocol content and format. For your information as Academy-Certified EMDs, we have summarized the most-noticable changes and conventions that are contained throughout the new Advanced system as follows:

GENERAL DESIGN ENHANCEMENTS:

1. The system has been designed using a larger format for ease of use.
2. Built-in flexibility allows for assembly with the operative protocol card in either the up or down position.
3. Throughout, internal relationships have been coordinated with color and design to help direct the EMD's eye.
4. The re-design of the Pre-Arrival Instructions (PAIs) is based on the premise that a person found in arrest is most likely to still be in arrest at the end of the call. Thus the flow of instructions follows a linear non-problematic course for CPR, choking and childbirth instructions. Additionally the performance of Dispatch Life Support in these cases constitutes a behavioral event. To accomplish the proper objective, the EMD must engage the caller in a sequence of *behaviors*. These collective behaviors make up the treatment sequence protocols or PAIs. Each

(continued on Page 4)

Conventions...

(continued from Page 3)

behavior is given a panel in which is contained a title, an operative statement, an operative question, and a yes/no prompt telling the EMD where to go next. It is the design equivalent of a "poor man's" computer logic system in hard copy format.

5. The extensive re-design of the additional information cards reflects the most pertinent and germane information for the EMD's reference and review.

6. The inclusion of Rules, Axioms, and Laws on each additional information card allows the EMD to review important Dispatch Life Support concepts as they relate to each protocol.

7. All definitions, injury determinant classifications, and medical severity levels are included on each additional information card allowing the EMD to reference this portion of the protocol.

8. By re-naming the Post-Dispatch Instructions they have been accurately defined as what they are, post-dispatch instructions.

9. Every print font has a particular meaning within the protocol. This is called font specificity. Each has been given a meaning and relationship with another area of the card, or relates to the potential activities of the dispatcher.

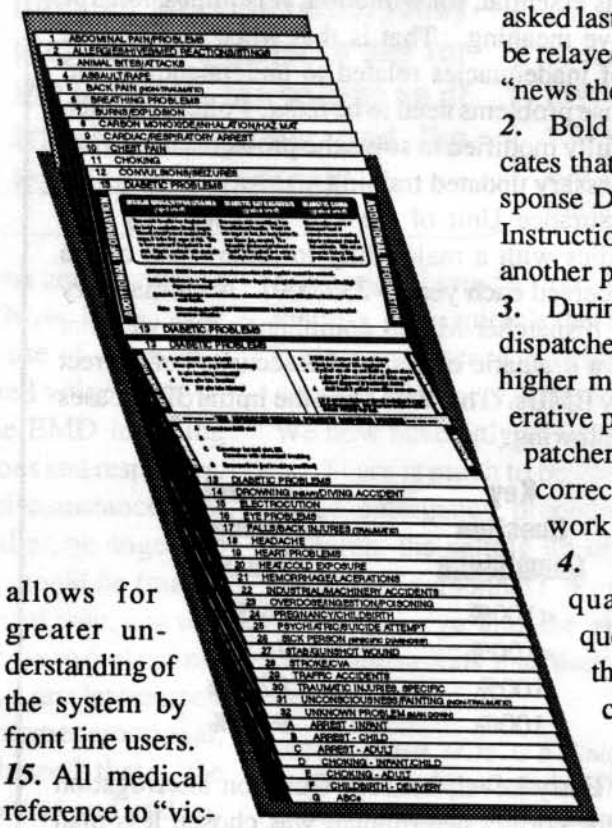
10. Vertical colored box titles in each section of the protocol allows for instant visual recognition and more room, making them easier to utilize.

11. Traumatic back injury is now handled on protocol #17 Falls/Back Injuries (traumatic).

12. The addition of Card G, the dispatch ABC's, memorializes some important Dispatch Life Support concepts that exist. It is used on virtually every call to assure the airway, breathing and circulatory status of each patient.

13. The re-design of the Entry Level Protocol, the EMD's primary assessment, again reflects the real life aspect of EMD, specifically regarding traffic accidents. The entry level contains more up front interrogation information and prompts that relate to the vast array of chief complaints that are received by the dispatcher.

14. Adding the new Exit Protocol with response descriptions and the non-linear response level concept diagram,



allows for greater understanding of the system by front line users.

