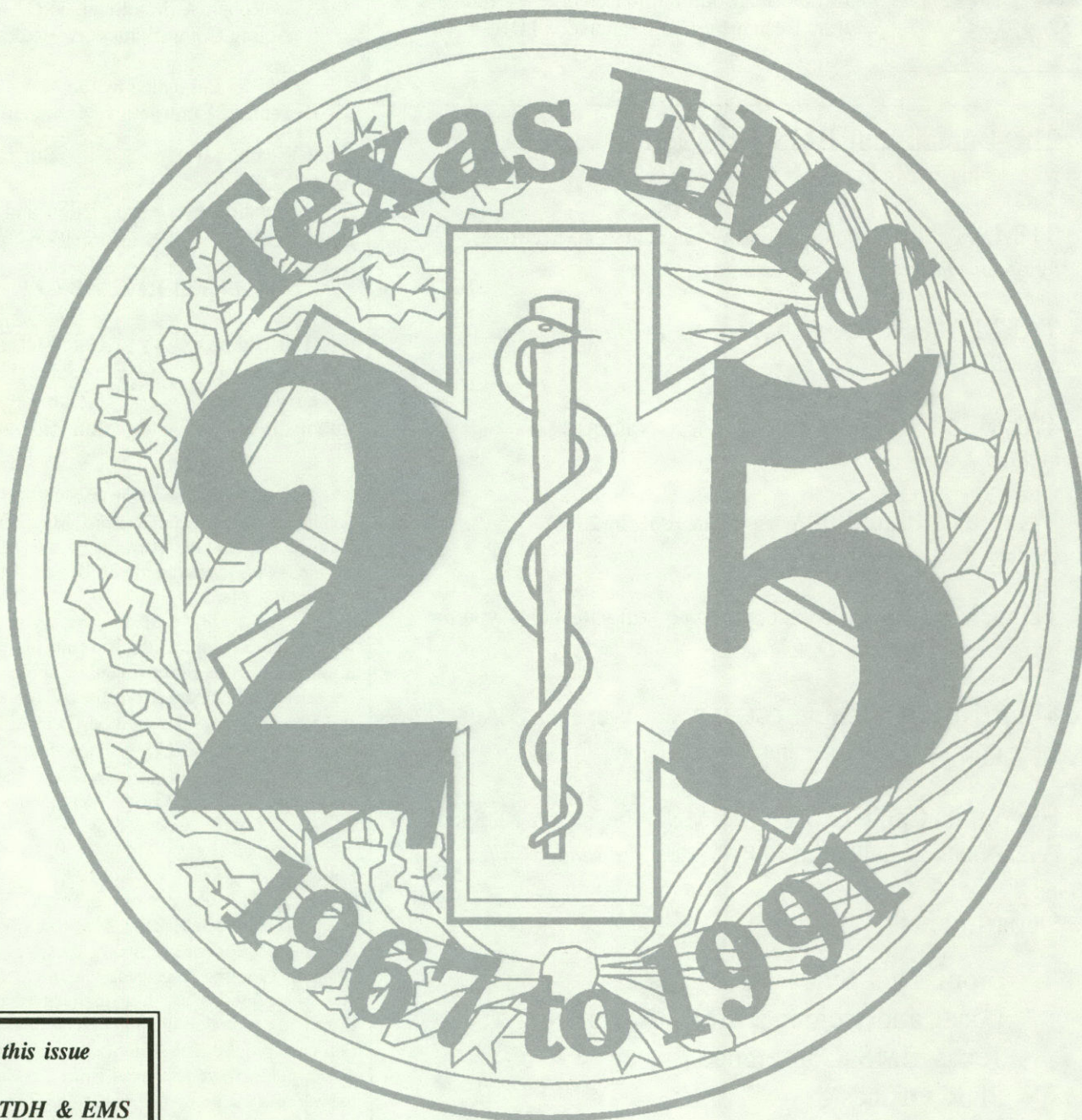


Texas EMS

M e s s e n g e r



In this issue

TDH & EMS

TEXEMS

Oak Hill

About this issue



COVER PHOTO: Twenty-five years ago Texas received its first federal money for "ambulance training." Today, Texas EMS responds to more than one million emergency runs a year. Design by Greg Patterson, TDH.

Texas EMS M e s s e n g e r

November 1991

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Texas Department of Health

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Chair, Texas Board of Health

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Acting Commissioner of Health

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Modern examples of true EMS spirit

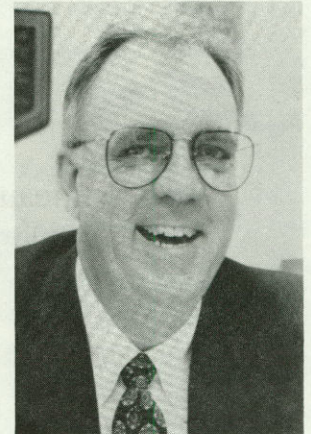
From
This
Side

A QUICK REVIEW OF THIS ISSUE of the *Texas EMS Messenger* reveals that there seems to be a lot of change going on. As you will notice, there are several mentions of growth in emergency medical service through change. Pam West has done an excellent job of identifying growth ideas for EMS and transforming those ideas into goals and objectives within the state EMS Plan. Please read her article on page 16 and accept the challenge to evaluate your own EMS organization in reference to future growth and development.

Thank you to the large number who have sent us your conference registration and reserved your rooms at the Hyatt Regency for the EMS Conference on November 25, 26, and 27. Several people beat us over the head for selecting the days before Thanksgiving for the conference. We even got a little nervous and had some self-doubts ourselves until recently when the registrations started coming in. The Hyatt Regency is already over their initial block of 350 rooms for the conference. They will direct you to an overflow hotel at this time. We look forward to the conference at Palmer Auditorium as this will be the silver anniversary for EMS in Texas. To commemorate that

event we will have a special gift for you to take home in celebration of 25 years of EMS in the State of Texas.

As a result of the recent tragedy in Killeen, we hold the very sad record for the largest mass shooting in the country. Many years ago an old cowboy told me that "it was an awfully ill wind that didn't blow some good." If anything good came from this recent tragedy it was the support from around the state for the local EMS personnel. According to our Public Health Region EMS Program Administrator in Temple, Rod Dennison, all EMS organizations in that area responded to the emergency. I want to take this opportunity to thank the individuals who called our office here in Austin to offer their assistance in providing Critical Incident Stress Debriefing to the emergency personnel in the Killeen area. That response from fellow EMS workers was outstanding and shows that we really do care about each other. A special thanks goes to Donna Zepecki of Killeen and Donna Flinders of Lubbock for their quick and most sincere offer of assistance. We also appreciate Ed Stouffer of Fort Worth, Arkansas' Cynthia Lynch, and representatives of the American Critical Incident Stress Foundation, who remained on CISD standby as this issue went to press October 18. These individuals are modern examples of the true EMS spirit in Texas and across the nation.



GENE WEATHERALL
CHIEF
BUREAU OF
EMERGENCY
MANAGEMENT

*25 Years of EMS - Texas EMS Conference '91
November 25, 26, 27 1991
Register Now! See Pages 6 - 8*

Local and Regional EMS News

Posing with Ready Teddy in Port Lavaca are (left to right) Shelley Gasch, Calhoun County EMS; Carl King, assistant director, Calhoun County EMS; Calhoun County Judge Howard Hartzog; hospital administrator John Hayes; Barber; Mark Dieringer, Calhoun County EMS.



Ready Teddy visits Calhoun County's Healthfest '91

More than 3,000 people visited Healthfest '91 in Port Lavaca on September 28 - 3,000 people and one bear. "Our Healthfest went very well," said Henry Barber, director of Calhoun County EMS. "We had 55 booths set up with lots of freebies for everyone. Ready Teddy was very popular."

Barber, who reserved the EMS mascot in October 1990 for this 1991 date, is already planning to invite the Ready Teddy beamed medic back for Healthfest '92.

Rio Grande Council of Governments purchases EMS training aids

EMS training in far West Texas has once again benefited from the cooperation and generosity of the Rio Grande Council of Governments in El Paso. PHR 3 EMS program administrator Tom

Cantwell reported that the COG bought an adult intubation manikin and two IV training arms for use in intermediate courses in the rural towns of COG 8. According to Cantwell, Ann Andrus was instrumental in submitting the request and has used the equipment in her first EMT-Intermediate course in Presidio.

"We wish to express our thanks," Cantwell said, "to Percy Greene who represents the COG's ties with EMS,

and to Justin Ormsby who supports the COG policy of cooperation on EMS matters. We are indebted to both gentlemen."

Drug recognition training helps trooper save drugged baby

Department of Public Safety Trooper Dan Webb of Baytown saved the life of a 14-month-old Houston boy who had apparently eaten pills hidden in his diaper by his mother. Webb, a graduate of Texas Department of Transportation's Drug Recognition Expert training, stopped a woman for driving erratically and arrested her. Officers found Soma with codeine and marijuana cigarettes hidden under the baby's diaper in the car safety seat.

Webb, who is also EMS-certified, saw the baby nod off in a way that he had seen among drug users, so he immediately performed a Drug Recognition Expert, or DRE, evaluation. When

Temple EMS students get smart, get fit

Students in the fall 1991 EMS class at Temple's Scott & White Hospital joined instructors Jim Moshinskie and Scott Smith in the 5k walk during the Temple Corporate Fitness Challenge in September. More than 2,000 walkers participated in the annual event.



Local and Regional EMS News

the trooper noted that the child's pupils were constricted and did not react to direct light and that his pulse was 58 beats per minute, he called EMS. Although EMS arrived within minutes, the baby had become almost completely unresponsive. At the hospital the child was given Narcan and his stomach was pumped.

According to Tonna Polk, the Texas Department of Transportation has supported DRE training for Texas peace officers since 1989 in the Houston, Harris county, Dallas, Fort Worth, San Antonio, and Bexar county areas. More than 110 officers have been trained and certified as DREs in Texas and an additional 23 are in training. Twenty states and Washington DC have operational DRE sites.

Ambulance fleet numbers 75

Toy ambulance fleet, that is. Arlington Fire Department's Rick Murray began

What volume expanders do you use?

The Medical Directors Committee of Texas EMS Advisory Council wants to know if there are EMS providers in the state using volume expanders other than Normal Saline or Lactated Ringer's.

Drop EMS Division Director Pam West a note at Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756, or call her at (512) 458-7550 if you use a different volume expander.

collecting toy ambulances several years ago to show his kids what Daddy drove at work. "I initially had a hard time even finding a toy ambulance and the ones I did find were not very realistic," Murray said, whose time in EMS dates from May, 1975.

"Over the years I accumulated quite a collection of different styles and types of ambulances and rescue vehicles. As you look at these toy ambulances, you have to wonder what the public's, or at

least the toy maker's, perception is of an ambulance," Murray said.

Teen wolf - El Paso style

This from a City of El Paso EMS incident report, July 20, 4:07 am: "On said date and time, upon our arrival at R.E. Thomason General Hospital, some-

thing fell off of the top of the unit. It appeared to be a man who then got up and ran down Alameda Street. According to witnesses, there was someone riding on top of the unit and he did fall off."

Type of call? Unauthorized passenger.

The money is here! Apply by December 16

Funding for the 1991 EMS Local Projects Grant Program has been received. Deadline for applying is 5:00 pm, December 16, 1991. The goal of the 1991 program is to enhance the availability and quality of emergency prehospital health care. A total of \$250,000 is available to fund local EMS projects.

Information and application packets can be obtained from Rhonda S. Blackmore, EMT-P, Local Projects Coordinator, Bureau of Emergency Management, 1100 West 49th, Austin, Texas 78756, (512) 458-7550.



