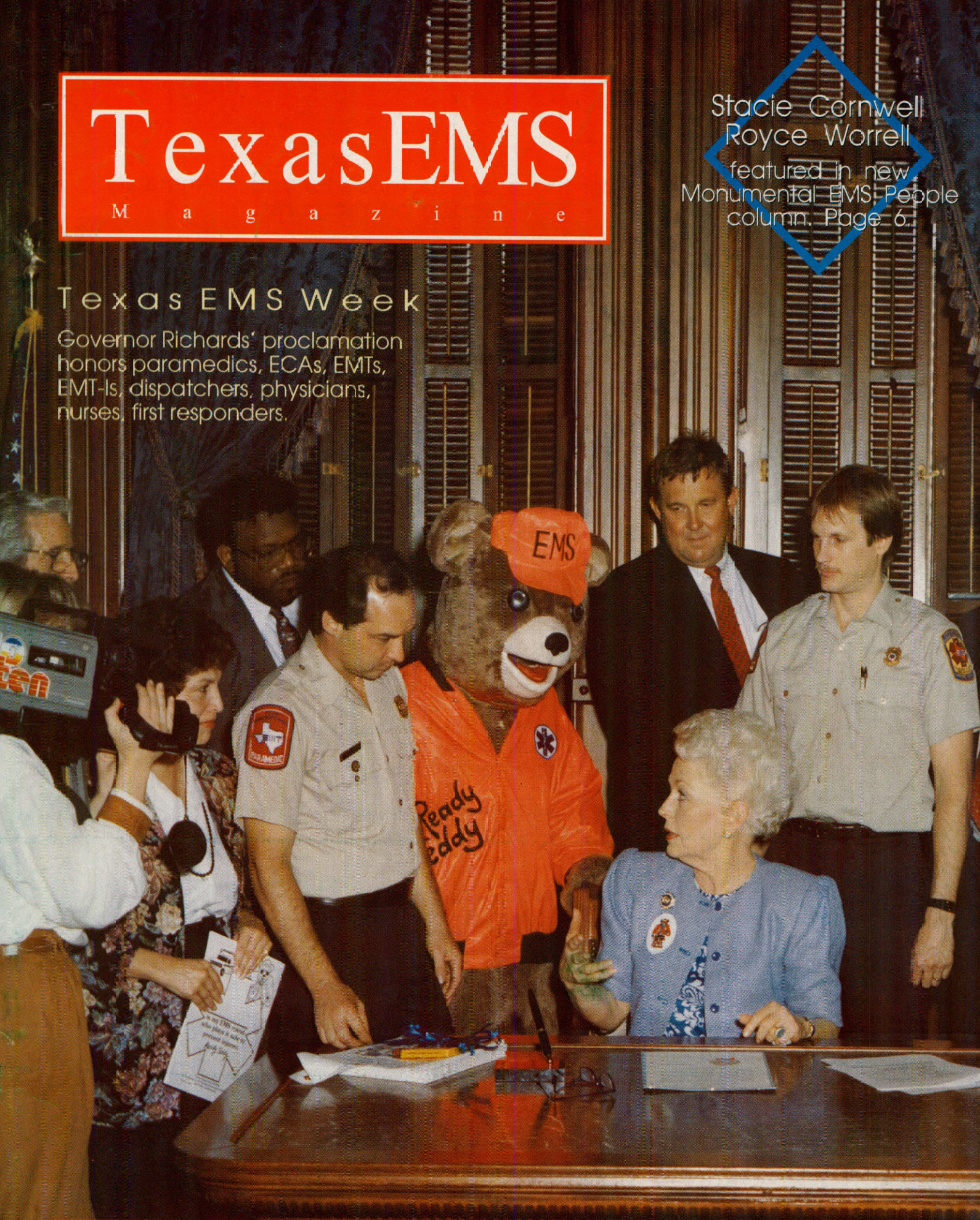
TexasEMS

Magazine

Stacie Cornwell
Royce Worrell
featured in new
Monumental EMS People
column. Page 6.

Texas EMS Week

Governor Richards' proclamation honors paramedics, ECAs, EMTs, EMT-Is, dispatchers, physicians, nurses, first responders.



Serving Texas Emergency Care Professionals Texas Department of Health May 1993

In the news: Baird VFD, MedStar and P&S Ambulance, Live Ock EMS, Marfa EMS, Williamson County EMS, Austin EMS, Blanco County EMS, Rising Star EMS. Page 8.

Mail order form to:

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Texas Department of Health
1100 West 49th Street
Austin, TX 78756

Order these free materials for your community education programs.

Shipping information:

Organization _____

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Amount ordered	Description
_____	**"Ready Teddy" coloring book.** Twelve pages of injury prevention and EMS awareness tips by the Texas EMS mascot. (4-61)
_____	**"When Minutes Count—A Citizen's Guide to Medical Emergencies" brochure.** A foldout first aid guide first distributed in 1988. Can be personalized by the EMS service. (EMS-014)
_____	**"Don't Guess, Call EMS" brochure.** A reprint of a Department of Transportation brochure updated with Texas photos and logo. Back panel listing of Public Health Region offices and a "for more information call" box, 1989. (EMS-013)
_____	**"EMS Lifesavers—Career Information" brochure.** Gives types of jobs, paid and volunteer, in various settings and salary ranges. (EMS-007)
_____	**"EMS questions and Answers About Citizen participation" brochure.** Answers questions about how to call, what to do, how the community can help EMS. (EMS-008)
_____	**"EMS—A System to Save a Life" brochure.** A 1970's title, 1990's text, and it has public health region office info and "for more information call" box. Explains BLS and ALS 1989. (EMS-012)
_____	**"Ready Teddy" poster.** The Texas EMS mascot urges kids to prevent injuries. (4-60)
_____	**"Dedicated to Patient Care" poster.** EMT and elderly woman pictured; featured during 1988's EMS Week. (EMS-009)
_____	**"EMS—It's a Lifesaver" poster.** Features the scanned ambulance with an orange stripe and EMT. Our first EMS Week poster, 1985. (EMS-018)
_____	**"System to Save a Life" poster.** Companion poster to brochure, 1990. (EMS-011)
_____	**"When It's A Medical Emergency—You Need EMS" poster.** Pictures closeup of EMTs resuscitating a child, 1987. (EMS-010)
_____	**"I'm an EMS Friend" sticker.** Ready Teddy in a 2-½ inch 2-color sticker.

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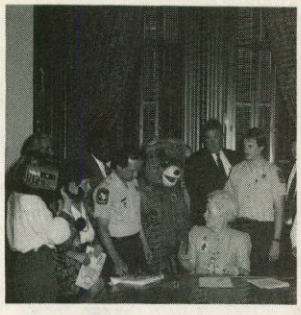

ABOUT THE COVER: Ready Teddy and Paris EMS medics helped Governor Ann Richards sign the EMS Week proclamation last year.

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Texas EMS Magazine

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Editor's office: (512) 834-6740, 1100 W. 49th Street, Austin, Texas 78756-3199.

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We will accept telephone and mail queries about articles and news items. Manuscript and photograph guidelines available upon request. Materials will be returned if requested.

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50 YEARS AGO IN EMS

FROM THIS SIDE

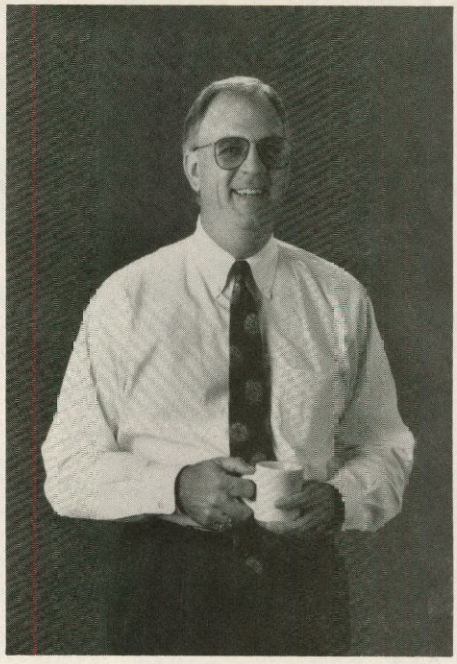
Congratulations to Alana Mallard, editor of *Texas EMS Magazine*, on finally getting her picture on the cover. We are always kidding Alana regarding the number of times she puts her picture in the magazine. We were always secretly wondering just how long it would take her to get her picture on the cover. Congratulations, Alana, on your cover photograph. She is the one in the Ready Teddy costume.

Thanks to Charles Hooks, paramedic with Cypress Creek, for donating our first piece of equipment for the EMS Museum. Charles donated an Ambu foot-operated suction unit still in the original box.

The Ambu unit was one of the earliest suction units placed on ambulances in Texas. It was manufactured by Ambu International of Copenhagen, Denmark, and distributed in the United States by Air Shields, Incorporated, in South Carolina. The directions are still with the unit.

The Texas Health Foundation is working to create a museum for all components of public health. We plan to work with them to create displays for emergency medical service. If some other organization is interested in starting a collection of EMS artifacts we would like to work with them to preserve our EMS history.

The other day Ernie Rodriguez, assistant EMS division director, showed me a copy of the original EMS law for Texas. This law passed in 1943 and it was forty years later in 1983 that it was revised by the Texas Legislature. The three sections here—permits, equipment, and training—are the bulk of the three-page law. It is interesting to see just how much progress Texas EMS has made.



GENE WEATHERALL,
CHIEF
BUREAU OF EMERGENCY MANAGEMENT

Texas' First EMS Law — *1943*

Article 4590b. Regulation of public and private emergency ambulances; permits

Section 1. No person, firm or corporation shall operate or cause to be operated in the State of Texas, any emergency ambulance, public or private, or any other vehicle commonly used for the transportation or conveyance of the sick or injured, without first securing a permit therefor from the State Board of Health as hereinafter provided.

Section 2. Every ambulance, patrol automobile or vehicle hereinafter described, before permit is issued therefor, shall be equipped with and, when in service, carry as minimum equipment the following: (a) A first aid kit; (b) Traction splints for the proper transportation of fractures of the extremities.

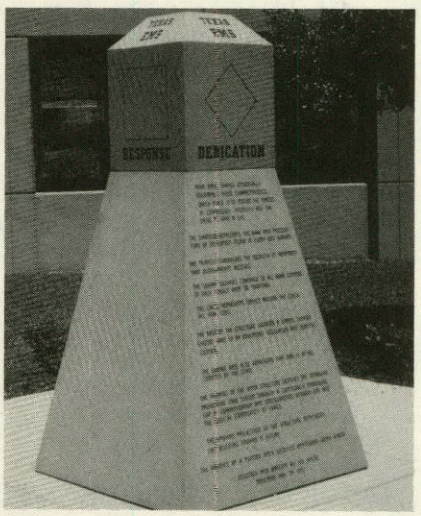
Section 3. Every such ambulance or vehicle hereinabove described, when in service, shall be accompanied by at least one person who has acquired theoretical or practical knowledge in first aid as prescribed and certified by the American Red Cross, evidenced by a certificate issued to such person by the State Board of Health.

The Texas EMS Monument honors all emergency medical services personnel in the state of Texas.

MONUMENTAL

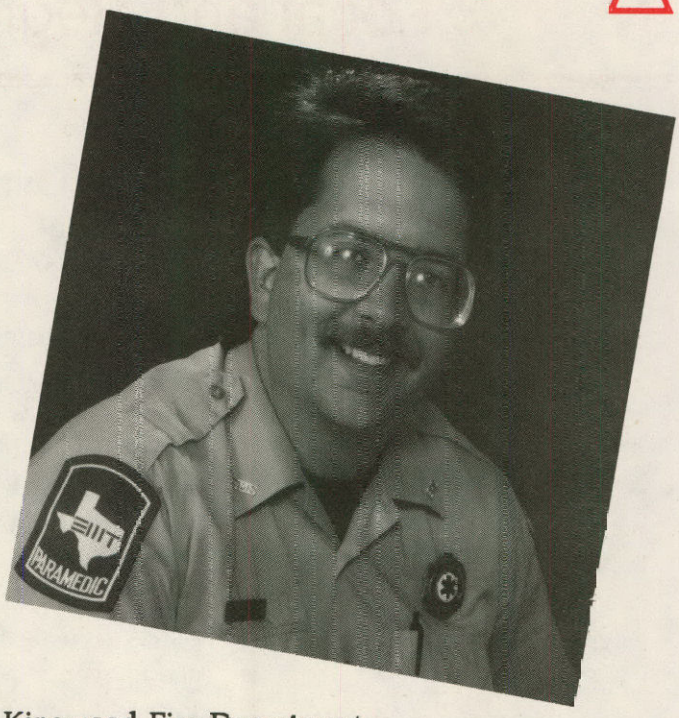
Stacie Cornwell

Age 30
Service New Braunfels Fire Department
Position Training Coordinator
Certification EMT, 1986; EMT-I, 1988; EMT-P, 1990
Original home Somerset, Texas
Why EMS "Friends were volunteering at Canyon Lake and they talked me into taking the EMT course. Halfway through it, my daughter got run over and had two broken arms, pneumothorax, cracked ribs, and a cracked spleen. That taught me that living out there in a rural area, I needed to know how to do things myself."
Recent accomplishment Planning and coordinating a full-scale DWI exercise at a local high school illustrating the dangers of drinking and driving. The annual exercise is planned right before students leave for spring break.
Hobbies Fishing and softball
Personal Two children: Misty, age 8, and Justin, age 7
Hope for EMS "The thing I would like to see is EMS crews more involved with educating the community about what we do and when to call an ambulance. If we better educate them, they will know when to call for help."
Quote *"When I first went into firefighting, the guys really supported me being one of the first women on the crew. They pushed me and helped me into being the best that I could be."*



Each month we will introduce you to the people in Texas EMS.

EMS PEOPLE



Royce Worrell

Age 32
Service Kingwood Area EMS Association and Montgomery County Hospital District EMS
Position Training and development coordinator for KAEMSA, part-time paramedic for Montgomery County Hospital District EMS
Certification Texas EMT-P, NREMTP, Instructor/Examiner, Certified Emergency Dispatcher, BCLS-I, ACLS-I, BTLS-I, Firefighter and Law Enforcement certifications, BBA from Stephen F. Austin University
Original Home Jackson, Mississippi
Why EMS "I graduated from college in 1982 and every day I would drive by Kingwood Fire Department as I looked for a job. So I became a volunteer firefighter. The Kingwood Area EMS Association ambulances were parked out back and the medics were always making calls, so I thought 'Hey, there's got to be something to that,' and I started volunteering for Kingwood Area in 1983."
Recent accomplishment Received the Glenn R. Jones Memorial Paramedic of the Year in 1992 from Texas Association of EMTs
Hobbies Hunting, fishing, biking, yard work, softball, golf
Personal Married to EMT Misty R. Worrell, five children: Matthew, 7; Jacob, 5; Shelby, 10 months; Rachel, 4; and Tyler, 3
Hope for EMS "I hope that EMS continues to strive for caring and concern for the patient—not just doing the mechanics of patient care or just doing a job, but really caring for the patient."
Quote *"I'm honored by the Paramedic of the Year Award but at the same time, I do not feel the award should be given to an individual. EMS is a team effort and everyone associated is important. On behalf of the Kingwood Area Emergency Medical Service Association, I accept this award."*

THE TEXAS EMS MONUMENT WAS DEDICATED BY THE TEXAS DEPARTMENT OF HEALTH ON NOVEMBER 25, 1992, TO HONOR ALL EMS PERSONNEL IN THE STATE OF TEXAS. IT IS LOCATED AT 1100 WEST 49TH, AUSTIN, TEXAS.

