

Texas EMS

M a g a z i n e

Trauma Developments

The Quarterly News of
Trauma Systems in Texas

An 8-page pull-out
between pages 20 and 21

Babe Aycok

This 77-year-old paramedic
works every day



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Order these free materials for your community education programs.

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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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Trauma Developments

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ABOUT THE COVER: Babe Aycock, Mart's 77-year-old paramedic, works a 12-hour shift every weekday. Photo by John Faulk.

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Texas EMS

Magazine

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James Cheney wins Greater Houston EMS Council award

FROM
THIS
SIDE

Congratulations to the Greater Houston EMS Council on their first annual awards banquet. This awards banquet was held during EMS Week with the chairman of their board, Jeff McCollom, presiding. In response to an inquiry about calling this banquet an annual event Jeff informed them that it was. He was quoted as saying, "This just happens to be the FIRST annual banquet."

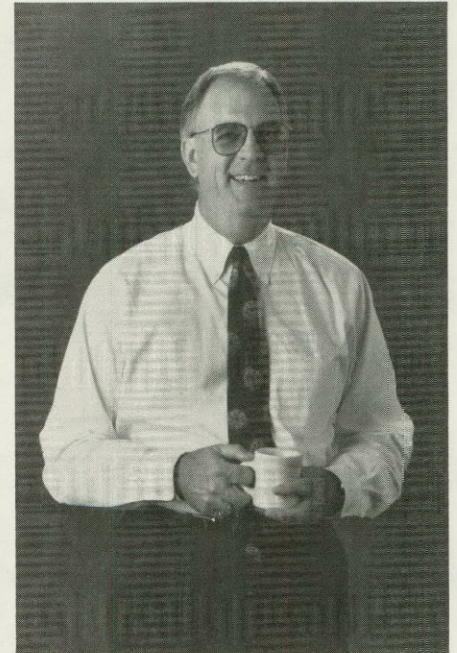
James Cheney of the City of Houston Health and Human Services was presented with an award for his support for the organization. It was good to see such a cross section of EMS organizations represented in this organization. In the next issue of this magazine we will list all the award winners.

From the newspaper clippings we have seen there was a lot of activity all around the state during EMS Week. We congratulate all the EMS organizations that participated in EMS Week activities. It is really encouraging to see so much positive publicity around the state for emergency medical service. Please send us your stories and we will include your area in our reports.

We are pleased to inform you

that there has now been some type of activity in every area of the state in reference to developing regional advisory councils for trauma systems. This program is new and has experienced very rapid growth under Program Director Kathy Perkins. She now has a full staff with Terry McCormack, Bill Millwee, and Charlene Hancock. It is very important for EMS organizations to work with these staff members as they go around the state working on regional trauma systems.

Congratulations once again to everyone's hero, Babe Aycock, for her second photo cover on our magazine. I think Babe Aycock is the most enthusiastic EMS person I have ever visited. It always energizes me just to sit and talk with her about EMS. She has a true and sincere love for her patients, and as a volunteer she works five twelve-hour shifts per week. She also holds the distinction of being the oldest active paramedic in Texas, and we think in the rest of the country as well.



GENE WEATHERALL,
CHIEF
BUREAU OF EMERGENCY
MANAGEMENT

TEMSAC and its committees met April 27 and 28. They meet next on July 22 and 23.

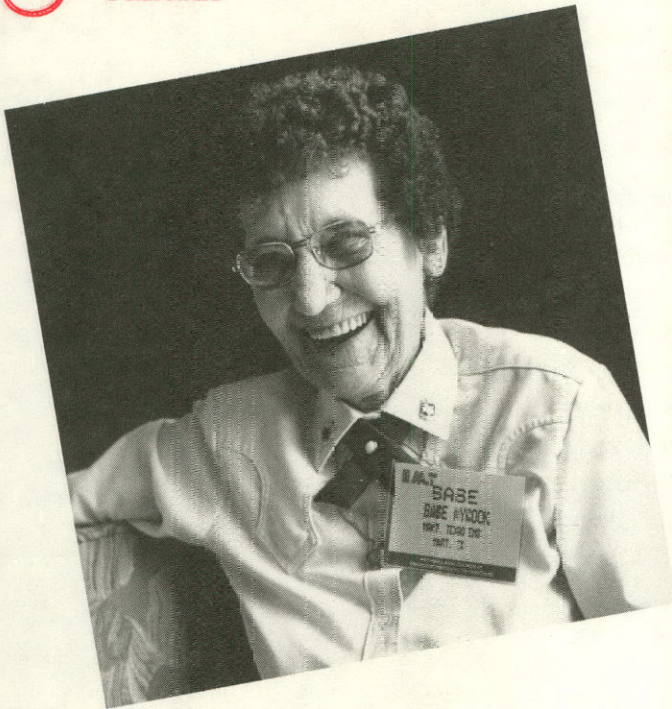




The Texas EMS Monument honors all emergency medical services personnel in the state of Texas.

MONUMENTAL EMS PEOPLE

Babe Aycock



Age 77

Service Mart Volunteer EMS

Position Paramedic

Certification ECA, 1984; Paramedic, 1989; Instructor, Examiner, Coordinator; ACLS; BTLs; CPR Instructor; Pediatric Prehospital Provider Course Instructor; High-angle rescue, basic and advanced

Original home Aycock grew up in Mart, Texas, when it was a railroad terminal between Fort Worth and Houston

Why EMS Aycock was Mayor of Mart in 1983 when the funeral home got out of the ambulance business and the city took over EMS. She led the city in organizing volunteers and raising money for a new vehicle. "That's the greatest move I ever made. This is a new life for me."