Rick Murray's collection of 75 toy ambulances will be on display at the Texas EMS Conference, November 25-27, in Austin.

Registration Form

Texas EMS Conference '91

25 Years of EMS in Texas

November 25, 26 and 27

Austin, Texas

Palmer Auditorium on Town Lake

\$50 Registration — 14 hours CE

(\$75 after November 1)

Please print or type

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Employer Name _____

Level of Certification or Licensure _____

Phone: Home _____ Work _____

Make check payable to: Texas Health Foundation

Mail form and payment to: Texas EMS Conference
P.O. Box 26399
Austin, Texas 78755-0399

Hotel Information

Make hotel room reservation at Hyatt Regency Austin (\$55 single/\$65 double) by calling 512/477-1234.

Sponsored by
Texas Department of Health, Texas Health Foundation and Texas EMS Messenger
For more information call (512) 458-7550

Texas EMS Conference '91

Agenda

Preconference Activities

Saturday, November 23

- 8:00am - 5:00pm Instructor Training
(contact Debbie Bradford,
512/458-7550, for registration)
- 8:00am - 5:00pm PHTLS Course (contact
David Wuertz at Austin EMS,
512/469-2050, for registration)

Sunday, November 24

- 8:00am - 5:00pm Coordinator Training
(contact Debbie Bradford,
512/458-7550, for registration)
- 8:00am - 5:00pm Basic Rappelling Course
(contact Alana Mallard,
512/458-7550, for registration)
- 11:00pm - 5:00pm EMS Golf Tournament
(contact Chris Bell or Rhonda
Blackmore, 512/458-7550,
for registration)
- 3:00pm - 7:00pm **Conference Registration,
Hyatt Regency**
- 7:00pm - 8:30pm Welcome Reception,
Hyatt Regency

Conference Activities

Monday, November 25 Palmer Auditorium

- 7:00am - 8:00am **Conference Registration,
Palmer Auditorium, East Entrance**
- 8:15am - 8:30am **Opening Session,
Welcome and Overview**
Gene Weatherall, Alana Mallard
- 8:30am - 9:30am **Keynote Address**
James Page, *JEMS*
- 9:30am - 10:30am **Clinical Issues in EMS**
Paul Pepe, MD, Houston
- 10:45am - 11:45am **EMS Response: Killeen Shootings**
To Be Announced
- 11:45am - 12:45pm **Verbal Judo**
Lt. Mark Warren, Austin

- 1:00pm - 8:00pm **Exhibit Area Open**
- 1:00pm - 6:00pm **Valsalva Bowl Competition**
- 1:30pm - 2:30pm **Demonstration in
Exhibit Area**
- 3:30pm - 4:30pm **Demonstration in
Exhibit Area**
- 6:00pm - 8:00pm **25th Birthday Celebration**

Tuesday, November 26 Palmer Auditorium

- 7:00am - 8:00am **Continental Breakfast,
Exhibit Area**
- 7:00am - 7:00pm **Exhibit Area Open**
- 8:00am - 9:00am **Workshop Breakouts**

Telling the Public: Think Child Safety (2E/3E)
Stewart Dodson, EMT-P, Paris

**Coordination of EMS and Law
Enforcement Personnel at Crime Scenes (4E/5E/6E)**
David Bigbee, Washington, DC

**Back to Basics: Spiraling Effects of Shock
(4W/5W/6W)**
Sherrie Wilson, EMT-P, Richardson

**blood, drugs, sex and lies: ABCs of Hepatitis
(1W/2W)**
Dan Finley, NREMT-P, Austin

Emergency Medical Dispatch Panel (Rathskeller)
Donald J. Gordon, MD, Moderator, San Antonio
Phil Salafia, Martin Stillman, Kevin Duffy,
Christy Horton, MD, Jeff Clawson, MD

Medicaid Basic Claim Filing (1E)
Diana Pfaff, Austin

- 9:00am - 9:15am **Refreshment Break,
Exhibit Area**
- 9:15am - 10:15am **Workshop Breakouts**

Pediatric Shock (2E/3E)
R. Donovan Butter, DO, San Antonio

Child Abuse (4E/5E/6E)
Mark Sicilio, MD, College Station

Tuesday, November 26 (Continued)
Palmer Auditorium

Geriatric Emergencies (4W/5W/6W)

Bryan E. Bledsoe, EMT-P, DO, Arlington

Charting: A Practiced Art (3W)

Doug Key, EMT-P, Fort Worth

Emergency Medical Dispatch Panel (continued)
(Rathskellar)

Audience Question and Answer Period

Medicaid Forum (continued) (1E)

Ann Burger, Austin

10:15am - 10:30am Refreshment Break, Exhibit Area

10:30am - 11:30am Workshop Breakouts

Child Abuse (continued) (4E/5E/6E)

Mark Sicilio, MD, College Station

Update on Offshore Paramedicine (4W/5W/6W)

Michael Stafford, MD, Beaumont

The 3 Whats of Quality (3W)

Gary W. Waites, EMT-P, Alvin

Mediation: Talk it out, Don't fight it out (1W/2W)

Nancy Polunsky, Robert Polunsky, San Angelo

Hospital Diversion: An EMS Crisis (Rathskellar)

Doug Key, EMT-P, Fort Worth; Mike Smith, Arlington

Medicare Forum (1E)

Jeannie Hull, Dallas

12:05pm - 2:30pm Awards Luncheon
Hyatt Regency Ballroom

3:00pm - 4:00pm Workshop Breakouts

No! It wasn't Candy!

Toxic Ingestion in Pediatrics (2E/3E)

Deb Callanan, MD, San Antonio

EMS Response to Sexual Assault Victims (4E/5E/6E)

Jamie Ferrell, RN, Amarillo

DWI: The Tragedy Continues

A Public Education Program (4W/5W/6W)

Bonnie Liles, EMT-P, Austin

Quality Improvements in Rural and Volunteer EMS Systems

Kay Allen, EMT, Austin; Ron Burchett, EMT-P, El Paso

Medical Direction/Control Panel (Rathskellar)

Dennis Cantu, MD, Moderator; Donald J. Gordon, MD; Paul Pepe, MD; Bill Moore, MD, John Gwin, MD

Helicopter Transport: When, Where, How (1E)

Austin EMS STARFlight

4:00pm - 4:15pm Refreshment Break, Exhibit Area

4:15pm - 5:15pm Workshop Breakouts

Gasp, Wheezes, Crows: The Sounds and Silence of Pediatric Respiratory Failure (2E/3E)

Deb Callanan, MD, San Antonio

Wound Ballistics (4E/5E/6E)

David Wuertz, NREMT-P, Austin

Back to the Basics: Diabetic Balancing Act (4W/5W/6W)

Sherrie Wilson, EMT-P, Richardson

Quality Management through Inquiry (3W)

Vic Dwyer, EMT-P, Austin

Medical Direction/Control Panel (Continued)
(Rathskellar) Audience Question and Answer Period

Helicopter Transport: Demonstration

(East Parking Lot)

Austin EMS STARFlight

5:30pm - 7:00pm Reception honoring EMS
Award winners, 1986-1991
Exhibit Area

Wednesday, November 27
Palmer Auditorium

7:00am - 8:00am Continental Breakfast,
Exhibit Area

8:00am - 9:00am **Medical-Legal Panel (Theater)**
Gene Gandy, Tyler, Moderator;
Jack Ayres, Dallas;
James Page, JEMS

9:15am - 9:30am Refreshment Break, Exhibit Area

9:30am - 10:30am **Medical-Legal Panel (continued)**

10:30am - 10:45am Refreshment Break, Exhibit Area

10:45am - 11:45am **The Next 25 Years - Time Capsule**

11:45am - 11:55am Drawing for Ready Teddy
Fundraiser and Adjourn

*Ernie Rodriguez is
assistant director of
the EMS Division.*

THE BUREAU OF EMERGENCY MANAGEMENT AND EMS

*What does
the state
have to do
with saving
lives?*

By Ernie Rodriguez

Today, I am at work with the "state" and guess what?, I'm learning EMS all over again!

About ten years ago, the world of emergency medical services began to unfold before me. I really had no concept of how complicated EMS was when I finished EMT school.

Nor did I see the future for EMS.

Throughout my career, I have experienced several facets of emergency medical services. I first learned about EMS as an EMT working both as a paid firefighter and a volunteer in Kingsville. Several years later, a new and different angle interested me as a paramedic, instructor, and coordinator. In 1986, I began learning all about EMS as Assistant EMS Director for the Corpus Christi Fire Department. EMS was political, filled with red tape, and largely bureaucratic; yet, it remained very interesting and satisfying.

Today, I am at work with the "state" and guess what?, I'm learning EMS all over again!

I have learned so much in the first month that I had to tell you! If you are interested in becoming involved with EMS at the state level, here's the ticket...everything you always wanted to know about state EMS but were afraid to ask.

The Texas Department of Health is a large organization. It has several major divisions called associateships. The various associateships have different bureaus underneath them. The bureaus have divisions and the divisions have programs underneath them. All this is managed by the Commissioner of Health, associate commissioners, bureau chiefs, division directors and program administrators.

The EMS Division is within the Bureau of Emergency Management. The Bureau of Emergency Management is the responsibility of the Associate Commissioner of Rural and Community Health.

There are several programs operating within the EMS Division. The Certification Program is the one with which most of you are familiar. These are the folks who process your registry application, provider license, write the exams, grade your



Over the last five years the EMS Division of the Texas Department of Health has been changing. It's evolving from a strict regulatory agency to an agency that regulates, plans, and helps EMS develop in Texas.

answer sheets, send out your certificates, and remind you when your certification is about to expire.

The EMS/Trauma System Development Program promotes the development of EMS and is responsible for designing the state's trauma system. They deal with the concepts of combining resources to improve trauma care and facility designation through rule development; administering contracts for grant money given to EMS; and provide technical assistance to EMS providers through the development of a management guide, sample policies, and research of Medicare and Medicaid billing. Staff members also work on radio communication issues in EMS.

The EMS/Trauma Registry Program is involved in the development of TEXEMS, a free software package that collects data from all over the state. This data will help us determine things like how many people are treated by EMS providers in Texas, the average response times in urban and rural areas, and the cost of providing EMS care. The state trauma registry is in the development stage. When complete this program will collect data from hospitals, trauma centers, and EMS firms.

The Disaster Response Program works with the federal government to keep Texas prepared for natural disasters and nuclear mishaps. Each year hundreds of radiological metering devices are issued and calibrated through this program. They provide numerous radiological monitoring training programs, multi-casualty drills, and help many counties develop parts of their disaster plans. They are currently developing an incident command training program and revising the disaster plan.

The Sexual Assault Prevention and Crisis

Services Program disseminates thousands of informational brochures each year. This program spends a great deal of time communicating, visiting, and supporting local programs throughout the state. Reports related to the incidence of sexual assault are generated within this small but dynamic program. The program provides some grant money and training to forty-three sexual assault prevention centers throughout the state.

The Medical Advisory Board, or MAB, is a very busy division. Ever wonder how someone with a medical condition keeps or loses their drivers license? Its up to the folks in MAB to coordinate and support physician panels to review thousands of cases each year. They research and investigate case after case in preparation for these reviews.

The Public Information and Education Program is located within the Bureau of Emergency Management and is responsible for things like the *Texas EMS Messenger* and Ready Teddy. This is where all the artists and creative people are. They also work themselves into straight jackets every year to plan and organize the Texas EMS Conference.

Over the last five years the EMS Division of the Texas Department of Health has been changing. It's evolving from a strict regulatory agency to an agency that regulates, plans, and helps EMS develop in Texas.

