EMS MESSENGER

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BUREAU OF EMERGENCY MANAGEMENT
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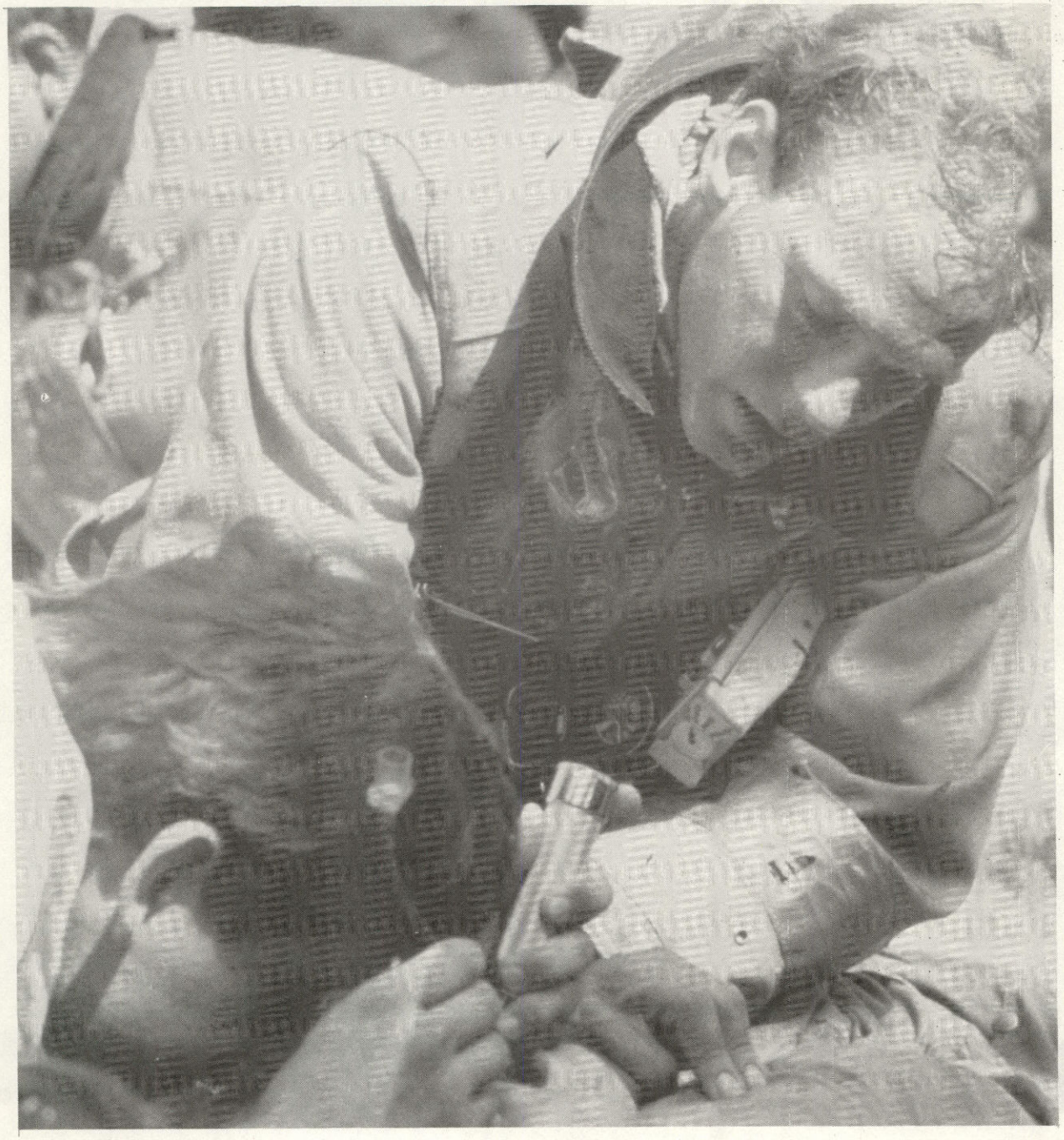

ABOUT THE COVER:
Arlington paramedics attempt to resuscitate an infant victim of smoke inhalation. This photo (in color) won the 1987 EMS Week Photo Contest. It was taken by Tom Fox, University of Texas at Arlington *Shorthorn.*

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Steve Horst, Elyse Elliott, Greg Patterson, TDH

From this Side

by Gene Weatherall

With increased demands on both public and private financial resources there seems to be an increased interest and focus in emergency medical service on improving the efficiency of providing emergency care. Each year it seems that we move closer to answering some of those philosophical questions about EMS. Some of the questions are: Are we saving lives by providing emergency medical service? Are new products efficient and cost effective in improving EMS? Who can best provide EMS at the local level?

This issue of the **EMS Messenger** is featuring the last question: Who can best provide emergency medical service? We have tried to present both sides of the public vs. private issue in a fair and objective manner. As a reader it is up to you to reach your own conclusion.

Congratulations are due our editor Alana Mallard for recently graduating from EMT school. This new skill will give Alana increased technical competency in reviewing and editing articles for this magazine. When we see her putting together a large first aid kit, buying an automatic defibrillator, and putting a light bar on her pink imported car we will know that she has really gotten serious about this new skill.

If you have not heard, we have moved our offices. The Bureau moved August 11 into a new tower building next to the main Health Department building. These offices are the most professional that EMS has occupied to date. Our new phone number is (512) 458-7550, but the mailing address remains the same.

A note of thanks goes to Tracy Skeen and Gary Trimble of Rural Metro Corporation for letting me share their program at a recent EMS conference in Tucson, Arizona. It was an excellent EMS conference and while there I identified a significant difference in Texas EMS people and those from Arizona. The audience in Tucson was one of the most polite and reserved EMS groups I have ever been around. A couple of the issues discussed at the conference were private vs. public EMS and legislation. Either one of these issues would have had a Texas audience throwing their chairs.

We appreciate the cooperation of Deb Silkwood and Doug Key of MedStar in Fort Worth for taking time from their schedule to show us their EMS system last month. They have an impressive system and you may read more about them in a related article in this issue.

Caring for the Care Giver

A Positive Self-Image Can Increase Your Productivity

by Pam Price

Self-image is defined by Webster as one's concept of oneself or one's role. The attitude we have toward ourselves has deep-seated effects on all aspects of our lives. Those people who display a sense of positive self-image radiate poise and confidence. These outward signs reflect a deep-rooted inner satisfaction that does not crumble under criticism or feel devastated by rejection.

In contrast to the individual with a positive self-worth, the person with low self-esteem seems star struck. This person is typically passive, persuasible, less popular and overly sensitive to negative criticism. Negative comments by others only confirms their own feelings of inadequacy.

An individual's self image consists of all his beliefs about his strengths and weaknesses and his possibilities for growth personally and professionally. This self concept is influenced by listening to comments made by others. According to Sidney M. Jourard in Health Personality, the self encompasses the self-concept (the person's beliefs about himself), the self ideal (his view of how he ought to be) and his public selves (the ways in which he wishes to be experienced by others.) Therefore, a person's self-image is a tremendous influence upon his actions, both on and off the job, because each person behaves as the person he believes he is and can be.

Our basic human natures do not need to be set in concrete. Within most circumstances, humans have the indisputable freedom to choose how they will be and the manner in which they will act. Our individual self-image is always open to change and is directly influenced by other people. For example: If an influential person in your life convinces you that you are strong, when prior to this you believed that you were weak, you may actually begin to act in ways that are characteristic of a strong person.

(See CARING continued page 25)

According to an Hidalgo County Distict Court permanent injunction and settlement agreement signed by the presiding judge on June 27, 1988, a south Texas ambulance provider was fined $2,000 and ordered to pay costs of $5,500 for being out of compliance with the Emergency Medical Services Act. **Carlos de Leon** dba **Leon Ambulance Service of Mission**, Texas, was also ordered not to operate an EMS vehicle staffed by uncertified EMS personnel, not to operate an EMS vehicle with fewer than two emergency care attendants, and not to operate any EMS vehicle without a valid permit from the Texas Department of Health.

Local and Regional EMS News

Texas EPIC, the newsletter of the Texas Chapter of American College of Emergency Physicians, ran an article in its July 1988 issue on **Donovan Butter's** appointment to Texas EMS Advisory Council. Another ACEP member, **David Prentice**, also serves on TEMSAC. We thank the **EPIC**, also, for its mention of our upcoming Texas EMS Conference '88 in its Calendar section.

* * *

Alamo Volunteer Fire Department and EMS Service was honored June 26 by Alamo Neighborhood Crime Watch as one of the best volunteer services in the Rio Grande Valley. Twenty-five volunteers, eight of them EMTs, and their spouses were treated to a barbeque meal.

"The members of the Fire Department would like to express their thanks to all involved," said **Captain Roland Espinoza**, a firefighter EMT with Alamo Fire Department. "It is certainly nice to be recognized and appreciated by the people in the town you serve."

* * *

Public Health Region 1 Field Consultant **Gail McNeely** in Austin went to Monterrey, Mexico, in June as part of a project with the National Association of the Partners of the Americas. Gail and Grace Davis, an intern in San Antonio Mayor Henry Cisneros' office, met with local Monterrey business people who are also Partners of the Americas volunteers, to help assess Monterrey's emergency preparedness and disaster response capabilities. San Antonio, Monterrey's sister city under the program, will sponsor training in the Fall for volunteers from Mexico in the areas of EMS response, special rescue, and fire response. **Jeff Rubin**, **Travis County Fire Control**, and **Joe Candelario**, **San Antonio Fire Department**, made similar trips to Mexico in June.

* * *

Harlingen EMS recently received two grants, reports Director **Bill Aston**. A $10,000 grant from the Hearst Foundation will fund Spanish and English CPR and emergency care courses for the community. **Scott Bolleter**, Harlingen EMS training officer, will head up this public information project. Galveston's Moody Foundation granted $9,520 to purchase a defibillator. According to the **San Benito News** this is the sixth grant received by Harlingen EMS, which also serves San Benito, in the past 16 months.

* * *

Rod Dennison, Public Health Region 1 EMS Program Administrator in Temple, will be a faculty member at the "L.A.S.T. Briefing" in Cimarron, New Mexico. The L.A.S.T. Conference (Locate, Access, Stabilize, Transport: The Four Care Elements in Any Emergency Incident) is sponsored by National Association for Search and Rescue (NASAR) and New Mexico Emergency Services Council.

* * *

Cypress Creek EMS members who have recently become Paramedics are **Lester Sentesi**, **Allen Sims**, **Jennifer Sparks**, **Mary Mathis**, **Penny Yost**, **Patti Askew**, **David Besselo**, **Sharon Korf**, and **Kevin Mifflin**. New EMTs are **Alice Andrews**, **Lanette Chapman**, **Steve Martin**, **Karen Adams**, and **Terry Moran**.

Carol Miller was May's Volunteer of the Month and **Chris James** was July's honored volunteer. **Cotton Weaver** was named Volunteer of the Year at CCEMS' recent Annual Volunteer Banquet.

Our thanks to Director **Virgina Barton** for keeping the Messenger on their newsletter mailing list.

* * *

A **Public Health Region 4** EMS Specialist in Houston has left the Health Department to go to work in Fort Worth as a Paramedic. **Liz Bailey**, Paramedic and certified firefighter, expected to be "on the streets" for MedStar August 1. Other regional moves include **Brett Marsh**, EMS Specialist in **Region 1's** Temple office, who has moved out of EMS into the Public Health Region 1 Director of Programs position. **George Marquez** has moved to the Temple office from the Austin office of Region 1 as Brett's replacement. And, of course, **Rodger Mitchell**, the EMS Manager in **Public Health Region 2's** Lubbock office has become a medical student at Texas Tech; so he has left EMS after 20 years.

* * *

(NEWS continued page 5)

Education Corner

DOT Refresher Curricula Update

by Paul Tabor

Many of you have asked about how soon the D.O.T. First Responder and Basic EMT Refresher Curricula will be available. As a member of the National Council of State EMS Training Coordinators I received the following update on May 1 which I now pass on to you.

The First Responder Refresher Curriculum is ready to go to final proofing. It covers the essential material while some topics are included and labeled optional such as airway adjuncts, chest auscultation, etc. This is consistent with the initial curriculum.