Local and Regional EMS News

Is your EMS service mentioned in *Local and Regional EMS News*?

It needs to be!
Are you planning a fundraiser?
A training class?
A public education program?
Do you have new people on board?
Elected new officers?

Send your news to:
Texas EMS Magazine
Alana S. Mallard, Editor
Bureau of Emergency Management
1100 West 49th Street
Austin, Texas 78756-3199
(512) 834-6740

We welcome letters to the editor on EMS issues, magazine articles, or other topics of interest. We print letters to the editor as we have space.

Jems Communications sold to Times Mirror Corporation

Jems Communications announced in February that Mosby-Yearbook, Inc., had acquired all Jems stock. Mosby, a subsidiary of The Times Mirror Company, is a leading publisher of health care books and journal.

Jems Communications publishes five periodicals: *Journal of Emergency Medical Services, Rescue Magazine, Prehospital and Disaster Medicine, Air Medical Journal,* and *EMS Insider.* The company also owns or manages six conferences, including EMS Today and Team Rescue; produces books and videos; and has a large mail-order book business. They also recently developed the Emergency Care Information Center, which provides consulting services and association management.

James O. Page, who remains chairman of Jems Communications, said that the company would continue serving the men and women of emergency services.

Baird volunteer firefighters complete ECA course

Eight members of the Baird Volunteer Fire Department completed ECA training and have formed a first responder group. The new ECAs are Jeff Barton, Eugene Bell, Dale Brewer, Billy Harris, Lesa Harris, Keith Hart, Russell Robbins, and Mary Wilson. Three of the firefighters plan to take an EMT completion course this summer. EMT-I Rose Henry instructed the course. Henry works for Citizens EMS, a service funded by Callahan County and the cities of Baird and Clyde. One of the goals of Citizens EMS is to have all volunteer fire departments in the county trained in emergency medical response.

"(Citizens EMS) covers such a large area that it would help to have first responders around the county," said Henry.

Two Texas firms receive national accreditation

Two Texas ambulance services received five-year accreditation from the Commission on Accreditation of Ambulance Services in February. MedStar of Fort Worth and Physicians and Surgeons Ambulance Service, Inc., of Houston participated in the voluntary review process. Only 17 ambulance firms nationwide were accredited for five years; four received a one-year accreditation. National EMS experts judge each service based on a comprehensive application and thorough on-site review.

The commission, an independent, nonprofit corporation, was established to encourage and promote improved quality patient care. The American College of Emergency Physicians manages the Dallas-based commission.

Local and Regional EMS News

Any ambulance service can apply for accreditation. Application fees begin at $5,000 for services that make under 5,000 patient transfers a year.

New EMS directors named in Marfa, Williamson County

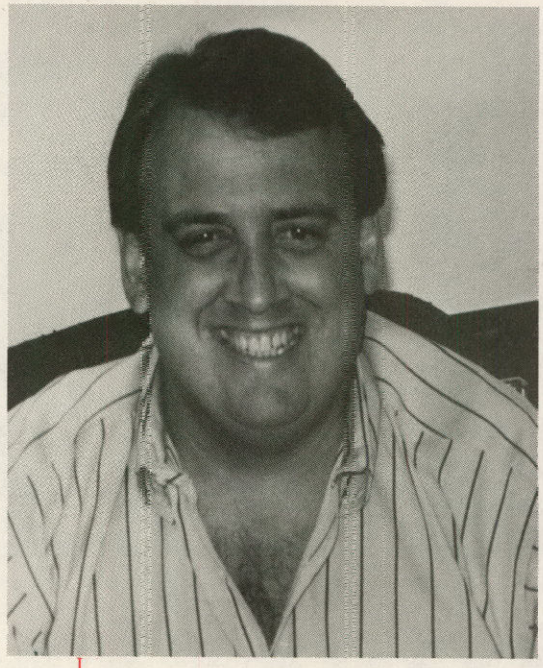
EMT Lee Bruttomesso has been named director of the City of Marfa's EMS Department, replacing Brenda Campbell. Campbell is moving to Fort Stockton. Members of Marfa EMS are paramedics Kyna Threadgill and Ellen Kimble, and ECAs Norma Rivas West and Gilbert Gonzales. Both Gonzales and West are currently studying to become EMTs.

In Williamson County, John Sneed took over as EMS director for George Stephenson, who resigned because of health problems. Sneed, a paramedic, came to work at Williamson County EMS eleven years ago and has been the acting director since Stephenson's illness. Sneed supervises 18 paramedics and a department budget of about $1 million a year.

EMT-Is graduate in Panhandle, South Texas

Eleven Panhandle students were certified as EMT-Is in February. New EMT-Is are Brad McQuiddy, Stephanie Hebert, and David Wilson, all of Canadian and part-time employees of Hemphill County EMS; Rhonda Buie and Debbie Brown, both of Booker; Andy Anderson of Perryton; Debbie Phillips and Peggy Day, both of Pampa; Grady Milton of White Deer; and Rene Heil and Tim Sipe, both of Amarillo.

And Lisa Stewart and Linda Couk are the newest members of Live Oak EMS to receive EMT-I certification.



Paramedic John Sneed recently took over as director of Williamson County EMS. Sneed replaces George Stephenson, who retired for health reasons. Photo: Courtesy of Taylor Daily News, *Taylor, Texas.*

Austin County EMS welcomes chaplain

EMT Kent Fuselier has volunteered his services as chaplain and coordinator of the Critical Incident Stress Debriefing program for Austin County EMS. A graduate of Panola College and Texas A&M, Fuselier is an electrical engineer. He has volunteered for more than six years as a firefighter/medic. Fuselier plans to attend paramedic school this summer.

Woman trapped in cave saved after 6-hour ordeal

A 22-year-old woman who spent six hours trapped in a cave in March in South Austin brought Austin EMS and the Oak Hill Fire Department cave rescue team to the scene before she finally freed herself. Oak Hill Fire Department Chief Tom Bones says that the horizontal cave extends back about 12,000 feet. The woman was stuck about 1,000 feet back in a narrow passage that permits crawling.

"I'm real pleased with how things turned out," says Bones. The Oak Hill Fire Volunteer Department developed a cave rescue team about eight years ago after they were called to rescue another spelunker.

"We realized how much we didn't know and that's when we started training," says

Local and Regional EMS News

Members of the New Braunfels Fire Department work with Baptist AirLife personnel to treat victims in a DWI exercise in front of a local high school the week before students left for spring break. The fire department staged the exercise to illustrate to students the dangers of drunk driving. Photo: Wayne Rousseau

Bones. There are approximately 485 known caves in Travis County, many of them in or near Austin city limits.

The Oak Hill Volunteer Fire Department covers 32 square miles southwest of Austin in Travis County. The 14-truck fleet makes about 500 calls each year.

New Braunfels Fire Department stages DWI for high school

The New Braunfels Fire Department staged a DWI for Canyon High School the week before spring break to illustrate the dangers of climbing behind the wheel intoxicated. The exercise, similar to one the fire department did last year at another high school, was planned with the help of school officials.

When the crash scene was set up, school officials sounded a fire alarm to get the students outside. Many of the 500 students did not know that the scene in front of their school was not real. The exercise involved a drunk driver hitting a vehicle with four passengers. Of those, one was dead on the scene and another required transportation by Baptist Hospital AirLife. Two backseat passengers were transported to a local hospital. Police arrested the intoxicated driver and a funeral home removed the body in a hearse.

In his talk to students afterward, Chief Phil Baker urged the students to think about drinking and driving while they celebrated spring break.

"Statistically, one person in this class will die in an alcohol-related wreck this year," said Baker.

Firefighter/EMTs enjoy staging drills like these because it allows them to help prevent injuries instead of being called to pick up the pieces, according to Stacie Cornwell, training coordinator. The fire department plans to stage drills every few years at the area high schools.

Austin EMS names award winners

Austin Emergency Medical Services presented awards in March to recognize outstanding contributions by EMS personnel during 1992. Two paramedics received the Xavier Mokarzel Award of Valor for their heroic actions during two separate incidents. The award is named for an Austin medic who died of leukemia in 1990.

Chuck Morrison received the award for a shooting incident at an Austin residence. When Morrison arrived, a 16-year-old male and another older male had been shot and were down in the front yard. A third individual was firing a weapon from inside the house,

which was on fire. Morrison risked his own life to retrieve the younger patient. Although both individuals were ultimately treated at the scene and transported, the older patient was pronounced dead at the hospital. The 16-year-old recovered. The male inside the house died from a gunshot wound and burns suffered while inside the house.

Dave Williams received the award for an incident in which a vehicle went off a roadway near a dam, trapping five occupants inside. Williams, a member of the Technical Operations Team, was one of the first people on the scene. He entered the water and was able to rescue two of the five occupants, who eventually recovered from their injuries.

Employee of the Year Awards went to EMT Janelle Johnson, paramedic James Shamard, Commander Joe Granberry, telecommunications specialist Phil Reynolds, and support services staff member Jane Lingo. Winners of these awards are are chosen by their peers.

The Director's Award for Public Service went to Sally Muir, EMS public information officer. And Jim Allday and Donna Hale were honored for 15 years of service.

Blanco County EMS makes final mortgage payment

Blanco County EMS recently paid the final installment on the mortgage of its building and celebrated with a mortgage burning. Completed in April of 1991, the nearly 3,000-square-foot structure includes three ambulance bays, a classroom, kitchen, lounge area, office, two bunk rooms, and two bathrooms. The service was able to pay off the $25,000 mortgage early because of two "massive donations," by two of the original members of the volunteer service, according to EMS President Jack Paine.

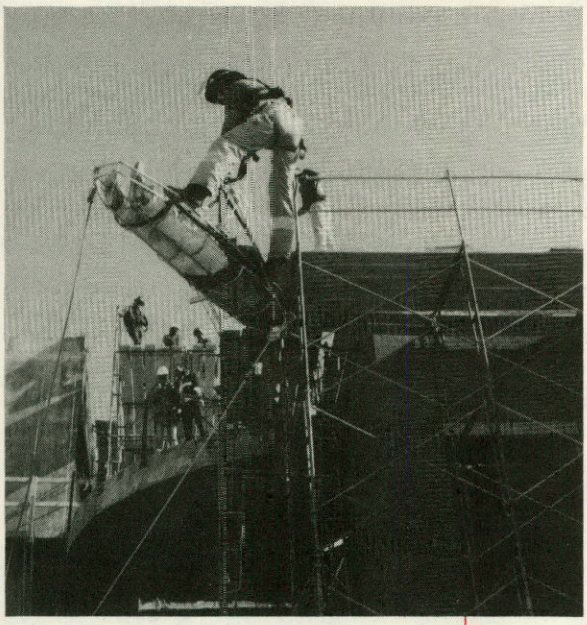
Blanco County EMS covers the south half of Blanco County and parts of Kendall and Comal counties. The service has 21 certified volunteers: two paramedics, six EMT-Is, eight EMTs, and five ECAs. Three more people volunteer as drivers and another as a dispatcher. The two ambulances are MICU-capable. Last year, the service made about 130 calls to the 3,500 residents of the area.

Rising Star elects new officers

Rising Star EMS elected two new members to its board of directors in February. The newly elected directors are Garry Duggan, who has served as coordinator of the EMS for several years, and Herman Ogden, a long-time resident of Rising Star. Ogden will chair the board.

Blanco EMS paid off the mortgage on its EMS building in less than two years with the help of two large donations. Celebrating the occasion with a mortgage burning are Lonnie Humrichouse, EMS auxiliary president, far left, and Jack Paine, EMS president, far right, joined by community supporters. Photo: Courtesy of Blanco County News.

Local and Regional EMS News



Driver/EMT David Wike of the San Angelo Fire Department attends the victim of a construction mishap as he is lowered to a waiting ambulance. Photo: Ron Perry

Austin office expecting two more bear suits

The month of May may bring flowers, but May could bring something else this year: five more Ready Teddy suits for the central and regional offices of the Bureau of Emergency Management. According to Oralia Clark, Ready's helper in Austin, the suits should be delivered sometime in May.

"This ought to help more people use Ready Teddy," says Clark. "I have had to turn people away because we only had one suit here at this office."

Clark also says that there is a waiting list for the central office bears during the month of May because of EMS Week. Ready Teddy has more than 20 bearamedic brothers and sisters who live in regional offices or at emergency medical services around the state.

San Angelo Fire Department rescues construction site victim

On March 2, the San Angelo Fire Department rescue and EMS units responded to a call involving an injured worker at a high-rise construction site. A bricklayer had stepped off scaffolding and fallen approximately 20 feet onto a concrete floor, sustaining possible C-spine, head, and internal injuries. Paramedics stabilized the patient, and rescue personnel removed the victim using a large construction crane and Stokes basket.

The victim was transported to the hospital ED across the street from the construction site.

The fire department has the opportunity to use the Stokes basket fairly often, says Ron Perry, assistant fire chief. One of the most unusual rescues involved a mishap on the lake.

"One guy caught a really big fish and when he couldn't get it in the boat, he jumped in after it," says Perry. "We sent a Stokes basket down and brought up the man and his fish."

The San Angelo Fire Department serves about 85,000 people in Tom Green County. The seven ambulances are certified ALS, and all firetrucks carry automatic defibrillators.