How is this happening? It is a process that has you in mind. First of all, everything is regulated by rules and only the Board of Health is allowed to adopt a rule. But where do these rules come from?

Rules are always related to legislation. Any time new legislation passes that requires the Board of Health to adopt rules for EMS, the process begins. Someone, and that someone is now me, will draft rules that meet the legislative requirements. The draft will be reviewed by

the staff in the program most likely to be affected by the rule change.

The rules are then mailed to regional staff in the eight public health regions for comments. Once the bugs are cleaned out, the draft rules go to TEMSAC, the Texas EMS Advisory Council, for review. In the case of trauma system rules, they go to TTAC, the Trauma Technical Advisory Committee, for review. TEMSAC usually gives the draft rules to one of its standing committees for consideration and comments. The comments are used by staff to modify the rules as necessary.

Once the rules are accepted by TEMSAC or TTAC, they are presented to the Board of Health and undergo the scrutiny of a Board committee. The Board committee that reviews most rules related to EMS is the Emergency and Disaster Committee. This committee is a standing committee of the Texas Board of Health.

If accepted by the Emergency and Disaster Committee, they will be forwarded to the entire Board. If they are approved by the Board they will be approved as proposed rules. Proposed rules are published in the *Texas Register* and the *Texas EMS Messenger* for public comment. We really need to hear from you at this point. Most rules only stay open for comment for thirty days. EMS rules, however, remain open for public comment for ninety days. We do this to give you more time to comment on the rules. In most cases you will be given an opportunity to voice your concerns about the rules at a public hearing. Notice of the public hearings are also published in the *Texas Register* and *Texas EMS Messenger*.

Staff considers all the comments and makes the necessary changes to the proposed rules. Once revised, proposed rules are again presented to the Board of Health for adoption. All revisions of the draft rules are studied by the Office of General Counsel to make certain they are legal. Once the rules are adopted, your

comments are too late. Take advantage of your opportunity to voice your opinion.

By legislative mandate, the EMS Division is also charged to produce a State Plan for EMS. The plan is designed to give EMS guidance for the future and is supposed to be visionary.

There are many opportunities for you to participate in your state EMS program. TEMSAC committees are working committees that deal with topics such as skills testing, child restraints in ambulances, continuing education, quality management, medical protocols, certification and licensure, and many other topics. The EMS Division can use your expertise in test question review and development, TEXEMS, BTLS training, MCI drills and many other group functions.

The Department has eight Public Health Regions with EMS offices. These are the folks that you contact most frequently. They inspect your ambulances and perform spot inspections. They review your course applications and work with you to help you conform to the rules. These people are also excellent resources. They can help you keep abreast of rule changes and help you channel your input to the central office.

The EMS Division is changing. The EMS industry is growing rapidly and is changing as well. If EMS in Texas is to meet the challenges to come we must peer into the future and set a course together. We sometimes get caught up in trying to stay afloat each day and tend to forget about tomorrow. Likewise, we measure our potential based on today's technology and expectations rather than what we perceive will exist in the future. Therefore, the most difficult challenge at hand is to close our eyes and use our minds to see the future because our eyes simply are not designed to see that far.

There are many opportunities for you to participate in your state EMS program. The EMS Division can use your expertise in test question review and development, TEXEMS, BTLS training, MCI drills and many other group functions.

TEMSAC

TEMSAC DISCUSSES CONTROVERSIAL ACCREDITATION, LICENSURE TOPICS

"Our fear is that moving EMS into a superlicensing agency would eliminate the education portion of EMS," Randall said.

Requiring paramedic schools to seek national accreditation and a plan to allow EMTs and paramedics to be regulated by the state without requiring periodic testing were controversial issues discussed by members of the Texas Emergency Medical Services Advisory Council at their September 20 meeting in Austin.

TEMSAC also heard a report from Associate Commissioner for Community and Rural Health Dr. Albert Randall on the prospect of EMS moving into the superlicensing agency proposed in the recent legislative session. Although the proposal did not become law, Randall said that the regulatory agency idea is still alive for the 1993 session. "Our fear is that moving EMS into a superlicensing agency would eliminate the education portion of EMS," Randall said.

School Accreditation Provider Committee chair Nancy Polunsky of San Angelo said her group would continue to work on developing preliminary standards for accreditation of EMS training, including looking at alternatives for rural areas. TEMSAC chair Dr. F. David Prentice asked the provider committee to consider accreditation from an EMS organization point of view before he assigned the issue to the educator committee to develop educational standards.

Under most plans, the American Medical Association's Committee on Allied Health Education and Accreditation, referred to as CAHEA, grants accreditation

status to colleges and universities after close examination of a program's organization, including an on-site visit. One possibility is for free-standing paramedic training programs to join with an educational institution to form a consortium. According to Polunsky, accreditation would be required only if the training program were in a county of 20,000 or greater population.

The State EMS Plan calls for CAHEA accreditation of EMS courses by 1996, with voluntary participation for basic courses in counties under 50,000 population and for advanced courses in counties under 20,000 population.

Two-Year Certification, No Testing Recertification of EMS personnel without requiring testing, which is referred to as licensing by many supporters because it resembles the regulatory process for physicians, nurses, and other health professionals, has become a very emotional issue, according to ad hoc Licensure Committee chair Tommy Nations of Denton.

Nations' committee offered a preliminary definition of an EMS license as "the right, granted by the Bureau of Emergency Management to the licensee, to act as an allied health care practitioner. The license includes the right to practice basic or advanced medical techniques within the licensee's scope of education and training."

Under the preliminary plan developed by the committee, two-year renewal of the license would be by examination or by endorsement, with endorsement requiring

David Prentice, MD, Chair
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documented proof of continuing education hours and a statement from the coordinator stating that the renewal candidate is proficient in all areas of care.

The State EMS Plan sets September 1, 1993, as the goal for allowing two-year certification with renewal based on continuing education. Twenty-nine states now have two-year registration with CE renewal. Such a change in Texas to the length of certification or to the use of the term "license" requires legislative action and amendments to the EMS Act.

Other Issues Prentice also assigned drafts of rules to the committees to review and recommend to TEMSAC. The drafts, amendments to existing rules and new rules required to implement legislated changes, were prepared by bureau staff. Prentice proposed that two rules packages be presented to the Board of Health during the next year. Any proposed rules will be published in the *Texas EMS Messenger* to allow ample public comment.

In other topics discussed, member Joe Huffman of Dallas said that ambulance manufacturers were already testing configurations for infant safety seats in plans for new designs. Faye Thomas of Corsicana

said members of Texas Society of EMTs were working with a legislator who agreed to sponsor a bill or resolution to be introduced in the next session allowing an EMS memorial on the Capitol grounds.

Bureau Chief Gene Weatherall reported that TDH investigated 50 complaints in the past year and held nine administrative hearings. Nineteen certifications were suspended or denied, and 11 emergency suspensions were ordered. Prentice named a nominating committee chaired by Donovan Butter, DO, to bring a slate of officers for 1992 to the December 5 meeting.

Several new members may be serving on TEMSAC in 1992 as the terms of six members expire in January, 1992. The expiring terms include those of Joe Tyson, who represents educators; Barbara Dorman, representing local government providers; Tommy Nations, the representative of fire department EMS; Judge Jay Johnson and Gustavo Barrera, who both represent commissioners courts; and Barbara Gehring, representing consumers. If you have a nomination for positions, contact the bureau's Harold Broadbent at (512) 458-7550.

- Alana S. Mallard

Texas Department of Health Public Health Region EMS Offices

Rod Dennison Texas Department of Health Public Health Region 1 2408 S. 37th St. Temple, Texas 76504 817/778-6744 Ext. 271	Denny Martin Texas Department of Health Public Health Region 2 1109 Kemper Lubbock, Texas 79414 806/797-4331	C. Wayne Morris Texas Department of Health Public Health Region 4 10500 Forum Place Dr., Suite 200 Houston, Texas 77036 713/995-1112	Lee Sweeten Texas Department of Health Public Health Region 6 P.O. Box 630 Uvalde, Texas 78802 512/278-7173	Don Reeves Texas Department of Health Public Health Region 7 204 Mims Ave. Nacogdoches, Texas 75961 409/564-8356
Gail McNeely Texas Department of Health Public Health Region 1 1921 Cedar Bend Drive Austin, Texas 78758 512/834-8673	Tom Cantwell Texas Department of Health Public Health Region 3 6070 Gateway E, 401 El Paso, Texas 79905 915/779-8012	Jimmy Dunn Texas Department of Health Public Health Region 5 2561 Matlock Rd. Arlington, Texas 76015 817/792-7211	Joe Horsley Texas Department of Health Public Health Region 6 1015 Jackson Keller Rd., Suite 222 San Antonio, Texas 78213 512/342-3300	Jay Garner Texas Department of Health Public Health Region 8 601 W. Sesame Dr. Harlingen, Texas 78550 512/423-0130
Terry Bavousett Texas Department of Health Public Health Region 2 P.O. Box 968, WTSU Station Canyon, Texas 79016 806/655-7151	Doit Lee Texas Department of Health Public Health Region 3 619 West Texas Ave., Suite 300 Midland, Texas 79701 915/683-9492	Andrew Cargile Texas Department of Health Public Health Region 5 1290 S. Willis, Suite 100 Abilene, Texas 79605 915/695-7170	Jim Arnold Texas Department of Health Public Health Region 7 1517 W. Front St. Tyler, Texas 75702 903/595-3585	Rothy Moseley Texas Department of Health Public Health Region 8 1233 Agnes Corpus Christi, Texas 78401 512/888-7762

TAEMT Officers

President
Scott Springfield

Vice President
Sherrie Wilson

Secretary
Vivian Perry

Treasurer
Carl Boskamp

Parliamentarian
David Crain

Immediate
Past President
Doug Stevenson

Texas Association of EMTs

By David Stone and Steve Bourassa

Most EMTs and paramedics in Texas don't even know that they have a statewide professional association, and less than 2 percent belong to one. The Texas Association of Emergency Medical Technicians (TAEMT) is the oldest statewide, nonprofit association serving all Texas EMTs and paramedics. Though their interests and needs are diverse, they agree that they want to enhance their knowledge and skills and play a role in determining the direction and future of their profession. By definition, they are professionals.

TAEMT has four primary goals:

1. Make the most current, up-to-date educational opportunities available to all EMTs in Texas, especially in the more demographically isolated areas of the state. We conduct educational seminars to update our members in new techniques, hold skills classes and competitions to enhance the level of treatment provided by EMTs statewide, and sponsor statewide or re-

gional educational conferences each year.

2. Work with TDH and other related boards and commissions and act as an information resource for the state legislature in order to represent the interests and needs of Texas EMTs and paramedics and to achieve the highest possible level of pre-hospital medical care in Texas. We research and publish informational material regarding current EMS legislation and related laws and codes.

3. Through our Specialty Divisions, focus on the issues and needs of EMS providers in technically specific areas requiring unique expertise and training. These organizations focus on improving the current level of performance in their specialty and serve as a resource from which other EMS providers may benefit. These groups are the Texas Society for Search and Rescue (TEXSSAR), the Texas Society of EMS Educators (TSEMSE), and the Texas Society of Industrial EMTs.

4. Offer a broad spectrum of member benefits, including regular newsletters and other publications, discounts on professional journals, car rental agreements, educational seminars, and special participation agreements for professional and student liability insurance.

There is a tremendous need for all of us to join and participate in a professional association. The rules and laws affecting our profession are evolving more rapidly than ever before, with many of the issues being determined without the benefit of our input or ideas. You need to participate in the growth and development of EMS in Texas, and the only way to make the system work effectively is for you to participate through a strong professional association. TAEMT would like to offer you this opportunity to be actively involved. Just fill out and return the membership application.