Emphasis is on local needs and variables to determine the length and intensity of the schedule. There is also an emphasis on needs assessment to setting up the actual course.

The program outline is:

Module I Overview of the First Responder, Patient Management and Operations — 3-5 hours

Module II Cardiac and Respiratory Assessment and Management (CPR Certification) — 4-10 hours*

Module III: Medical, Environmental and Obstetrics — 4-8 hours

Module IV: Trauma Management and Triage — 5-12 hours

* Annual CPR certification should be achieved by all First Responders. Additional time should be added during this module if CPR certification has not already been achieved.

The Basic EMT Refresher Curriculum is in its final stages of editorial review. This material has been put into six modules just as the paramedic and paramedic refresher curriculums are organized.

A precourse student needs assessment is described. The job duties of the medical director and program director are outlined. Class size is recommended as 1:20 lecture and 1:6 during practice sessions. Testing is required for course completion.

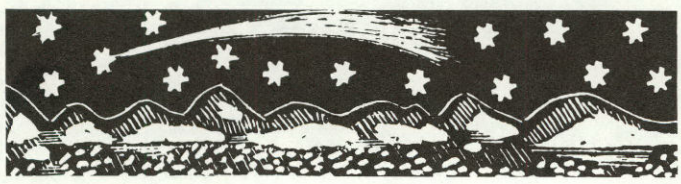
The suggested hours for the program are:

Module	Topic	Hours
1	Prehospital Environmental	2-4
2	Preparatory	3-5
3	Trauma	8-10
4	Medical Emergencies	9-11
5	OB/GYN/Neonatal	1-3
6	Behavioral Emergencies	1-3

Paul Tabor, a member of the Editorial Board, is administrator of the Bureau's Education Program

(NEWS continued)

Several Austin people attended the "Western U.S. Annual RADEF Conference" in Colorado during May. Bureau of Emergency Management staff **Ted Chinn**, **Bill Patrick**, **Tom Payne**, and **Mike Rutherford** met with radiological officers and RADEF instrument maintenance personnel in radiological defense planning sessions. Texas RADEF staff works with city and county officials to establish local RADEF systems by training personnel, providing radiation detection instruments, and assisting in planning and developing standard operating procedures. Texas Radiological officer **Ted Chinn** served as group leader in a Radiological Officer Workshop.



Did You Read...?

.... in the April 2, 1988, Texas Preventable Disease News that one American life is lost every 20 minutes in an alcohol-related accident; that half of all Americans will be involved in an alcohol-related accident during their lifetimes; that 2,000 people are injured each day in alcohol-related accidents; and that 80% of America's drinkers drive after drinking.

... in the June 6, 1988 Health Week that length of hospital stays is declining in this country. The average stay declined by more than 22 percent between 1980 and 1985, according to a new study of 600 hospitals conducted by the National Center for Health Service Research. Hospital admission of privately insured patients declined seven percent in the same period, while Medicare admissions rose five percent.

(See READ, continued page 22)

Corpus Christi Educator Honored

Carl Young

To be Inducted into EMS Hall of Fame

by Rothy Moseley

"One of the best things EMS people can do is get out and teach more first responders to help where time is the critical element in CPR and bleeding control. EMS personnel should take the initiative in searching out groups to explain EMS and the services they provide, to explain why community support is important to save lives." — Carl B. Young, Jr.

Texas' "father of extrication", Carl B. Young, Jr., will be inducted into the Texas EMS Hall of Fame on September 23 at the Texas EMS Conference '88 in Austin at the Stouffer Hotel. Young has been involved with EMS in Texas since 1941, when he was a member of the Harris County Emergency Corps in Houston and an American Red Cross First Aid and Water Safety Instructor. This was a natural evolution for Young, who remembers visits to St. Joseph's Hospital in Houston with his surgeon father as a child. His father refused to let ambulance drivers (this was in the 1930's remember) move patients from the ambulance cots until they were splinted. Young says "if all current EMS individuals could see the type of care that was rendered before and after World War II they would be shocked."

Young has been promoting improvements in EMS care since his Harris County Emergency Corps days. In 1941 as an 18-year-old rookie he was told to become a Red Cross instructor because "every man was going to teach." He still remembers his first classes - groups of firefighters, civil defense personnel, mothers and others twice his age and experience. After overcoming those first nerves, there was no stopping him, and he has taught first aid techniques ever since, evolving and improving training over the years, contributing to the foundation of today's EMS education.

Harris County Emergency Corps members were ahead of their time in other ways. In the 1940's Young carried more in his car than most ambulances were carrying 20 years later, including ropes and "rubber gloves for bodies and acid." He introduced the six foot spineboards to Texas after a trip to Washington, D.C., where he copied the design of boards carried by the D.C. fire department.

After a stint in the U.S. Army's 87th Infantry Division, Company A, 312 Medical battalion during World War II, providing care in the forms of plasma, splints, morphine and dressings to the wounded, and evacuating regiments of troops, Young returned to Houston to continue his education at the University of Houston and his work with the emergency corps.

During the next years several factors influenced Young's future. In 1947 the Texas City disaster, in which explosions resulted in 600 fatalities, was his first experience with large numbers of mutilated civilian casualties. He recalls this as one of the most dramatic and exciting events in his career. Also during this time anatomy and physiology were being taught on cadavers at the mortuary school, and this contributed to his understanding of the causes of death and injury. Meanwhile he was making trauma and "body" calls all over Harris County - 20 calls per night was not unusual. Many of the bodies were deaths due to drownings, so Young became interested in preventing these deaths and began teaching aquatics.

This interest in prevention of needless deaths permeates Young's conversation even today. When he started in the EMS field, "no thought was given to EMS as a part of public health at all." Because most emergency calls are cardiovascular or trauma, he feels that a preventation message is the key to changing behaviors and preventing fatal outcomes. Therefore when he had the opportunity, he went to school in Public Health to "learn to do the community organization and planning necessary to be able to improve emergency care." With the tools he acquired through his public health education he hoped to be able to "reach a lot of people, to hopefully motivate change" in behaviors. He says this is "the toughest education there is, because people who feel well don't understand why" they need to change, until "all of a sudden you wake up with angina."

CARL B. YOUNG, JR.

Young's experiences as director of first aid and safety services in Houston, then in Corpus Christi and San Antonio throughout the 1950's, combined with experiences as a personnel director in San Antonio and Corpus Christi hospitals in 1960 through 1962, and with his education and military experiences made him an ideal candidate for the position of Public Health Educator/Health Program Specialist with the Corpus Christi/Nueces County Health Department when it became available in 1962. During his 25 years in this position most of the advances in pre-hospital care that have made EMS what it is today occurred nationwide. Young's contributions to these advances are so numerous that it would take a book to include them all.

As the author of First Aid for Emergency Crews (actually his third textbook) he became known to emergency workers around the state and the nation. In 1963 he traveled to Chicago and participated in J.D. Farrington's first course for the Emergency Aid and Transportation of the Critically Ill and Injured. It was also in this year that CPR training was introduced to South Texas after a request by the Nueces County Medical Society. In 1964 Young participated as an instructor in the Texas A&M Fire Training School, in the first statewide training of firefighters in CPR. Several years earlier Young had participated in a series of Emergency Care schools held at Driscoll Hospital and Fire Station #7 in Corpus Christi, with Dr. Roger Knapp and Bob Longone of Bishop. With over 100 students per class these courses were the first of their type held in Texas. After the CPR training at Texas A&M, the foundation was laid to expand to the Emergency Care and Transportation of the Sick and Injured course. In 1965 and 1966 these were held at the A&M fire training school as the first statewide courses in Texas. Of course they made use of the Young Ambulance Backboard and the Young Emergency Splint set, which were by now frequently in use and which later became standard equipment on many ambulances.

At the A&M schools, which continued for a number of years, a fellow instructor was Ted Felds, director of Harris County Emergency Corps, who died recently. Felds was one of those who Young credits with having a great influence on him. Felds, says Young, trained hundreds of men and women. Felds "made you hustle...would correct performance errors and make you do it over and over." Felds stressed the need for accurate record keeping, says Young; he knew a lot and passed on what he knew; he was a "born leader who inspired you to become a leader."

The Emergency Care classes were later followed by EMT courses. In 1968 Young attended the initial AAOS class with Dr. Rockwood in San Antonio, then carried this training to the Houston, Dallas and San Antonio Fire Departments as well as back home to Corpus Christi. In these classes cadres of instructors were trained. In the early '70's TDH also started providing ECA courses under the voluntary registry set up by Charles E. King, Director of the first EMS Division. Young taught with TDH instructors in many of these classes. Remember Dan Boone, Manuel Zapata, John Murphy, Tom Johnson? In 1971 Young taught auto extrication to the TDH EMS staff in a class in Austin. Throughout the 1960's and 1970's Carl Young's was a familiar face in most classes held in Corpus Christi for fire and ambulance personnel and for police cadets.

Rothy Moseley

Carl enjoys fishing and gardening now that he's retired.

But teaching was not Young's only contribution to EMS during the '60's and '70's. During this time he published numerous articles on EMS topics in medical and governmental publications, newspapers, and magazines; he wrote First Aid for Emergency Crews; he served on an advisory council to the President's Committee for Traffic Safety; served on the Ad Hoc Task Force on "Medical Requirements for Ambulance Design and Equipment"; served as special consultant to the National Academy of Sciences - National Research Council for the EMT-A Training Course being developed under contract with DOT; and contributed to the first edition of the AAOS "orange book." That's nationally! In Texas, he was being published and listened to statewide on topics such as upgrading EMS, ambulance statutes, extrication, and all manner of related subjects. He received awards from the Texas Public Health Association and the Texas Safety Association for accident prevention, and was the Nueces County Medical Society's "Man of the Year" in 1972. And yes, he does have a family. He and his wife of 38 years Dolores, have three sons.

While achieving statewide and national recognition, Young did not neglect his responsibilities at home. His duties at the health department at that time included training city police cadets in first aid, CPR and auto extrication. After the police had provided care it was necessary to wait for an ambulance from the funeral home or wrecker service. Because the state law required even less than the city ordinance in effect at that time, a Red Cross card was the main

requirement for ambulance attendants, and there was little regulation of providers. In 1973 Young saw so many problems with enforcing even minimum training that he added "Upgrading EMS" to the topics of his talks and writings, and approached the news media with his stories. With the "bullets" of information and motivation supplied by Young to the Nueces County Medical Society, the League of Women Voters, and the Traffic Safety Advisory Committee, a public ambulance service was established and a much stronger ordinance was adopted. This gave the local health department the ability to enforce some changes in training, equipment, and vehicle requirements. The result was EMT trained personnel on all ambulances picking up patients in Corpus Christi.

Since the early 1970's Young has continued to be involved in EMS training and inspection of ambulances, to serve on many committees, and to maintain an active role in CPR training for the public. His interest in prevention of early or needless death has never waned. After the city of Corpus Christi adopted the new ambulance ordinance, his role as ambulance inspector took more time from some of his other programs, but he saw this as a necessary part of protecting the public. His work with the public ambulance service has been in an advisory and instructional capacity. He has worked with local media on programs which have helped to improve the ambulance services as well as programs helping to bring in a Medical Examiner's office, helping to start a Suicide Prevention Bureau, and assisting in provision of two mass CPR training programs for the public.

Before Young's retirement last year, his office walls were covered with data on morbidity and mortality from many causes compiled on census tract maps. The newest data was on AIDS. This information has been valuable in determining the need for and location of numerous programs and activities over the years. Young is currently a member of the local Ambulance Advisory Board and of the Regional EMS Advisory Council. Although he tries not to let these activities interfere too much with his fishing, gardening, golf and swimming, he also teaches CPR and CPR Instructor classes regularly.

When asked about the future of EMS, Young feels that we need to be careful not to lose the progress that we've made. He feels that some of the dreams may need to be "put on hold" for a while to keep what we have in today's economy and to make training and provision of services in rural areas as available as they are in the cities and colleges. He says the biggest single advance he has seen in EMS is the development of a "professional service from what was chaos." He would like to see legislation enabling the permitting of providers as well as personnel and vehicles, and rules enabling the permitting agency to review providers' records and reports to assure their business ability and the financial means to continue to provide services. In accomplishing this, however, he says we need to "make every effort to support the volunteer EMS groups across the state. People often forget unless they leave the city and travel in rural areas that it is the volunteer units who will most likely provide emergency care" in most of Texas. And that care needs to be quality care. He says "quality care of the patient is why we have EMS. Good patient care is our number one priority."