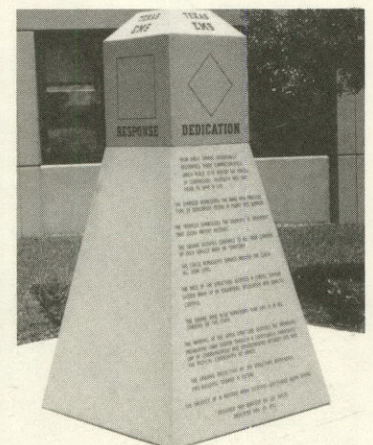
Recent accomplishment Received Jefferson Award from the American Institute for Public Service for her community service. The nomination cited her years as Mayor and City Secretary, her drive to start a volunteer EMS, her 40-year membership in the Mart Chamber of Commerce and Agriculture, and her personal sponsorship of local programs such as an annual Easter Egg Hunt for

small children and senior citizens and collecting 20 tons of donations for a city in south Texas that was hit by floods.

Personal Married to Carl Aycock for 57 years, daughter Nancy Hartley lives in Austin, three grandsons

Hope for EMS "EMS every day is getting bigger and bigger and better and better. People are respecting what we do. Every day we're looked up to more and more as a professional and as someone who knows what they're doing. I can see the changes and they're all for the better. I just want that to keep happening."

Quote "I'm paying back my community for everything they've done for me. I'm indebted to my community."



Each month we will introduce you to the people in Texas EMS. This month we feature Bureau Chief Gene Weatherall's visit with Babe Aycock during EMS Week in Mart.

GW: *Babe, what do you like best about EMS?*

BA: It's a challenge and I love a challenge. Every run is a challenge.

I don't think it would mean the same to me if I was doing it for pay. Payday for me is when that little lady or little man reaches over and says, "Honey, I couldn't have made it if you weren't here with me."

I worked last weekend. I worked all day Saturday, then worked backup Saturday night, Friday night, and Sunday. One of our patients had a reaction to an antibiotic she was taking and we gave her oxygen and started an IV and called Hillcrest in Waco. We took her on in, and she was a sick woman. But I saw her later in the grocery store, and she grabbed me and said, "I'll guarantee you one thing, you saved my life." And that's my pay.

GW: *Do you have any patients who aren't grateful?*

BA: No, we live in a different atmosphere here. It's great when you walk into someone's house and they say, "Oh, I was hoping you were

working this shift."

GW: *What changes would you like to see in EMS?*

BA: I'm disappointed because they aren't going to do away with having to take an exam to recertify. I do think when they do away with the recert exam we ought to have to get CE in special areas. It's time for us to recertify and I've got my hours, but I'm dreading that exam. I don't know anyone who likes to take exams, do you?

GW: *It will take time, but I think we'll get it done. Do you have a CE program here?*

BA: You bet we do—once a month for ALS and BLS people.

GW: *Lately we've had services who have had to quit providing EMS during the day. Why is Mart so successful?*

BA: I don't know unless we just won't take no for an answer. We try to make ourselves available and be seen at whatever's going on. We're constantly promoting Mart EMS.

And I think we have charisma. Our people want to do the best job they can do and people want to work with us. We try to keep our people like one big, happy family.

GW: *How do you do that?*

BA: We just like each other. We pat each other on the back. We drink coffee together. And we'll have a potluck during our training. We try to stop the friction whenever we hear about it.

I'll go anywhere, anytime to talk about EMS. I've been to West, Valley Mills, China Springs, Mount Calm, Lorena, Buffalo. In those new places, usually there are two factions pulling in different directions. I'll say, "Hey, you'll never make it if you don't get together and pull."

A reporter asked me one time how I wanted to be remembered. I said, "As a volunteer paramedic who cared." I will miss a meal, I will miss sleep, I will put off going to the doctor because I want to work my shift. When I leave a place I want them to say, "There goes a 77-year-old paramedic and she works everyday."

EQUALITY



We live in a different atmosphere here. It's great when you walk into someone's house and they say, "Oh, I was hoping you were working this shift."

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.

DEDICATION



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:
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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.

Hallsville EMS officers Spencer Thompson, left, and Charles Moore display the Presidential Award of Appreciation presented to the service by the Hallsville Chamber of Commerce.



Hallsville EMS receives city council award

Hallsville EMS recently received the Presidential Award of Appreciation from the Hallsville Chamber of Commerce for its work in Harrison County.

Hallsville EMS covers the city of Hallsville and the western half of Harrison County with two BLS ambulances; recently a third ambulance was donated to improve response time in the western part of the county. In 1992, the service made 277 calls. Hallsville EMS also responds on all structure fires with the Hallsville Volunteer Fire Department.

Hallsville EMS officers are EMTs Spencer Thompson, director; Jay Donnell, assistant director; and Charles Moore, secretary/treasurer. Members include EMTs Diane Rogers, Jim Griffin, Randy Long, Lanette

Burks, Gary Page, Jeff Kingsley, Gary Hurst, Janis Raybon, and Cyndee Shelton. ECAs are Jeanette Moore, Richard Crutchfield, and Sheri Fleming. John Dove also assists.

Who's on first? takes on new meaning at Life Line

If you were to come into the main offices of Life Line EMS in Wichita Falls and ask who, you might be directed to Dean Baswell, a.k.a. Who Who the safety clown. Baswell has been using his clown alter ego for the last six years in his work as public relations manager for Life Line.

Who Who presents safety shows for kids in the pre-school through sixth grade with each show geared to the age group. For smaller children, Who Who brings a toy box full of items to teach kids what is safe to play

Local and Regional EMS News

Who Who the safety clown, a.k.a. Dean Baswell, points to an important part of the message he teaches to kids. Baswell is the public relations manager for Life Line in Wichita Falls.



with. For older children, Who Who focuses on substance abuse prevention.