Name _____

Address _____

City _____ State _____ Zip _____

Phone: (Home) _____ (Work) _____

Public Health Region: _____ Social Security No: _____-____-____

Certification Level: _____ Expiration Date: _____

Mail this form and check to:

TAEMT Fees:

Active member (\$30)
TEXSSAR (additional \$10)
TSEMSE (additional \$10)

TAEMT
PO Box 1243
Leander, Texas 78641
(512) 259-3682

Received: _____ Paid: _____ Region: _____

Texas Society of EMTs

By Fred Falkner

The Texas Society of Emergency Medical Technicians (TSEMTs) was formed in 1987 to serve EMS professionals throughout the state. We serve the profession by various activities intended to publicize EMS, inform the public about our profession, and improve EMS through legislation and education.

In the area of promoting the profession, TSEMTs has recently purchased a Ready Teddy for the Texas Department of Health to use in its campaign to promote child safety and other related EMS issues. We are assisting representatives of state government to ensure that the already proposed EMS memorial will actually be built on the State Capitol grounds. To this end, we have raised some funds and are working with individuals able to donate time or talent to secure the completion of this worthy project.

Various local chapters have been active in offering certification classes to communities that were having difficulty finding instructors. The classes have a dual purpose of increasing the community's awareness of EMS and broadening the base of volunteers from which the local provider can draw.

TSEMTs worked closely with the Texas Legislature this session to make our views known on various pieces of proposed legislation that could affect the EMS profession. Many of our members and officers made trips to Austin at their own expense to present our views to legislators. Our efforts also included a letter-writing campaign to the entire Texas Senate and letters to committee members of several House committees where EMS legislation was pending. We plan to remain vigilant during upcoming sessions to scrutinize legislation that could impact patient care.

Additionally, TSEMTs has supported licensure for EMS professionals. We provided petitions both supporting and opposing licensure at our booths at TDH's Texas EMS Conference in Austin and at the Tri-

State Trauma Symposium in Amarillo; we have received many signatures on both sides of the issue. We also have expressed our concern with allied problems in the area of recertification, hoping that changes can come about that will make the system simpler. On the other hand, we see the need for a standardized system that can objectively monitor candidates for recertification; we feel that automatic recertification would not serve the best interest of the profession.

Anyone certified at any level may apply for membership in TSEMTs. Some areas have organized local chapters that are quite active. Use the accompanying application form to join our campaign to promote the EMS profession in Texas!

TSEMT Officers

President
Fred Falkner

Vice President
Jim Speier

Secretary
Randy Goode

Treasurer
Bill Baker

Parliamentarian
Andy Weir

Membership
Dale Pittman

Ex-officio
TEMSAC Member
Guinn Burks

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Current Level of Training _____

Organization Name and Address _____

TSEMTs Fees:

\$25 individual

\$20 with group membership

(10 or more members paid with one check)

Make checks payable to:

TSEMTs

PO Box 49014

Austin, Texas 78765

Please complete the following:

1. Are you interested in serving on a TSEMTs committee? _____

2. Are you interested in forming a local TSEMTs chapter? _____

3. Do you support licensure for EMS personnel? _____

4. What legislative efforts should we fight for?

5. Would you write your elected officials concerning EMS issues?

6. What would you like TSEMTs to do for you?

Texas EMS has come a long way. As we experience the confidence of what EMS has become, we must remember that we stand on the threshold of a multitude of new opportunities, always together, always a team!

SET YOUR COURSE

With A Vision

By Pam West

Thomas Edison did. What if he had listened to those who thought he was chasing dreams?

The Wright brothers did. What if they had given up because folks thought they were crazy?

Pasteur did. Salk did. Kennedy did. Madame Curie did. Lincoln did. Did what? Set goals based on a vision of what could be.

It has been said that if you don't know where you're going, you won't know where you are when you get there. Neither will you know where you've been when you get back. There's much to learn from old sayings. Probably more than we realize.

It has been fairly well established by sociologists and others who study human behavior, that people who succeed are those who have planned and taken charge of direction, rather than just respond to circumstances and events. Yet just recently I was told, "but I am so busy with crisis management that I don't have time to plan!" Although I can empathize with and understand crisis management, I submit that unless we take control and provide direc-

tion and focus to our activities, we will always be in crisis management. We will always allow the winds of chance to dictate our destiny.

With this in mind, the goals and objectives within the state plan were developed. We have heard you say that you want to be recognized as professionals within the health care industry. You have said that you want to renew your certificates rather than to go through a recertification process. You have said time and again that you want to be responsible caregivers who decide for yourselves what is ahead for prehospital emergency care. You have been heard!

Many of the objectives within the state plan are bold. Yet they offer you the opportunity to set a course for the direction of Texas EMS. Some would say that a few of the objectives are foolhardy, but they do point us in the direction that EMS needs to go to keep pace with the health care industry. The plan is a guide. The challenge of true progress will be in the implementation. It is during that process that the objectives will be refined, direction focused, and goals realized.

Envisioning Texas EMS fifteen years from now, is necessary in order to put the state plan in its proper perspective. Where do we want EMS to be in the year 2006? What do you want your individual firm to

look like five, ten, fifteen years from now? You had better take the time to explore this question. If we don't plan future direction, someone else will do it for us and we just might not like the outcome.

Setting goals is scary. It almost always implies change. CHANGE! Say it again. CHANGE! It's okay it's inevitable; it's part of being vital and alive! If you can get past the fear or thought of something being different, you're ready to set course for another time. Let your mind wonder. What if??? Couldn't we??? Maybe we should??? Just about now someone will think of several reasons why you can't and shouldn't. Ask them please to keep all negatives to themselves. You are busy planning a course. Time to find the vehicles or build the bridges when you've decided on the direction you want to go. Problems should never define the parameters of the goals you set. You decide where you want to be and then work on problem-solving after you have defined

year certification period; renewal of certification based on CE rather than recertification based upon testing; improved data collection capabilities; and increased emphasis on public education. No plan is set in stone. Nothing within the plan can or will be implemented without a great deal of input from you.

This last year during my visits to the regional offices, I stopped in rural (and remote) Texas and visited with 46 EMS providers. It gave me a great perspective on the real issues in EMS. It also gave me the courage to speak out and plan for the future. I am very grateful to each of you who took the time to visit with me. I plan to follow the same format this next year. I will visit other providers as I venture into the regions. I will bring copies of the state plan and discuss any issues that you would like; however, I will be especially interested in what goals you have been setting for your service area.

I have also appreciated the fact that

“Prompt and efficient delivery of adequate emergency medical services to acutely sick or injured persons” is the mission of the Bureau of Emergency Management.

actual problems, not imaginary ones. Where there's a will, there's a way. There's much to learn from old sayings!

When we set goals for the state plan we envisioned Texas EMS in the year 2000. I personally feel we are still far from the mark. I believe that as time goes by we will be forced into running a faster race. Nevertheless, the plan deals with such issues as EMS management training; medical direction; improved educational practices such as performance standards for clinical and internship experiences; accreditation for paramedic programs in counties over 25,000; certification for EMS dispatchers; refinement of the continuing education requirements; institution of a 2-

many of you have been able to attend TEMSAC meetings and follow the work of the TEMSAC committees. Attendance has been steadily growing and that is wonderful! You have been a vital part of the goal-setting. You have been heard.

Texas EMS has come a long way. As we experience the confidence of what EMS has become, we must remember that we stand on the threshold of a multitude of new opportunities, always together, always a team!

For a copy of the 1992-1996 State EMS Plan, contact Pam West, EMS Division Director, Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756 or call (512) 458-7550.

Did You Read...

An employer can be held guilty of negligence for allowing an employee to drive after being on the job for an unusually long period.

FDA is asking health professionals to report incidents of adverse reactions to latex.

Pros and cons of allowing teens under the age of 18 to become involved in EMS discussed.

... The *South Carolina Emergency Medical Services* newsletter urges ambulance personnel to remember that abusing Code 3 driving privileges will injure innocent bystanders as well as risk the life of partners. Examples cited include an Ohio paramedic who ran an intersection doing in excess of 45 mph. He killed a 20-year-old pregnant woman and her unborn fetus and injured a 6-year-old passenger. The paramedic was charged with a felony, convicted of manslaughter, and sentenced from 2 to 10 years in prison. In California, an ambulance operator/driver is charged with vehicular manslaughter. This EMT and his paramedic had just finished loading their patient into the ambulance from a car accident and were making a turn from one shoulder to the other in order to head back to the hospital. A pickup truck came through the accident scene and hit the ambulance broadside. The pickup then burst into flames. One person in the pickup was killed while the rest of the people involved in the accident sustained various injuries.

... Several recent court decisions should serve as a warning to employers who keep their workers on the job too long. An employer can be held guilty of negligence for allowing an employee to drive after being on the job for an unusually long period, especially when the employer is responsible for scheduling. Several cases are discussed in the *May/June 1991 EMS Insider*.

... The June 1991 issue of *Emergency* magazine reported that because of reports of severe allergic reactions to medical devices containing latex (natural rubber), the Food and Drug Administration is advising health-care professionals to identify latex-sensitive patients and be prepared to treat allergic reactions promptly. Patient reactions to latex have ranged from contact urticaria to systemic anaphylaxis. Latex is a component of many medical devices, including surgical and examination gloves, cath-

eters, intubation tubes, and anesthesia masks. FDA is asking health professionals to report incidents of adverse reactions to latex or other materials used in medical devices by calling (800) 638-6725. For a reference list on latex sensitivity, write to LATEX, FDA, HFZ-220, Rockville, MD 20857.

... The May/June 1991 issue of the *Journal of Maine EMS* contains a column on the newest controversy in their state: adolescents in EMS. The pros and cons of allowing teens under the age of 18 to become involved in EMS are discussed. One argument is that teens "experience higher rates of alcohol and substance abuse, self-destructive behaviors, depression, anxiety, relationship problems, various psychological disorders and higher attritions than older employees in emergency work. A common reaction to a traumatic situation is a premature entrance into adulthood or a premature closure of identity formation." Another side feels that teens should be involved, but only in support activities such as community CPR, safety education programs for the schools, equipment maintenance, communications, and supplies.

... The New Mexico Emergency Medical Services for Children (EMSC) project is called ChUMS (Child's Update Medical Summary). The June 1991 issue of *EMSC News* explains that chronically ill children often have complicated medical histories that can make it difficult for emergency medical personnel who are not familiar with the child's history to follow and diagnose correctly. ChUMS cards are distributed to the parents of chronically ill children. They are a handheld, wallet size, mini-record detailing medical conditions, medications, drug allergies, lab and x-ray results, doctors, surgeries, and baseline vitals for an individual child. ChUMS cards are carried and updated by the parents (with assistance from nurses and doctors), providing a quick summary of the child's

By Linda Wolfe

medical history and used in an emergency.

(Source: June 1991 *Utah EMS Impact*)

... Minnesota Governor Carlson signed the Omnibus Tax Bill, which includes the "Volunteer Ambulance Pension Plan." Financed by a \$2 surcharge on driver's licenses, the pension plan will apply to all volunteer ambulance personnel and medical directors who earn less than \$3,000 annually from their activities with a licensed Minnesota EMS service. Beginning in 1992, volunteers who have served for at least 5 years and choose to vest in the plan will begin accruing money in their pension accounts. They will continue to do so for up to 20 years. The plan also will give credit for previous service. The money received through the \$2 surcharge will be divided each year among all eligible personnel. (Source: *EMS Insider*, July 1991)

... *Utah EMS Impact* reports also on computerized written testing. Any basic EMT student or recertifying EMT who lives within an 80-mile radius of a computerized test site should take the written exam on the computer; on-site written testing will not be available within the 80-mile radius. Test-takers call in to schedule a computer test and receive a letter confirming the date, time, location of the test, and the code required to access the computer.