Young defines the successful EMS individual as "one who is a good leader and can calmly take command" and who will "pass along the knowledge, skills and enthusiasm to others." This description certainly fits Carl Young himself, as he takes his place in the Texas EMS Hall of Fame.

Rothy Moseley is a paramedic with Public Health Region 8 in Corpus Christi. She worked in the EMS Division in Austin for several years before moving out to the regional office and is the author of the new brochure called "EMS Lifesavers — Career Information."

CORRECTIONS

We incorrectly added a word in July to Steve Hanneman's fine article on new TEMSAC member Donovan Butter, D.O. As a paramedic, Dr. Butter worked for Hays County EMS in San Marcos, not North Hays County as we reported. Our apologies to the author and to Hays County EMS Director Tom Partin. Dr. Butter is proud of his affiliation with Hays County EMS and said "the San Marcos service is where I got most of my training and experience."

In our article about Port Aransas EMS in July's "Local and Regional EMS News" we misspelled some folks' names. Our apologies to Rhonda (not Wanda) Wintz and Yancey (not Nancy) Gillespie.

Some corrections just take longer than others. In the September 1987 **Messenger** we listed Wayne Schuricht, D.O., as President of American College of Surgeons when we actually knew better. Dr. Schuricht served this past year as President of American College of Emergency Physicians - Texas Chapter. Our apologies to Dr. Schuricht and our congratulations to Dr. Ken Sherman who is Texas ACEP's new President.

Jerry (not Larry) Cobb is on the cover of the August **Messenger.**

I'm sorry, sorry, sorry, sorry. Keep on me, folks. If I spell your name wrong or otherwise mess things up, let me know. I want to do it right. — ASM

THE WILDERNESS EMT PROGRAM

by Rod Dennison

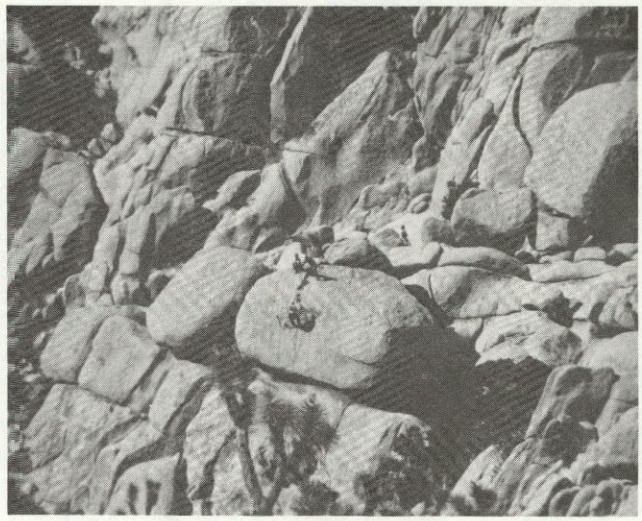
Emergency Medical Technician (EMT) training was originally designed to provide, as the prehospital component of a comprehensive Emergency Medical Services System, rapid response, management and transportation for victims of serious injury or illness.

As EMT training has become more widely available, an increasing number of individuals outside EMS systems, but who have a need for prehospital medical knowledge, have discovered that many concepts in the EMT curriculum are somewhat generic and therefore useful in a variety of situations beyond the realm of typical EMS. Rural EMS groups, park rangers, wilderness educators, backcountry trip leaders and search and rescue personnel have found much of the EMT program applicable to their needs. However, over the years EMS training has evolved technologically in the direction of increasing dependence on medical equipment and sophisticated communications and medically in the direction of shorter on-scene times and less on-scene stabilization. Unfortunately for the needs of backcountry medics, EMS evolution has been just opposite to their needs. Consequently, new wilderness medical programs are being developed that are based on existing EMS training but which modify the application of EMT and Paramedic skills to address patient care requirements in a wilderness context.

The term "wilderness" is defined on the basis of three main criteria: (1) remote location, (2) hostile environment, (3) limited equipment. Following are problems and requirements of wilderness medical responders brought on by these three variables:

- prolonged (hours to days) response time
- impracticality of "load 'n go" trauma protocols and a consequent possible need for extensive on-scene patient stabilization
- the expectation that the patient may require a lengthy, physically demanding evacuation
- continuing environmental threats to the patient and to rescuers
- a lack of equipment and the resultant necessity for improvisational skills
- unreliable or non-existent communication with hospital-based medical control
- the need for expanded standards of patient care and corresponding written protocols•

Under the direction of Dr. Peter Goth, the National Association for Search and Rescue (NASAR) has developed and is sponsoring a series of medical programs designed to meet the needs of wilderness medics but which will also apply to non-wilderness



James Davis, Temple Fire Department

Unfriendly environments may require a new look at EMS skills.

situations requiring extended patient care that must be provided in harsh or hostile settings. Such settings include structural collapses, urban disturbances, cave and confined space rescues, and responses to natural disasters.

Although there will be a NASAR Wilderness First Responder course, the main emphasis of the program will be the promotion of a (48 hour at the moment) Wilderness EMT (EMT-W) "module" which will be in addition to current EMT, EMT-SS, or Paramedic certification already held by participants. After course completion Wilderness certification will be provided by NASAR. Besides extended patient care medical considerations, the course will emphasize severe environment operations, improvisational skills, land navigation and rescue/evacuation techniques.

Medically, the wilderness module will not alter the scope of training of a person's existing certification. That is, basic EMTs will not be trained to start I.V.s or administer medications. However, a significant feature of the program is the way in which it alters (and even seems to contradict) conventional EMS standards of care to more adequately apply in a wilderness context. For example, basic wilderness medics will be trained to reduce dislocations, perform wound cleansing, remove impaled objects and, in some cases, terminate CPR after a period of patient non-responsiveness. Individuals with paramedic certification may be trained in long term hydration management and in the use of new drugs such as antibiotics for infection control and Diamox for altitude sickness. Many will also be trained in new invasive procedures. Ultimately, the full extent to which conventional EMS standards of care will be modified will depend upon local medical review.

Concurrent with EMT-W development is a complimentary rise in the interest of backcountry medical programs which address non-EMS, non-responder needs.

(See WILDERNESS, continued page 22)

PRIVATIZ GOVERNMENT

The Case for Private EMS

ONE VIEWPOINT

by Tom Morgan

Taxpayers across the country are sending a message to their elected officials. "Enough is enough," they're saying, and local, state and national politicos are beginning to understand that the American public will not hand over more and more tax dollars to provide the revenue needed to balance mushrooming public budgets.

On the other hand, people continue to demand services. Citizens want protection for their families from the growing threat of violent crime. Water supplies are getting scarce and decaying infrastructure needs to be replaced.

But where are the elected leaders to turn for the funding to meet these rising public demands? There are no simple answers. Some services are being cut. Other necessary government services are now being contracted out to the private sector in a new creative trend towards PRIVATIZATION.

The basic concept behind privatization is to select private businesses that are fully qualified to provide the needed service. Then government stimulates competition among only the most competent providers, giving them adequate incentive to excel. Costs for providing the service are designed to be covered by the users of the service, rather than by the various forms of state and local taxes.

In the case of EMS, this turn in public funding has resulted in a turn for better service as well.

Periodic competition constantly challenges the private provider to deliver the highest quality prehospital care at the lowest cost. Unquestionably, the challenge is a tough one but it is being met every day in cities from coast to coast.

The key word in this new process is incentive. The inherent structure of these private/public enterprises regards private providers for superior quality assurance, fiscal responsibility and system efficiency.

The economic realities of EMS can be staggering, Both public and private providers must generate funds to meet basic costs for equipment and personnel, which are constantly going up. The public sector has demonstrated its solution to this problem by always returning to the public coffers to underwrite rising costs. Conversely, many EMS systems that are progressive in the use of private providers look to the service users to pay their fair share of the price of prehospital health care delivery. Generally, this is achieved through aggressive pursuit of third party payments: Medicare, Medicaid or other insurance.

The privilege of access to a public pot of gold is denied to the private provider. He must exercise budget responsibility at all levels of his operation. His incentive: cost overruns will come out of his own pocket.

The private provider is highly motivated to make every one of his dollars count. System efficiency is primarily an extension of financial responsibility. But it's also just plain good business to cut out waste.

Call volume varies in every system. Time of day, day of the week and seasonal activities all affect the number of requests for service. Several years ago, private providers became national trendsetters in developing concepts of System Status Management (SSM). SSM has become the fundamental element in a state-of-the-art system design.

Efficient systems are now constantly analyzing existing data to predict the public need. Archaic, static plans followed by most public providers are quickly taking their place in EMS history along with funeral home "coaches."

Instead, today's competitive private provider allocates only the number of ambulances the system will need in any given hour, with a reasonable cushion to allow for unusual circumstances. Traditional 24-hour shifts that yield a low productivity are falling by the wayside. Flexibility has become a way of life in these private systems. Units and personnel are available and on-call when and where they are needed. The incentive for system efficiency: to take advantage of high utilization of resources to stretch the available budget (provided by patient fees) to its fullest potential.

When waste is trimmed, extra financial resources can then be applied where they belong, in developing better ways to save more lives through pro-active quality assurance programs.

Today's private EMS provider's strongest incentive is to keep his contract in a very competitive marketplace.

A private provider does not have the luxury of resting on decades of folklore which ensures the job secu-

(See PRIVATE continued page 12)

ATION OF SERVICES

The Other Side of Privatization

AN ALTERNATE VIEWPOINT

by James O. Page

Despite many years of feeding at the public trough, so to speak, my proudest achievement has been the creation of a private company, nurturing that private enterprise through very hungry beginnings, and then watching it grow and prosper. Nine years after it was founded, that capitalist venture provides jobs for more than 20 people. Equally important, it provides those people with an atmosphere of creativity and freedom for individual growth and collective excellence.

If that's the case, why then did I agree to argue against the privatization of government services? I wouldn't, and I couldn't present a blanket argument against all privatization of government services. The argument must be selective. It's clear to me that some government services can and should be privatized, whenever the benefits outweigh the burdens or deficits. Government printing, janitorial services, and building construction functions readily come to mind as likely candidates for privatization.

Of course, people who read the EMS Messenger are interested in prehospital EMS and whether it should be a function of local government or the private sector. On top of interesting EMS developments in Fort Worth in recent years, the reported conclusions of the accountants who studied the Dallas EMS system have elevated interest in EMS privatization throughout Texas.

Years ago, during a speech at an EMS conference in Austin, I commented that virtually every bit of social progress that is made in this country follows on the heels of crisis or disaster. It was the disastrous "Great Depression" that sparked President Roosevelt's "New Deal" more than 50 years ago, socializing many functions that had been private. The losses and pain suffered by so many during that time often was attributed to greed and shortsightedness in the business sector, and the stage was set for creating government agencies to take care of peoples' needs.

For the first 20 years or so after the depression, public workers were paid less than people doing similar work in the private sector. That was considered a reasonable trade-off for the security of public employment. Presumably, if there was another depression, public employees would not be laid off. Over time, however, memories of the depression dimmed, public workers gained political clout, and they acquired not only secure employment but also generous fringe benefits and salaries often greater than those of their private sector counterparts.

Given the inevitable pendelum that drives public policy and economics, it was only a matter of time till there would be pressure to put things back into some sort of balance. In the field of prehospital EMS, which is provided by public agencies in a majority of North America's largest cities, the pressure is coming from those who would like to privatize the functions now being performed by those public agencies.

Even though memories of the depression have dimmed, many Americans still harbor vague distrust of businesses who would try to provide very personal human services (such as ambulance service). The distrust is fed and sharpened by contemporary news, including the incredible greed and arrogance of the defense industry. Indeed, in Kansas City, Tulsa, Austin, Houston and Fort Worth, among other cities, there were scandalous performances by unregulated private ambulance companies - before the public agency takeovers and/or the advent of the "public utility model" and the "failsafe franchise model" design for ambulances services.