In addition to Who Who, Baswell does programs using Vince and Larry, the crash dummies, and Ready Teddy.

Mercedes woman takes first place in state competition

Jessica Lynn Ortiz, a senior at South Texas High School for Health Professions in Mercedes, won first place in CPR and first aid in a statewide competition sponsored by Health Occupation Students of America. Jessica and her partner Cristen Stineman will compete in the national competition in Nashville this month.

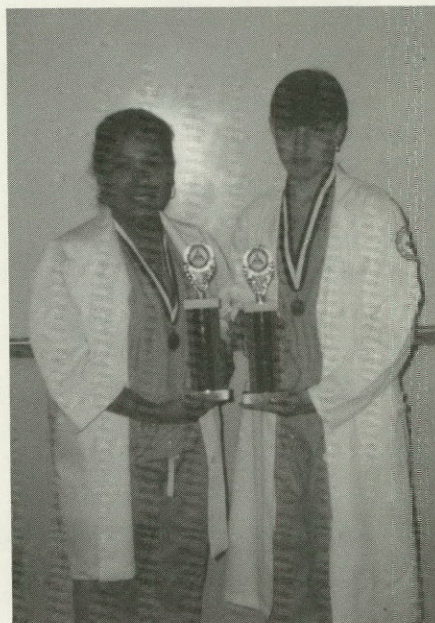
Ortiz is currently taking an EMT class sponsored by the Willacy County EMS. Her father Ricardo is a paramedic with Willacy County.

EMS personnel update

L.V. Watts, longtime director of Hereford EMS, took a new position with the hospital district March 1. Watts is now wellness coordinator for Deaf Smith General Hospital's occupational medicine and wellness program, WorkSmart. Watts

provides safety and wellness education to local businesses with the goal of lowering health care and worker's compensation costs, and helping employers provide a safer work environment.

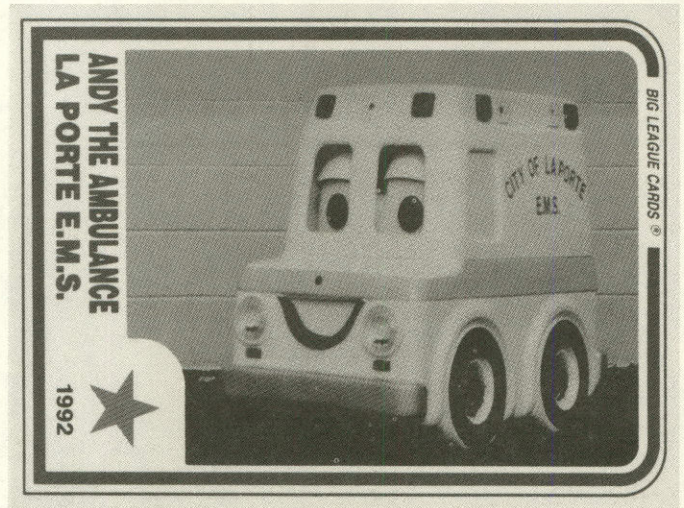
Taking Watts' place at Hereford is Edward McGinley, NREMT-P. McGinley has



Jessica Ortiz, left, and Cristen Stineman won first place in CPR and first aid in area and state competitions for Health Occupation Students of America. The women compete in Nashville in June.

Local and Regional EMS News

La Porte EMS may have started something: they issue trading cards starring Andy the Ambulance. One card features Andy alone; another shows him surrounded by children. EMS personnel give the cards away at schools and daycare centers Andy visits.



worked offshore in the Gulf of Mexico and for LifeStar in Arlington. Paramedic Rickey Hargrove was named field supervisor for the service. Hereford EMS, a division of Deaf Smith General Hospital, serves 25,000 residents over 1,051 square miles of the county. Staff includes eight paramedics, one EMT-I, and four EMTs.

Creig L. Speed, NREMT-P, has been appointed director of Unit Hour Utilization and Communications for East Texas EMS. Speed previously served as operations director of Mercy/Tidewater Ambulance Service in Virginia Beach, Virginia.

And paramedic James Russell, formerly of Taft EMS, took over administrative duties at Gonzales EMS. Russell replaces Eddie Callender, who went to Bay City EMS. Paramedic Johnny Campbell was named assistant administrator, and paramedic Lee Lane was promoted to field supervisor.

La Porte EMS introduces Andy trading cards

La Porte Fire Department EMS has introduced a new twist to an old game: Andy the Ambulance now stars in some EMS trading cards. The cards are distributed to children at schools and daycare centers Andy visits. Each of the two designs has a picture of Andy and a safety tip on the back.

The cards have proven extremely popular. Assistant Chief Ray Nolen, EMT-P, says they have reordered the cards several times.

"The kids want those cards as much as they want to see Andy," Nolen says.

La Porte EMS covers a population of 40,000 with two MICU ambulances. Because they are so close to the Houston ship channel, they also cover several industrial areas. Last year, they made 1,600 calls.

Region 6 emergency services have new source of funding

Two areas in Public Health Region 6 now have new sources of funding, thanks to recent elections. Voters in Medina County voted to create the Medina County Emergency Services District #1. According to Steve Hanneman, Region 6 EMS program specialist, the passage of the district was due in part to the efforts of Castroville, Mico, and Lacoste volunteer fire departments, along with Medina Valley EMS, which serves the eastern portion of the county.

Also in Region 6, Real County voted to impose a sales tax for the purpose of establishing a 9-1-1 service. Real County had been one of only three counties in Texas that chose not to provide the service to residents. With the inclusion of Real County, all of Region 6 will be covered by 9-1-1.