... Epinephrine 1:1000 is approved for use by Utah EMT-Intermediates.

... The June 1991 *Georgia EMS News* reports that a newly-passed state law requires that ALL paramedics must be ACLS certified as of December 1991.

... ALL EMT and paramedic certificates in Florida expire at midnight on December 1 in an even year.

... Basic EMTs in Georgia are permitted to use IVs, MAST, EOAs, and fingerstick glucose tests. They must obtain a physician's order prior to performing the procedure.

... Two pieces of EMS legislation considered by the Florida legislature would fund and prevent trauma. One bill provides for a handgun surcharge on retail sales. Monies collected from the surcharge are to be deposited into a Trauma Services trust fund. Another bill prohibits minors from operating bicycles without protective headgear and provides for issuance of warnings. (Source: Spring 1991 *Florida EMS Newsletter*)

... Drivers in New York City are increasingly ignoring the red lights and sirens of emergency vehicles. Paramedics, firefighters, and police officers say the problem is becoming worse, preventing them from responding to emergencies and jeopardizing the lives of people who need help. The most common complaints from drivers of emergency vehicles involve novice cabbies and uncooperative truckers, as well as itinerant windshield washers, and bumper-tagging bicycle messengers. While ambulance crews have a hard time, even police officers said they do not always get the consideration they expect. One officer told of a driver police cited recently who said to the officers, "I would've stopped if I had known you were cops. I didn't pull over because I thought you were an ambulance." (Source: March 30, 1991, *Beach Safety News*)

... EMS personnel who began working for a Utah agency after July 1988 must receive a test for antibodies to HIV and hepatitis B. Individuals employed prior to this date are not required to undergo this testing and are assumed to be negative. If an EMS worker changes employers, the worker is considered a new employee and will need to obtain a new test. This test is necessary to establish a negative baseline in order to protect Worker's Compensation benefits for EMS workers who contract a blood-borne disease from an on-the-job exposure.

Minnesota governor signed a tax bill that includes the "Volunteer Ambulance Pension Plan."

Quote from a New York City driver... "I would've stopped if I had known you were cops. I didn't pull over because I thought you were an ambulance."

Next month

Sexual Assault

Violence

Crime Scene

Paramedic Exam Subscale Averages

April - June, 1991

These test results include initial and refresher training testing for groups of 5 or more.

Paramedic subscales are:

Subscale 1: Assessment, Airway, Shock, Pharmacology
(30 questions);

Subscale 2: Trauma, Burns, Rescue (30 questions);

Subscale 3: Cardiovascular (60 questions);

Subscale 4: Medical (45 questions);

Subscale 5: OB/GYN, Pediatrics, Geriatrics, Behavioral
(25 questions);

Subscale 6: Prehospital Environment (10 questions).

The critical subscales are 1-5, Subscale 6 is non-critical. The test has 200 questions; no more than 15% are basic level questions.

PHR	Coordinator	Class Type	Size	Average	Averages by Subscale					
					1	2	3	4	5	6
PHR 1	Moshinski	Initial	11	86.77	85	84	87	87	88	97
	Moshinski	Initial	06	86.83	89	87	86	86	81	99
	Montgomery	Initial	09	91.22	91	88	92	90	90	99
	Sneed	Initial	10	82.19	79	85	83	79	81	97
PHR 2	Coker	Initial	09	86.22	82	85	88	84	87	97
	Croy	Initial	15	82.70	83	83	81	82	82	97
PHR 3	Howard	Initial	09	87.33	90	87	88	81	89	99
	Davidson	Initial	16	83.44	82	88	82	85	78	92
	Brown	Initial	05	83.50	80	83	84	82	85	94
	Howard	Refresher	08	88.19	88	91	87	86	89	93
	Roberts	Initial	14	80.21	82	76	80	80	79	91
PHR 4	Brant	Initial	05	86.50	84	89	87	85	84	98
	Waites	Initial	05	80.00	71	79	81	81	82	94
	Stevens	Initial	13	89.65	89	89	90	88	90	97
	Hatch	Initial	16	85.97	88	84	85	84	85	97
	Hatch	Refresher	08	89.13	88	88	91	87	87	96
	Stevens	Refresher	09	88.22	85	84	90	88	88	99
	Hill	Initial	06	83.50	79	83	87	82	80	93
	Pitts	Initial	06	84.92	88	86	87	79	81	95
	Rhule	Initial	08	78.68	78	81	79	75	79	93
	PHR 5	Vansant	Refresher	05	83.90	81	78	86	81	89
Nelson		Initial	16	83.28	82	84	83	81	85	97
Nelson		Initial	10	81.20	80	79	79	84	79	97
Smith		Initial	11	82.27	82	86	78	81	83	97
Smith		Refresher	15	87.33	86	85	88	87	85	97
Jackson		Initial	14	77.75	76	80	76	75	79	92
Bradshaw		Initial	08	81.31	75	80	84	80	81	94
Goodykoontz		Initial	32	88.75	88	87	89	88	90	96
Aujla		Initial	06	82.75	82	91	79	83	81	92
Tobin		Initial	33	83.61	81	84	82	83	85	96
PHR 6	Rakowitz	Initial	10	81.95	83	84	82	80	78	93
PHR 7	Brando	Initial	05	86.00	82	79	90	85	90	92
	Gandy	Initial	11	80.59	80	83	80	78	82	85
	Vaught	Initial	23	83.65	84	82	82	84	83	96
PHR 8	Espinol	Initial	09	83.44	83	82	83	81	84	97
	Robles	Initial	07	81.50	80	81	84	78	78	91
Statewide Averages			470	84.35	84	84	84	83	84	95

Intermediate Exam Subscale Averages

April - June, 1991

These test results include initial and refresher training testing for groups of 5 or more.

Intermediate subscales are:

- Subscale 1: Patient Assessment and Initial Management;
- Subscale 2: Airway Management and Ventilation;
- Subscale 3: Assessment and Management of Shock; and
- Subscale 4: Prehospital Environment.

The critical subscales are 1-3. Subscale 4 is non-critical and the test has 100 questions.

PHR	Coordinator	Class Type	Size	Average	Averages by Subscale			
PHR 1	Lehrman	Initial	05	81.60	82	82	79	84
	Michals	Initial	07	87.57	83	90	89	88
	Sneed	Initial	10	87.30	83	90	89	85
	Thompson	Initial	07	81.71	75	84	82	89
PHR 2	Crabtree	Initial	07	85.87	83	86	88	87
	Croy	Initial	22	83.00	80	86	83	82
PHR 3	Barnett	Initial	07	80.57	75	88	80	78
	Brown	Initial	09	85.44	80	89	87	83
	Corbell	Initial	10	88.60	84	91	89	89
	Falkner	Initial	17	82.12	78	86	81	85
	Falkner	Refresher	11	88.18	83	89	91	88
	Howard	Initial	14	89.00	86	90	90	90
	Younger	Initial	13	83.38	79	85	82	91
PHR 4	Brant	Initial	14	79.36	72	83	83	79
	Brant	Initial	10	81.60	74	85	84	82
	Gaines	Initial	11	82.36	79	83	82	87
	Gaines	Initial	07	82.43	79	83	82	87
	Hill	Initial	19	82.84	78	83	85	86
	Holt	Initial	15	84.87	85	85	85	82
	Ogden	Initial	17	84.35	82	83	87	85
PHR 5	Bradshaw	Initial	11	84.63	83	88	81	88
	Jackson	Initial	08	81.75	77	83	83	85
	Peacock	Initial	11	77.72	76	78	79	77
	Roberts	Initial	08	86.25	81	90	86	87
	Vansant	Initial	17	81.06	78	82	83	80
PHR 6	Chalk	Initial	21	83.71	85	84	85	78
PHR 7	Erwin	Initial	07	86.14	83	84	90	89
	Gandy	Initial	19	81.26	76	82	85	83
	Lanier	Initial	05	79.00	72	81	79	87
	McDonald	Initial	16	75.87	72	74	79	80
	Ree	Initial	11	79.36	77	82	72	91
PHR 8	Espinol	Initial	07	83.43	75	85	89	85
	Gonzale	Initial	23	77.04	74	79	76	80
	Reger	Initial	19	86.63	83	87	88	89
Statewide Averages			464	82.75	79	84	84	84

— Compiled by Kaylene Farthing

TEXEMS

A RECORDKEEPING SOFTWARE FOR TEXAS EMS

By Jennifer Delahoussaye

What is TEXEMS?



TEXEMS is software specifically designed for EMS to automate records and to generate reports. Created by the Texas Department of Health, the Texas Department Transportation, and the University of Texas LBJ School of Public Affairs, TEXEMS has many useful and interesting features. It functions as a data entry program, it transfers data to the Texas Department of Health's file server through a 1-800 computer phone line, and it generates reports such as listings, summaries, and graphs.

How does TEXEMS work?

TEXEMS uses a standard ambulance activity form which is presently sent free of charge to all EMS firms who actively participate in TEXEMS. TEXEMS does not require the use of these forms, however, if there is another form that your firm would rather use. The TEXEMS software allows you to enter the information from the ambulance run forms to the TEXEMS data entry program, which stores the information in a database. Most of the items on the run forms make up a standard data set that is sent to the state. The

standard data set is the basis for the TEXEMS database and is included in every software that we customize.

In addition to these standard items, a service may add any optional items that would be useful for local records. It is possible to choose from an optional list TEXEMS provides or to create new options. Some items included on the optional list are Incident Time, Medical Insurance Number, Insurance Type, Complaint Field, and Narrative Field. We will customize the software to your firm's own unique needs and requirements. Furthermore, once you have informed us of how you would like your software designed, you have the option to later change the items you have selected by contacting us to let us know that you would like a recustomization.

Once you have received your software and installed it on your computer, you are ready to reap its benefits. You may immediately begin entering data from the ambulance run forms into the computer.

What are the purposes of entering this data?

First, it provides you with a simple way to keep track of medical records. Because the database is kept at your location, you have

access to patient information whenever it is needed. Furthermore, you have the ability to print to a TEXEMS run form or to plain paper any record that has been entered into the database.

Secondly, TEXEMS allows billing information to be entered, and as a result, this data can be used as a billing aid. Although TEXEMS itself does not generate bills, a module is available which will export the information to other software packages.

Thirdly, the collection of this data can be used as a legal instrument. The TEXEMS run form collects information in high detail, and can help support testimony in legal cases.

Another benefit of TEXEMS is its ability to generate statistical reports. There are 428 basic ways that the data can be analyzed. Furthermore, the results of these analyses can be reported in three ways. The first way is through the use of a listing which literally gives you a list of certain variables. The following illustrates an example of a listing:

Calls by Destination

less than 59 minutes response time
8/1/91 to 8/8/91

Run Report ID#	Date	Hour	Destination
012133	08/02/91	1219	1014668
012145	08/03/91	1703	1014789
012151	08/03/91	0634	1014668
012167	08/04/91	2359	1014891
012170	08/06/91	0916	1014668
012174	08/08/91	0245	1014789

On the other hand, a summary table, which is a second type of report, tabulates calculations for certain variables and gives

you the results. For example:

Type 1 calls by zip/geographical code with response time

Zip/ Geographical Code	Total Calls	Response Time
75076	2	0 to 3 minutes
75076	4	4 to 7 minutes
75076	6	7 to 10 minutes

Number of Calls by Unit

Unit #	Total
273	5
274	16
276	3
278	11
280	8

A third way of generating reports is to export the data analysis to another software package. Currently, the data analysis results can be exported to Dbase, Lotus 1-2-3, Statgraphics (statistical analysis software), and Atlas Graphics (mapping software).