In order to overcome the public distrust, and in recognition of the tendency of unregulated businesses to abuse the public if they can, the current proponents of privatized ambulance service have created something that is neither private nor public. It features many of the safequards and controls of a public agency while it acquires and uses its workers in the fashion of a small business.

For example, the new type of privatized ambulance service is not allowed to engage in retail competition - which is what private enterprise is supposed to be all about. This new creature is not allowed to touch the money it generates; in real private businesses,

(See OTHER SIDE continued, page 12)

(PRIVATE continued from page 10)

rity of the public provider's workforce. The private provider must prove his value to his employer, the public, on each and every call. The private provider is constantly evaluated against industry standards in emergency medical technology and professional training, and measured on the application of those standards to patient care.

Ideally, a modern EMS system functions best through the cooperation of the public and private sectors. This balance in providing a most necessary public service can capitalize on the strengths of each.

Such a system has been at work in the streets of Fort Worth, Texas, for more than two years. MedStar is widely recognized for the tremendous progress that has been made in such a short period of time. The public sector plays its most important role in the oversight of MedStar's private contractor for field operations. Government has determined performance standards and measures our service delivery against this very stringent set of clinical and cost containment benchmarks.

The end result of MedStar's public/private cooperative efforts has been an overall reduction in taxpayer burden and a dramatic improvement in patient care.

Yet, the system will not rest there. Consistent upgrades in equipment, training and compensation are programmed to continue over the next five years.

As president of the company holding the contract to serve the 14 cities in the MedStar system, I can assure you that we will meet or exceed every challenge set forth by our customers. Our incentive: to continually earn the privilege of serving our patients.

Thomas W. Morgan is Chairman and Chief Executive Officer of MedStar in Fort Worth.

(OTHER SIDE continued from page 11)

success of failure often hinges on quick and efficient billings and collections, as well as aggressive cash flow management. The new breed of privatized operator gets a check (in a predetermined amount) every month from a governing entity. That's very similar to how local government agencies operate.

In the new style of privatized EMS, the successful bidder will succeed or fail, depending on how "efficient" his operation is. Some call it "high performance" ambulance service. But consider that the potential areas of efficiency are greatly limited by system design. The operator cannot best his competition day-to-day through creative marketing; the competition was eliminated in the bid process and the winner now has a monopoly (another anti-free enterprise concept).

The successful bidder in a new-style privatized system may have the potential for efficient and effective generation of revenues though billings and collections - but he would lose his contract if he tried. He's not allowed to tinker with the design in pursuit of greater revenues. Remember: he gets regular checks in predetermined amounts.

So where can he achieve the "efficiency" that will make the venture successful and lucrative? He can squeeze more performance out of it. He can serve the area with least possible number of ambulances (while meeting the required response time standard), thus spending the least possible number of "unit hours." This new form of "privatized" EMS can be made to operate like a rheostat, one of those wall-mounted switches you can twist to make a light bulb brighter or dimmer. You can make it brighter (more efficient) by working the ambulance personnel on variable work shifts and by using a fluid or dynamic method for ambulance placement.

As a businessperson, I certainly as not opposed to making efficient use of workers. When we risk our capital and work our tails off to create jobs, we should have a right (within limits) to determine how people will work in those jobs. But there is a need for balance here also. If we create work conditions that the workers themselves find intolerable, they will vote with their feet. There will be excessive employee turnover. There will be a poor morale, lots of waste and sloppiness, and bad attitudes projected to customers (in our case, patients).

So what's happening is one of those inevitable push-pull adjustments that seem to occur periodically on our journey though life in the U.S.A. Over time, public employees have acquired considerable power and, in the minds of some, the cost of doing things through government agencies has become excessive. More than 80 percent of those costs are for labor. Efforts to get more productivity for the salaries and fringes paid to government employees usually don't succeed.

Despite a pretty seedy track record, the private sector generally is perceived as being able to get things done more efficiently than government agencies trying to do the same things. But some of the most basic characteristics of private enterprise, if not controlled or regulated, work against the most basic characteristics of quality EMS - that is, a disciplined, systematic, reliable delivery of services within specified standards.

The evolved package is very tidy. It has enough controls to keep it from becoming hostile to the basic characteristics of quality EMS. In most cases, it will consume less local tax dollars than a public agency

(See OTHER SIDE continued page 13)

(OTHER SIDE continued)

might. It achieves those economies mostly by paying less for people, and getting more out of them while they are on duty. This private enterprise package prevents rivalry ("street competition") by creating a monopoly (making it unlawful for the competition to operate in the same ares).

But the package has a few lose threads. The new designs for not-so-private ambulance services are dependent on an ample supply of eager young people, willing to work for marginal wages, and to deliver services at a pace viewed by many as uncomfortable at best and exhausting at worst. Furthermore, the private contractor's profits (if any) are dependent on getting as much performance as possible out of those workers.

I believe that supply of eager young people is quite limited. Thus, to keep the new concept alive, it will be necessary to pay more (through salaries and fringes) for those people who will be expected to maximize the ambulance utilization rates. When that happens, profits will dip and bidders won't be forthcoming. Or, local government will be expected to pay a bigger subsidy - maybe even as much as it would cost for local government to operate its own ambulance service. Hmm. What were we trying to prove with privatization?

Finally, we must ask just what is driving the issue of privatization. Is it the kind of crisis or disaster that I referred to in my Austin speech several years ago? Has local government taxation, for example, reached levels that would signal a revolt if something drastic isn't done?

I doubt it. At least, not as it applies to EMS. Throughout the U.S., the per-capita annual subsidy (local tax monies devoted to prehospital EMS) ranges from less than $2.00 to about $12.00. If a voter is reasonably comfortable with their perception of the local government EMS, are they likely to demand that major changes be made in the system so that the annual per-capita cost can be reduced by a few dollars?

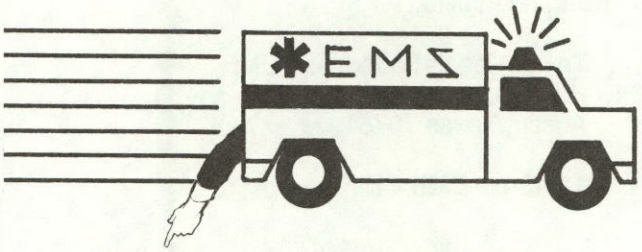
Recently, the taxpaying public has been desensitized by reports of military purchasing fraud and fiascos. Incredibly, we are even growing accustomed to the idea of a trillion dollar federal deficit. Tax-generated money - as a criteria for the value or efficiency of local government services - is losing its relevance (especially when the out-of-pocket difference to the individual is in the range of two to twelve dollars per year).

For a real-world measurement of what people are willing to spend money for, and how much, take a trip to your nearest convenience store. As the clerk rings up the price of a six-pack of Lone Star, a carton of Camels, a loaf of Wonder Bread, and two Hostess Twinkies, you will watch a citizen spend more than he could save in a year if the local government EMS were uprooted and "privatized."

The new designs for so-called "high performance" ambulance service can produce greater efficiency by cranking up the rheostat, so to speak, and hoping the people who deliver services on the street won't vote with their feet. Frankly, prehospital EMS is too important and too sensitive to be subjected to major surgery without clear evidence that drastic change is needed or wanted by the voters.

On the other hand, I am enthused by the impact of the privatization trend (or fad) on some fat and complacent public agencies. It should convince the people of those agencies that preserving their superior wages and benefits requires that they serve people with enthusiasm and efficiency. The pendulum continues to swing, and our perpetual goal should be finding the balance between the extremes.

James O. Page is the publisher of JEMS magazine. He is an attorney, author, and EMS consultant and currently serves as Fire Chief of the Monterey Park, California Fire Department.

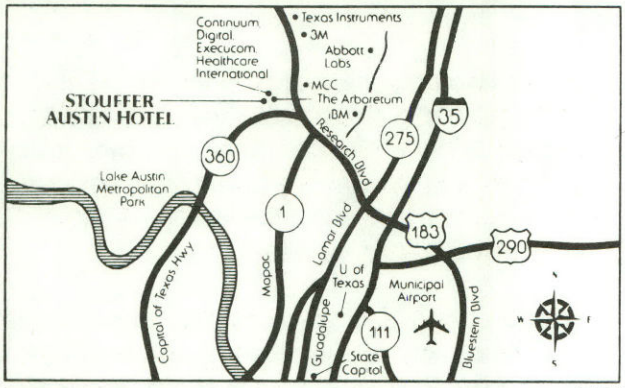


Region 1 Changes Testing Site

Flawn Academic Center, Room 21, University of Texas - Austin just west of the Tower Building, on Guadalupe is the new location for Public Health Region 1 EMS testing in Austin.

Test dates and times are:

September 27 - Tuesday, 6:30 p.m.
October 25 - Tuesday, 6:30 p.m.
November 16 - Tuesday, 6:30 p.m.
December 14 - Tuesday, 6:30 p.m.



Texas EMS Conference

September 22-24, 1988

REGISTRATION FORM

EMS IN TEXAS — DEDICATED TO PATIENT CARE

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMS Organization _____ Level of Certification _____

TELEPHONE (work) ( ) _____ (home) ( ) _____

FOR CONFERENCE REGISTRATION INFORMATION CONTACT: Jan Brizendine (512) 458-7550

PLACE: Stouffer Austin Hotel
9721 Arboretum Boulevard
Austin, Texas 78759
For Hotel Reservation
call (512) 343-2626
($55 single/$65 double)

*Make checks for Conference fees, activity fees, T-shirts, and mugs, payable to **Texas Health Foundation** and mail to:

Texas Health Foundation-EMS
P.O. Box 610333
Austin, Texas 78761

12 hours EMS C.E.

Conference Fee — $30 ($45 after Sept. 1) _$ _____

Plus activity fees:

Golf Tournament $ 25 $ _____
Average score _____ (honest!)

Valsalva Bowl $10 (per team) $ _____
Team Name _____
Members 1. _____
(names) 2. _____
3. _____

Pediatric ALS Course (Practic) $ 25 $ _____
(8 am - 5 pm Thursday, 9/22
limited to 50 registrants)

CLASSES FULL

Rappelling Skills Course $ 20 $ _____
(7:30 am - 10 am Friday, 9/23
limited to registrants)

TOTAL $_____

Co-sponsored by Texas Department of Health and Texas Health Foundation.

**** Conference T-Shirt and Coffee Mug Available ****

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A G E N D A

1988 Texas EMS Conference

Texas EMS — Dedicated to Patient Care

Thursday, September 22

8:00 a.m.	—	5:00 p.m.	***Pediatric ALS Seminar**
12 Noon	—	7:00 p.m.	Conference Registration
12 Noon	—	6:00 p.m.	*Golf Tournament, Volleyball Tournament
4:00 p.m.	—	6:00 p.m.	Registration for Talent Show
5:00 p.m.	—	9:00 p.m.	Exhibits Open — Cash Social in Exhibit Area
5:00 p.m.	—	6:15 p.m.	**Happy Hour Workshops**
5:00 p.m.	—	6:30 p.m.	***Valsalva Bowl II Preliminaries**
6:30 p.m.	—	7:00 p.m.	**International Invitational Valsalva Bowl I Finals**
8:00 p.m.	—	10:00 p.m.	Faculty Reception

Friday, September 23

7:00 a.m.	—	8:30 a.m.	Registration, Coffee Available in Exhibit Area Exhibits Open
7:30 a.m.	—	11:30 a.m.	***Rappelling Short Course**
8:30 a.m.	—	9:00 a.m.	**Opening Session and Welcome featuring Cactus Pryor**
9:15 a.m.	—	10:30 a.m.	**7 Workshop Breakouts**
10:30 a.m.	—	10:45 a.m.	Break in Exhibit Area
10:45 a.m.	—	11:45 a.m.	**7 Workshop Breakouts**
12:00 Noon	—	1:30 p.m.	**Awards Luncheon featuring Charles E. King**
1:45 p.m.	—	2:15 p.m.	Exhibits Open — "Show and Tell Time"
2:00 p.m.	—	5:00 p.m.	**S.T.A.R. Team Demonstration in the Atrium area**
2:15 p.m.	—	3:30 p.m.	**7 Workshop Breakouts**
3:30 p.m.	—	3:45 p.m.	Break in Exhibit Area
3:45 p.m.	—	5:00 p.m.	**7 Workshop Breakouts**
5:00 p.m.	—	6:30 p.m.	Cash Social in Exhibit Area
8:00 p.m.	—	Midnight	**"The Music Machine"** Dancing, Major Munchies, and Talent Show in the Ballroom

Saturday, September 24

9:00 a.m.	—	11:00 a.m.	**Wrongful Death Trial featuring R. Jack Ayres, Jr.** Scenarios featuring street personnel, system director, and medical director
11:00 a.m.	—	11:15 a.m.	Break in Exhibit Area
11:15 a.m.	—	1:00 p.m.	**Closing Session** **Valsalva Bowl II Finals** Contest Winner Presentations Drawing for Prizes Donated by Exhibitors and Area Retailers **Teddy Bear Drawing**

Workshop Breakouts will include tracks on Pediatrics, Trauma, Medical Emergencies, Personal Development, Administrative, Education, Disaster Response, Public Relations and Special Populations. There will be about 35 workshops and demonstrations in total, with each registrant able to attend 5 including the Thursday night Happy Hour sessions. Demonstrations will again include Moulage and High Angle Rescue. There will be workshops for Basic and Advanced levels of EMS as well as urban, rural, paid, and volunteer.