Ready Teddy makes some new friends in Burnet recently as he takes his safety message to that Central Texas town. The central health department and regional offices are expecting five new bear suits to be available for loan in May. Photo: Linda Gellasch

Local and Regional EMS News

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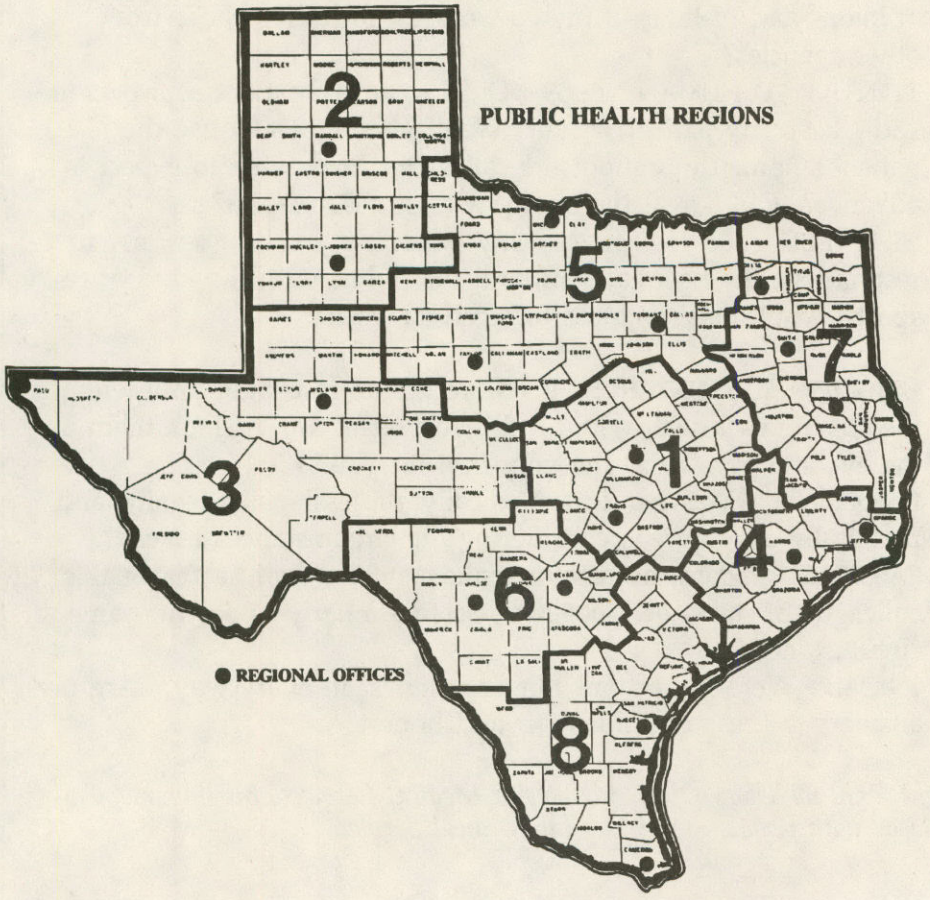

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Quality

TOTAL QUALITY MANAGEMENT, Continuous Quality Improvement, Quality Assurance, Quality Management, Quality Improvement—it's called by all kinds of names, but what it boils down to for us is good patient care. For Edward Deming, the father of the quality movement, Total Quality Management means one thing: meeting or exceeding the customer's expectations.

We're happy to feature in this issue articles on quality management by EMS Division Assistant Directors Debbie Bradford and Ernie Rodriguez. And we'll take this opportunity to announce that you'll see articles on quality management in every issue.

Our friends in Alaska first reprinted this Star Care Checklist in their state magazine, and Bay Star gave us permission to share it with *Texas EMS Magazine* readers. If you want a quick lesson in quality, here it is. —*Editor*

S AFE Were my actions safe—for me, for my colleagues, for other professionals, and for the public?

T EAM-BASED Were my actions taken with due regard for the opinions and feelings of my co-workers, including those from other agencies?

A TTENTIVE TO HUMAN NEEDS Did I treat my patient as a person? Did I keep my patient warm? Was I gentle? Did I use the patient's name throughout the call? Did I say what to expect in advance? Did I treat the family with similar respect?

R ESPECTFUL Did I act toward my patient, my colleagues, my first responders, the hospital staff, and the public with the kind of respect I would have wanted to receive myself?

C USTOMER-ACCOUNTABLE If I were face-to-face right now with the customers I dealt with on this response, could I look them in the eye and say "I did my very best for you."?

A PPROPRIATE Was my care medically, professionally, legally, and practically appropriate, considering the circumstances I faced?

R EASONABLE Did my actions make sense? Would a reasonable colleague of my experience have acted similarly under the same circumstances?

E THICAL Were my actions fair and honest in every way? Are my answers to these questions fair and honest?

Quality Improvement

It's Not Just Another TDH Rule, It's Better Patient Care

WHEN THE CITY COUNCIL WILL not approve additional funding or when not enough people volunteer to staff the unit, who needs anything else to worry about?

"I have enough to worry about just keeping the ambulance staffed and running. I don't have time to stop and do quality improvement," one manager told me when faced with the EMS license requirement of developing a quality improvement process.

To many EMS administrators, the prospect of implementing a quality improvement process for the EMS system is both strange and frightening. Most emergency medical technicians do not learn in EMT school about managing an emergency medical service or designing a quality im-

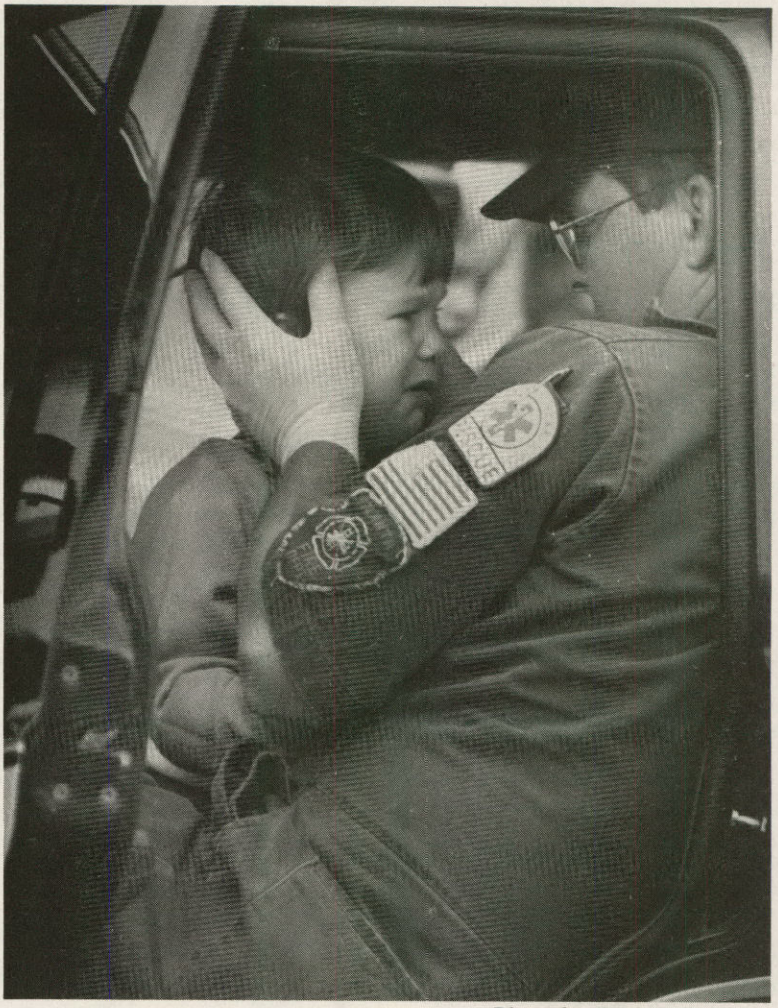


Photo by Fred Sadowski

By Ernesto M. Rodriguez

provement process. Yet they are expected to manage quality EMS systems.

Quality Improvement Expanded in EMS Rules

Managers are challenged in 1993 to implement a quality improvement process for EMS systems. Among the EMS rule revisions adopted in November, 1992, by the Texas Board of Health is an intensified requirement for a stronger quality improvement process. EMS rule 157.11, provider licensing, has always required a run review process. However, this newest revision requires EMS systems to establish a plan for continuous assessment and improvement of patient care.

Texas Department of Health will enforce this requirement beginning September 1, 1993, to give providers an adequate grace period to prepare a quality improvement plan.

"After that date, any service that applies for a provider license or renewal of a license will be required to have a quality improvement plan" says Pam West, director of the Bureau of Emergency Management's EMS Division.

Those who must have a quality improvement plan include providers who renew their license after September 1, 1993, and new providers applying for a license after September 1, 1993.

"We are encouraging services that are applying for a provider license before September 1, 1993, to go ahead and establish a quality improvement plan now," said Rod Dennison, EMS program administrator in Public Health Region 1.

"They will have to do it later anyway," Dennison said, "and what is more important than making sure you're delivering quality patient care?"

While the department encourages providers to comply with the quality improvement requirement before the end of the grace period, no license applications will be denied on the sole basis of the quality improvement plan until after September 1, 1993. After that date, a provider who does not have a quality improvement plan could be denied a license. Likewise, a service that does not follow through with activities in their plan is also considered in violation of the new rule.

Elements and Minimums of EMS Rules for Quality Improvement

The new EMS quality improvement rule requires two things: elements and minimums. Most people I talk to ask me, "What does this mean, and how do I meet the requirement?"

The first two elements of the rules require you to define the desired performance of your service and describe the information you consider important in measuring your service's effectiveness.

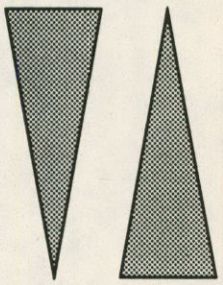
To begin your plan, select some quiet time for yourself. Keep paper and pencil hand and begin jotting

Figure 1. Sample QI Goals

- Improve personnel awareness and participation in administrative issues.
- Identify and correct recurring problems with the ambulance.
- Observe and evaluate adherence to medical protocols.

down some ideas of what you think your quality improvement process should do for your service. Figure 1 contains samples of goals for a quality improvement plan.

FIGURE 2. THE CONTINUUM OF SHARED RESPONSIBILITY



MEDICAL DIRECTOR

Medical Direction (patient care)
Protocols
Training
Receiving Facilities
Specialty Care Units
Interfacility Transportation
Prehospital Transportation
Audit and Quality Improvement
Disaster Planning
Dispatch
Public Information and Education
Communications
Mutual Aid
Finances

ADMINISTRATIVE DIRECTOR

(from Continuous Quality Improvement in EMS, *ACEP)*

The goals that you define will guide you when you get lost and buried in details. Defining goals establishes direction and identifies factors that you consider necessary for the delivery of good patient care in the field.

In the book *Continuous Quality Improvement in EMS*, the American College of Physicians gives EMS administrators and medical directors equal responsibility for quality improvement. Use the model in Figure 2 to work with your medical director on goals and evaluation.

Once you have drafted goals, let your employees and volunteers discuss and modify the goals, always keeping quality improvement of your service as the overarching goal. Getting input at this time may help you to overcome the tendency to try to do the entire plan alone. The rest of your quality improvement plan centers on how your service will accomplish its goals.

The third element describes how you will monitor and evaluate what you identified as your goals. For example, the process that you might use to monitor the second goal in Figure 1 could include keeping a tally sheet of the repairs on each vehicle. You would use the tally sheet of dates and mileage to adjust how often you schedule the vehicles for certain preventive maintenance. If you discover frequent brake jobs involving damaged discs and drums, more frequent brake inspections could help. And don't forget to include the mechanic in your planning and adjustment process.

The fourth element describing how you will improve patient care with the information that you gather is where you can get excited and innovative. You might organize a quality improvement task force or a quality circle. Describe the activities that your service will use to digest the information and how you will use the information to improve patient care.

How you will make sure your quality improvement plan works is the fifth element. Your plan will need adjustment, and your organization's members should review the plan frequently and discuss what has happened as a result of the plan.

For example, you may have observed that medics measured vital signs on only 5 percent of your pediatric patients. In response to that observation, you initiate improved continuing education and schedule hospital time for EMTs to practice pediatric assessment. Your follow-up audit shows that medics

do vitals on 85 percent of your pediatric patients. This improvement means that your plan worked.

Remember, too, that prehospital emergency medical care changes frequently and your plan must keep up with the changes.

Seven areas or minimums in your service must be addressed by your five-element quality improvement plan. These minimums are listed in Figure 3.

Simply having things such as medical protocols, operating procedures, or a preventive maintenance program will not assure good patient care. You need to design your quality process to actually help improve patient care.

EMS Quality Improves Patient Care

As you design your quality improvement plan or patient care improvement plan using the elements and minimums of the EMS rules, use these guidelines to keep you on track:

Identify Accountability Key to success is accountability. Who is responsible for carrying out each element of the plan? What are they supposed to do? When should they do it? How well should they do what they are supposed to do? What happens if the job is not getting done? Who takes over when something goes wrong? These are important questions to answer.

Alleviate Fear Another key is to eliminate fear. Many people believe that quality improvement places blame on people and results in punishment. This is not the purpose of quality improvement. Punishment is a viable opition that managers have when people will not perform properly, but it should be a last resort. The key idea should be improvement and the quality improvement process should not be punitive.

Encourage Participation Quality improvement is based on people power. This means that a well-meaning medical director or administrator cannot do quality improvement all alone. Encourage participateion from everyone. Have people give their input while developing the quality improvement plan. This gives them the opportunity to own part of it. Ownership is what makes people proud to participate.

Make It Simple and Easy to Accomplish A quality improvement plan has to be simple and easy to accomplish. A common cause of failure for many projects is their complexity. Keeping a plan simple and easy to understand makes it friendly. Start with things that address the minimum requirements and Keep It Simple, Smarty.

Tailor to the Needs of the System Your quality improvement plan must be tailored to the needs of your system. Copying someone else's plan is almost as bad as copying the standard operating procedures or medical protocols from another service and just

Figure 3. QI Minimums

- Review and improvement of medical protocols.
- Review and improvement of operating procedures.
- Review and improvement of administrative procedures.
- Review of response data.
- Review of adherence to standards of care.
- Review and improvement of complaint management.
- Proof, review, and improvement of preventive maintenance process.

Making a Good Thing Better

WANT TO LEARN MORE? THE EMS System Development Branch teaches an 8-hour quality improvement course called "Making a Good Thing Better" through the Bureau's Texas EMS Management Academy. The course has been taught in Temple, Rockport, Abilene, and Mount Pleasant to EMS managers and field personnel.

We limit the course to 30 participants so that we can break into small groups to apply the principles of quality improvement to real-life situations. The course maintains a high instructor-to-student ratio and encourages a high degree of participation in a nonthreatening environment. The $25 fee helps fund the courses.

The Texas EMS Management Academy designed "Making a Good Thing Better" on the philosophy that quality improvement is everyone's job. Throughout an organization everyone has a part in improving what we do well and what we care about: prehospital health care.

Call the Bureau of Emergency Management in Austin at (512) 834-6740 or your public health region EMS office to learn more about the course or to schedule a course in your area.