15. All medical reference to "victims" have been changed to "patients" within the protocol.

16. There is careful assurance of uniformity. Dispatch determinant levels and Post-Dispatch Instructions remain the same for a particular patient based on the existence or absence of priority symptoms, regardless of the protocol selected. Thus, specific "FAIL-SAFE" mechanisms are built into the system.

More specifically in each protocol area:

KEY QUESTION ENHANCEMENTS:

1. Questions have been listed in a hierarchal order of importance and medical severity. Safety issues are asked first, followed by "D-drivers, C-drivers, B-drivers, and A-drivers." These are questions that indicate what response level should be sent. By asking the D-drivers first, the most urgent priority symptoms or conditions can be ruled out or identified immediately. Informational issues are asked last, then the information should be relayed to the responding units (it's "news they can use").

2. Bold print (font specificity) indicates that the word is related to a Response Determinant, a Post-Dispatch Instruction or a prompt to proceed to another protocol.

3. During the interrogation, when the dispatcher identifies a complaint of higher medical urgency than the operative presently being used, the dispatcher is prompted to go to the correct protocol. This takes guesswork out of protocol usage.

4. Parenthetical pre-question qualifiers determine which questions need to be asked. If there is an italicized message contained within parentheses, the dispatcher should only ask that question or give that information if it applies to the situation at hand.

5. Protocol #29 is more situational and evaluates the mechanism of injury before attending to specific patient issues. Usually, the mechanism of injury or a situational description is all that can be obtained in these cases.

6. Other italicized words and parenthetical statements are for optional use by the trained EMD.

RESPONSE DETERMINANT ENHANCEMENTS:

1. Response Determinants are individually stacked for easier data generation and selection.
2. Numerical sub-determinants and sub-classifications have been added, allowing for greater accuracy in quality assurance and response data.
3. Color coded regions within the determinant section directly relate to a region of the same color on the associated additional information card.
4. Bold capitol wording is the EMD's prompt to refer to the Additional Information card for more detailed information relating to an injury determinant classification, the severity of an illness or injury, or a definition.
5. All punctuation has been removed from the determinants to eliminate potential errors in selection.
6. Vertical notes for sub-classifications have been placed on the left side of protocols that have sub-classifications: such as G or S for Gunshot or Stabbing; P, I, or O for Poisoning, Ingestions, or Overdose; etc.
7. Vertical prompts have been placed on the right side of certain protocols to remind the EMD to call for police assistance when warranted.

POST-DISPATCH INSTRUCTION ENHANCEMENTS:

1. The section has been re-named "Post-Dispatch Instructions".
2. The instructions and suggestions have been listed in a hierarchal order similar to that of the Key Questions (eg. scene safety, patient care, additional information).
3. Safety issues are identified by the pre-question qualifier "If safe to do so", printed in red italics contained within parentheses.
4. The same parenthetical pre-qualifiers designed for the Key Questions, also apply here.
5. The ABC's has been listed on all protocols, instructing the dispatcher to refer to Card G.
6. All new re-design and content changes now reflect current Dispatch Life Support concepts.

PRE-ARRIVAL INSTRUCTION ENHANCEMENTS:

1. The complete redesign of the format makes these new PAIs easier to use than ever before. Linear non-problematic progressions of instructions for CPR, Choking, and Childbirth allow the EMD to better assist callers in highly stressful situations.
2. Instructions have been added for childbirth complications on the new Childbirth protocol, giving the dispatcher specific directions to follow when faced with a nuchal cord or a breech presentation.
3. Color enhancements in the new protocols allow for greater visual recognition and direction.

Taken as a whole, the 1990 Advanced MPDS contains over 40 significant enhancements and improvements. We have worked steadily to finalize these protocols and their development represents literally thousands of man-hours over the past 12 years. Since their introduction, Medical Priority-trained EMDs using the MPDS have *never* been challenged in a dispatch negligence lawsuit. No one trains and certifies more professional EMDs. *There is no equivalent.* We trust you'll be pleased with the results! ■

Scott A. Hauert is the Director of Training for the National Academy of EMD and has worked with Dr. Clawson for over 12 years.

1991 CONFERENCE

Next year's International EMD Conference will be held in **Cincinnati, Ohio** at the ***Hyatt Regency*** Hotel. ***October 27-28***. If you've let yourself miss out this year... *Don't let it happen again!* Plan now to attend and watch for more details and a *call for papers* in your Winter newsletter.