12 hours CE — Texas Department of Health

*These activities require pre-registration.

Sponsored by Texas Department of Health and Texas Health Foundation

MedStar, 1987's Outstanding Private Provider

Patient Care is the Bottom Line

by Alana S. Mallard

"Inefficiency from a patient care point of view is one issue; inefficiency from a financial point of view is another issue" - MedStar's Doug Key

To MedStar, Fort Worth's award-winning public utility model EMS, commitment to quality patient care and financial efficiency go hand-in-hand. Last year during EMS Week when MedStar was barely a year old, the organization captured the Bureau of Emergency Management's award as Outstanding Private Provider for 1987. This year, as a two-year-old toddler, MedStar has matured into providing performance-based contractual EMS services for fourteen of Tarrant counties 39 jurisdictions.

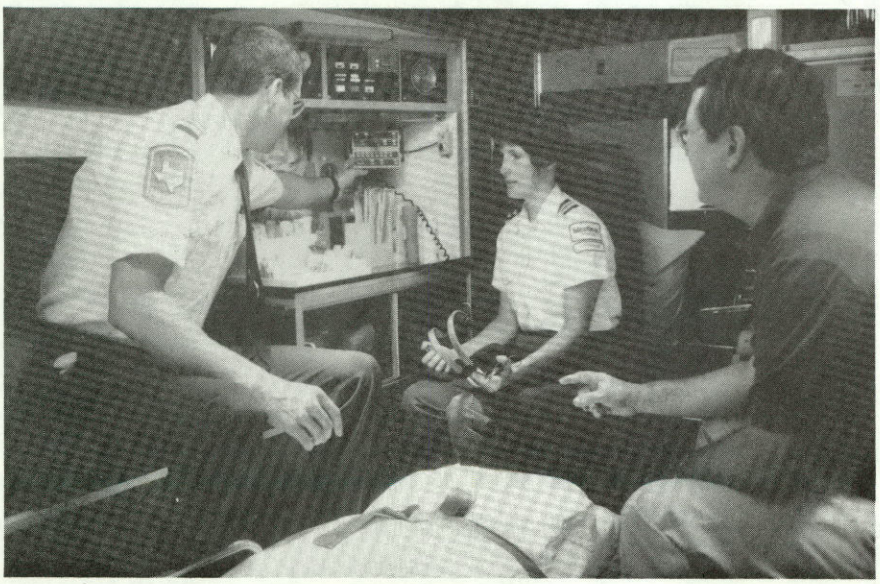
Medical Director Wayne Schuricht, D.O., said a county-wide system had been "deemed impossible because you couldn't get 39 municipalities together. Jack Stout tried this in 1984" but the plan failed because for the plan to work everyone had to participate. Now, the cities that participate negotiate their own contracts with MedStar and the outlying cities have population ratio representation on the public commission that oversees prehospital emergency medical care.

Arguments that patient care suffers in the face of profit motivation fall limp with organizational structure and goals like MedStar's. There are two separate entities governed by the nine-member Area Metropolitan Ambulance Authority. MedStar is the field management group, and Emergency Physicians Advisory Board is the clinical oversight group.

MedStar doesn't provide less patient care, it just has fewer idle vehicles and personnel. System status management allows MedStar to staff up at peak demand times and locations and to down staff when demand is off. Historical data takes into consideration the call volume in twenty-four hour periods, seven-day periods, and in seasons. Twenty-one vehicles is the maximum number on the roads at one time, ten the lower number. And shifts include 24 hours, twelve hours, and nine hours, and MedStar is investigating the possibility of ten hour shifts. Longtime Fort Worth paramedic and MedStar Control Supervisor Suzi Steele says she cannot believe that they ever used anything but system status management.

The system works. Not only does the number of vehicles in service vary, but the locations of vehicles shift around based on peak load demand studies. Randy McCargar, operations manager, says the goal is for the 23rd patient on a shift to get the same alert, attentive care as the first patient.

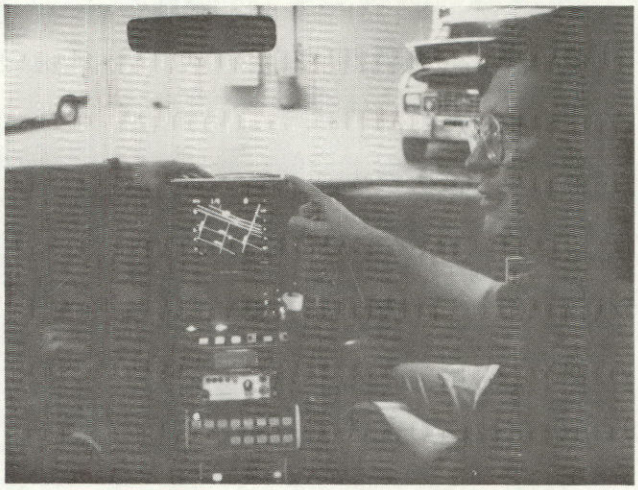
That "first patient" quality care is ensured by an aggressive quality assurance program, including 100% run review. Clinical Coordinator Doug Key says MedStar's quality assurance program differs from those that review 10% of runs. In the more traditional, less aggressive, system 90% of the runs are "assumed" to have been done correctly. When 100% of the runs are reviewed, says Key "there are no assumptions. And field personnel get feedback on all runs. 'Yes, this was good.' 'No, this could have been better.' We assure quality," he says. "We don't assume it."



Left: Doctor Wayne Schuricht and paramedics Susan Pelton and Tom Pritchett check over the patient-area communications system.

Facing page — Left: Doug Key demonstrates the on-board dead reckoning "navigational system" to Dr. Schuricht. Right: Control Paramedic Joe Goodall dispatches a vehicle as supervisor Suzi Steele monitors calls.

Photos: Alana S. Mallard



MedStar has nine field training officers and a thirty-page document against which they review the charts. "In abdominal pain, for instance," says Key, "every important factor in differential diagnosis is listed." The reviewer looks for answers to every question, and if one of the answers is not there that generates a memo that questions the crew's record-keeping. The crew has three days to respond and after the response, some action is taken, from acceptance of the response as appropriate, to remedial training, to probationary status because of a serious judgment or treatment error. Review sheets are filed by employees so that the training officers can spot trends in individuals in patient care.

The quality assurance program has changed documentation substantially, says Key. And positively.

Control, or dispatch, assures quality also by auditing such things as calls that are too long at the scene. "An at-the-scene time of longer than ten minutes could be an extrication we were not aware of," says Steele. "If we trouble shoot the process every step of the way, then we can keep big problems from coming up."

Anyone can audit a call: ER nurse, a hospital, another paramedic, a supervisor, a dispatcher, or a physician. They will get a response from the Clinical Coordinator about the appropriateness of care delivered. The public can also request a review of a run - the care, demeanor of the paramedic, driving techniques, any number of issues - can be questioned.

Every one of these audit requests will result in a review by the clinical coordinator and feedback to the individual requesting the audit. MedStar's field personnel are held accountable for patient care just as MedStar is held accountable for contractual standards such as response time.

MedStar is an ALS system and all Paramedics besides being Texas certified must have ACLS, PHTLS, and PALS certification.

The system has high standards for its first responders. Called the Paramedic Assist Corps, first responders are welcome at MedStar's CE presentations for paid staff. Within a year, members of the Paramedic Assist Corps must be EMT-certified and, in Fort Worth, certified in Automatic External Defibrillation. Fort Worth's 600 first responders are firefighters with the Fort Worth Fire Department. Eventually all first responders in the MedStar system will have to go to AED, according to Key. Training and certification is also offered to emergency physicians at the eleven hospitals in MedStar's service area. Since 80% of destinations are patient-directed, having base-station training in medical protocols is necessary for all of the city's hospitals.

Jimmy Dunn, Public Health Region 5 EMS Manager, praises MedStar when he says they have "top quality people and top quality equipment. They're in the business of taking care of patients and they do a fine job." The City of Fort Worth, said Dunn, deserves a lot of the credit in making MedStar the excellent system it is.

Quality assurance, run reviews, advanced training, performance-based contracts. public accountability - all these components join together to make MedStar an award-winning system. Patient care is the bottom line and making a difference in a patient's survival is what MedStar's paramedics want.

Suzi Steele has made that difference. She says that probably once a week she and other Control staff "walk" frantic callers through CPR over the telephone "and it saves lives. We have had several calls where you can hear the baby take its first breath."

"Patient care is always first," operations manager McCargar said. It's his philosophy, and, somehow, even without seeing it posted in writing anywhere, you know it's MedStar's philosophy.

Editor Alana Mallard went "home" to Cowtown when she and Gene Weatherall travelled to Fort Worth for this story.

PARAMEDIC SUBSCALE AVERAGES

These statewide paramedic test results, from March 1988 through May 1988, include Initial and Refresher training testing for testing groups of five or more. The subscales are:

1. The EMT, Psychological Emergencies, Telemetry and Communications
2. Patient Assessment
3. Shock and Fluid Therapy
4. General Pharmacology
5. Respiratory System
6. Cardiovascular System
7. Central Nervous System
8. Soft Tissue Injuries
9. Musculoskeletal System
10. Medical Emergencies
11. OB and GYN Emergencies
12. Pediatrics and Neonatal Care

(The critical subscales are 2, 3, 4, 5, 6, and 10.)

Location/ Coordinator	Test Date/ Size/Type	Mean	1	2	3	4	5	6	7	8	9	10	11	12
Rockport Motes	04/26/88 (13-I)	84.2	79	83	90	91	82	83	81	85	81	84	83	85
Austin Lyles Laguna	04/26/88 (16-I)	85.0	82	86	92	74	85	84	85	85	91	84	90	90
Corpus Christi Gonzales	04/26/88 (16-I)	91.0	83	89	91	95	91	91	89	91	91	93	91	96
Houston Stevenson	05/31/88 (6-R)	87.7	86	88	87	85	86	91	82	87	93	93	88	85
Seminole Roberts	05/31/88 (6-I)	85.4	78	89	88	75	88	88	78	85	88	86	88	90
San Antonio Garoni	05/31/88 (26-I)	88.5	82	95	89	87	87	86	89	87	94	90	91	88
Tyler Elbert	05/26/88 (19-I)	86.9	82	88	88	84	85	89	82	89	87	89	84	94
Midland Davidson	05/25/88 (13-I)	78.2	76	85	79	77	77	74	73	86	84	83	72	75
Amarillo Davenport	05/24/88 (34-I)	85.5	85	91	88	82	86	85	81	87	87	83	84	88
San Angelo Clark	05/23/88 (10-I)	89.1	92	89	92	85	89	92	87	90	87	90	87	88
Odessa Lewis	05/23/88 (6-I)	82.4	78	88	81	78	85	85	82	78	92	78	82	78
Odessa Howard	05/12/88 (12-I)	88.0	94	85	90	91	85	86	82	80	90	93	86	94
Dallas Goodykoontz	05/11/88 (36-I)	88.3	82	91	90	89	87	90	86	81	94	91	87	86
Texas City Bertin	05/10/88 (6-I)	88.0	90	91	89	85	85	81	85	95	93	93	85	98
Cooke Co. Roberts	05/10/88 (7-I)	86.6	85	93	89	81	85	91	82	83	89	89	77	87
Austin Montgomery	05/05/88 (11-I)	93.5	94	94	96	90	91	97	89	92	95	95	92	93
Borger Lewis	05/02/88 (9-I)	82.9	87	84	87	80	84	74	84	86	94	84	77	86
Statewide Averages March thru May		86.2	83	89	89	84	85	86	84	85	90	88	85	87

Data compiled by Eileen Hartman

TEMSAC

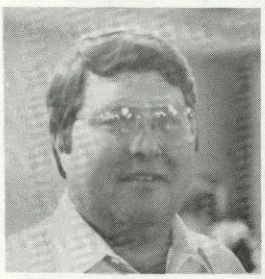
Dollars and Sense

by Alana S. Mallard

What do Texas EMS Advisory Council members see as issues from their constituency for the next two years?