—Ernie Rodriguez

changing the name on them. It's like cooking in a stranger's kitchen: all the ingredients may be there, but they're not just like you need them. No two EMS systems, or cooks, are exactly alike. Take the time to tailor the plan to your system.

ADDRESS ELEMENTS AND MINIMUM STANDARDS OF THE EMS RULES Finally, address all the elements and minimum standards of the EMS rules. This is important because it is where we will start when we evaluate your plan.

If you get lost while designing your quality improvement plan, keep this in mind: Someone you love might not have time to make sure they receive good care. They may be too busy having chest pain. So do all the things that are necessary to assure quality care before someone you love needs EMS.

Paramedic and firefighter Ernesto M. Rodriguez came to the Bureau of Emergency Management from Corpus Christi Fire Department in 1990. As assistant director of the EMS Division, Rodriguez oversees the EMS system development activities, including disaster training and response, local EMS grant projects, communications, EMS for children, and the EMS Management Academy. Read more about Rodriguez on the back page of this issue or call him at (512) 834-6740 for help with your EMS organization.

Quality Improvement Takes a People Approach

SEVERAL YEARS AGO, AN EMS DIRECTOR shared this story with a group of EMS managers. The story has a happy ending and, more importantly, it has a people ending.

The story began when his service purchased a new ambulance. With all the usual circumstance and excitement, the station received its new unit, stocked it, and put the vehicle into service. The old ambulance remained at the station for use as a backup unit.

The first time the new unit went to the shop for a routine check-up and some preventive maintenance, the medics used their old vehicle for about 24 hours.

A week later, the new unit returned to the shop because the medics wanted the steering adjusted. Again the medics used the reserve unit—their old vehicle—for about 24 hours.

Within another week the medics returned the new unit to the shop complaining that the voltage meter registered a discharge when they used the emergency lights. This time the new unit stayed in the shop for two days. The mechanic said he could not duplicate the problem but advised the crew to keep an eye on the vehicle. The crew moved from the reserve back to the new unit.

A week later another problem

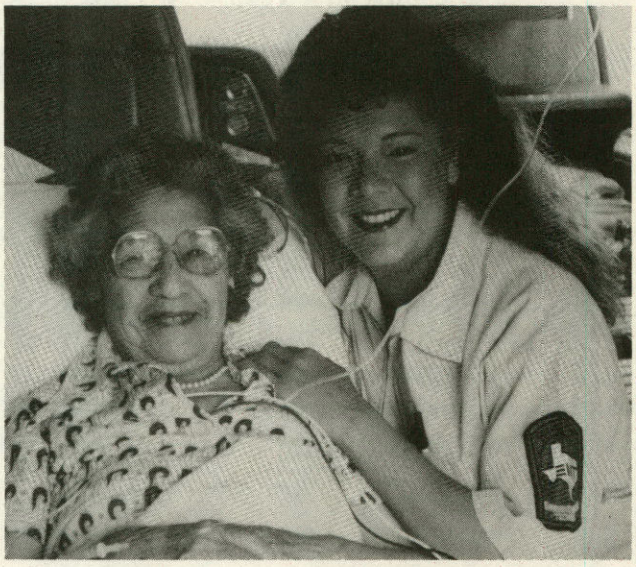


Photo by Celeste Garcia

emerged: the unit developed a leaky water hose. Again, one of the crews sent it to the mechanic for repairs. This time the mechanic called the EMS director to describe the repair and to report that the unit had been to the shop four times in a short period. The mechanic said he thought the crews were being picky and asked the EMS director to speak to them.

The EMS director began looking at the records to see which medics sent the new unit to the shop so he could visit with them about the mechanic's concerns. To his surprise, each of the six medics assigned to the station sent the vehicle to the shop at least once. Certainly, they all could not be wrong, he thought.

Next, he reviewed the vehicle's

repair records and spoke to the mechanic. The mechanic said the unit had no problems the first time that it came to the shop for a routine checkup. The second time the vehicle came to the shop, the mechanic told him, it did not need the steering adjustment requested by the medics and the voltage meter functioned properly on the vehicle's third visit. The mechanic said that on the fourth visit he found that some engine coolant had spilled on the engine and hoses, but he did not find any leaks and merely gave the hose clamps a slight tightening.

These findings left the EMS director disconcerted. According to the mechanic, nothing was wrong with the new ambulance each time it had been sent to the shop by the medics.

The EMS director visited with the medics over the next three days. When the first crew became defensive when he asked about the unneeded repairs, the EMS director decided to take a different approach with the other medics.

The EMS director asked the second crew how well they liked the new vehicle. The medics said the unit had a pretty smooth ride and that they liked the lights better than the ones on the old unit. Other than those things, they said the new unit was OK.

When the EMS director asked what things the crew would change on the unit to make it better, both medics laughed and talked about putting in a stereo tape deck. "The old unit had an FM radio and we sure loved it," one medic said.

Although it seemed like they were kidding, too, the third crew offered the same suggestion the next day when the EMS director visited the station during their shift.

What should the EMS director do? He thought about it for most of the next day. His reactions went from "What does a stereo have to do with their job? They don't need a stereo." to "Why not a stereo? It's no big deal." He really was confused.

The EMS director decided to call and talk to an old paramedic friend who started working with the service at the same time he had. His friend decided to stay on the streets instead of moving into training or administration. The two had run some of their toughest calls together.

The friend listened to the EMS manager's story. "It all depends on how important they are to you," he told the EMS director. "How important would you want to be?"

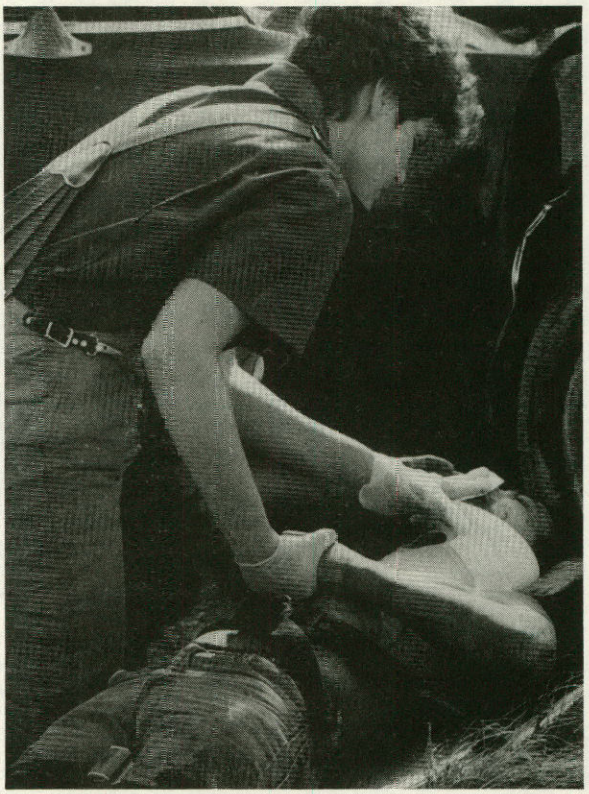
The next day, the EMS director sent the vehicle to the shop to have a stereo installed.

Well, that's the story. And what does it mean?

Sometimes as we get caught up in the day-to-day events of EMS, we forget some important things. While we have to remember that patient care is the most important thing for EMS organizations, we also need to remember that this is a people business. People deliver patient care.

As an EMS manager, you can't keep everyone happy all the time. No one could take on that responsibility, but little things can help. Maybe it's just feelings. Maybe it's a little relaxation in the middle of a rough day. *—Ernie Rodriguez*

EMS education is where it all starts



By Debbie Bradford

Photos by Angus Hodgson & Scott Trunkhill

Putting it all together: program evaluation and quality improvement

In Texas we have more than 400 ongoing EMS education programs, 1,400 coordinators and instructors, 14,000 candidates tested each year, and approximately 900 new candidates tested every month.

If you stop and think about it, EMS education is where it all starts. How do you know if your students are competent? How do you provide the best education possible?

The following ten guidelines will help you to take a close look at each component of your education program. By taking an even closer look at the results of your education program, you can implement positive changes and improvement.

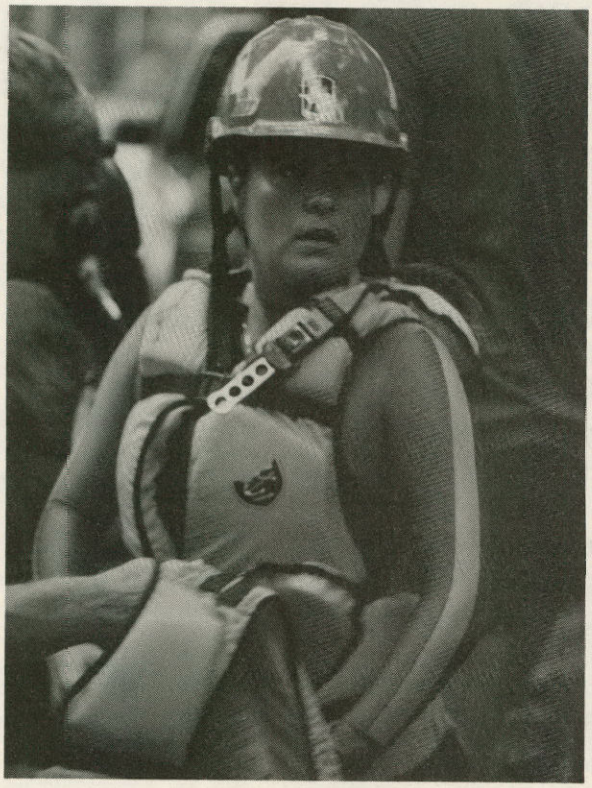
1. **Know your program goals and objectives** State your overall program goal straightforwardly and simply.

Example: "To prepare students to be competent EMT's."

State your program's objectives straightforwardly also.

Example: "Upon completion of the course, each student will demonstrate the knowledge, skills, atti-

...patient care is where it all ends



tude, and behavior necessary to function as an entry-level EMT."

2. Determine your student's competency Use state exam results to compare your program to others, and examine the strong and weak content areas on your students' subscale breakdowns.

Statewide, students typically have poor test-taking skills and inadequate practice with patient situations or scenarios.

You can help by teaching your students to take multiple-choice exams. Most exam review textbooks have test-taking guidelines.You can also give your students test-taking practice with patient scenario questions like the example that follows:

After you have bandaged a sucking chest wound, the patient begins to develop these signs: falling blood pressure, weakening pulse, and severe respiratory distress. You should:

a. Hyperventilate the patient with a bag-valve-mask.
b. Avoid administration of oxygen to prevent hypoxia.
c. Apply more tape over the wound.
d. Lift one corner of the dressing.

Do an employer satisfaction survey. Ask about your graduates' entry level skills, attitude, orientation time, and retraining time.

Do a graduate satisfaction survey. After your students' gain experience, ask them what skills and content areas they feel weakest in, what additional training would have helped, and what training now seems irrelevant.

Most important, use the results from these surveys to make needed changes.

3. Ask your students to evaluate each phase of the course Get written and verbal feedback from your students on various aspects of their training:

- Classroom instruction
- Skills teaching
- Clinical rotations
- Internship
- Overall course upon completion

Use the results from these sources to make needed changes. If you don't receive feedback, ask your questions in a different and less intimidating manner.

4. Evaluate your written tests Look at poor exam grades that may result from a lack of test-taking skills. Students should receive test-taking skills with patient scenarios during their training.

Look at questions missed by most students. Typically, you can tie questions missed by most students to one or more of these problems: not teaching or reinforcing the content, using an incorrect key, not stating the question clearly, giving two or more right answers, or giving an overly long test.

Look at your exams for validity. When an exam is valid, it tests what it expects to measure. To increase your exam validity, use your objectives when you write test questions, write questions similar to class and homework assignments, write patient situation questions, test in proportion to content emphasis, and use caution with tests written by others.

Look at your exams for reliability. With reliable tests, the scores remain consistent over time. To increase your exam reliability, give reasonable time for testing (one multiple choice question per minute or three true-false questions per minute), increase the items on each test, increase the number of tests, and write clear questions.

Again, and most important, use these results from these suggestions to make needed changes.

5. Evaluate your instruction Coordinators have the responsibility to evaluate their instructors. The state provides examples of instructor evaluation forms that you can adapt to your programs, and you should keep the instructor evaluations and document any follow-up action you take.

Instructors should evaluate each other. Peer evaluation is a healthy learning experience for both parties.

During the course and at the end of the course give students the opportunity to evaluate the instruction they receive.

Use the results of these evaluations to make needed changes. Remember, underestimating students is the attribute that makes for boring teachers and bored students.

Did you know that most adults absorb, retain, and learn only 10 percent of what they read, 30 percent of what they read and hear, 50 percent of what they hear and see, and 90 percent of what they do? With these statistics you can see why things like mock drills with moulage and simulations are such effective teaching and learning tools.

6. Document student performance Documentation must be accurate. Record facts, do not rely on memory. Record direct observations, do not rely on hearsay.

Describe specific behavior, do not describe personality.

Documentation must be consistent. Record both positive and negative behavior, and keep the same format and detail on each student. Maintain documentation on all students.

Remember to beware the person who will not bother with details. Needless to say, education involves details.

7. Keep complete student and course files Complete student and course files include:

- Written and skills exams
- Exam results, clinical completion
- Internship competency

- Documentation of remediation
- Student evaluations of instructors, preceptors, and clinicals

Maintaining student and course files requires attention to detail. Remember, the fewer the facts, the stronger the opinion. Student competence and course quality is not an opinion, it is based upon fact.

8. Involve your preceptors Field internship is the final and most critical phase of training. Use qualified preceptors who want to work with students and who understand the student objectives.

Use the same evaluation tool on all students and let your preceptors evaluate final student competence. The evaluation documentation should be kept as part of the student file.

9. Involve your medical director An active medical director serves as one of the most critical assets for assurance of a quality clinical and internship experience for your students.

Your medical director should attest to each graduate's competence and approve of each step towards the achievement of competence. Your medical director is also an excellent source for review of medical accuracy of your exam content.

10. Establish an active advisory committee Encourage key people in your community, such as physicians, county judges, mayors, executives of firms who hire your students, and community leaders, to help develop and evaluate your program.

Show the group how you train the students who will serve in their community. Community involvement is a key aspect for achieving support and funding for program needs.

Putting it all together

How do you know if your students are competent? How do you know that you are providing the best education possible? The answers come from:

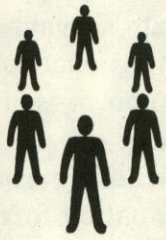
- State exam results
- Employer surveys
- Graduate surveys
- Student satisfaction surveys
- Evaluation of written tests with revision
- Review and revision of clinical evaluation forms
- Evaluation of instructors
- Documentation of student performance
- Maintanence of complete student and course files
- Involvement of the medical director to determine competence
- Involvement of preceptors to determine compentence
- Active involvement and support of an advisory committee

Don't base student competence and the quality of your education program on your opinion, base it on facts. Gather these facts by taking a close look at each component of your education program. The time this takes is worth its weight in gold when you think about the end result.