TEXEMS is designed so that you can electronically send the data you collect to the EMS/Trauma Registry file server

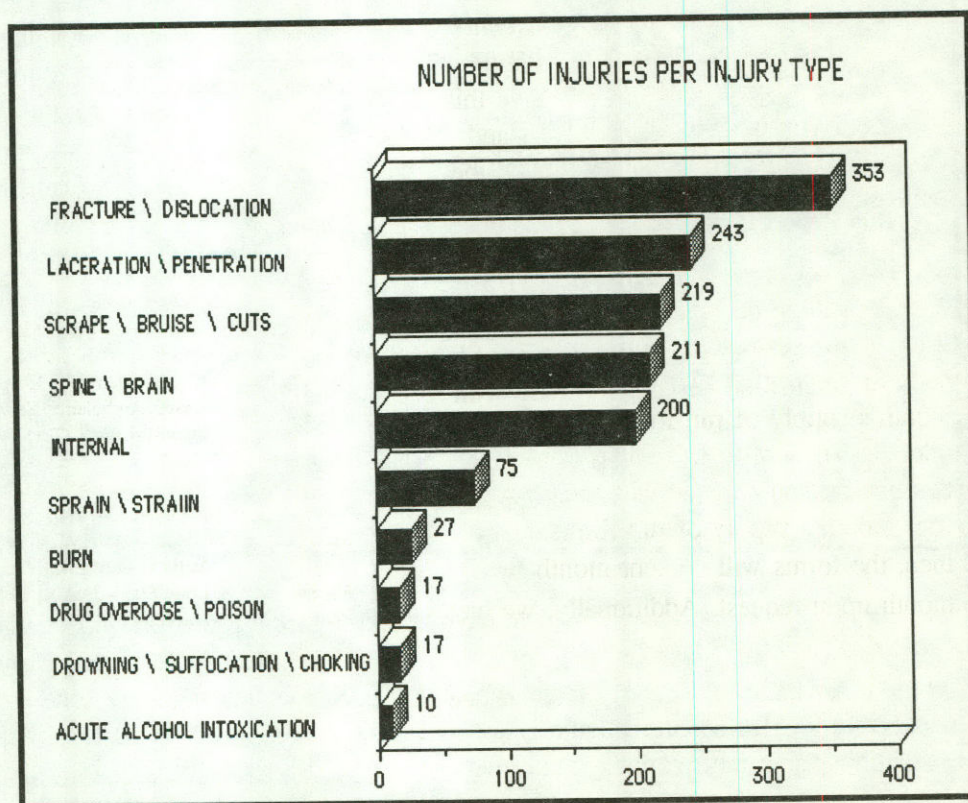
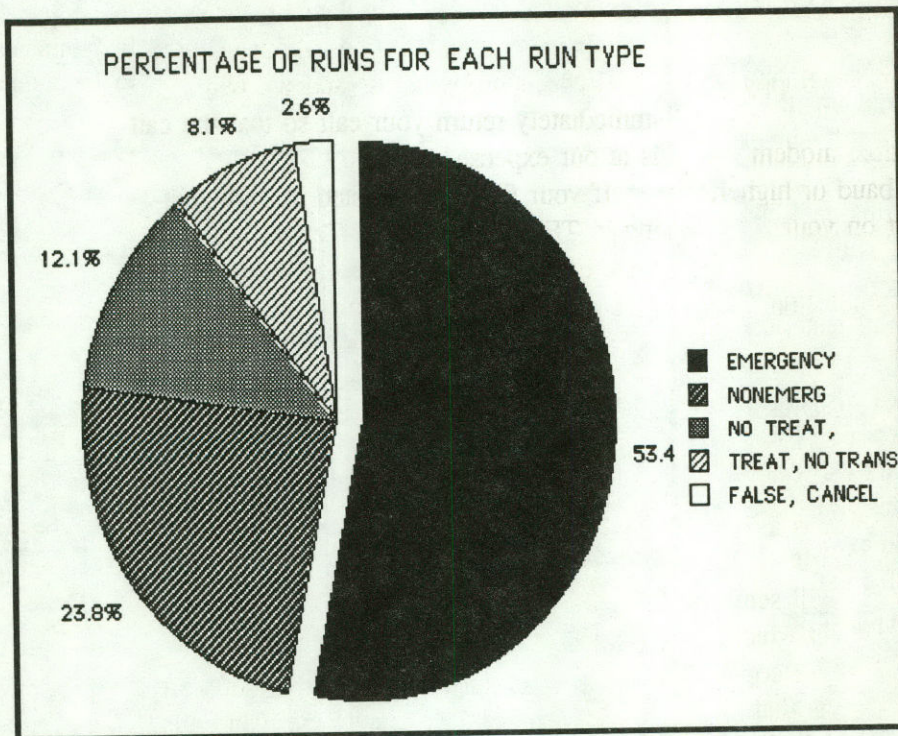
through the use of a 1-800 number.

This means that if you participate in TEXEMS and regularly send data to the file server, you will no longer rummage through past records to fill out the Annual

Run Response Summary that is required at the end of each year. Instead, you will be considered to be in compliance with the TDH EMS provider licensing rule effective August 1, 1990 that requires all firms to generate an annual paper report and send it to the state.

Participating in TEXEMS benefits not only your individual firm but the state of Texas as well. A major goal for the EMS/Trauma Registry is to develop a Texas Trauma System. The Texas Trauma System would eventually incorporate the participation of all EMS providers, hospitals, and rehabilitation centers to collect data on types of injuries and cost of injuries.

These graphs represent a small sample of data collected in 1990. However they show the types of statistics that could be calculated comprehensively if all Texas firms participated in TEXEMS.



Jennifer Delahoussaye, a graduate of the University of Texas at Austin, works as a statistical clerk in the Bureau's EMS/Trauma Registry Program.

What are the requirements for TEXEMS?

Since TEXEMS is a computer system, it is necessary to have or obtain the following equipment:

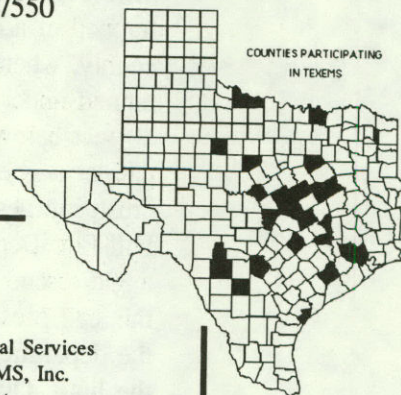
- (1) A true IBM-PC compatible personal computer with MS-DOS 2.1 or higher,
- (2) 512K RAM (Random Access Memory) recommended (256K RAM minimum with DOS 2.1),
- (3) Two floppy drives, or one floppy drive and a hard drive,
- (4) A true Hayes-compatible modem with a speed rating of 1200 baud or higher, and an appropriate serial port on your computer, and
- (5) A phone line with a single line modular jack.

How difficult is it to get involved with TEXEMS?

Becoming involved with TEXEMS is a simple process. All you have to do is contact us by mail or phone. We will send you a TEXEMS Introductory Packet which contains: an overview of TEXEMS, a copy of the run form, examples of reports that can be created, a technical survey which asks for information on the type of computer equipment you have, and a list of optional data items. Once you receive this packet all you have to do is fill out and return the completed technical survey, the optional data list if you have decided to use some optional items, and two formatted 5 1/4" diskettes or one formatted 3 1/2" disk depending on what your computer uses. Your customized software should be back to you within two weeks along with a month's supply of run forms. Furthermore, once data is sent to us regularly for two consecutive months, we will send you a four month's supply of run forms. Until then, the forms will be sent month by month upon request. Additionally, we have demo diskettes that can be sent if requested. The demo will give you a chance to actually test the software before you make a decision.

Other than purchasing computer equipment, participating in TEXEMS is free of charge to you. Currently, the ambulance activity forms are being distributed free of charge. There is no fee for customizing, recustomizing, or upgrades to the current software. Data is transmitted to the file server via a 1 - 800 number and technical support that is needed is done at our cost. If you have any questions about using TEXEMS, simply call us and we will immediately return your call so that the call is at our expense.

If your firm is interested in participating in TEXEMS, write to Texas Department of Health, EMS/Trauma Registry, 1100 West 49th Street, Austin, Texas 78756-3199 or call (512) 458-7550 and ask for the EMS/Trauma Registry.



Who uses TEXEMS?

County	Firm Name
Aransas	Aransas County Medical Services
Bastrop	Bastrop Community EMS, Inc.
Bell	Killeen Fire Department
Bexar	Live Oak Fire Department
Brazos	Bryan Fire Department
Burnet	Marble Falls Area EMS, Inc.
Coryell	Copperas Cove Fire Department Coryell Memorial Hospital
Eastland	Cisco EMS
Ellis	Ennis Fire Department
Freestone	Freestone Ambulance Service
Frio	Frio County EMS
Grayson	Preston Emergency Service
Harris	Bellaire Fire Department LaPorte EMS Northwest Rural EMS Rosehill VFD/EMS
Jones	Hamlin Memorial Hospital Anson Ambulance Service (TechStar EMS) Stamford EMS (TechStar EMS)
Limestone	Mexia Fire Department
McLennan	West Voluntary Ambulance
Milam	Rockdale EMS
Mills	Goldthwaite EMS (TechStar EMS) Mills County EMS (TechStar EMS)
Morris	Lone Star - Jenkins EMS
Real	Nueces EMS
Uvalde	Uvalde EMS, Inc.
Washington	Washington County EMS
Wharton	El Campo EMS
Wichita	Lifeline EMS
Wilbarger	Possum Kingdom Westlake Volunteer EMS

**With thanks to the folks of the Emergency Medical Services Division of the National Highway Traffic Safety Administration who came up with this phrase in 1988*

Your Time To Shine*

Oak Hill Fire Volunteer Department

By Anthony Flood

Two years ago, the Oak Hill Fire Department responded to a report of a man trapped in a cave in southwestern Travis county, where a 24-year-old male was pinned under a large boulder approximately 80 feet below ground. After 6 hours the patient was extricated and transported with crush injuries to the leg. Although the Oak Hill Fire Department had a strong high-angle rescue training program at that time, this call presented a challenge that stretched the department's knowledge and training to the limit. Other difficulties that surfaced during this incident included command and interagency relationship problems among the six agencies and 15 units that responded to this incident.

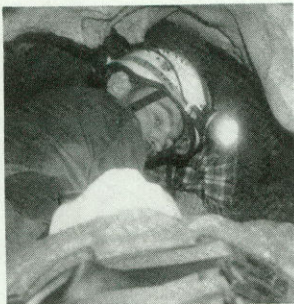
The call made Oak Hill officials realize that cave and confined space rescues could not be taken lightly as they present unique and difficult problems. With this in mind, ten members of our department attended the National Cave Rescue Commission's Annual Seminar at San Saba, Texas in June, 1990. NCRC was a week-long cave and confined space rescue course that included very intense and detailed management of this specialized rescue environment. Also during 1990, several members of the department attended various high-angle and swiftwater rescue courses.