At their regular July 8 meeting in Austin, TEMSAC members talked about EMS needs and answered that question.

Rainey-Thomas *Polunsky*



Alana S. Mallard

Crutsinger *Smith*

Faye Rainey-Thomas - local county provider: Local funding and quality assurance; dealing with reduced funds without seeing a decline in the quality of care are issues facing county providers.

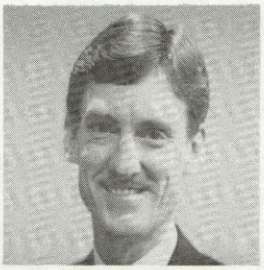
Nancy Polunsky - consumer: Sees economics, taxation, and educating the public as issues.

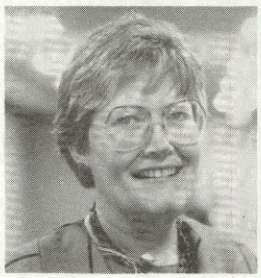
Jack Collier - paramedic: Money and apathy; 20 years ago EMS was gung-ho and fired up "and we can't afford to rest on our laurels."

Harold Crutsinger - EMT: Texas Association of Emergency Medical Technicians wants to join with American College of Emergency Physicians and Emergency Nurse Association to support provider certification and to limit liability, especially for disaster response teams.

Frankie Smith - volunteer provider: Concerned that too much emphasis is being put on the difference between volunteers and paid EMS - "both are professionals" she reminded the Council; concerned also about moving training out of services and into colleges; and sees radio communications as an important and expensive issue for volunteers; called for any volunteers in the state to contact her at (713) 485-2092 with concerns regarding EMS.

Huffman *Prentice*





Alana S. Mallard

Scott *Gehring*

Joe Huffman - private provider: Legislation, funding, provider certification are issues.

David Prentice - emergency physician: Sees recruiting medical directors for EMS as a concern as liability goes up and funding goes down; quality assurance programs and risk management are necessary; and scientific research and evaluation needs to be conducted on invasive procedures to ensure their effectiveness.

Robert Hopkins - municipality: Concerned that local options be respected in terms of EMS training and equipment; funding is a serious problem

Jay Johnson - county commissioner: Concerned that county government be able to retain decisions on levels of care; and that optional activities and equipment not become mandated without funding.

Virginia Scott - emergency nurse: Predicts that in 5 to 10 years EMS groups will be experiencing the same staffing shortages that emergency nurses are facing now. Lack of funding is the problem.

Barbara Gehring - consumer: Sees the consumer as concerned about service and taxation; consumers "want more of what EMS has and they want it sooner."

Tommy Nations - fire department provider: State Firefighters Association does not want fees increased and wants the volunteer exemption eliminated.

Joe Tyson - EMS educator: EMS needs standardized educational opportunities across the state, increases in the minimum number of hours in training programs, "EMS education is in its infancy and EMS is changing fast. We've got to keep up and it takes dollars."

(continued page 20)

Focus on

Training and Preparation Goals of Disaster Response Program

New Disaster Response Program Manager Joe Stone joined the EMS Division's management team in July. Joe comes to the Bureau with 26 years experience in the Air Force, 20 years of which were spent involved with various aspects of disaster management. In his last job as the Senior Commander at Ellsworth Air Force Base in South Dakota, Joe established and operated an extensive disaster response program that ranged from helicopter rescue teams to nuclear disaster response teams.

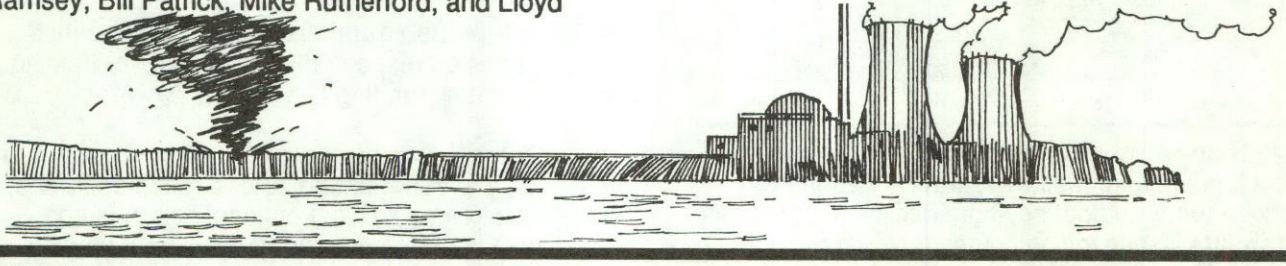
The Bureau's philosophy of disaster management includes prevention and preparation. Training is one of the key prevention measures, as well-trained initial responders to emergencies can often minimize or eliminate potential disasters. The disaster response training team works to train local EMS, hospital and community members in various aspects of disaster response planning. Members of the team are Louis Berry, Lee Hancock, Jim Sutton, Garland Latham, and Ted Chinn, State Radiological Defense Officer. In 1987 they trained 2,300 first responders.

Also important to the Disaster Response Program's mission of managing disaster situations is the Radiological Defense Program (RADEF). RADEF maintains the 40,000 radiation detection instruments placed in the state. Tom Payne, Vickie Sokol, David Ramsey, Bill Patrick, Mike Rutherford, and Lloyd Brizendine service the instruments and staff members are trained to respond to nuclear power plants in the event of accidental release of radiation.

"When a disaster does occur," Joe said "preparation that comes from pre-planning is a key factor." To that end, one of the Disaster Response Programs' key goals will be to identify the various disaster response teams available throughout the state, determine their capabilities, and develop a plan that would make these teams available to communities throughout the state.

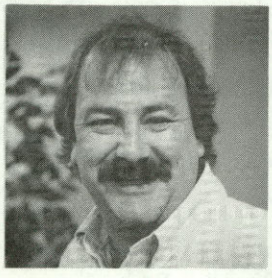
If you are aware of disaster response capable teams in your areas, or anywhere in the state, send Joe a short note and give him the name or type of team, address and phone number. Send your information to 1100 W. 49th Street, Bureau of Emergency Management, Disaster Response Program, Austin, Texas 78756. And for more information on disaster response training for your community or EMS, contact the Disaster Response Program.

"Focus On . . ." is a column that will feature Bureau of Emergency Management and Public Health Region EMS office programs and activities.

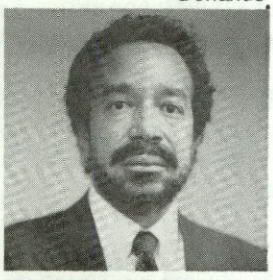


(TEMSAC continued)

Tyson



Donahue



Butter

Bill Donahue - municipality: Wants the Council to accept a general philosophy of "tough-mindedness" and not sacrifice standards for convenience; hopes TEMSAC will be vigorously involved in a legislative approach to improvements to close a proficiency chasm between rural and urban areas.

Donovan Butter - emergency physician: Education and quality assurance are primary issues; hopes also that Texas Department of Health will continue its long tradition of a decentralized approach to service.

TEMSAC is made up of eighteen members who represent EMS interests. Members are nominated by associations listed in the Texas EMS Act and are appointed by the Board of Health for six-year terms.

Dedicated to Patient Care

Bureau of Emergency Management Sponsors Texas EMS Week and Statewide Organizations Endorse EMS Week

by Alana Mallard

Governor Bill Clements will set aside September 18 through 24 as Texas EMS Week in a public ceremony in Austin. The theme of the Week is "EMS in Texas - Dedicated to Patient Care."

In a variation on past years' activities the Bureau of Emergency Management is sponsoring Texas EMS Week '88 with endorsements from numerous statewide organizations. Lending their important support to Texas emergency medical services and to EMS Week are the following groups:

These organizations all support the Bureau's EMS Week '88 objectives, to make the public aware of what EMS is and how and when to activate EMS, to teach the public accident and illness prevention strategies in order to keep them healthy, and to encourage local and state support of EMS programs and activities so that quality prehospital patient care is available to every citizen of Texas.

"EMS in Texas - Dedicated to Patient Care" is a reality, and it is possible in large part because of the support of public-minded organizations such as these endorsers, and, of course, because of the energies of Texas' 39,000 certified EMS individuals.

Advisory Commission on State Emergency Communications
American Red Cross Centex Chapter
American Trauma Society - Texas Division Inc.
Austin Jaycees (Junior Chamber of Commerce)
County Judges and Commissioners Association
Emergency Nurse Association - Texas Chapter
Gray Panthers of Austin
Kiwanis Club of Austin
Lone Star Girl Scout Council
State Department of Highways and Public Transporation
State Firemen's and Fire Marshals' Association
Texas Ambulance Association
Texas Association Against Sexual Assault
Texas Association of Emergency Medical Technicians
Texas Association of Realtors
Texas Association of Regional Councils
Texas Chapter American College of Emergency Physicians
Texas Chemical Council
Texas Congress of Parents and Teachers
Texas Council on Family Violence
Texas Game Warden Association
Texas Head Injury Foundation
Texas Health Foundation
Texas Hospital Associaion
Texas Municipal League
Texas Osteopathic Medical Association
Texas Parks and Wildlife Department
Texas Police Chiefs' Association
Texas Public Employees Association
Texas Society of EMS Educators
Texas State Troopers Association

(WILDERNESS continued from page 9)

In 1983 the Wilderness Medical Society was formed to address wilderness medicine at primarily a physician level. Obviously, their research and expanding knowledge in the field will contribute greatly to the evolution and growth of the EMT-W program.

The State of New Mexico certifies individuals in Wilderness First Aid - a program providing basic, backcountry-oriented training and originally designed for the individual trip leader, hiker, back packer, climber etc. but which is also being applied to front-line, "grunt" search and rescue personnel. Other states are following suit and the number of organizations (including the American Red Cross) which are developing wilderness - specific training for non-medical, off road travelers is growing.

Closer to home, Laura Kitzmiller at Texas A&M University has coordinated a pilot wilderness first aid course designed for hikers, climbers, and outdoor enthusiasts. This fall Laura plans to conduct a 40-hour program based on that pilot and provided through A&M's Outdoor Education Institute. Her plans are to use these courses to develop a series of wilderness components to add to existing basic and advanced EMS courses already conducted at A&M.

In a society that is making growing demands on our time and sanity, wild areas provide places where we can hide from the harassment of crowds and modern technology.

In a profession that constantly fights burnout and turnover, any helpful, exciting new patient care concept is welcomed. For some of us, programs like the Wilderness EMT courses will help satisfy many personal and professional needs.

For more information -

NASAR Wilderness Medicine Programs
RFD 2 Box 890
Bryant Pond, ME 04219

Wilderness Medical Society
P.O. Box 397
Point Reyes Station, CA 94956

Laura Kitzmiller
Texas A&M University
Health & PE Department
College Station, TX 77843

Rod Dennison is a frequent contributor to the EMS Messenger and "Rescue!" column. Rod, Public Health Region 1's Program Administrator for EMS, attended the NASAR 17th Annual Conference in Salt Lake City in May and the National Cave Rescue Commission Seminar at Wind Cave, South Dakota in June. He has taught high-angle rescue and cave rescue techniques at the annual Texas EMS Conferences in Austin.

(READ continued from page 5)

... in the Spring 1988 Water Safety Journal that the second leading cause of accidental death among children is drowning. It takes only 20 seconds for a child to drown, according to Frank Pia at a recent seminar sponsored by the National Water Safety Congress. Ninety percent of the fatalities in boating accidents are drownings, underlining the need for boaters to wear a personal flotation device.