EMS education is where it all starts—patient care is where it all ends.

Debbie Bradford taught at Southwest Texas State University for 10 years before joining the Bureau in 1989. As assistant director of the EMS Division, Bradford oversees regulatory and educational activities, including test development, personnel certification, provider licensing, first responder registration, continuing education, and educator standards.

Critical Incident Stress Debriefing How to Organize a Local or Regional Team



Today, more and more attention is being paid to the stress with which emergency workers must cope, and new phrases have come into our vocabulary: critical incident stress, post-traumatic stress, critical incident stress debriefing, critical incident stress management. Maybe it's time your service looked at the stress that ends 1,000 EMS careers in Texas every year.

By Paul A. Tabor

What is a Critical Incident?

We define a critical incident as an event with sufficient emotional power to overwhelm a person's usually effective abilities to cope. Research clearly identifies the need for the debriefing of emergency personnel following a critical incident such as a line-of-duty death or serious injury, suicide of a peer, and disaster or major multi-casualty incident.

Police shootings, significant events involving children, incidents involving relatives or known victims, prolonged incidents especially with a loss of life, events which draw excessive media, or any high power event might also require a debriefing.

Other incidents that often stress a professional's ability to cope include the injury or death of a child especially by a malicious adult, death, person with a gun, high-rise fire, known AIDS patient with profuse bleeding, fear of injury or death, injury of self or peer, someone involved who reminds you of someone you love, visual imagery, victim crying out

Once you sell the program to all those in authority, you can start to gather staff support — you must have the support of mental health professionals—their support is key to the success of your team.

in pain, dealing with survivors, nighttime operations, and mistakes during an operation.

Do You Need a Local or a Regional Team?

Dr. Jeffrey T. Mitchell has developed a crisis intervention model for critical incident stress debriefing. Emergency medical services throughout the world, including the Texas Critical Incident Stress Management Network, use this Jeff Mitchell model to help personnel cope with the high-powered stresses of prehospital emergency medical care.

How do you determine if you should have your own team? And how do you go about getting a team started?

First, determine the need. Does a CISM team already exist in your area? If so, contact that team to see how you can get the necessary training to become a member. Some teams serve primarily one county while others serve several. The Central Texas CISM Team based in Lockhart, for instance, serves a ten-county area.

If a CISM team has not organized in your area, count the number of major events that had a serious emotional impact on your personnel over the last five years. With five or six serious emotional events a year, you probably need a local team. With fewer events, a regional-based team would best suit your community. Try to join forces with adjacent communities to form your team. Remember that a proficient team must train and have opportunities to use and refine their skills.

Second, gain support from the boss. If the boss believes in the need for a team and throws support behind it, it is easier to put the team together. Once you sell the program to all those in authority, you can start to gather staff support. And you must have the support of mental health professionals, so see if you can get them interested in this type of community service project. Their support is key to the success of your team.

Once you establish the need and support for a team in your area, form a task force of peer support personnel, mental health professionals, and others who want to help start the team. Their tasks will include establishing your team's organization and developing its operational protocols. The task force can gather information about CISD team development by reviewing existing programs to see what other communities or regions have done.

To help you avoid reinventing

Paul Tabor coordinates the Texas CISM Network, arranges debriefings, and will talk to your EMS or community group about stress and stress management in EMS. Call Tabor at (512) 834-6740. He represents Texas on the Southwest Region CISD National Network based in Tempe, Arizona, and attended the Second World Congress on Stress, Trauma, and Coping in the Emergency Professions in Baltimore last month.

To participate in the Texas CISM Network, teams may not charge for their debriefing services although they may request reimbursement for travel expenses.

the CISD wheel, the Bureau of Emergency Management's Texas Critical Incident Stress Management Network will give you a package of materials that includes organizational guidelines and samples.

What Else Should We Consider?

Who will be the lead agency? It could be a hospital, EMS agency, fire or police department. In some cases, such as the Southwest Texas CISM Team based in Uvalde, the team itself incorporated as a federal 501(c)3 nonprofit organization. The Bureau can give you step-by-step guidelines on the nonprofit incorporation process.

The lead agency, whether it already exists or grows from the CISD team, acts as an information clearinghouse and provides support in the organizational and on-going stages of team development. Determine if the lead agency will accept responsibility for costs incurred in team training and its continuing operation.

If the lead agency provides no funds for printing or mailing, perhaps team members can solicit financial support from agencies and local businesses to cover these costs. To participate in the Texas CISM Network, teams may not charge for their debriefing services although they may request reimbursement for travel expenses.

Is there support among all the agencies involved for the concept and use of the team? Your CISD team may include a selection of members from mental health, fire, police, EMS, command officers, dispatch and communications, nurses, disaster preparedness, clergy, specially-trained personnel, and instructors. Is there a sufficient pool of emergency providers interested in and already qualified for team membership?

Do knowledgeable mental health professionals want to participate in the team? Is a mental health professional willing to accept clinical responsibility for the team?

Again, it is imperative that you have the support and participation of the mental health profession, and it is imperative for the mental health people to complete basic and advanced training in the Jeff Mitchell model of CISD in order to serve as a member of the team. The mental health professional brings leadership, education, supervision, facilitation, diagnosis, and counseling to the team.

How Does a Team Function?

Once your team has addressed the organizational issues, you can start looking at the nitty-gritty of how the team will function.

Applications for individual membership must be developed, and you may need separate applications for peers, mental health professionals, and auxiliary members. Auxiliary members may not want to train as debriefers, but can help the team in fundraising, recordkeeping, publicity, or office management. You can add to or take away from the samples in the

Cross training for your team members can be provided by area agencies in law enforcement, EMS, emergency departments, etc., to help team members relate to professionals in all fields.

package available from the Bureau to make them fit your needs.

Your team will need to develop a process for review of the applications and selection of those who have the best potential to work on the team. Never promise anyone a place on the team as a debriefer until initial training is complete.

If you need to train personnel for your team, now is the time to arrange for and provide that training. The minimum of two days in the Jeff Mitchell model of CISD helps maintain continuity and harmony with other CISD teams in Texas, and the Bureau's Texas CISM Network can help you arrange for that training.

Cross training for your team members can be provided by area agencies in law enforcement, EMS, emergency departments, etc., to help team members relate to professionals in all fields. For example, mental health team members should have experience riding out with EMS.

Your team will need to develop written operating procedures. Again, the Texas CISM Network has sample procedures available which you may change in any way to effectively meet your local needs. Your procedures should include, among other things, who is responsible for screening calls for debriefing and assigning a debriefing team and how access and dispatch of the team will be accomplished. Remember, debriefings should ideally be conducted within 24-72 hours of the event.

Once the team becomes functional, you will want to set up regular meetings to help maintain the interest, assure proper distribution of information, and review CISD incidents to determine the need for improvement. Continue to train the newly formed team with items not covered in the initial training by scheduling regular continuing education sessions. Look for educators who come from related fields and offer training in crisis intervention, stress, group process, human communication, directive intervention, post-traumatic stress, and other areas.

Administratively, the CISM team will need a clinical director and a coordinator. The clinical director is clinically in charge of the team and should be a mental health professional with at least a master's degree. The coordinator is responsible for team operations. More than one coordinator may be necessary. This person is responsible for obtaining information about a CISD request and notifying team members.

Operationally, three or four members usually make up a team actually conducting a debriefing. The team leader, who is in charge at the debriefing, is usually a mental health professional. The co-leader is usually the best-trained and experienced CISD member. Two or more peer support team members, representing the disciplines for which the debriefing is held, round out the makeup of the debriefing team. Sometimes, a member of the clergy who has

The brochure printed on pages 31 and 32 is typical of the type of educational materials available from the Bureau's Texas CISM Network.

been trained in CISD is also a part of the team.

Can Texas CISM Network Help Us?

If you have a critical incident and your area does not have a team, Texas CISM Network can arrange a defusing and a debriefing. Call the CISD hotline—1-800-452-6086—Monday through Friday, from 8 am until 5 pm. For CISD information, and not a debriefing, call (512) 834-6740.

Texas CISM Network can help you organize your team with sample documents and consultation, and can help you with training for your team. Texas CISM Network can also help you educate your EMS personnel to identify the signs of stress and work on ways to reduce the negative effects of stress on their lives. Texas CISM Network provides speakers and publications for peer support personnel, mental health professionals, and community and EMS people interested in identifying and reducing stress in their lives.

CISM NETWORK

Texas CISD Teams

Amigo CISM Team
Mike Fitts, PsyD
El Paso, Texas
1-800-642-1152

Arlington Fire Department CISM Team
Robert Townley
Arlington, Texas
(817) 457-9825

Bluebonnet CISM Texas
Elaine Johnson, RN
Houston, Texas
(713) 444-9669

Brownwood Crisis Response Team
Dave Fair
Brownwood, Texas
(915) 646-1566

Central Texas CISM Team
Cheryl Watson
Lockhart, Texas
(512) 398-7320

Four States CISM Team
Dave Hall
Texarkana, Texas
(903) 798-3042

Galveston County CISM Team
Bob Wright
Texas City, Texas
(409) 935-3911

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Fort Worth, Texas
(817) 871-6171

Southeast County CISM Team
Joe Crutchfield
Beaumont, Texas
(409) 880-3845

South Plains CISM Team
Donna Flinders
Lubbock, Texas
(806) 791-2582

Southwest Texas CISM Team
Lee Sweeten
Uvalde, Texas
(210) 278-7173

STRESS REACTIONS TO TRAUMATIC EVENTS

COPING WITH TRAUMATIC EVENTS You have been involved in a situation much different than those you usually face. Perhaps this situation elicits an uncomfortable response. Although well-trained, this is something for which you are not prepared. You may find yourself confronted by reactions and feelings rarely reported and discussed by other emergency services personnel who have had similar experiences. This information sheet is provided to help you and your family better understand and cope with the reaction following your involvement in the traumatic situation.

A MAJOR CONCERN In order to better understand your reaction, consider the situation in which you have been involved to be like the initial splash caused when a pebble is thrown into a pond. Your reactions are like the ripples which may continue long after the pebble penetrates the surface. As a consequence, you may have specific physical, psychological, and emotional reactions as well as family concerns. Being aware of the fact that your responses are not unusual may help lessen the level of anxiety these reactions and concerns might cause you and your family.

REMEMBER!! You are a normal person having normal reactions and experiencing the normal consequences of those reactions. The only thing that is abnormal is the situation you have just encountered! The reactions you may experience can be either physical, psychological, or, most probably, both. Experiencing any of the responses contained in this information sheet does not mean you are "going off the deep end." The reactions are the normal and natural result of the situation you have just been through.

PHYSICAL REACTIONS The physical symptoms you may experience may include, but not be limited to, the following:

- Restlessness
- Tenseness
- Headaches
- Tremors
- Nausea
- Digestive Trouble
- Insomnia
- Sexual Problems

PSYCHOLOGICAL REACTIONS Major trauma is frequently followed by one or more emotional reactions. Although any of the following might occur, individuals vary in terms of the variety, intensity, and frequency of such reactions. Possible emotional reactions include:

- Becoming insulated from the external world. For example, being unable to enjoy things which were pleasurable before the incident.
- Having a memory impairment and/or trouble concentrating, being absent-minded, and having visions of the situation unexpectedly.
- Experiencing depression which might be evidenced by fatigue, restless sleep, loss of appetite, or social withdrawal.
- Experiencing moodiness, becoming irritable, and having aggressive outbursts with little or no provocation.
- Experiencing general feelings of anxiety and being frightened without knowing for certain what is causing the fear.
- Experiencing guilt at surviving when others perished, or guilt over the actions taken to survive.
- Suffering intensification of symptoms when exposed to events, situations, or activities which symbolize the original trauma.
- Feelings of guilt, anger, apprehension, or sadness may be experienced as related to the incident. There may also be re-aroused feelings related to previous trauma.
- Questioning your chosen profession and your views of your aggressiveness. The lack of support you may receive from others may get you to ask, "Does anyone care about what happens to me?"
- Becoming distrustful of your department and the persons with whom you work.
- Finding that you are embarrassed and very much concerned about your reputation. It is possible that you will be more aware

of how others respond to you and more sensitive to the treatment you receive from others.

Post-Incident Stress Management Following a critical incident such as the one you have just experienced, there are certain things you can do to assist in coping with any reactions you may experience. Some of these are:

Physical Exercise - Helps remove stress-produced chemicals and relieves built-up tension.

Proper Rest - Helps the body and mind regain strength.

Proper Diet - Take in foods and liquids that are high in carbohydrates and low in fats and sugar. **No alcohol** immediately following a critical incident!

Normal Activities - Quickly resume daily work and family schedule.

Open Discussion - Talk about the incident and your reactions with fellow emergency workers who responded to the incident with you, other firefighters or EMS personnel who have gone through similar incidents, a CISD-trained peer, or a psychologist if necessary.

Even with outside assistance provided to help you successfully cope with the critical incident you have experienced, what you do to care for yourself will have a significant impact on the final intensity of your reactions and the speed of your recovery.

Helping Yourself Individuals who experience a major trauma may attempt to protect themselves from the unpleasant aspects of the situation by denial, that is, refusing to acknowledge the negative consequences. Recognizing that the event might have had an impact on you will enable you to more effectively come to grips with the situation.

Avoid impulsive decisions such as resigning from your department until such time as you have worked through the situation. Refrain from self-medication with drugs or alcohol as this serves only to feed the denial and can cause additional problems. Although you may wish to be alone, now is the time to turn to someone else for support. Good friends, family, clergy, and counselors may all be very helpful in restoring balance to your life by providing support and feedback. Finally, be aware that while the feelings you are experiencing may not be comfortable, they are typical for one who has been through a major trauma.

Where To Go For Help This information was developed to assist you in dealing with the effects of the traumatic event and your possible reactions. The management of your organization cares about you. They may help make a CISD debriefing available to you. They are concerned that you receive all the help you need during this particularly uncomfortable period. If you or your family want additional help, please contact any CISD team member or the state CISM coordinator.

Helping Your Family A major approach toward helping your family cope with possible reactions is to realize that they are going through the trauma with you. Although you might want to protect them by not telling them what has happened, your reactions make it very clear that there is something bothering you.

It would help all involved if you share this information sheet with them. Although you might want to ignore your reactions, it is advisable to deal and cope with concerns as they arise. If not allowed to be expressed, feelings have a way of surfacing inappropriately. Discussing this with your spouse helps him or her prepare for possible reactions. This preparation will help decrease possible confusion and tension which might result from involvement in the trauma.