The money spent on training has turned into money well invested as Oak Hill has responded to several cave rescues since

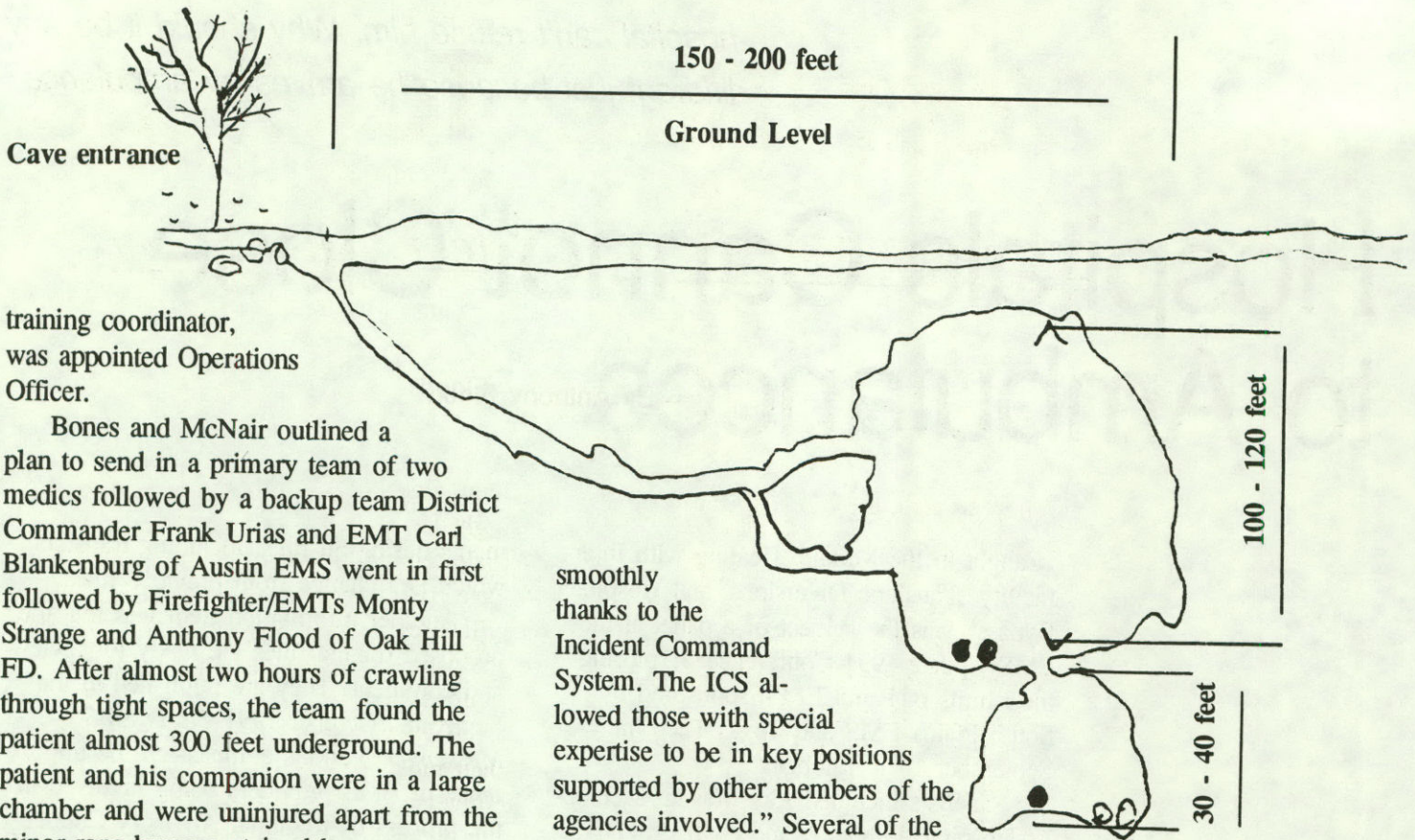
then. One rescue took place on a cold, wet night last January, where a 19-year-old male fell approximately 50 feet into a small cave. Using newly learned skills, the Oak Hill Fire Department successfully extricated the patient who had sustained minor injuries.

Two weeks later members responded to their most challenging cave rescue. Three University of Texas students began exploring a cave in southern Travis county equipped with only three flashlights and a 75-foot throwbag rope. After spending several hours underground, and while descending to a lower chamber, one of the students sustained rope burns to both his hands. After several attempts to help him ascend, his friends realized they were unable to help him out of the cave and one crawled out to go for help.

The Travis County 9-1-1 center received the call and dispatched Manchaca EMS first responders, an Austin EMS Aid Unit, a District and Shift Commander. The first-in Manchaca units realized that specialized help would be needed and called the Oak Hill Fire Department under a pre-existing mutual aid agreement. Oak Hill responded with high-angle and cave rescue equipment. Tom Bones, chief of the Oak Hill Fire Department, assumed command of the incident and established a command post, staging area, communications and operations sectors. Lieutenant Joe McNair, the Oak Hill Fire Department rescue



Oak Hill firefighters are trained in swiftwater, high-angle, cave/confined space, and wilderness search and rescue.



training coordinator, was appointed Operations Officer.

Bones and McNair outlined a plan to send in a primary team of two medics followed by a backup team. District Commander Frank Urias and EMT Carl Blankenburg of Austin EMS went in first followed by Firefighter/EMTs Monty Strange and Anthony Flood of Oak Hill FD. After almost two hours of crawling through tight spaces, the team found the patient almost 300 feet underground. The patient and his companion were in a large chamber and were uninjured apart from the minor rope burns sustained by one.

Urias and Blankenburg assisted the two victims in ascending to the next chamber where Strange and Flood were waiting. At this point the rescue team lost communications with topside because of the depth of the cave. To maintain contact with those below, EMT Paul Bloom went halfway down to act as a radio relay between topside and those below.

The rescue attracted newspaper and television reporters, and a Public Information Officer was appointed to handle information dissemination. Deputies from Travis County Sheriff's Office and a Salvation Army mobile canteen were also on hand to assist.

After 9 hours underground, the students were brought topside, tired and hungry after their ordeal. They were given a thorough medical examination and released.

Afterwards Chief Bones said, "This was the type of incident that we have trained for. Although there were eight units from five separate agencies, everything ran

smoothly thanks to the Incident Command System. The ICS allowed those with special expertise to be in key positions supported by other members of the agencies involved." Several of the personnel involved in this incident were recommended for the Austin EMS Award of Valor and commendations were issued to others who participated.

The Oak Hill Fire Department is a 75-member volunteer fire department responsible for the protection of Travis County Rural Fire District #6, a 36-square mile area with a population of 15,000. In addition to firefighting and medical first responder duties, Oak Hill firefighters are trained in swiftwater, high-angle, cave/confined space, and wilderness search and rescue.

Anthony Flood has been a volunteer firefighter with Oak Hill Fire Department for eight years and is employed as an EMT with the City of Austin Emergency Medical Services Department. He is also studying for an Associate Degree in Fire Science at Austin Community College.

Contact Flood at Oak Hill Fire Department at PO Box 90427, Austin, Texas 78709, or (512) 478-0006.

Two of the teens went as far as the large chamber while the third entered the chamber below and was injured. He remained there until rescue workers were able to lift him out.

If a patient could get up and walk into a facility, the hospital can't refuse him. Why should it be any different just because he arrives by ambulance?

Hospitals Cannot Close to Ambulances

"Caught in the Middle: Dealing with Inter-facility Transfers, Diversions, and Hospital Bypass" was the subject of a panel at the EMS Update 1991 Conference: Exploring the Limits of Rural EMS, sponsored by South Plains EMS and Texas Tech on September 14 in Lubbock.

Panelists included Ray Mason, Methodist Hospital, Lubbock, and chair of TDH's Trauma Technical Advisory Committee; Jeff Young, MD, EMT-P, Levelland; and Kathy Perkins, program administrator, EMS/Trauma Systems Development, TDH, Austin.

Nearly 200 EMS personnel from the Panhandle and South Plains area, as well as Oklahoma and New Mexico, attended. The purpose of the conference was "to review current thinking and innovations in pre-hospital care, increase knowledge and proficiency in new techniques, and to keep EMS providers abreast of developments at the national, state, and regional levels which will influence the progress of EMS in Texas."

Perkins stated she had three major items she hoped to pass on during the panel discussion.

One item concerned the recent passage of SB 1129, which allows the Bureau of Emergency Management to regulate transfers by vehicles having an EMS Provider License. Such providers now must meet minimum equipment and staffing require-

ments during all runs, including transfers, which is a change from previous rules.

Another information item was that the proposed trauma rules are ready for review and comment. They are published in the September/October 1991 *Texas EMS Messenger*. Perkins emphasized the importance of EMS providers being involved in the process of Regional Advisory Councils, known as RACs, to give input for development of a trauma system within their regions.

The third item has major impact on ambulance services. The Health Care Finance Administration, also known as HCFA, clarified COBRA rules on hospital refusal of ambulance patients. A hospital cannot close to ambulances, according to the HCFA clarification. If the patient asks, the carrier has to take him there, and the hospital has to accept him. Stated Perkins, "Once you're in the ambulance bay, the hospital cannot refuse to care for the patient. If a patient could get up and walk into a facility, the hospital can't refuse him. Why should it be any different just because he arrives by ambulance?" She cited an example of a critical burn patient refused admission at a particular hospital, and the crew had to drive another 40 miles to another facility. "This is a potential COBRA violation," said Perkins. Violators can incur hefty fines.

The Summer 1991 issue of *Manage-*

For a copy of the HCFA communication, send a self-addressed, stamped envelope to *Management Focus* Editor, Fitch & Associates, Inc., 303 Marshall Road - Box 170, Platte City, MO 64079-0170.

"EMS providers need to know and understand the laws and be more assertive in applying them," stated Perkins.

ment Focus for Providers of Emergency Medical Services contains more detailed information on the subject of refusals, diversions, and transfers:

Hospitals may not refuse to accept ambulance patients, even if the

hospital has previously notified the EMS organization that it is closed. The guidelines indicate that hospitals may establish diversion policies if all hospitals in the community agree; however, this does not supersede their obligation to provide care. Temporary hospital closures and diversion policies have been a source of considerable frustration for prehospital providers. Situations have been reported in which patient outcomes have been compromised, relationships between hospitals and EMS providers have been strained, and customers were extremely dissatisfied. National television news segments have shown ambulances driving from facility to facility seeking care for patients. Other COBRA issues which involve EMS systems include the appropriateness of transfers and the level of trained personnel qualified to staff transfer units. The issue of who is qualified to staff the transfer has virtually been ignored and, to date, is being considered on a case-by-case basis. Hospitals have been deemed ultimately responsible for the patient transfer. Therefore, the hospitals and their attending staff are developing their own definitions of who are qualified personnel. It appears that registered nurses and physicians are the qualified personnel. Where does that leave paramedics and EMTs involved in interfacility transfers?

"EMS providers need to know and understand the laws and be more assertive in applying them," said Perkins. She recommended that providers have operational policies in place for handling this type of situation. Perkins also said "specialty facilities cannot refuse transfers. Hopefully, this will spill over to noncritical patients."

- Linda Wolfe



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You're a life saver, but are you a patient pleaser?

By Alana S. Mallard

I received a wonderful letter from Bill Brown recently. Bill is the EMS chief in El Paso where emergency medical service is a third city service. Apparently, El Paso EMS is doing things right for their patients, and that was the topic of Bill's letter - patient satisfaction.

Chief Brown and Deputy Chief Loretta Jordan developed a biannual patient satisfaction survey and they report the results to the EMS Advisory Board, the mayor, and the city council - the folks who make important decisions about funding, programs, staffing, and growth for El Paso EMS.

Approximately 3,000 postcard survey forms were sent out with patient bills, and by August 12, 1991, 340 responses were received, a return of 11.3 percent. The only demographics requested were age and whether the patient had been ill, injured, or other, and "other" needed to be explained by the patient. The survey made seven statements with responses on a 1 to 5 scale, ranging from strongly agree, agree, no opinion, disagree, strongly disagree.