... in the June 1988 Emergency in "Animal Bites: More Than Minor" that the 2 million animal bites each year in the U.S. account for about 1% of all visits to emergency departments. Animal bites are most likely to happen in the summer, victims are most likely males aged 15 and younger, and dogs inflict 80% of the bits.

... in Cardiovascular Emergencies by Watts R. Webb, M.D. and Morris D. Kerstei, M.D., the part of their chapter on "Controversies in Medical Care" dealing with defibrillation:

> "Because CPR provides 30% of normal cardiac output even when done optimally, it therefore is far from ideal. Rapidly countershocking the fibrillating myocardium back to a functional rhythm is a better, more logical approach than maintaining the patient in this CPR holding pattern en route to the hospital. The earlier the heart can be defibrillated, the more effective such treatment will be, because the myocardium will be less anoxic and acidotic.
>
> "Improving the potential for early defibrillation by placing one of the newly developed automatic defibrillators in the hands of lay persons is, perhaps, an even better approach. New technology in cardiac defibrillators allows the device to recognize ventricular fibrillation or asystole and automatically defibrillate the patient if ventricular fibrillation is present. The technician need not be knowledgeable in reading such rhythms. This technology has already been incorporated in two Food and Drug Administration (FDA)-approved devices: PaceAid and Physio-Control Life-Pack. One of these devices, PaceAid, can also "recognize asystole and act as an external pacemaker for the patient with assistance from the attendant. Lay personnel with no EMS experience can and have successfully resuscitated arrested patients.
>
> "In King County, Washington, the EMT could administer defibrillation and provide basic life support until the arrival of the EMT-P who could provide cardiac medications and endotracheal intubation. In King County, Washington, Iowa, and other rural areas without EMT-Ps, this concept proved worthwhile, improving the pre-hospital cardiac arrest survival rate from 4% to 17%."

... in the Cypress Creek EMS newsletter in June that your chance of contracting AIDS (assuming you and

(continued page 26)

First in a Series. . .

Using Data As a Tool To Help You Manage Your EMS System

by Richard W. Harris

Many managers spend great amounts of time seeing to it that "things" run smoothly. "Things" is a catch-all term for those EMS matters involving:

—Personnel (training, evaluations, etc.) Operations (dispatching, scheduling crews, etc.)

—Supplies/equipment (inventorying, maintenance, testing equipment, etc.)

—Fiscal operations (payroll, billing, accounts payable, etc.)

While data and information from the professional medical literature may never completely replace your "gut feeling" in decision making, objective measures enable you to be aware of the facts before you commit yourself. Data (and other types of objective information) may not only play an important role in decision-making, but also may provide information useful in evaluating EMS performance and describing your system's level of activity to "the powers that be" - those that control your budget.

Using Data to Enhance Performance

The following scheme outlines one way that you may use data/statistical feedback to evaluate and encourage improvements in firm performance:

1. Be willing to identify a performance area needing improvement. This can occur after you review several month's worth of data describing your firm's activity. While reviewing look for such things as:
   a) Response time (or other indicators) that may have maximum (or minimum) requirements per a stipulation in a contract etc.
   b) A fair distribution of calls between stations, or other objective criteria which could, when compared to a stated or accepted standard, fall short of being optimum.
2. Think of a new way of doing those tasks which relate directly to the deficient performance area.
3. Make the new way of doing these tasks standard operating procedure (SOP) for your firm.
4. After fully implementing the new SOP, review several month's worth of data for the post implementation period.
5. Compare the data from the pre-implementation period to the data from the post-implementation period to ascertain whether or not the change affected performance.

Using Data to Educate Others

At least once a year, many of you find yourselves before City Councils, Boards of Directors, City Managers and other funding bodies. Data collected from your Service's run reports and analyzed (either by hand or by computer) can be a potent weapon in your arsenal against apathy and ignorance. You may wish to incorporate some hard statistics into your justification for funding, particularly if you are asking for an increase. Statistics are not only sources of useful information that help you strengthen your case, they also help form a good impression because they show that you have a detailed understanding of your Service's activity.

Money is "tight" for many EMS firms. Funds are equally scarce for many of those entities which either subsidize or fund EMS directly. It is under these types of fiscal conditions that objective information becomes even more important in proving your need for support. When budget discussions begin to involve EMS, it is important for funding bodies to realize that their decisions do not simply affect the quality of life of their fellow citizens; they may affect the very lives of the citizens themselves.

Some Helpful Hints to Remember Regarding Educating Others:

1. First, take time to educate yourself regarding your firm's activities; it is difficult to sell a product you know little or nothing about.

2. Once you decide what to say about your firm's activity, practice your presentation in front of a mirror or small group. Be open to criticism, both positive and negative, regarding your presentation.

3. If time permits, prepare a report for your funding body several times per year, not just at budget time. If the group hears from you on a regular basis it may be more familiar with the level of work you are doing and more supportive of your efforts when budget time arrives.

Richard W. Harris is the Field Supervisor for the Emergency Medical Information System (EMIS) program. He has written numerous literature reviews regarding various topics of importance to EMS as well as having both authored and co-authored several articles and editorials which have appeared in national EMS publications. He holds a Bachelor of Science degree from the University of Texas at El Paso and servedas a member of the EMS Messenger Editorial Board .

The EMS Messenger Visits 1987's

Outstanding Public Provider

EMS In Montgomery County—

Done With Style!

by Liz Bailey

Hordes of cars speed along, heading north from Houston on Interstate 45.

They pass huge shopping malls, massive new car dealerships, and an array of restaurants. At the Harris County line these marks of man's overwhelming presence suddenly almost vanish from the landscape, giving way to gently rolling hills clothed with green grass and towering pines.

The land seems almost to know where the city stops and the country begins.

North of this invisible boundary is Montgomery County, which despite its rural appearance, had the most rapidly growing population of any county in the United States just before the oil boom slowed.

Despite the demands caused by the swelling population, Montgomery County Hospital District EMS has been providing award winning prehospital care since the hospital district began ambulance operations in 1978. Previously, ambulance service was provided by a funeral home using volunteers, and subsidized by the county and the city of Conroe.

The hospital district began ambulance operations in order to have a professional EMS, said Jay Ogden, Director. Despite some problems, as evidenced by six directors coming and going within the first three years, under Ogden's leadership since 1981, Montgomery County EMS has evolved into a stable organization whose employees often collect honors for high quality patient care.

Just last September Montgomery County Hospital District EMS won the award for Outstanding Public Provider from Texas Department of Healh at the Texas EMS Conference. Individual employees have also won a variety of awards at skills competitions.

The awards are merely proof of Ogden and his staff's abilities to deliver quality care to residents of a very diverse area.

"We're at the in-between stage of being city or rural," said Ogden. The southern part of the county, toward Houston, "is wall-to-wall houses. Out north of the lake is all national forest. To the east is swamp land," and much of the areas along interstates 45 and 59 is commercially developed.

The 186,000 people who live in Montgomery County generate an average of 27 calls per day. Montgomery County Hospital District EMS handles them with nine MICU's, a full-time staff of 61 and six part-timers.

Of the full-time employees, five are dispatchers at the county communications center. Besides dispatching ambulances, they also dispatch sixteen of the county's nineteen fire departments.

This cooperative effort has proven to be valuable in more ways than just by decreasing dispatch expenses. Because First Responders may be dispatched simultaneously with ambulance crews it also decreases response times.

Since 1980, Montgomery County has had an intensive Frist Responder program. And there are now 125 volunteer fire department First Responders throughout the county, says Ogden.

"A fire chief makes recommendations to me of who he feels would make a good First Responder," he said. The EMS supervisor in charge of that area of the county also has input, he said. After being chosen, "First Responders are evaluated just like employees here are," said Ogden. "If a problem with a First Responder is identified," says Ogden, "that First Responder's fire chief and I sit down and work out a solution."

EMS supervisors act as liaisons between the EMS, First Responders and fire departments in their appointed areas. The supervisors also conduct continuing education classes for First Responders.

The EMS further assists First Responders by assuring that they are well equipped and have adequate communications.

"We require that First Responders buy their own kit and then we supply them. There is a list of supplies that we issue according to the level of their certification," said Ogden.

Most First Responders are dispatched on their fire department's radio frequency. But, Ogden said, about twenty percent have been issued EMS radio equipment and are dispatched on the EMS frequency because their departments cannot afford to purchase the necessary radios or pagers.

The First Responders include persons certified at the advanced levels as well as basic. ALS First Responders are expected to institute advanced care

when necessary, said Ogden. These technicians often have plenty of time and justification to use their ALS skills, he says, due to the remote locations of many calls.

"First Responders may be on the scene eight to ten minutes before we get there. If the closest unit is busy," he says, "it may be 30 minutes."

Montgomery County medics also increase the quality of prehospital care by educating citizens about EMS. They teach CPR courses twice each month at Montgomery County Medical Center Hospital, and at other locations in the county as the demand requires. They also teach a short first aid course in which they explain what to do until the ambulance arrives. Utilizing the American Trauma Society's Tommy Trauma program, medics teach elementary school children how to contact the EMS system. Citizens who take the courses are charged only enough to cover the instructors' salaries and supplies, said Ogden.

Recent developments in Montgomery county include an enhanced 9-1-1 system which went into operation with few hitches last January.

A new mobile communications center has also just been placed into service. Three radios, casualty supplies, and everything needed for a communications center have been placed in an out-of-service van ambulance.

The idea to convert the van evolved, Ogden said, because "when we tried to trade it in, they only wanted to give us $50 for it." So between calls, some of the employees refurbished the interior.

A rescue dive team for Lake Conroe is now being put together. Ogden said several First Responders and employees came up with the idea and are working to implement it.

Future plans for Montgomery county include revival of Paramedic training and Explorer Scout programs, offering more Basic Trauma Life Support courses, and improving quality assurance using field evaluation techniques designed by City of Austin EMS, says Ogden.

Liz Bailey began her EMS career in 1982 with Brenham-Washington County Emergency Medical Services. After attaining Paramedic certification, she served as an EMS Program Specialist with the Texas Department of Health Region 4 for four and one-half years. She recently began working as a Paramedic with MedStar in Fort Worth.

(CARING continued from page 3)

Therefore, one should never forget that one's impression about self are merely that —impressions — and they are always open to change. Thus, if you are unhappy about yourself at this time, it is feasible to picture another way to be, and then strive to become that.

To make an accurate value judgment of yourself you must understand yourself. You have to recognize that you are responsible for your life. The more understanding one displays for oneself, the more prepared one is to shoulder responsibility for one's actions, responses and mental state. When you strive for honesty with yourself you hold the trump card in any encounter.

Your individual needs are yours and yours alone. No one else is exactly like you. Some people need to work with their hands; others thrive on taxing mental work. Some people prefer a quiet life, while others fare well on life in the fast lane. Once you identify your individual needs, your goal is to seek the satisfaction of them without self-recrimination if you feel others would look down on you for pursuing them.

A great many people feel very negatively toward themselves. They carry around a lot of guilt from their past failures that convinces them they do not deserve to discover a feeling of contentment. It does not matter if you have made mistakes personally or professionally. All people do, and you will again. The important consideration is not to let your guilt stand in your way of pursuing a productive and satisfying life. Some of the characteristics to strive for increased self-worth in your daily life are:

1. Believe strongly enough in your values and principles to defend them in the face of strong group conviction, but feel secure enough to modify them if experience and evidence suggest that you are incorrect.
2. Act in your own best interest without feeling excessively remorseful about the end result.
3. Do not spend inordinate time worrying about what is coming tomorrow, or even in the past or present.
4. Have confidence in your ability to deal with problems, even when faced with failures or disappointments.
5. Know that you are as good as the next person, and fight off feelings of inferiority.
6. Know that you are of value to others.
7. Be able to accept praise without illogical modesty or guilt feelings.
8. Resist domination by others and rely on your own decision making abilities.
9. Seek to derive enjoyment from a variety of activities: work, hobbies, leisure or just hanging out.