Local and Regional EMS News



Jim Ijames, right, presents members of the Hurst Fire Department with an American flag that flew over the nation's capitol. Ijames' father credits the men with saving his life after a heart attack. Honored for the incident were firefighter/paramedic Tracy Whistler; Lt. Jerry Henderson, paramedic; and driver/engineer Jim Wilson, EMT. Not pictured is EMT Wes Wesson.

Hurst Fire Department receives red, white, and blue thank you

Several members of the Hurst Fire Department received a patriotic thank you recently as they were presented with a flag that had flown over the nation's capitol. James Ijames of Hurst says that he owes his life to the skill of Lt. Jerry Henderson, EMT-P, Driver/Engineer Jim

Wilson, EMT, and firefighters Wes Wesson, EMT, and Tracy Whistler, EMT-P.

Last September, 76-year-old Ijames, a retired Sears executive, began having chest pains. Although his wife called 9-1-1, Ijames was afraid he would not make it and asked his wife to drive him to the fire station two blocks away. The firefighters stabilized him and he was transported. Ijames survived.

In a ceremony to honor the four men, Ijames' son Jim said: "The flag flying over our nation's capitol represents our country's protection of other's lives. (My father) wants it to also represent the lives you save in doing your job."

San Saba elects new officers

San Saba EMS elected new officers at its annual meeting in

San Saba EMS recently elected new officers. Front row, from left, Carol Martin and Betty Harlin, board members; and Janet Hoyt, secretary. Back row, from left, Howard Ruddick, past president; Sherry Ruddick, treasurer; Glenda Ragland, board member; Paul Beaver, vice president; and Joe Ragsdale, president.



Local and Regional EMS News

Clear Lake Emergency Medical Corps, working here with Pasadena Volunteer Fire Department, also works with Methodist Hospital flight medics, Hermann Life Flight, and Seabrook Volunteer Fire Department.



March. Officers are Joe Ragsdale, president; Paul Beaver, vice president; Sherry Ruddick, treasurer; and Janet Hoyt, secretary. Board members are Carol Martin, Betty Harlin, and Glenda Ragland.

Texas EMS Monument story published nationally

The Texas EMS Monument made the national press recently in two EMS magazines. *JEMS* and *Emergency Medical Services* each published articles about the nation's first monument to EMS in their May, 1993, issues.

Anderson Ambulance receives association award

The Texas Ambulance Association awarded the first annual

Joe B. Brown Humanitarian Award to Anderson Ambulance, Inc., at its annual convention in Corpus Christi. Anderson's corporate offices are in San Antonio; the company serves San Antonio, New Braunfels, San Marcos, Seguin, Austin, Round Rock, Georgetown, Burnet, and Corpus Christi.

In presenting the award, TAA highlighted Anderson's effort to reunite a terminally ill woman with her son.

Clear Lake celebrates 20 years of service

Clear Lake Emergency Medical Corps celebrated its 20th anniversary in May with a parade in Seabrook. The service began May 1, 1973, when the communities of Brook Forest, Clear Lake City, Clear

Lake Forest, El Cary Estates, El Lago, Middlebrook, Seabrook, and Taylor Lake Village joined forces to create CLEMC.

Today the service covers a population of more than 70,000 with three MICU-capable ambulances and 90 volunteers. Last year they made 1,837 calls.

Texoma service jumps into fundraising arena

Preston Peninsula Volunteer Fire & Ambulance in Pottsboro recently undertook a big challenge: volunteers want to raise \$60,000 to purchase a new ambulance. The current 1984 model is "worn out," according EMT Edward Gallett, a volunteer. The service has raised more than \$7,000 so far.

The service covers 60 square miles and 9,000 residents in the Lake Texoma area.

Local and Regional EMS News

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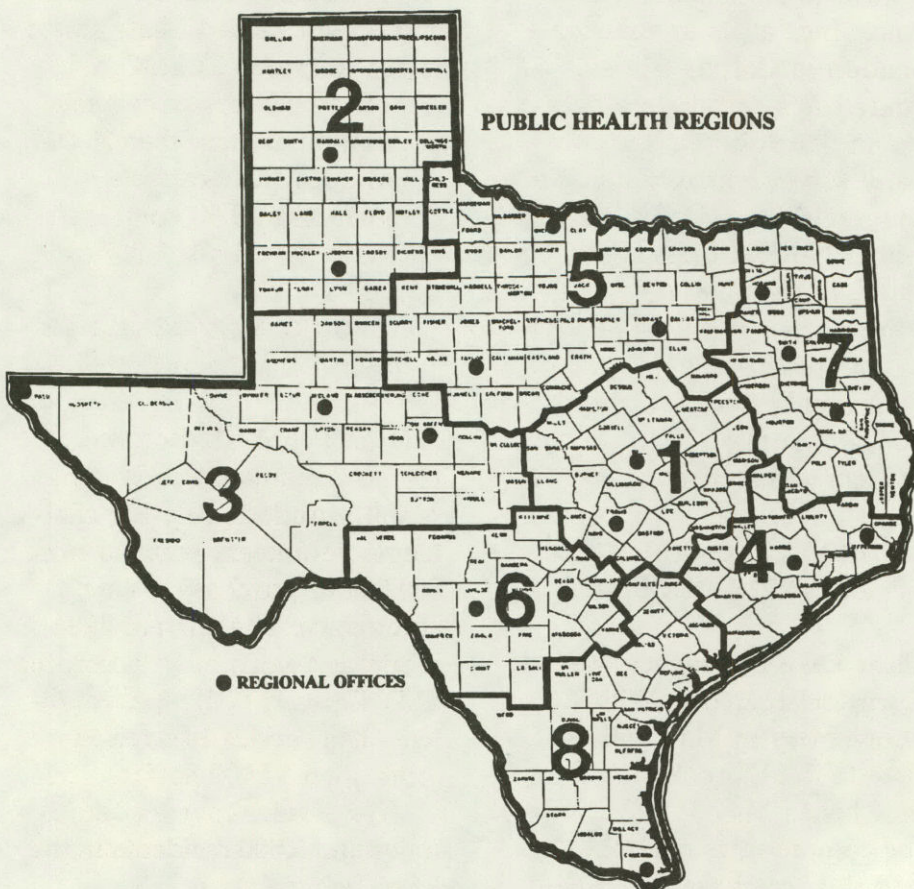
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A Rural Report