Telling children what has taken place is advisable as they are typically questioned by, or find out from, other children about the incident. Sharing the information and feelings about the incident helps promote a clearer understanding and provides an open avenue for communications. A child who finds out about a traumatic situation from others is quickly involved in second-guessing, i.e., "Why didn't he tell me...I guess I shouldn't talk about it...Well, Jimmy says that what really happened was..." Such second-guessing leads to communication breakdowns and additional reactions to the situation. Children fill in the blanks when the information is not provided.

After you've experienced a highly traumatic critical incident is not the time to play the loner. Your friends and family are an important emotional and spiritual resource that needs to be brought into your life during this time, not shut out. They may not understand everything you are feeling, but they will know you are hurting, and can help provide needed comfort.

EMS Certification Fact Sheet

• Texas has nearly 45,000 EMS certificants: 10,000 ECAs; 24,000 EMTs; 3,000 EMT-Is; 7,700 paramedics.

• Fifty-one percent of the EMS firms in Texas are volunteer organizations; 25 percent of the certificants are volunteers. About 95 percent of Idaho's EMS firms are volunteer and about 80 percent of New York's are volunteer.

• Approximately 3,000 people recertify annually.

• Recertification candidates take the same written exam given to initial certification candidates.

• The EMS exams have a combined failure rate of 6 percent.

• Only Texas has a 4-year certification period for paramedics. Eight states allow paramedic recertification every three years, 34 states require certification every 2 years, and 4 states require annual recertification.

• Texas and Virginia certify EMTs for 4 years. Fourteen states have a 3-year certification period, 31 states have a 2-year period, and 4 states require annual EMT recertification.

What have we done for you lately?

In the last six months, EMS Certification and Licensure has ...

processed 15,052 applications for EMS certifications and certified 5,665 EMS personnel with an average turnaround time of 17 days.

licensed 156 EMS providers and sent authorizations for 719 EMS vehicles.

processed 4,073 coordinator, instructor, and examiner (CIE) applications, and certified 788 CIE personnel.

taught Instructor and Coordinator courses at conferences and gave presentations on EMS research and on the effects of the Americans with Disabilities Act on EMS.

prepared policy for compliance with Americans with Disabilities Act and prepared a candidate's guidelines for testing pamphlet.

Did you read...

By Paul Tabor, EMT-P

Between 1984 and 1987, there were 1,412 ambulance crashes in New York state, resulting in 1,894 injuries and six deaths.

Between 1984 and 1987, there were 1,412 ambulance crashes in New York state, resulting in 1,894 injuries and six deaths. Extrapolated nationwide, this translates into an estimated 5,400 injuries and 17 deaths each year. By this calculation, one out of every 10 ambulances in the United States would be involved in a crash each year.

Intersections pose the greatest risk for emergency vehicle crashes. While a 1977 U.S. Department of Transportation (DOT) study demonstrated that a siren's maximal effective distance at urban intersections was a mere 25 to 40 feet, the situation has only worsened since that study, as automobile sound-insulation techniques and audio systems have improved without corresponding advances in siren technology.

It is important to recognize that this 25 to 40 foot distance represents less than one second at typical city traffic speeds (30 mph). Factoring in reaction times and stopping distances, then, it is apparent that a siren is ineffective in warning approaching motorists at urban intersections. At speeds greater than 10 mph, the emergency vehicle operator reduces the siren to a mere community annoyance and operates with a sense of false confidence. From a practical standpoint, the siren would be just as effective if turned off.

Concern that the use of lights and sirens would potentially worsen an acute cardiac problem has been expressed. This theory has never been proven, however, and remains scientifically untested.

Scientific studies do not demonstrate any significant differences among siren modes of wail, yelp, or hi-lo.

A federal study has documented excessive sound levels in the cabin of ambulances responding with sirens on. In addition, four different medical studies have shown that, over time, exposure to the high levels of sound produced by sirens can result in permanent hearing damage. EMS crews and patients in the backs of ambulances are generally not believed to be exposed to damaging noise levels.

Every EMS agency needs to develop a hearing-conservation program for its field personnel. This begins with closing the cabin windows during an emergency response and installing the siren speakers on the front grille rather than on the cabin roof. All emergency personnel who are exposed to siren noise should have periodic exams to detect any hearing loss.

The use of sirens during certain types of patient transports has been criticized in the past. For example, concern that the use of lights and sirens would potentially worsen an acute cardiac problem has been expressed. This theory has never been proven, however, and remains scientifically untested. Furthermore, for all serious or critical patients, total prehospital time is an important consideration in providing the best possible overall care. If the transport time can be substantially shortened, lights and siren use may be justified in these cases.

Air horns are often installed as adjuncts to sirens but little scientific data exist to identify optimal characteristics of this device. These claims await validation by properly conducted scientific studies.

JEMS, *"Bright Lights, Big Noise," Robert A. DeLorenzo, MD, BSBE,*

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The International Association of Fire Chiefs, working with Infection Control/Emerging Concepts, Inc., has prepared a packet of information entitled *Infectious Disease Exposure Control Plan Guidelines for Fire Departments*. This information is designed to help you develop, implement or update your department's exposure control plan. The packet includes a checklist, OSHA regulations and reference articles. The cost, prepaid only, is $15 for IAFC members, $22 for non-members. Check, money order, MasterCard or VISA accepted.

International Association of Fire Chiefs, 4025 Fair Ridge Drive, Fairfax, Virginia 22033-2868, telephone (703)273-9815, ext. 332; FAX (703)273-9363.

People with fewer years of formal education are more likely to have unhealthy lifestyles and risk factors that are linked to an increased risk of heart disease, according to a new analysis of the Framingham Offspring Study. A report in the January issue of *Preventive Medicine* states that cigarette smoking, physical activity, weight (for women), alcohol consumption, total cholesterol, HDL cholesterol, and systolic blood pressure are related to an individual's educational level. The Framingham Offspring Study authors conclude that there is a "pressing need" for heart disease prevention strategies that focus on those with low education levels.

NHLBI Science News Update, National Heart, Lung, and Blood Institute, Bethesda, Maryland, February 1, 1993.

The nation has recorded a tragic new milestone, according to figures issued March 23, 1993: Guns are killing U.S. teenagers at the highest rate since the government began keeping count 30 years ago.

In 1990, guns killed 4,173 youths ages 15 to 19—about 11 a day, according to a new government study. That's up from 2,498 deaths in that age group in 1985, an increase of 67 percent. Only vehicles kill more teens, with nearly 6,000 dying in wrecks in 1990.

Austin American-Statesman, "Shooting deaths of teens hit record level, study says," Christopher Scanlan, Knight-Ridder News Service, Wednesday, March 24, 1993.

One-fourth to one-third of the 2.6 million disabled Americans now on the Social Security disability rolls left the work force due to coronary artery disease (CAD), yet many other CAD patients are able to continue working. Until now, little has been known about why some CAD patients are able to continue working, while others leave the labor force.

Eight factors independently predicted departure from the work force: lower initial functional status, older age, being African American, presence of congestive heart failure, lower educational level, presence of extracardiac vascular disease, poor psychological status, and lower job classification. Demographic and socioeconomic factors were the most powerful predictors of loss of employment, according to the researchers.

This study confirms the findings of previous studies that white collar workers are more likely than blue collar workers to continue working, and that traditional medical factors have a relatively small impact on

People with fewer years of formal education are more likely to have unhealthy lifestyles and risk factors that are linked to an increased risk of heart disease.

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later employment.

The study was published in the November, 1992, issue of *Circulation* 86 (5), pp. 1485-1494.

Research Activities, "New model predicts which patients with coronary artery disease will leave work force," U.S. Department of Health and Human Services, Public Health Service, Agency for Health Care Policy and Research, January, 1993.

Managed care ICU patients incur about $9,000 less in total charges and use fewer resources—such as mechanical ventilation—than patients with traditional health insurance.

Managed care patients spend about 2 days less in the intensive care unit (ICU) and 5 fewer days in the hospital than patients with traditional fee-for-service health insurance, according to a newly published study. It also reports that managed care ICU patients incur about $9,000 less in total charges and use fewer resources—such as mechanical ventilation—than patients with traditional health insurance. There were no apparent differences in mortality or ICU readmissions between the two groups in this study.

Previous studies have shown that members of health maintenance organizations and similar managed care groups use fewer hospital resources, are admitted to hospitals less frequently, and when hospitalized, have significantly shorter stays than traditionally insured patients. This reduction in resource use is believed to result from utilization review protocols and financial incentives that influence the actions of physicians employed by or associated with the health plan who are accustomed to a cost-conscious philosophy. However, the authors were surprised to find shorter lengths of stay in the ICU for medical and emergency surgical patients insured by managed care plans, since medical complexity, time pressure, and ethical issues would be expected to force economic incentives to the background.

Details are in "Resource utilization among intensive care patients," which appeared in the November, 1992, issue of *Archives of Internal Medicine* 152, pp. 2207-2212.

Research Activities, "Managed care ICU patients have shorter hospital stays and use fewer resources," U.S. Department of Health and Human Services, Public Health Service, Agency for Health Care Policy and Research, January, 1993.

Researchers found the lower ratio of ICU beds in Japan results in part from the practice of administering active ventilatory and blood pressure support therapies to patients in general hospital (non-ICU) beds.

Only 2 percent of hospital beds in Japan are designated for intensive care of medical and surgical patients. This is just one-third of such beds allocated in U.S. hospitals and one of the lowest ICU hospital bed ratios among postindustrialized nations, according to a newly published study.

The researchers found the lower ratio of ICU beds in Japan results in part from the practice of administering active ventilatory and blood pressure support therapies to patients in general hospital (non-ICU) beds. These therapies are usually reserved for the ICU in U.S. hospitals. Other factors seem to be related to age, gender, and severity of illness differences between ICU patients in the United States and Japan.

Japanese ICU patients are more likely to receive unique, active ICU therapies. Only 11 percent of Japanese ICU patients are low risk, "monitor only" admissions compared to 27 percent in the United States, possibly because U.S. physicians use ICUs for extended postoperative recovery more often than physicians elsewhere. The researchers suggest that this may reflect medical liability pressures on U.S.

physicians.

The study was published in the September, 1992, issue of *Critical Care Medicine* 20(9), pp. 1207-1215.

Research Activities, *"ICUs in Japan and the United States compared," U.S. Department of Health and Human Services, Public Health Service, Agency for Health Care Policy and Research, January, 1993.*

The ACEP Trauma Subcommittee has compiled a report of EMS and trauma activities in each state or territory. The 58-page report, compiled with the help of ACEP chapters and state EMS directors, lists funding mechanisms, existing and pending legislation, and key contacts for each state, in addition to providing a handy directory of state EMS directors and medical directors.

To request a free copy, call ACEP sales and service at 800/798-1822, ext. 6.

ACEP News, March, 1993.

Texas TAEMT gained over 100 new members and renewals during the three-day Texas EMS Conference in Austin last year and raised more than $1,000 for the Sam Morales Trust Fund. Morales is a West Texas medic who has cancer and is in need of help.

TAEMT will be sending out a legislative bulletin in its newsletter to keep its members informed as to the bills and other legislative actions affecting EMS. They also will assist in sponsoring Prehospital Pediatric Provider Courses throughout the state.

The TAEMT Newsletter, February/March, 1993.

The American Academy of Orthopaedic Surgeons has launched a nationwide program—Live It Safe—that focuses attention on the risk factors that lead to hip fractures in the elderly and strategies for preventing the injury that costs the U.S. economy $9.8 billion a year. More than 280,000 persons, mostly 65 years or older, sustain a broken hip every year.

The Academy has developed a brochure and poster that addresses key prevention strategies such as proper nutrition, exercise, and home safety. To obtain the Live It Safe brochure or poster, contact the Academy's public service line at 1-800-824-BONES.

Reprinted with permission from Emergency Services Newsletter, March/April, 1993, a publication of the Committee on Emergency Medical Services of the American Academy of Orthopaedic Surgeons.

Texas TAEMT gained over 100 new members and renewals during the three-day Texas EMS Conference in Austin last year and raised more than $1,000 for the Sam Morales Trust Fund.

Some battery-operated smoke alarms of various brands may not sound during a fire. Since July 10, 1992, 120,000 such smoke detectors have been sold, including: Black & Decker Slim Line, models SMK100, SMK200, and SMK300; Jameson Code 1 2000, models A, C, and D; Kidde Smoke and Fire Alarm, model KSA700; Safety First Baby's Room Smoke and Fire Alarm, model 244; Funtech Safety's Sake, model A; and Maple Chase Firex, models A and B.

Except for Black and Decker models, recalled detectors bear date codes 92192-92231. Recalled Black and Decker models bear codes 9228-9246. Look for model information and the date code on the back of the detector. Defective units may appear to work properly when tested.

For a Black and Decker replacement, call (800)952-1331; for other brands call (800)492-4949.

TCFC Scanner, Travis County Fire Control, March, 1993.

Some battery-operated smoke alarms of various brands may not sound during a fire. Since July 10, 1992, 120,000 such smoke detectors have been sold.