RECERTIFICATION

For those of you who certified with the NAEMD during 1988, it's time for *recertification.* This is an important part of belonging to the Academy. You will be notified by mail approximately **90 days** prior to your **expiration date.** Your expiration date is the last day of the month, two years after the date shown on your Certificate. The following is the current policy for those certified **prior to October 1, 1990.** To recertify with the Academy for another two (2) years, the EMD shall:

(1) Successfully complete and return the open-book 30-question recertification **test** with a score of **80%** or higher.
(2) Complete and return an official recertification **application,** agreeing to continue and abide by the Academy's Code of Ethics.
(3) Provide documentation and/or verification of at least **24 hours in Continuing Dispatch Education** over the two-year certification period (a list of guidelines should have been received with your Certificate, and a duplicate copy will be sent to you with the test).
(4) Provide documentation and/or verification of **current CPR certification** that meets Academy standards.
(5) Submit **$45** in fees (to cover biannual membership dues, newsletter subscription, and test processing).

Those certified after October 1, 1990: watch for new information on CDE and recertification modules this Winter.

NAEMD Regional Representatives

Over the last two years Medical Priority has been cultivating professional regional representatives for the National Academy of Emergency Medical Dispatch. Each has attended and team instructed several courses with *Scott Hauert*, National Director of Training, or *Dr. Clawson*, President of the Academy. With the extensive instructional training they have undergone and the commitment to the advancement of EMD they demonstrate, we are proud to present to you your *Regional Representatives of the NAEMD*. Should you wish to contact the representative in your area for information about courses, consultations, materials, Medical Dispatch Protocols or software, feel free to do so, either directly or through our main office in Salt Lake City. Listed by region, your Representatives are:

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DISPATCH – A HOT CAREER IN EMS!

Published in a special supplement to the **October 1990** issues of JEMS, Rescue Magazine, and Prehospital and Disaster Medicine, entitled "**CAREERS '91**," was an excellent article on the EMS marketplace by **Bruce Goldfarb**, a Baltimore writer and JEMS contributing editor. To quote from that article, *"In recent years, the sophistication of the dispatch center has exceeded that of many other areas in EMS. The typical dispatch office is a high-tech link between a region's medical facilities, public safety agencies and field personnel. Dispatch staff members allocate resources to produce the highest quality patient care in the shortest amount of time. It is a high-pressure job that requires skill and education and a need for more professionals. More systems are moving to the cutting edge by implementing priority dispatch, providing pre-arrival instructions, tracking vehicles in the field and incorporating system status management. ...Good dispatchers are becoming a hot commodity."*

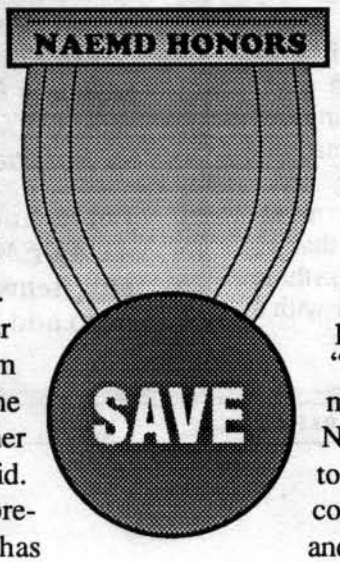
Isn't it nice to know that as a trained, professional EMD, you're appreciated!

Where is my baby?

• *Robert L. Martin*

It's every parent's worst nightmare to think the words, **"Where is my baby?"** A worried parent always envisions the worst, but deep down never *really* expects it to happen. "The worst" only happens to "other people." My baby isn't hurt, he'll come running around the corner any minute now, waving his little arms and saying, "I'm sorry mommy, don't cry. I was only playing in the back yard."

Timothy and Denise Brown were visiting a friend's house, when Mrs. Brown discovered that two and a half-year old Timothy Jr. was no longer playing on the swing set. I'm sure that visions of the worst passed through her mind as she hurriedly scanned the yard for her baby son. I'm also sure that she never really expected to find him floating face down in the swimming pool, yet to her horror, on this day she did.



Can a parent ever be prepared to find a child has stopped breathing? What would we each do if faced with a similar situation? Mrs. Brown, calmly trying to recall the CPR training she had in high school, immediately began mouth-to-mouth resuscitation and instructed someone to call dispatch.