Services struggle to overcome distance, recruitment, and funding problems in an ever-changing profession

By Kelly D. Harrell

PHOTOGRAPH BY MARK McCLENDON

TO CHARLIE BERGMANN, THERE IS NO SUCH THING AS THE GOLDEN Hour of trauma care. Bergmann, his wife Sharon, and son Dean volunteer over the 2,200 square miles of rugged terrain around the Davis Mountains in Jeff Davis County. Few roads cut through the county; the few that do wind through the desert mountains and periodically close for repair. The closest rural hospital sits 26 miles away in Alpine; more serious injuries may require transport to Fort Stockton, or even Midland.

"The Golden Hour is not golden to us," Charlie says. "It's the golden whatever they have because you might be two hours from the hospital."

Moreover, the isolation and sparse population of the county can delay the reporting of an incident, trimming precious time.

Are the problems unique to West Texas? Hardly. The problems there mirror rural EMS across the state. Of Texas' 254 counties, 146 are considered rural; another 59 are frontier with less than six people per square mile. Across the state, the 7,600 people who work or volunteer in rural and frontier EMS make up less than 20 percent of the total number of people certified in EMS. Yet the need for EMS in rural areas increases every year as physicians move to bigger towns and rural hospitals close.

"Rural EMS is an integral part of the community," says Ron Hilliard, RN, CEM, EMT-P. "They are becoming a community's primary access to medical care."

Denise Erekson, a volunteer EMT in Rocksprings, agrees: "Our town doctor does not deliver babies, set bones, treat chest pains or treat trauma. If it's trauma or chest pain or anything, (residents) call us."

But as the role of rural EMS grows, so do the challenges. The sheer number of miles to cover impedes many rural services.

"In Presidio, our closest hospital was 90 miles away," says Annie Andrus, former director of Presidio EMS.

"When we went on a run, we knew we were going to be out of service for at least six hours."

And distance affects more than just transport time. Long distances also hinder training, whether it's initial, continuing education, or a skill upgrade.

Mike and Mark Scudder, identical twins who run a paid EMS firm in Alpine, had to travel three hours each way to Odessa College for paramedic training. Volunteers in

Transport time in rural areas depends in part on how difficult it is for rescuers to reach the patient. In remote areas, EMS can travel 150 miles to pick up and transport the patient to the nearest hospital.

Rocksprings must go to Kerrville a 150-mile round trip—to upgrade skills above an EMT. And former Presidio EMS director Annie Andrus drove 250 miles each way

“Rural EMS is an integral part of the community. They are becoming a community’s primary access to medical care.”

—Ron Hilliard

to train as a paramedic.

“The distances you have to travel make it so hard for people to upgrade,” says Erekson. “Nearly everyone in our organization works or has families, and no one has time to spend three days a week in Kerrville or Del Rio.”

Mike Scudder echoes the sentiment: “When the closest place to

train is 160 miles away, it’s hard for everybody to get there.”

The problem extends to personnel recruitment. Scudder advertises statewide to fill vacant positions since he doesn’t have the resources to hold trainings. In rural volunteer services, there may not be a large pool of people to recruit from in sparsely populated areas.

“We’ve seen a lot of people come and go, mainly because of our economic base,” says Erekson. “The people who stay here tend to be the ones who were born and raised here.”

In counties with larger—and more transient—population, Ron Hilliard sees the same problems in outlying areas.

“We’re seeing fewer and fewer people volunteering to do this kind of work,” he says. “(It’s difficult) getting people to commit, and it’s a considerable commitment.”

But recruiting paints only half of the picture. Retention becomes an issue once recruitment and training finish. In rural areas, an EMS may only be called out a few times a month. Inactivity can cause some volunteers to ‘rust out’—a slow erosion of interest and skills.

“With low call volume... when a call happens (volunteers) might not be on call and someone else goes,” says Mike Scudder of Alpine EMS. “And they can’t keep their interest going.”

Volunteer EMT Ronny Erekson of Rocksprings, agrees. He volunteers for Edwards County EMS, which makes about 60 calls a year.

“It’s hard to maintain your skills when you don’t have that many calls,” he

Paramedic Charlie Bergmann of Jeff Davis County Ambulance says that finding the money to buy equipment has been a struggle at times.





Photograph by Larry West

says. Because he and his wife live so far out of town, Erikson is unable to go on many of the calls.

But for many services, personnel recruitment and retention takes a back seat to the basics: keeping an ambulance on the road. More fortunate services can rely on partial or full funding from counties or hospital districts. But many services receive no tax money, relying instead on fundraising to buy supplies and equipment, and keep vehicles maintained.

"It takes dollars to do anything," says Hilliard. "Just keeping going is the biggest challenge."

And as technology improves patient treatment, the price of equipment soars. A new ambulance can cost as much as \$120,000 fully equipped; other equipment, like external defibrillators are expensive but vital additions to a modern-day ambulance. New drugs, which promise better results, come with a higher price tag. And the new OSHA requirements for bloodborne

Recruiting and retaining personnel, especially volunteers, can be a major challenge in rural areas.

pathogens pull even more money out of coffers.