Texas Emergency Medical Services Advisory Council

***Be it remembered**, that the **Texas EMS Advisory Council**, meeting in regular session upon the date as hereinafter indicated, by **Acclamation** makes the following*

RESOLUTION

***Whereas**, emergency medical services is a vital public service in Texas, and access to quality emergency care dramatically improves the survival and recovery rate of those who experience sudden illness or injury; and*

***Whereas**, emergency medical services teams of emergency physicians, emergency nurses, emergency medical technicians, paramedics, dispatchers, educators, administrators, and others are ready to provide lifesaving care to those in need 24 hours a day, seven days a week; and*

***Whereas**, approximately two-thirds of emergency medical services providers in Texas are volunteers and both career and volunteer emergency medical services personnel take thousands of hours of specialty training and continuing education to enhance their lifesaving skills; and*

***Whereas**, the people of Texas benefit daily from the knowledge and skills of these highly trained individuals, and the recognition of Emergency Medical Services Week in Texas will educate the people of Texas about injury prevention and how to respond to a medical emergency; now, therefore, be it*

***Resolved** that the Texas Emergency Medical Services Advisory Council join the Governor of Texas and the Texas Board of Health to officially recognize May 23 through 29, 1993, as Emergency Medical Services Week in Texas.*

***In Witness Whereof**, I have hereunto set my hand in behalf of Texas Emergency Medical Services Advisory Council on this the 29th day of April, 1993.*

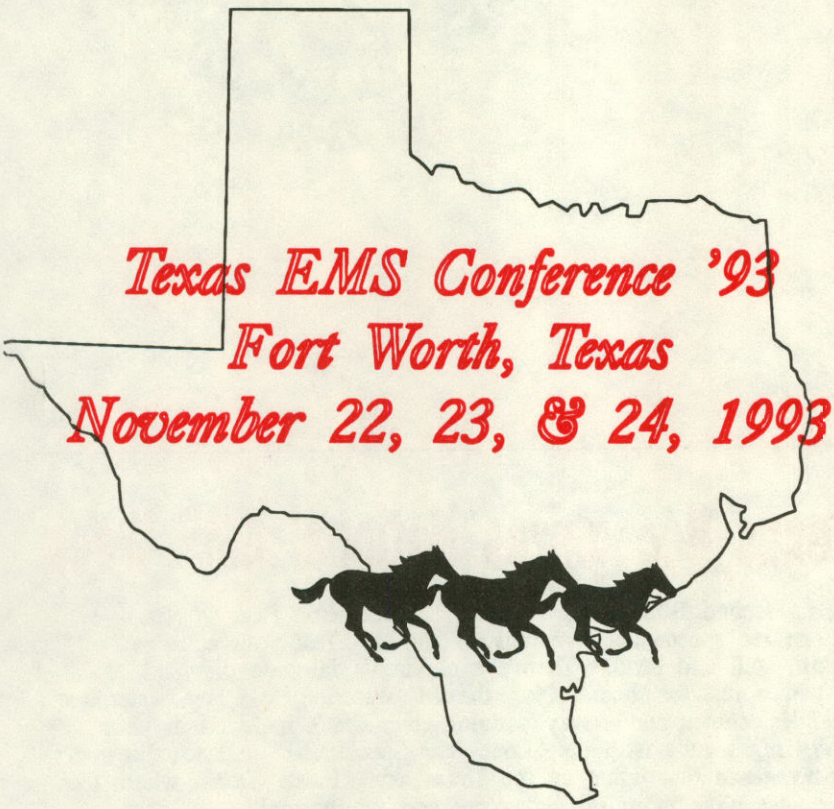
R. Donovan Butter, DO
Chair
Texas Emergency Medical Services Advisory Council

Honoring the 45,000 EMS personnel in the state of Texas

TEXAS EMS CONFERENCE '93

-- The National EMS Conference of Texas

November 22, 23, and 24, 1993



Get ready now, because as they say in Texas, we're fixing to move the conference. Next year in November we'll be going to the north Texas home of cowboys and culture — Fort Worth.

Texas EMS Conference '93, the eighth annual EMS educational meeting sponsored by Texas Department of Health, takes on a national flavor as we move north to Texas' transportation hub and the heaviest population

EXHIBITORS

1993 Texas EMS Conference Exhibitor Registration Form

Call Jan Brizendine at (512) 834-6740 for exhibitor details.

Make check to: **Texas Health Foundation**
Mail to: Texas EMS Conference '93
P.O. Box 26399
Austin, Texas 78755-0399

$450 through 11/1/93
$550 after 11/1/93
no refund after 11/1/93

Firm Name _____

Representative's Name _____

_____ Phone _____ Date _____

Address _____ Enclosed $ _____

City _____ State _____ Zip _____

Type of business/products _____

How many booths? _____ Ambulance space? _____ Electrical power? _____

concentration in mid-America, the Dallas/Fort Worth Metroplex.

The beautiful Fort Worth/Tarrant County Convention Center located in the heart of Fort Worth offers a luxurious 3,055-seat theater for general sessions featuring Texas' nationally known EMS faculty. And we'll try to bring a few displaced Texans back home from Florida, California, Alaska, Arkansas, and Washington, DC, to give keynotes, workshops, and preconference sessions.

At the Fort Worth/Tarrant County Convention Center we'll have four times as much space for workshop breakout rooms and twice as much Exhibit Show space. It's all on one level with the exhibits area completely separated from general session and workshop areas, and exhibitors will move in the Sunday before the conference. All the comfortable room we need for prehospital professionals who want to hear from the nation's leading EMS educators and see exhibitors from all over the United States who show the newest technology and educational developments.

Conference registrants will stay at the luxurious Radisson Plaza hotel across the street from the convention center. Call (817) 870-2100 to make your hotel reservation now — $52 single or double.

November 22-24, 1993, Fort Worth, Texas — it's the EMS place to be. Join us again for outstanding education in luxurious surroundings at an affordable price. - *Alana S. Mallard*

Use these coupons to register now at the special conference rate for 1993. Call (512) 834-6740 for information about the conference. Read the Texas EMS Magazine for complete information about Texas EMS Conference '93 activities.

Texas EMS Conference '93 Registration Form

I'm coming to Fort Worth — Here's my $50

Date _____

Enclosed $ _____

$50 through 3/1/93
$60 after 3/1/93
$80 after 11/1/93
no refund after 11/1/93

Make check to: **Texas Health Foundation**
Mail to: Texas EMS Conference '93
PO Box 26399
Austin, Texas 78755-0399

Name _____

Address _____

City _____ State _____ Zip _____

REGISTRANT

Texas EMS Magazine

Your point of contact with the agency that regulates Texas EMS - taking state and national EMS issues and answers to emergency medical services professionals serving in every capacity across Texas.

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THE INFORMATION IN THIS SECTION IS INTENDED TO PROVIDE PUBLIC NOTICE OF DISCIPLINARY ACTION BY THE TEXAS DEPARTMENT OF HEALTH AND THE BUREAU OF EMERGENCY MANAGEMENT AND IS NOT INTENDED TO REFLECT THE SPECIFIC FINDINGS OF EITHER ENTITY.

THIS INFORMATION MAY NOT REFLECT ANY NUMBER OF FACTORS INCLUDING, BUT NOT LIMITED TO, THE SEVERITY OF HARM TO A PATIENT, ANY MITIGATING FACTORS, OR A CERTIFICANT'S DISCIPLINARY HISTORY. THIS LISTING IS NOT INTENDED AS A GUIDE TO THE LEVEL OF SANCTIONS APPROPRIATE FOR A PARTICULAR ACT OF MISCONDUCT.

FOR INFORMATION, CONTACT THE BUREAU'S CHIEF INVESTIGATOR, VIC DWYER, AT (512) 834-6740.

Canseco, Fernando, DBA Reliable Ambulance Service, San Antonio, Texas. Administrative penalty of $4,500. Health and Safety Code, Chapter 773.050, failure to staff emergency vehicle with at least two certified personnel.

Daul, Lynn Ryan, Galveston, Texas. Twelve months probation of EMT-Intermediate certification through June 8, 1993. EMS rule 157.51 (a)(4)(I), attempting to obtain certification by fraud, forgery, deception, misrepresentation, or subterfuge.

First Medic Ambulance, Robstown, Texas. Administrative penalty of $500. Health and Safety Code, Chapter 773.050, failure to staff emergency medical service vehicle with at least two certified personnel.

Flesher Ambulance Service, Van Alstyne, Texas. Eighteen months probation of suspension of provider license through September 10, 1993. Violation of Health and Safety Code, Chapter 773.050, failure to staff emergency medical service vehicle with at least two certified personnel.

* **Grace, Joe W.**, Galveston, Texas. Denial of certification. EMS rule 157.44, felony conviction.

Hampton, Theresa, Edinburg, Texas. Denial of certification. EMS rule 157.44, felony conviction.

Hernandez, Jaime, Lake Jackson, Texas. Denial of EMT certification. EMS Rule 157.44, felony conviction.

* **Hilton, Scott**, Beaumont, Texas. Six months probation of EMT certification through September 30, 1993. EMS rule 157.51(a)(4)(I) and (T), falsification of application for certification.

Holland, Michael Bruce, Beaumont, Texas. Three months probation of Emergency Care Attendant certification through June 10, 1993. EMS rule 157.51(4)(k), practicing skills beyond the scope of certification without medical direction.

Hughes Springs Volunteer Ambulance Service, Hughes Springs, Texas. Twelve months probation of emergency medical services provider license through November 1, 1993. Health and Safety Code, Chapter 773.050, failure to staff EMS vehicle with at least two certified personnel.

Nipper, Mary, Hughes Springs, Texas. Denial of EMT certification. EMS rule 157.51(a)(4)(e), representation as certified; and (n), falsification of patient records.

* **Repp, Pamela**, Dickinson, Texas. Suspension of EMT certification through September 30, 1993. EMS rule 157.53(a)(3) and (6), felony conviction while certified and falsifying the application for certification.

* **Sjolander, Chad M.**, Georgetown, Texas. Cancellation of EMT certification. EMS rule 157.51(a)(4)(J), felony conviction while certified.

Sorrells, Jerry, Breckenridge, Texas. Twenty-four months probation of provider license through January 12, 1995. Health and Safety Code, Chapter 773.050, failure to staff emergency vehicle with at least two certified personnel.

Stewart, Andrew A., San Antonio, Texas. Eighteen months probation of EMT-Intermediate certification through May 21, 1994. EMS rule 157.51, misdemeanor convictions while certified.

Webster, Howard, M., San Antonio, Texas. Emergency suspension of EMT-Paramedic certification. EMS rule 157.53(a)(1), failure to meet standards as required in 157.41, failure of skills test and retest.

* **Wood, James**, Grandview, Texas. Suspension of EMT-Paramedic certification. EMS rule 157.51(a)(2)(A) and (B), failure to follow EMS standards of care and failure to follow physician protocol.

* **Wooten, Sydney L.**, Adkins, Texas. Revocation of EMS course coordinator and examiner certification. EMS rule 157.64(a)(1)(D), falsification of course completion documents, and (c), skills examination standards.

Wright, Gilbert, Olney, Texas. Twenty-four months probation of EMT certification through October 1, 1994. EMS rule 157.51(s), violating any rule or standard that would jeopardize the health or safety of a patient or that has a potential negative affect on the health or safety of a patient.

*THESE LISTINGS ARE NEW THIS ISSUE. DENIALS AND REVOCATIONS WILL BE PRINTED IN THREE CONSECUTIVE ISSUES. SUSPENSIONS AND PROBATED SUSPENSIONS WILL BE PRINTED UNTIL SUSPENSION OR PROBATION EXPIRES.

News on CLIA Waiver Requirements

TEXAS EMS PROVIDERS CAN COMPLY with the Clinical Laboratories Improvement Amendments, or CLIA, by using the temporary number, 4D0860584, assigned by Health Care Financing Administration to the State of Texas for EMS personnel.

The new CLIA regulations that took effect on September 1, 1992, regulate all sites that test human specimens, including EMS providers who perform blood-glucose testing.

The U.S. Department of Health and Human Services will reconsider the appropriateness of relating the language in CLIA to EMS in the near future. However, for now Texas EMS providers must comply with the mandates of the amendment.

CLIA requires waivers at a cost of $100 each for each ambulance location. Texas joins Florida and Wyoming as states requesting blanket waivers for all EMS personnel in the state. The federal government approved Wyoming's statewide waiver for EMS.

EMS Division Director Pam West recommends that all Texas providers continue business as usual until a definitive ruling on the blanket waivers comes from HCFA. In the event that any further changes occur, we will notify you here and through the public health region EMS offices. *—Bill Baker*

It's All Quality Improvement

Alana S. Mallard,
Editor
Texas EMS Magazine

Over the last few weeks as we planned articles for the summer issues of *Texas EMS Magazine*, I caught myself saying "That's a perfect topic for our Quality Improvement issue," no matter what the topic.

Well, folks, it's true. Every topic is perfect for quality improvement.

Customer satisfaction: we want to care for our patients to reduce their pain, contribute to their recovery, and please them with our care.

Education: as educators we want to produce competent EMTs and as EMTs we want to make learning a continual process.

Meet or exceed your customer's expectation—that's Total Quality Management in a nutshell.

Rescuer safety: we certainly don't want to hurt ourselves as we try to help our patients so rescue operations require specific tools, protection, and protocols.

Emergency driving: here, we aim for no harm to us, no harm to the patient, no harm to drivers and pedestrians, and an efficient vehicle.

Texas EMS Week: we showcase the valuable people who provide emergency medical services as we turn to preventing trauma and medical emergencies.

See what I mean? It's all quality. I became a total quality management convert when I went to the Governor's Center for Management Development in February. At this week-long training in New Braunfels about 50 government employees at all levels learned about reinventing government—questioning bureaucratic processes, valuing people, and taking a cooperative, no-hidden-agenda, professional approach to solving problems.

Bill Clinton's reminder during the presidential campaign was "it's the economy, stupid." For TQM zealots, it's the customer. Our ultimate customer in EMS is our patient. But remember also the patient's family, onlookers, first responders, and hospital staff. And if you don't believe that your customers include your bosses, your coworkers, and your employees, you need to take a hard look at who you consider important.

When I asked my son Trey what the goal is at his workplace, Wendy's, I was proud of his answer and I think Dave Thomas would be, too: to please the customer.

Meet or exceed your customer's expectation—that's Total Quality Management in a nutshell. Do that, and you'll have happy people all around you. Happy people pass bond issues, pay bills, take suggestions positively, support the organization, work until the job is done, and stay on the job—all of which makes caring for our ultimate customer a snap.

Central Texas CISM: The Central Texas has a Critical Incident Stress Management Team formed in February, 1993, and is now available to hold debriefings. The members of Central Texas Critical Incident Stress Management are all proud to be a part of this newly-formed organization and look forward to meeting the needs of all emergency workers in the Central Texas area. The counties included in the Central Texas CISM area are Bastrop, Hays, Travis, Caldwell, Williamson, Blanco, Lee, Fayette, Burnet, and Llano.

James Swisher, President
Central Texas CISM

To find out more about Central Texas CISM, contact Cheryl Watson at 214 Bufkin, Lockhart, Texas 78644 or (512) 398-7320.

To the bureau chief: I saw your comments in the last *Texas EMS Magazine* concerning suction units and hope the complaint received was not related to the V-VAC. A couple of years ago I saw the V-VAC demonstrated and purchased a few to try out. Most HI-Tech crew members now overwhelmingly prefer the V-VACs.

I have yet to hear a complaint about the V-VAC from anyone who has actually tried the device.

Jim Becka
Houston

And we know how to pronounce it: Keep up the great work with *Texas EMS Magazine*. I look forward to the magazine even more than I do my *Emergency* or *JEMS*.

Kathy R. Harrell
Lampasas, Texas

Patch collection: We here at Kendall County EMS have embarked on a journey to trade and collect every fire department and EMS department patch not only here in our home state, but the rest of the United States as well. If anyone is interested, we will trade patch-for-patch the good, old honest way.

Whether you send your patch first or just send us a letter, we will respond immediately. Please help us attain our goal. It will be difficult, but not impossible.

Thank you.

Carl W. Wengenroth
Boerne

Send your patches to Carl at Kendall County EMS, Route 2, Box 2010 A, Boerne, Texas 78006.