(continued page 26)

Letters from the Front

Gloves in Snuff Can

As we all know, the time is here when we should be very aware of our own health and safety in the field. One precaution now being taken is that of wearing gloves. Since these gloves are for our protection and not so much that of the patient, there is no mandatory need for them to be sterile. Responding on the unit normally insures that the gloves are close at hand but at times when you are off duty and become a first responder you may not have quick access to your gloves. One container that I have found convenient for carrying gloves with me is an empty Skoal or Coppenhagen snuff can. Most of these are made of plastic and have a lid that snaps closed. I remove the labels, wash it out with bleach and let it set overnight. The container, which will hold one pair of gloves, is crush proof, sweat proof, water proof, dirt proof and dust proof. It is also very convenient to carry in any pocket. It is also cheap if you dip or if you have a friend that will save one for you.

Jim Wynn, EMT
Uvalde County EMS

We've read also of carrying gloves in a 35mm film canister. If you have suggestions for removing some of the hassle out of everyday activities, let us know. We'll print them. — ASM

(READ continued from page 22)

your partner are heterosexual and that you don't do IV drugs) is 1 in 1,000,000; your chance of being struck by lightning is 1 in 600,000; your chance of being murdered is 1 in 10,000; your chance of dying in a car accident is 1 in 5,000; and your chance of dying of cardiovascular disease is 1 in 2.

... in the May/June Texas Health Bulletin that nationwide in 1986 there were over 86,000 all-terrain vehicle-related injuries that required hospitalization. The Consumer Product Safety Commission says that unhelmeted ATV riders are three times more likely to suffer fatal or serious head injuries than a helmeted driver.

... in the April issue of Disaster Preparedness in the Americas that worldwide women play an important part in the recovery phase of disasters as well as the preparedness phase. The Second Meeting of Women, Health, and Development reported that because in more traditional societies women often spend more time at home than men, it falls to women to maintain the highest possible level of family health.

POSITIONS AVAILABLE

Paramedic: Llano EMS is soliciting applications for full-time paramedics; requires state-certified, 1 year working experience. Llano EMS is a hospital-based service that runs four BLS units with ALS capability in beautiful, scenic Llano County where there are lots of deer, lots of fishing, and Enchanted Rock. Send resumes to Shawn Salter, Llano EMS, 200 W. Ollie, Llano, Texas 78643 or call (915) 247-3088.

Paramedic Supervisor: Dripping Springs area. Send resume to North Hays County EMS, P.O. Box 115, Wimberley, 78676, (512) 847-2526.

EMT, Paramedic, or R.N. with safety background wanted. Needs 3 years experience in medical care in industrial setting. Must have working knowledge of worker's comp., OSHA, loss prevention, safety practices; prefer experience with safety inspections, accident investigations, safety training programs, certified first aid instructor. Send resume to Mark Robison, Compaq Computer Corporation, MO49, P.O. Box 692000, Houston, Texas 77269-2000, (713) 374-6480.

Paramedic field consultant for state agency, field experience, some college; willing to understaff to EMT; travel, flexible schedule, some nights, excellent state benefits, $1535-$2008. Contact Wayne Morris, Public Health Region 4, (713) 995-1112.

Paramedic and EMT: Harlingen EMS plans to increase staff by 50%; the largest provider of EMS in Rio Grande Valley; 7 MICU units operate from 4 stations serving 9 cities and Cameron county; must possess clean driving record, be in good health, and pass comprehensive physical exam; sick leave, vacation, paid health and hospital insurance, holidays, retirement and our own in-house C.E. For information call Leonard Callier, 512/428-3087.

EMT-SS: Texas Department of Corrections is hiring 171 EMTs with Special Skills, Choice of location in Texas, excellent benefits, $1515/month. Requires Texas certification as EMT-SS or TDC certification as EMT-Additional Skills. Contact Hugh Robb, Medical Recruiter, Texas Department of Corrections, P.O. Box 99, Personnel Annex, Huntsville, Texas 77342 or call (409) 294-2755.

Nursing Opportunities: McAllen Medical Center; staff positions available in neonatal and pedi ICU, telemetry unit, new born, OR, ICU, labor and delivery, medical and surgical units; charge nurse, ICU nurse manager; full time and flextime positions available; excellent benefits and competitive salary; contact Rori Cantu, RN, 301 W. Expressway 83, McAllen, Texas 78503, call collect (512) 632-4673.

(CARING continued)

10. Be sensitive to the responsibility you have for the needs of your fellow humans.

In conclusion, an accurate self-image is a basic need of mankind; it is a primary requirement of your mental health and psychological well-being. To quote Charles Schultz is the best summation of leading a more productive life: "Life is like a 10-speed bike. Most of us have gears we never use." Good luck in your search for those unused gears!

Pam Price, Program Administrator of the EMS Registry, has been with the Bureau of Emergency Management for nine years. She has a B.S. in Education from Lamar University, and has done graduate work at Southwest Texas University.

Editor's Notes

Two fine EMS newsletters we receive regularly are Angelo Community Hospital's The Emergency Responder edited by Keith L. Butler and Cypress Creek EMS Newsletter. If your service does not already put out a newsletter, think about producing one for your EMS personnel. A monthly newsletter can be an inexpensive way to keep your people on top of "what's happening" and at the same time keep morale high by giving volunteers and staff a feeling of ownership in the EMS organization.

The Emergency Responder runs about ten pictures in each four-page issue - all of local services and people. It must make those local folks proud when they see themselves featured in the hospital's newsletter. CCEMS Newsletter, on the other hand, fills its six to ten pages full of tidbits about the service. The April issue carried information about the monthly volunteer meeting, membership directories, CPR-Instructor class, driver class, volunteer banquet, a casino fundraiser (which netted almost $20,000), new members listing, highway construction warnings, infection control, run report reminders and May's calendar of events.

The list of topics for newsletters is endless - personal information such as births, marriages, and graduations of members and families, CE scheduling announcements, new members, shifts, new equipment, new protocols, help in filling out run forms, even quotations to live and play by.

And newsletters will vary depending on who gets the newsletter. An annual or quarterly newsletter to city or county officials would contain information different from a monthly newsletter to EMS staff.

September would be a good time to start a newsletter - just in time for EMS Week.

Speaking of EMS Week, it happens September 18-24 all over Texas and the nation. Texas Department of Health celebrates EMS Week with awards for several categories of local achievement, with a photo contest, with an EMS Hall of Fame inductee, and with the statewide Texas EMS Conference on September 22-24. Local happenings we hear about have included EMS Open House, Poster Contests, Mayor's Proclamations, EMS Fun Runs, Blood Pressure Screening (in the mall and downtown), TV and radio talk shows, citizens CPR training, letters to the editor, visits to local schools by uniformed personnel and vehicles - anything that involves the public and teaches people about emergency medical services.

Our theme for the 1988 Texas EMS Conference and for EMS Week is "EMS in Texas - Dedicated to Patient Care." Use that theme in your local activities - "EMS in Troup (or Mart, or Darouzett, or Pilot Point, or Corsicana, or Port Lavaca) - Dedicated to Patient Care." Let the public know that EMS is there to provide quality care in emergency situations. If you have not received one of our EMS Week Packets call (512) 458-7550 or your Public Health Region EMS Office.

The public needs EMS. And EMS needs public support. That's what EMS Week is all about.

Alana S. Mallard
Editor

Ask the Messenger

A reader writes,

> "I recently read a letter to the editor in an EMS newsletter which stated that some EMTs in Texas were starting IVs and performing intubations. It also said that the Texas Department of Health (TDH) would not do anything about this or help them get inservice training. Is this true?"

Lee Sweeten, Public Health Region 6 EMS Administrator responds,

> "The letter to which you refer was written by an EMT who is employed at Brooke Army Medical Center (BAMC) at Fort Sam Houston. This fact takes the situation beyond the control of the state office. By law, TDH has absolutely no control over federal employees.
>
> "The ambulance vehicles operated by military bases cannot be permitted by the state nor can the EMTs and Paramedics employed by the military be required to be certified by the state. Most are nationally registered and some have voluntarily elected to test for their state certification. When they choose to become state certified, they must meet the state criteria according to the rules. We are not, however, in a position to set guidelines for EMT activities nor recommend training to BAMC.
>
> "In fact, the personnel in Public Health Region 6 did attempt to offer alternative solutions to the situation described in the letter you cite, by providing information on continuing education for this EMT. It was not the answer he wanted to hear, but it was the only recourse open to the Department. TDH staff is always ready to assist certificants in any way possible."

Send your questions on laws, rules, procedures, training, personnel problems, etc. to Ask the Messenger, Texas Department of Health, 1100 W. 49th Street, Austin, Texas 78756.

Around the State

September 15-16, **4th Annual Rural Health Conference**, Waco, Sponsored by Texas Rural Health Association, P.O. Box 23047, Waco, Texas 76702.

September 17, 1988, **South Plains EMS 10th Annual Educational Update**, Texas Tech University Health Sciences Center, Lubbock. $35. Contact Vicki Hollander (806) 743-2929.

September 18-22, 1988, **Statewide EMS Coordinator Course**, Austin Stouffer Hotel, Austin. Sponsored by Texas Department of Health, $150. Contact Paul Tabor (512) 458-7550 for registration application.

September 18-24, 1988, **EMS Week**, sponsored by Texas Department of Health. Contact Alana S. Mallard, (512) 458-7550.

September 22-24, 1988, **Texas EMS Conference**, "Dedicated to Patient Care" Stouffer Austin Hotel, Austin, sponsored by Texas Department of Health and Texas Health Foundation, $30; contact Jan Brizendine for more information 512/458-7550.

October 1-2, 1988, **Basic Vertical Rescue**, Waco - $55 per person; fundamentals of rappelling and an intro to patient packaging and vertical lower for the Stokes basket; Contact Renee Michalski, McLennan Community College, 817/756-6551, ext. 212.

October 6, **Communications: The Art of Letting Your EMS Light Shine**, Austin Hilton, Austin, 7:30 p.m. - 9:00 p.m. Greg Hooser talks effectivly communicating EMS needs and goals to consumers, decision makers, and community leaders. Sponsored by TEMSAC, Public Information Committee. Contact Nancy Polunsky, Chair, Public Information Committee, (915) 949-3170 or Alana Mallard, Bureau of Emergency Management. (512) 458-7550.

October 7, **Texas EMS Advisory Council** regular quarterly public meeting, Austin Hilton, Austin. Contact Harold Broadbent (512) 458-7550.

October 22 & 23, **Disaster Training and Moulage Workshop**, Austin, Lexington Suites Hotel, $120 fee includes supplies, 12 hours C.E., for EMS, hospital, law enforcement, fire departments, civil defense personnel. Contact Ed Zwanziger, 1505 Bellaire Drive, Austin 78741, (512) 441-9285.

November 3, 4, & 5, 1988, **Advanced Vertical Rescue**, Waco - $100 per person; preplanning, command systems, rough terrain, rappelling and ascending, haul systems, night exercises and MORE!!; Contact Renee Michalski, McLennan Community College, 817/756-6551, ext. 212.

November 3-5, 1988, **13th Annual Alaska Symposium on Emergency Medical Services**, Anchorage, Alaska, workshops on emergency care, injury prevention, public information, and EMS management. Contact Charles Ramage, Department of Health and Social Services, Box H-06C, Juneau, Alaska 99811-0616, (907) 465-3027.

November 12 & 13, **Disaster Training and Moulage Workshop**, Austin, Lexington Suites Hotel, $120 fee includes supplies, 12 hours C.E., for EMS, hospital, law enforcement, fire departments, civil defense personnel. Contact Ed Zwanziger, 1505 Bellaire Drive, Austin 78741, (512) 441-9285.

November 12-15, 1988 **American Ambulance Association National Conference**, Dallas, Texas, Loews Anatole Hotel, Contact Cathy Nevins (916) 483-3827.

EQUIPMENT NEEDED

Strapped volunteer EMS is looking for the following items free or at reasonable price:

1. Multi-level roll-in cot
2. Portable suction

If you can help, please contact Lorie Gonzalez, Sierra Blanca (915) 369-4177.

TEXAS EMS WEEK

September 18-24, 1988

"Dedicated to Patient Care"

EMS

SECOND CLASS RATE PAID
AT AUSTIN, TEXAS

BUREAU OF EMERGENCY MANAGEMENT
TEXAS DEPARTMENT OF HEALTH
AUSTIN, TEXAS 78756-3199