"We're rapidly approaching a point where bake sales alone aren't going to be enough to sustain a modern service," says Pam West,

The Bureau of Emergency Management will soon launch the Mobile Training Unit, staffed with an instructor and designed to travel to rural areas to bring training.

director of the Bureau's EMS division.

The challenges facing rural EMS offer no easy solutions. Distances between hospitals will continue to hamper patient transport unless many more rural hospitals open, an unlikely prospect. Air ambulances may help tame the distances, but

even that offers no cure. Even by helicopter, it can take more than an hour and a half to reach isolated areas.

And funding problems don't appear likely to disappear anytime

The Bureau's Local Projects Program gave more than \$1 million dollars in grants to EMS for equipment and training—60 percent of the money went to rural or frontier counties.

soon, even for tax-based systems. Counties losing population find their tax base shrinking, leaving a smaller pie to be divided among a growing number of services.

However, new technology and programs at the Bureau of Emergency Management may improve some rural problems. The Bureau's Local Projects Program gives grants to EMS for equipment and training they might not normally be able to afford. In the last two years, the program awarded more than \$1 million dollars in grant

Jim Moshinskie, director of EMS training at Scott & White Memorial Hospital, is working on a pilot program that offers remote computer training.

money for equipment, training, and community education. And more than 60 percent of the money went to services located in rural or frontier counties.

In Public Health Region 4, EMS, hospitals, law enforcement and other emergency personnel have joined forces to promote a grassroots continuing education project. Council for the Advancement of Rural Education began in Wharton and now includes 30

counties; several more areas in Texas have inquired about starting their own projects. CARE offers regional continuing education each month at no charge. April's presentation drew 260 people.

In the Bureau's EMS Management Academy, instructors from the health department travel to rural areas to give classes in EMS management. And technology is minimizing the distance to travel for training. Several universities now offer training courses via satellite or computer, making them accessible to people hundreds of miles away. Jim Moshinskie, PhD, EMT-P, director of EMS training at Scott & White Memorial Hospital, is working on a pilot program that offers remote computer training. Moshinskie also developed some interactive software for training and continuing education.

In addition, the Bureau of Emergency Management will soon launch the Mobile Training Unit, staffed with an instructor and designed to travel to rural areas to bring training. Former frontier paramedic Annie Andrus, with a fully-equipped van, will crisscross the state to bring training to rural areas.

For more information on any of the Bureau's programs, call (512) 834-6740. Annie Andrus will staff the Mobile Training Unit; Ernie Rodriguez has information on the EMS Management Academy. Rhonda Blackmore coordinates local grants. For information on CARE, call Public Health Region 4 EMS Program Specialist Chris Nollette at (713) 995-1112, ext. 491.

All in the Family

Relative takes on a whole new meaning when it comes to these people in EMS.

By
Kelly D. Harrell

ASSOCIATE EDITOR KELLY HARRELL TRAVELED THROUGH WEST TEXAS TO RESEARCH THIS ARTICLE AND "A RURAL REPORT."

WHEN JUDY CATHEY'S MOTHER CALLS, THE CONVERSATION WILL likely cause Judy to drop what she's doing and head out the door. And the same is true for Judy's father, brothers and sister. Family devotion? Yes, but also something more: Judy's mother dispatches EMS to the county's emergencies. Judy, her father, husband, two brothers, sister, and sister-in-law all volunteer for Tri-City EMS in Gordon.

You've heard about the family of EMS: the bond between emergency co-workers that develops from living and working together in stressful environments. Now meet some families who make EMS a real family affair.

THE FIRST REAL CALL FOR PAULINE EREKSON AND HER DAUGHTER Paula Kay Epperson arrived one chilly Christmas as the family gathered in Pauline's home in Rocksprings. No one else is home, the caller pleaded. Won't you please make the call?

Although both women had taken an ECA course the year before, they expected to use the knowledge for emergencies at their Angora goat ranches, not to staff the town's ambulance. And now, in the middle of a family Christmas, they were being asked to leave the holiday festivities to make a run.

The experience profoundly changed the course of events for Edwards County EMS. When they returned, both women vowed to get more training or never volunteer again. They didn't quit; mother and daughter became EMTs as did

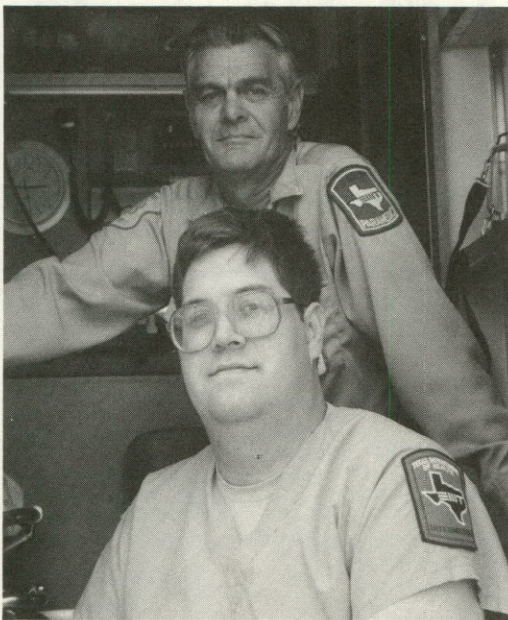


Edwards County EMS can depend on four members of the Erekson family. From left, EMTs Paula Kay Erekson Epperson, Pauline Erekson, Denise Erekson, and Ronny Erekson. The four live in Rocksprings.

Pauline's son, Ronny, and his wife, Denise.

The family works together both in the field and in office. Each family member contributes something different: Paula Kay fills in as president, Denise and Pauline assist with paperwork, and Ronny keeps the vehicles maintained and running.