El Paso officials are pleased with the results of the survey, which showed that 86.5 percent of the respondents are satisfied with EMS and only 5 percent are not satisfied. "We hope that it is an indication of the type of work that our folks are doing," Brown said.

El Paso learned from the citizens what many communities know anecdotally. That is, patients are largely satisfied with the services provided by EMS. The really wonderful thing here is that El Paso gained that knowledge formally by asking patients what they thought.

When you conduct a survey like this one - go ahead, use these same, simple questions - a very important step is to let your bosses know that the public is pleased with your service. After you let your bosses know, be sure to let the public know by writing a news release for your local paper reporting on the survey results. This kind of information needs to be shared.

What if you are not pleased with the results of your survey? Write an action plan to bring patient satisfaction up in those areas, work on the plan, and do another patient satisfaction survey in six months.

Just as customer satisfaction is everything in sales and service, patient satisfaction in emergency medical service is vital. The life of your EMS depends on it.

Results of El Paso EMS Patient Satisfaction Survey

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. "The EMS calltakers were prompt and efficient."
77.6% strongly agree
10.6% agree
4.7% no opinion
0.6% disagree
2.6% strongly disagree
3.8% did not answer | 0.9% disagree
3.5% strongly disagree
2.9% did not answer |
| 2. "The dispatchers asked appropriate questions."
69.1% strongly agree
12.1% agree
7.9% no opinion
0.6% disagree
2.6% strongly disagree
7.6% did not answer | 5. "The care given by EMS paramedics met the patient's needs."
77.9% strongly agree
12.1% agree
2.6% no opinion
1.2% disagree
2.9% strongly disagree
3.2% did not answer |
| 3. "The ambulance arrived quickly."
76.5% strongly agree
13.2% agree
2.4% no opinion
2.1% disagree
2.4% strongly disagree
3.5% did not answer | 6. "The ride to the hospital was quick and smooth."
70.6% strongly agree
12.1% agree
5.9% no opinion
2.6% disagree
4.7% strongly disagree
4.1% did not answer |
| 4. "The paramedics were courteous and professional."
83.2% strongly agree
8.2% agree
1.2% no opinion | 7. "I am satisfied with the services offered by Emergency Medical Services."
76.2% strongly agree
10.3% agree
3.8% no opinion
1.5% agree
3.5% strongly disagree
4.7% did not answer |

Around The State

November 25-27, 1991, Texas EMS Conference '91, Austin, TX 512/458-7550.

December 5-6, 1991, Texas EMS Advisory Council meeting, contact Harold Broadbent 512/458-7550.

December 6-8, 1991, Emergency Medical Dispatch course. Sponsored by Lubbock EMS/TTUHSC. \$250. Contact Doak Enabnit, 602 Indiana Avenue, Lubbock, TX 79417. 806/743-1444.

December 13, 1991, Coaching the Emergency Vehicle Operator-Ambulance. Instructor Development Course for an ambulance defensive driving course, Austin, TX. Sponsored by Texas Safety Association. TSA, PO Box 9345, Austin TX 78766.

Communications Specialist: Expert needed to lead development of state EMS communications plan and to provide technical assistance to local EMS providers. Kathy Perkins, Bureau of Emergency Management, Texas Department of Health. 512/458-7550.

Paramedic: Certified as paramedic at least 5 years. Experience in field of ALS or MICU. State certified instructor preferred. Resume: Edinburg EMS, Noe Ramon, 720 N 12th, Edinburg, TX 78539.

State EMS Director: State of Idaho, Department of Health and Welfare, 450 W. State Street, Boise, Idaho 83720. 208/334-5994.

EMT-I/Paramedic: TX Dept. of Corrections. \$1622/mo. Texas certification EMT-I/Paramedic. TDC, Box 99, Personnel, Huntsville, TX 77342 409/294-2755.

Executive Director: Volunteer EMS in Harris County, Texas. Manage operations. 25K(+). Resume (mark confidential) E. Ortega, P.O. Box 2521, 3752, Houston, TX 77252-2521.

EMTs: All levels of EMS certification in all areas of the state. Tech-Star, P.O. Box 7, Stamford, TX 79553, 915/773-5691.

Job Opening: Hi-Tech Stat Ambulance service. Immediate part-time/full-time openings for quality drivers holding EMS certification. Jim Becka, 713/790-9002.

Flight nurses and paramedics: Immediate opening for part-time on-call experienced Flight Medics in Houston, Dallas and Austin. ACLS certified; 2 years critical care/ICU/CCU experience; bilingual; previous flight experience. \$18-\$25/hour. Resume: Mark Monte Mitchell, MD, Air Ambulance America, P.O. Box 4051, Austin, TX 78765.

Paramedics: Hi-Tech Stat Ambulance service. Full-time openings on 24 hour units. ER & fluid pump experience helpful. \$20K starting. Jim Becka, 713/790-9002.

Director: Rural south Texas area. Managerial experience preferred. Strong interpersonal skills essential. Resume to: Administration, 1400 S. St. Marys, Falfurrias, TX 78355.

Instructor/Coordinator: Bachelors degree preferred. National and state certified paramedic; ACLS; EMS oordinator and instructor certification. Contact Alfredo C. Zamora, Texas Southmost College, Personnel Director, 80 Fort Brown, Brownsville, TX 78520.

Instructor: Health occupations class for Los Fresnos High

School Juniors/Seniors. Must be licensed health care professional. Bachelor degree required. Some teaching experience is preferred. Contact Alfredo C. Zamora, Texas Southmost College, Personnel Director, 80 Fort Brown, Brownsville, TX 78520.

Dispatcher position wanted: Chief dispatcher in South Texas Hospital EMS System wants to relocate. Certified emergency medical dispatcher, EMT-I, EMS and TCLEOSE, certified instructor, BTLs certified and active member of APCO. Contact D.L. Gibson, PO Box 102, Premont, TX 78375. 512/348-2004 after 5 pm.

EMS Positions: Job opportunities - for current listings send \$2.75 to Texas Employment for Emergency Medical Services (TEEMS), PO Box 540911, Grand Prairie, TX 75054-0911.

EMT-B, EMT-I, EMT-P: Full-time employment, salary plus benefits. 915/943-2574 for applications.

For Sale: 1984 high top ambulance. Very good condition, low mileage, all equipment ready for inspection. 915/648-3290.

For Sale: 1986 Collins Type II ambulance. 1988 and 1989 Wheeled Coach type II ambulances with ALS cabinets. Debra or Rick 214/644-1444.

For Sale: 1984 Chevrolet Atlantic Type I Modular Ambulance, \$12,000; 1981 Ford EVF Type II, \$8,000; 1979 Ford Prestige Type II, \$6,000; All three units have new engines. Must sell. Mike 915/837-7471/leave message.

For Sale: 1984 Type I walk-through Wheel Coach. 1985 Type II van Wheel Coach. Both units are offered with all BLS and ALS equipment. 512/786-3873.

For Sale: Thumper, cardiopulmonary resuscitator, soft pack w/case. \$2,500, 2-Mars 888 lights, good shape, \$700. Roland Hobbs, Jacinto City Fire Dept., 1126 Mercury Dr., Houston, TX 77029. 713/674-1841.

For Sale: Manikin, one reconditioned recording Resuscianne. List \$1885 - your price \$800. Parts and supplies also available. Devin Zaring, Manikin Repair Center. 713/484-8382.

For Sale: 1987 Ford Type I Select ambulance. New paint, good condition. David Cleveland. 409/294-0949.

For Sale: 1985 Dodge Type I modular ambulance. New motor/transmission. Jerry Woods funeral home. \$9,200/negotiable. Nocona, TX. 817/825-3285.

For Sale: 1978 Dodge Ambulance. Tip top shape. Fully equipped. (903) 968-6419 or John Allen (903) 968-2568.

For Sale: Used CPR training aids. 2 Laerdal Resuscianne, \$150 each; 1 torso, \$200; 2 infants, \$100 each; 1 child Billy, \$125. New MAST trousers, \$200. BMX BP cuff set, \$60. 512/331-1243.

For Sale: Basic paramedic pants. All sizes available. Panther Pacific. PO Box 176, Lewisville, TX 75067. 214/219-0581.

For Sale: Motorola MaxTrac 300. 16 channel, scanning, UHF radio, currently programmed with all med channels. \$500. 512/631-7962.

Prof. Liability available to EMS organizations, Contact Bert Peterson at or 1-800-423-5344.

CPR Instruction: The instructor shown on the cover of the July 1991 *Texas EMS Messenger* is in a terrible position if she is really teaching CPR. The cover explanation does not allow for the possibility of rupturing breast implants, nor any other adverse results of incorrect hand and body positions while performing CPR.

If the front cover picture on the July 1991 *Messenger* truly was meant to depict CPR instruction, please correct this mistake before someone is seriously injured!

*Herman H. Novak, EMT
El Campo, Texas*

Comment: *The photo depicts a CPR teaching session that included teaching abdominal thrusts. You are absolutely right to expect us to show good patient care in our magazine photos, and we want to. Another, similar letter was received from John Brian, Jr.*

Traffic Safety Funds: In review of the August 1991 edition of the *Texas EMS Messenger*, it has been noted that the following articles referenced projects supported with traffic safety funds contracted through the Texas Department of Transportation (TxDOT):

Free rescue equipment available from Texas A&M; Gillespie county EMS educator honored; SafeRiders and EMS buckle up babies across Texas; Ready Teddy goes back to school; EMT Completion Alternative Course.

The EMT completion article recognizes TxDOT as the source of funding for the course. However, most do not reference the effort or involvement of traffic safety. We appreciate the publicity you provide to these projects and would further appreciate appropriate reference.

*Susan N. Bryant, Chief
Traffic Safety Operations
Texas Department of Transportation*

Ambulance Driver: I wanted to comment on the article by Lori McClure entitled, "In the driver's seat," which appeared in the June, 1991, issue of your publication. I would like to say that I think Lori is to be commended for her editorial comment in this article. I agree completely with her evaluation of the role of operator/driver of an ambulance.

As an administrator for a ground service, I feel that, many times, we fixate on the clinical component of our job and forget that the actual driving of the vehicle itself very much affects the condition of the patient. I think that any ambulance personnel who manage the vehicle and equipment very effectively are doing as much for the clinical care of the patient as the person who start the IVs.

Again, thank you for publishing a little different perspective on a broader aspect of quality service and quality patient care.

*Jane Wynn, RN, BSN, CEN
Program Director*

Certification vs. Licensure: The certification vs licensure issue is clearly one of semantics and emotion. However, there is rationale for changing from the word certification to licensure. EMS personnel are people with more than a passion for doing a job well. We are no longer the load and go mortician of yesteryear. We have turned the pre hospital care environment into a responsible, caring, and professional medical field. And with these results should come recognition. Its time to cross the bridge into a more professional realm of medical care. Yes, this is an emotional issue for a lot of people. But why shouldn't we do everything we can to upgrade, and uplift, our profession even on an emotional level? With change comes opportunity to stretch and grow and provide even better care to those that need it.

I've interviewed countless providers, educators, and administra-

tors. One big concern is, "What will it change?" I believe licensing EMS personnel will not necessarily bring about any change in established requirements for initial licensure; however, requirements for license renewal can be altered slightly to include renewal by examination or endorsement. Endorsement would be by the course coordinator for basic trained personnel and by the medical director for advanced trained personnel. This endorsement wouldn't exclude testing; however, it would place renewal testing at the local level. Renewal of a license would hinge on the coordinator or medical director.

Becoming licensed in the health care field brings to us self respect, a professional aura, and responsibility, and I believe we are ready to accept all three. We deserve to stand beside our medical counterparts as recognized, licensed health care professionals.

*Sherrie C. Wilson, EMT-P, I/C
Richardson, Texas*

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