Livermore Falls, Maine Police Dispatcher **Debra L. Finley** answered the frantic call for help. Debbie is one of only two people at her dispatch center who have currently been Academy Certified as EMDs and trained in Dispatch Life Support. She and **Jim Johnsen** attended an NAEMD certification course in Lewiston, Maine and were certified through the National Academy on January 31st of this year.

On this particular evening Debbie was not supposed to be on duty, but had swapped shifts with a part-time dispatcher for the night. Remembering her specific EMD training and following the MPDS protocol cards, Debbie advised the adults present in how to continue mouth-to-mouth, and instructed them in how to check for a pulse and make sure the child's airway was open and cleared.

Debbie professionally maintained control of the struggling effort to revive little Timmy. Thanks to the combined efforts of all those involved, including several police and ambulance units, young Timmy was reportedly breathing on his own when he reached the hospital and is now back to "his old self" according to members of his family. The National Academy wishes to express sincere praise and congratulations to Debbie and to those involved in the successful resuscitation of Timothy Brown, Jr. from his near-drowning.

In an open letter printed in a local Maine newspaper, Mr. and Mrs. Brown expressed their thanks. That letter reads in part, *"We wish to thank everyone who helped to bring our baby back to us. We regret that we do not remember everyone's names but we sure do remember your faces and we'll never forget them. Special thanks to Debbie Finley, the Livermore Falls dispatcher, for talking us through CPR and keeping us as calm as she could ... we also want to thank all the wonderful hospital staff at Franklin Memorial Hospital and Central Maine Medical Center. We know it's your profession, but to us it's much, much more . . . Because of the care and experience of everyone, our son is happy and healthy once again. We love you and thank you again. God bless you all."*

It is positive results such as this that make our day-to-day individual efforts so worthwhile. You never know what kind of effect you may have on another human being in their time of need. The National Academy of EMD continues to salute those who dare to stand up and make a difference. These people had prepared themselves enough that they didn't take uncalculated risks, they effectively *saved lives.*

Robert L. Martin is the Production Director for Medical Priority, and works as Dr. Jeff Clawson's Administrative Assistant.

RESCUE 911 NEEDS YOUR HELP!

For those of you who attended last year's EMD Conference in Orlando, Florida, you will remember the excellent presentation by Arnold Shapiro, the Producer for the CBS television show "Rescue 911". Dr. Clawson, who is the Medical Consultant for the series, has been asked by Mr. Shapiro to solicit the help of the National Academy's Certified Dispatchers in finding exceptional stories that can be used on the show. Contact us if you have any ideas!

1990-91 Regional EMD Certification

The list shown below is *current*, 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.

SAN DIEGO, CA
October 25-27

COLUMBUS, OH
November 1-3

KANSAS CITY, MO
November 6-8

ATLANTA, GA
December 3-5

CHICAGO, IL
January 18-20

BOSTON, MA
January 25-27

At least 22 additional regional courses will be scheduled for the rest of 1991. Watch for a listing in your Winter newsletter.

NAEMD PATCHES and PINS available

Academy-certified EMD's can now order additional insignia patches and lapel pins through the NAEMD. We have ensured the very best possible quality for the Academy insignia patches and pins. The lapel pins are done in red, white and gold, and are hard-fired cloissone (enamel) metal, laser etched for durability. The patches are 5 color (red, white, gold, blue and black), and are heavily stitched cloth embroidery with 100% thread coverage. Each item is only **$5.00** plus 10% to cover shipping and handling. All payments must be made by a check or money order with an order form attached. We regret that we are not able to process these orders by phone or with a P.O. number.

'90 CONFERENCE PROMOTIONAL *ACADEMY GEAR*

In connection with this year's Conference in San Diego, several promotional items will be available to Certified members of the NAEMD. Depending on the demand, the National Academy will place reorders for the most popular items and have them available year-round. The following **ACADEMY GEAR** will bear the NAEMD logo and be displayed for sale at the Conference:

- ***Oneita Power T-Shirts,***
- ***Stedman Sport Shirts,***
- ***Neon Key Ring Lights,***
- ***Adva Pocket Pen Lights,***
- ***Aladdin Drink Mugs,***
- ***Hot Coffee Mugs, and***
- ***6-Function Pocket Knives***

Let us know your favorite *ACADEMY GEAR*, plus any items you would like us to add for next year!

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