"EMS is a family project," says Denese Erikson, who volunteers with her family in Edwards County EMS. "It's something that we have in common as a family."



Paramedic Charlie Bergmann, top, and son Dean, EMT-I, volunteer for Jeff Davis County Ambulance at the foot of the Davis Mountains. Charlie's wife Sharon drives the ambulance.

YOU CAN'T REALLY TALK about EMS in Fort Davis without mentioning the Bergmanns. It's not that other volunteers don't selflessly turn themselves out of bed at 3 a.m. or rise from half-eaten dinner plates to answer an emergency. But for many years, the residents of Fort Davis have come to associate the Bergmanns—Charlie, Sharon, and their nine children—with emergency medical service in this west Texas community of 1,200.

"The whole family participates," says Charlie. "Not only is my wife the driver, my son and I are (certified) and our other kids know exactly what to do in case of an emergency."

Charlie is a paramedic; his son Dean is an EMT-I. Although Sharon used to be an ECA, she now only drives the ambulance. The other children—ranging in age from 8 to 38—staff the radios and telephones during emergencies. And since the

town has no practicing full-time physician, residents often call on the the Bergmanns to fill in.

"We have people bring people to our house at 3 or 4 in the morning," Charlie says. "We've had them drive up to the house ... carrying someone who is bleeding.

"We have to be ready for anything." That readiness extends to the children, who routinely watch the medics in the family treat injuries and practice skills.

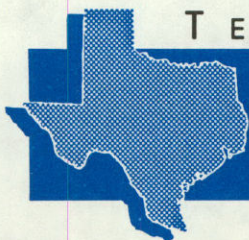
"We'll be practicing CPR at home and the 8-year-old gets down and does it, too," Charlie says. "They've all learned first aid and CPR."

The best part of working with family, Charlie says, is when he and Dean team up at the scene.

"We've worked together so much that we know what each other is thinking," says Charlie. "I don't even have to say anything ... and he knows exactly what I'm going to need."

WHEN A CALL GOES OUT IN THE NORTH Texas town of Gordon, the responding team will likely have at least one member of the James family, and probably two or three. And the call was likely dispatched by another member of the family.

The EMS family affair began when Bill James took up ambulance driving. The work interested Bill's wife Joyce, and she began dispatching all emergency services about 15 years ago. The James' children caught the EMS bug in the mid-80s. Judy James Cathey, EMT, and her husband, Brad, also an EMT, were the first to join the family of EMS; next came Jody James Rouse, EMT; Billy James, ECA, and his wife, Sharon, a driver; and Arthur James, a driver. Everyone in the family is also a member of the volunteer fire department. (continued on page 21)



TRAUMA DEVELOPMENTS

VOLUME 1 • ISSUE 2 • JUNE 1993

QUARTERLY NEWS OF TRAUMA SYSTEMS IN TEXAS

TRAUMA QUOTES

"Trauma kills the same number of people that were killed in the Vietnam War every single year, (yet) there are no demonstrations, there's very little press about it, we don't get celebrities involved." —Dr. Jerry Baskerville during a February press conference at Scott and White Memorial Hospital in Temple.

"We need to take the word accident out of our vocabulary. We need to call them incidents." —Ron Anderson, MD, Texas Board of Health chairman, addressing the State Trauma Coalition. Intentional and unintentional injuries permanently disable 500,000 people every year and each year injuries kill three times as many people as died in the Vietnam War.

"We need marketing for injury prevention. Notice that I did not say public health promotion, I said marketing. I look forward to the time that we see an injury prevention ad on TV during Super Bowl Sunday." —Texas Public Health Commissioner David R. Smith, MD, who told the State Trauma Coalition that the trauma prevention movement also needed advocates backed by good data.

"Every parent checks on their children during the night to make sure they're still breathing. But do they know what to do if they're not breathing?" —EMT Sally Muir, spokesperson for City of Austin EMS, after reporting that 9-1-1 dispatcher and paramedic Warren Hassinger guided a woman through CPR on an 18-month-old who had fallen into a hot tub.



Virginia Scott represents Southeast Regional Advisory Council as TTAC chair Ray Mason recognizes Texas' sixth regional advisory council.

Trauma Committee Meets

Ray Mason presided over a lively meeting of the Trauma Technical Advisory Committee April 23 in Austin as representatives from hospitals and emergency medical services gave the committee an earful about trauma facility designation.

Trauma program director Kathy Perkins notified TTAC that participation in trauma system development may be linked to disproportionate share reimbursement to hospitals. The proposed Department of Human Services rule requires a hospital receiving disproportionate share reimbursement to participate in the trauma system development process in 1994. By 1996, the hospitals would have to be designated at some level as a trauma facility.

TTAC members Erwin Thal,

MD, and Russell Thomas, DO, reported on the ad hoc committee recommendations for Basic, or Level IV, Trauma Facility criteria. For many people attending the meeting, the Level IV criteria presented a problem. Because anyone receiving federal money would be required to become at

Continued on next page

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TEXAS DEPARTMENT OF HEALTH

TRAUMA DEVELOPMENTS

June 1993

Vol. 1 No. 2

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Trauma program holds first TSA contacts meeting

Texas government agencies constantly look for better ways to communicate with their customers—the citizens they serve.

The Trauma Program's customers include Regional Advisory Councils and each organization or individual participating on the RAC, such as EMS, hospitals, physicians,

nurses, and education agencies. With over 450 hospitals and 1,350 EMS and first responder agencies in the state, the process of passing on information is mind-boggling, especially if it is time-sensitive!