Rescue 911: As we prepare to begin our 5th season at RESCUE 911, I just wanted to say thank you for your help and coperation over the years. Without you and your organization there would be no RESCUE 911. I realize that most of the time, the only thing you hear from me is, "Any good rescues lately?" Well, let me take the opportunity once again to say thank you for all the great work.

Being a Texan myself, I am very proud to say that to date, RESCUE 911 has shot 35 stories in the state of Texas. I look forward to adding to this total in the upcoming year.

Kelly McPherson, RESCUE 911
Hollywood, California

If you have RESCUE 911 material for Kelly, call (213) 466-7594 or (213) 466-8875, or FAX (213) 466-5345.

Calendar

Meetings

June 4-5, 1993. **Pediatric Pre-hospital Provider Courses**. Course Level - Fundamental. Victoria College. Contact S. Bolleter. 512/572-6447.

June 7-8, 1993. **Pediatric Pre-hospital Provider Course**. Course level - Fund./Adv. Arlington-Emergency Care Symposium, Pre-Conference Class. Contact A. Stadthagen at 817/882-4010.

June 5, 1993. **Quality Management Class**. Woodward Conference Center, Harlingen, TX. $25. Rhonda Blackmore 512/834-6740.

June 5-6, 1993. **PHTLS Course**. $200. Presented by Texas State Technical College, Sweetwater, Sponsored by Metrocrest Medical Service. Call Joni Parr at 915/365-5308.

June 9-10, 1993. **Eleventh Annual Emergency Care Update**. Sponsored by CareFlite Dallas and CareFlite Fort Worth. Arlington Convention Center, Arlington, TX. Robin Beardsley, CareFlite FortWorth, 817/882-4010 or 1-800-772-5840 or Louann McGrath, CareFlite Dallas, 214/944-8143.

June 18, 1993. **Quality Management Class**. Public Health Region 6 Office, 1015 Jackson Keller Rd., Ste. 222, San Antonio. $25. Rhonda Blackmore 512/834-6740.

June 19, 1993. **Quality Management Class**. Public Health Region 6 Office, Old Memorial Hospital, Garner Field Rd., Uvalde. $25. Rhonda Blackmore 512/834-6740.

June 19-20, 1993. **Pediatric Pre-hospital Provider Course**. Course level - Fund./Adv. Dallas-Metrocrest Medical Services. Contact A. Stadthagen at 214/484-1158.

June 20-25, 1993. **Interagency Emergency Communications Instructors Course**, Austin, TX. Contact Vander Phelps, Advisory Commission on State Emergency Communications, at 512/327-1911.

July 10-11, 1993. **Introduction to Search and Rescue**. 20-hour entry level course for NASAR. $100. McLennan Community College, Waco, TX. 512/750-3507.

June 15-18, 1993. **Phoenix Fire Dept. 6th Annual Health, Fitness, & Safety Training Seminar**. $325. 602/534-2169.

July 14-15, 1993. **The 1993 International Advanced Life Support Competition**. Hyatt Orlando, Kissimmee, FL. Contact: ALS Registrar Florida Emergency Medicine Foundation, 3717 S. Conway Rd., Orlando, FL 32812-7607. 407/281-7396 or 1-800-766-6335.

July 15-18, 1993. **Clincon '93**. Pre-hospital emergency care. Hyatt Orlando, Kissimmee, Florida. Write to Florida Emergency Medicine Foundation, 3717 S. Conway Rd., Orlando, FL 32812-7607. 407/281-7396 or 1-800-766-6335.

July 12-16, 1993. **Rescue I-Basic Confined Space/Structural Rescue**. Beaumont, TX. 40 hours. $425. Roco 1-800-647-7626.

July 17-18, 1993. **Pediatric Pre-hospital Provider Course**. Course level - Advanced. Boerne-Kendall County EMS. Contact L. Madden 210/249-3721.

July 19-23, 1993. **Rescue II-Advanced Confined Space/Structural Rescue**. Beaumont, TX. 40 hours. $475. Roco 1-800-647-7626.

July 23, 1993. **Texas Emergency Medical Services Advisory Council**. Austin, TX. Contact Harold Broadbent 512/834-6740.

July 25-30, 1993. **Interagency Emergency Communications Instructors Course**, Austin, TX. Contact Vander Phelps, Advisory Commission on State Emergency Communications, at 512/327-1911.

July 29-30, 1993. **Ninth Annual Colorado Trauma Symposium**. Breckenridge, Colorado. 303/436-7788 or Fax 303/436-7793.

August 6, 1993. **Quality Management Class**. Public Health Region 2 Office, 1109 Kemper, Lubbock. $25. Rhonda Blackmore 512/834-6740.

August 7, 1993. **Quality Management Class**. West TX A&M Univ., Police Dept. classroom, Canyon. $25. Rhonda Blackmore 512/834-6740.

August 14, 1993. **A "Family Day" for EMS, fire and police personnel**. Canyon, TX. Bring your family and enjoy a cook-out (food provided by Aero Care). Softball, volleyball, horseshoes and a golf scramble. Contact Maridel at the West Texas State University Police Dept., PO Box 295, Canyon, TX 79016 or call 806/656-2302.

August 16-21, 1993. **Wilderness EMT Course**. Texas Tech University Center. 48-hour program leading to certification as Wilderness EMT. $360. $160 housing and meals. Contact EMS Program, Texas Tech University Health Science Cntr., 3601 Fourth St., Lubbock, TX 79430 or 806/743-3218.

August 22-26, 1993. **Team Rescue Conference and Exposition**. Radisson Hotel Virginia Beach. Virginia Beach, VA. For fire chiefs, sescue squad members, industrial rescue personnel plus paramedics and EMTs involved in technical rescue. Contact JEMS Conference Division at 1-800-266-JEMS.

August 22-27, 1993. **Interagency Emergency Communications Instructors Course**, Austin, TX. Contact Vander Phelps, Advisory Commission on State Emergency Communications, at 512/327-1911.

September 13-17, 1993. **Rescue I-Basic Confined Space/Structural Rescue**. Beaumont, TX. 40 hours. $425. Roco 1-800-647-7626.

September 18-19, 1993. **Pediatric Pre-hospital Provider Course**. Course level - Fundamental. Victoria College, contact S. Bolleter 512/572-6447.

September 19-24, 1993. **Interagency Emergency Communications Instructors Course**, Austin, TX. Contact Vander Phelps, Advisory Commission on State Emergency Communications, at 512/327-1911.

September 27-October 1, 1993. **Rescue III-Advanced Team Development**. Beaumont, TX. 40 hours. $525. Roco 1-800-647-7626.

September 28-30, 1993. **HazMat Southwest**. Dallas, Tx. The environmental management and technology conference. 708/469-3373.

October 3-8, 1993. **Interagency Emergency Communications Instructors Course**, Austin, TX. Contact Vander Phelps, Advisory Commission on State Emergency Communications, at 512/327-1911.

November 22-24, 1993. **Texas EMS Conference '93**. Fort Worth Tarrant County Convention Center. Contact Texas Department of Health, Bureau of Emergency Management 512/834-6740.

For Sale

For Sale: Physio-Control LifePak 250 AED, never used. New $4800, make reasonable offer. Horseshoe Bay EMS, PO Box 7765, Horseshoe Bay, TX or 210/598-6953.

For Sale: 1992 Type I Braun Command

Calendar

Raider Demo. Ford Chassis 7.3 diesel, 4-speed automatic, strobe light bar, flourescent lighting, and many other options. Low mileage. CHC Ambulance Sales & Service. 409/588-4044.+

For Sale: New and used ambulance vehicle remounts. CHC Ambulance Sales & Service, PO Box 9057, The Woodlands, TX 77937. 409/588-4044.+

Wanted to Buy: Looking to purchase ambulance service which provides ALS care. PO Box 3336, Grand Rapids, MI 49501-3336 or 616/458-6740.+

For Sale: ICOM H10 VHF handheld, $390. 210/693-4999.+

For Sale: EMS supplies and equipment. BLS, ALS, and ACLS levels. 1984 Type II and a 1984 Vanbulance also for sale. Write for complete listing. Magnum Resources, Box 2951, Palestine, TX 75801.*

For Sale: AD and used Lifepak 5s and assorted equipment, shears, vest, stethoscopes, holsters. Buy and Sell. Call P.M.I. 619/745-8537.*

For Sale: Quality used medical equipment at a substantial savings. Call or write for inventory and price list. Ken Anderson, MedExchange, 3021 Carmel, Dallas, TX 75204. 214/824-5040.*

For Sale: Mobile 40W, 16CH 2-way radio. Scan, UHF, DTMF mircrphone. Lile new. 817/757-2981.*

For Sale: ICOM H28 Ultra Compact VHF Handheld, $530. 210/693-4999.*

For Sale: 25 pagers. Motorola Monitor I & II, low band, with chargers. $85 each. Calvin Wright, 210/981-4912.*

For Sale: 15 units to choose from. From 1980 models with new engines to 1993 diesels. Stratus of Texas. 1-800-745-2483.*

For Sale: 1992 Ford Type II, only 34 miles. $34,425. Stratus of Texas. 1-800-745-2483.*

For Sale: 1993 Ford Type II demo, fully loaded. 744 miles. $37,100. Stratus of Texas. 1-800-745-2483.*

For Sale: 1983 Ford Wheeled Coach Ambulance with 460 gasoline engine. 90,000 miles. Call Chief Stewart, 817/552-2581, ext. 17.*

For Sale: 1980 Type I Chevy, 454 gasoline, prestiage type box ambulance, good condition, 57,000 miles. $7,500. Contact Robert 210/233-5768.*

For Sale: 1985 Type II, 460 engine, excellent mechanical condition. Light bar and siren. $6,500 firm. (409) 598-4098.

For Sale: 1986 Ford Type I. 713/772-5511.*

Jobs

Medical Director: Part-time prehospital emergency medical training and medical control. Minimum of 12 hrs. per week. Must be licensed/eligible for license in Texas, familiar with with the design and operations of EMS systems. Pay is commensurate with qualifications and ED salary. Metrocrest Medical Services, a non-profit organization is located in Farmers Branch, TX. Respond by June 15 to Richard Best, Exec. Dir., 2997 LBJ Freeway, Ste. 139, Dallas, TX 75234 or 214/484-1158.+

Paramedic: Must be 21 yrs. old. Competitive salaries, benefits package, advancement opportunities, continuing education and possible relocation assistance. Send list of references, copies of current certification, state test scores, D.L.#, and resume: Charles Grady, PO Box 2160, Wichita Falls, TX 76307.+

Paramedic: Needed for ALS company. Must be 21 yrs. old, have national certification and be willing to relocate to Duncan, OK. Company offers benefits package. Send list of references, copies of current certification, state test scores, D.L.#, and resume: Charles Grady, PO Box 2160, Wichita Falls, TX 76307.+

ER 3-11 RN Manager: Pasadena General. 32/40 ER RN Weekends; 146 bed community facility located 20 minutes from downtown Houston. Allison Edwards, Dir. of Nursing. 713/473-1771 ext. 535 for more information.+

Director: Midland College. 5 years related professional experience. Proficient in instructing, curriculum design and program planning. Salary commensurate with experience. Excellent benefits. 3600 N. Garfield, Midland, TX 79705 or 915/685-4532.+

EMT and Paramedic: Houston, Conroe and Lake Jackson accepting applications. STAT Care EMS. 713/590-4400.+

Flight Nurses and Paramedics. PRN positions for new base operations in San Antonio. Lear Jet Medics require 2 yrs. ACLS. Prefer bilingual. $20-$35/hr. beginning pay rate. Resume: Monte Mitchell, MD, AAA Air Ambulance America, PO Box 4051, Austin, TX 78765.*

Firefighter EMT. The city of New Braunfels is accepting applications for the position of Firefighter I. Starts at $18,417.50, full benefits. City of New Braunfels Personnel Office, 424 S. Castell Ave., New Braunfels, TX 78130 or 210/625-3425.*

Announcements

For Rent: CPR manikins for rental use. Contact Steve in Dallas at 214/242-5883.

CPR Classes: Every Saturday in the Dallas area. Call Steve at 214/242-5883.

Bloodborne Pathogens Training Program. Fulfills OSHA standards. Rick Murray 817/295-4707.

\+ This listing is new to this issue.
* Last issue to run in.

Moving? Renewing your subscription? Placing an ad?

Moving? Let us know your new address—the post office does not forward this magazine to your new address. Use the subscription form in the magazine to change your address and mark the change of address box. We don't want you to miss an issue!

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Placing an ad? To place an ad in the calendar section, write the ad (keep the words to a minimum, please) and fax to *Texas EMS Magazine*, 512/834-6736 or send to the address below. Ads will run in two issues and then be removed.

For circulation and calendar information call or write Jan Brizendine at 512/834-6740 or *Texas EMS Magazine*, 1100 West 49th, Austin, Texas 78756-3199.

Bureau Profile by Kelly D. Harrell

Quality Time: *Ernie Rodriguez strives to improve customer service*

Ernie Rodriguez didn't think much about quality management—at least not until he became assistant director of EMS for the Corpus Christi Fire Department and had to listen to complaints. He tells a story about his frustration with the number of complaints involving discourteous paramedics. One day, he watched a rookie handle a patient.

Ernie grew up in Corpus Christi and frequently visited his grandparents in Uvalde. He lives in Austin with his wife, Lucy, and two dogs. For information about quality management, call Ernie at (512) 834-6740.

"I asked him why he was rude to the patient," Ernie says. "I realized that no one had ever told the medics that part of their job description was to be polite."

Ernie also realized that the organization was training medics for only 10 percent of their jobs.

"Ninety percent of EMS calls are not emergencies," says Ernie. "Yet we spend 100 percent of our training time preparing medics for 10 percent of the calls."

The incident made Ernie a believer in quality management and Ernie still spreads the message that management should be constantly striving to improve the organization.

Ernie began his EMS career volunteering with the Kingsville Fire Department in 1981. After three months, the department hired Ernie as a full-time firefighter and EMT.

In 1982, Ernie joined the Corpus Christi Fire Department, where he had the opportunity to train as a paramedic. Eight years later, Ernie took over as assistant EMS division director at the Bureau of Emergency Management.

"I came to the health department because ... I felt I could have an impact on EMS far beyond where I lived," Ernie says. "(Here), I can impact what EMS stands for."

Part of the impact Ernie wants to have involves the way EMS administrators manage both volunteer and paid services. Quality management, Ernie says, is not just a trend. It should be the essence of management.

"The organization belongs to the individuals who make up the organization and the customers who receive the care," Ernie says. "People who run the organization should seek participation from those people ... about a problem and why it is there."

The benefits of quality management include better employee retention, fewer mistakes in patient care, and greater unity within the organization.

"We spend a great deal of time screening employees or recruiting volunteers before they are selected," Ernie says. "Why ignore them for the rest of their careers?"

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Texas Department of Health
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