The Trauma Program held a meeting of its Trauma Service Area contacts following the

Continued on page 3

Continued from page 1

least a Level IV facility, some hospital administrators wanted the committee to relax the criteria.

Particularly at issue was the requirement for Advanced Trauma Life Support training for physicians working in the emergency department.

"One of the things we're concerned about is how we are going to get those courses to Alpine," said Richard Arnold, administrator for Big Bend Regional Medical Center. "It's a matter of access."

Others defended the inclusion of ATLS training.

"We're not doing this so that hospitals can put a fancy plaque on the wall," said Thomas.

"What we want is a better outcome for trauma patients in rural areas."

TTAC members went on record as strongly disagreeing with the ruling to tie payments to designation.

In the end, the committee

voted to accept the Level IV criteria recommended by the ad hoc committee and to do a pilot program for Level IV designation this summer. The committee will review the success of the program in September.

In other business, TTAC recognized two new Regional Advisory Councils. Virginia Scott from Trauma Service Area-Q in the Houston area, accepted a letter of recognition from health commissioner David Smith for the Southeast Regional Advisory Council and George Foss accepted for TSA-G, Regional Advisory Council - Trauma Service Area G, in the Tyler area. Texas now has six organized RACs in the 22 trauma service areas.

Perkins also announced that the Trauma Registry program would move to TDH's Epidemiology Division in the next few months.

The next TTAC meeting will be on September 17, 1993, in Austin. —Kelly Harrell

State Trauma Coalition

Trauma Technical Advisory Committee meeting on April 23. At the meeting, we explored the concept of one person communicating both with the RAC and the Trauma Program. This would not preclude anyone from calling our office. Fourteen of the twenty-two TSAs were represented.

Issues discussed included: bureau resources available to assist the TSAs in their trauma system planning, the draft disproportionate share program rules, the expanding role of the RAC, funding ideas, regional trauma system planning issues, and trauma facility designation. When we opened the floor to matters of interest to the attendees, TSA representatives asked for startup strategies from those areas that have RACs in place.

We plan to continue this useful forum, probably in conjunction with the September 17 TTAC meeting.

Thanks to these TSA representatives for attending our first TSA networking meeting: Donna Flinders, TSA-B; Debra Walker, TSA-C; Phil Howell, TSA-D; Jorie Klein, TSA-E; Allan Helberg, TSA-F; Dot Howard, TSA-G; Ron McMurray, TSA-H; Connie Potter, TSA-I; Terri Bates, TSA-J; Mike Beimer, TSA-L; Cindy Crocker, TSA-O; Virginia Scott, TSA-Q; Michael McEachern, TSA-R; Brian Grant, TSA-U. —Kathy Perkins

WELCOME TO TWO NEW TRAUMA Program employees: Charlene Hancock began April 1 as the program's secretary and Tom Millwee began June 1 as the Trauma System specialist.

Our mission is to unite forces to battle the neglected disease of trauma.

We will decrease the number of injuries, long term disabilities, and deaths caused by trauma injuries by developing a systematic approach to injury awareness, prevention, and education for all areas of Texas.

Target Injuries

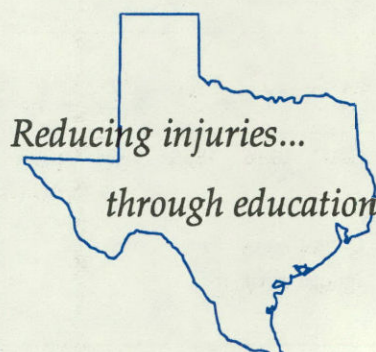
Motor Vehicle Crash Injuries

- Mortality: In Texas in 1991, 116 children 4 years of age and younger died in motor vehicle crashes.
- Morbidity: In a Texas Department of Health sample of 303 injured children 4 years of age and younger injured in motor vehicle crashes, 40 percent were not restrained.

Goal: Increase correct use of child safety seats.

Motor Vehicle Crash Injuries

- Mortality: In Texas in 1991, 72 children from 5 to 9 years of age died in motor vehicle crashes.
- Morbidity: In a Texas Department of Health sample of 340 children from 5 to 9 years of age injured in motor vehicle crashes, 55 percent were not restrained.



Goal: Increase use of child restraints through legislation, engineering changes, and education.

Bicycle Crash Head Injuries

- Mortality: In Texas in 1991, 54 people died in bicycle crashes.
- Morbidity: In Texas in 1991, 90 people suffered spinal cord/head injuries in bicycle crashes; 78 did not wear helmets.

Goal: Increase use of bicycle helmets through legislation and education.

Firearm Injuries

- Mortality: In Texas in 1991, 28 children 10 years of age and younger died of injuries from firearms.
- Morbidity: In a Texas Department of Health sample of 29 firearm injures for children 10 years of age and younger, 62 percent were injured in the home.

Goal: Increase safety awareness through legislation, engineering, and education.

For information on Coalition activities or to join call Jorie Klein, RN, at (214) 590-8268.

Deadly Assaults in Texas

During the years 1980-1991, on average, one person in Texas died every 4 hours and 28 minutes as a result of an assault involving firearms, knives, fights, brawls, or rape. Death certificates from the Texas Department of Health's Bureau of Vital Statistics reveal that 23,572 assault-related deaths occurred in Texas during the 12-year study period.

Who were the victims and where did these assaults occur? Males were five times more likely to die from assaults than females. The average death rate for males was 20.6 per 100,000 population compared to 4.0 per 100,000 for females. Of the total deaths from assault during these years, 83 percent of the victims, 19,631, were male, and 17 percent or 3,941 were female.

Urban counties felt the largest impact of assault-related deaths. 88 percent or 20,808, of the deaths

occurred in urban counties as opposed to 12 percent, or 2,764, in rural counties.

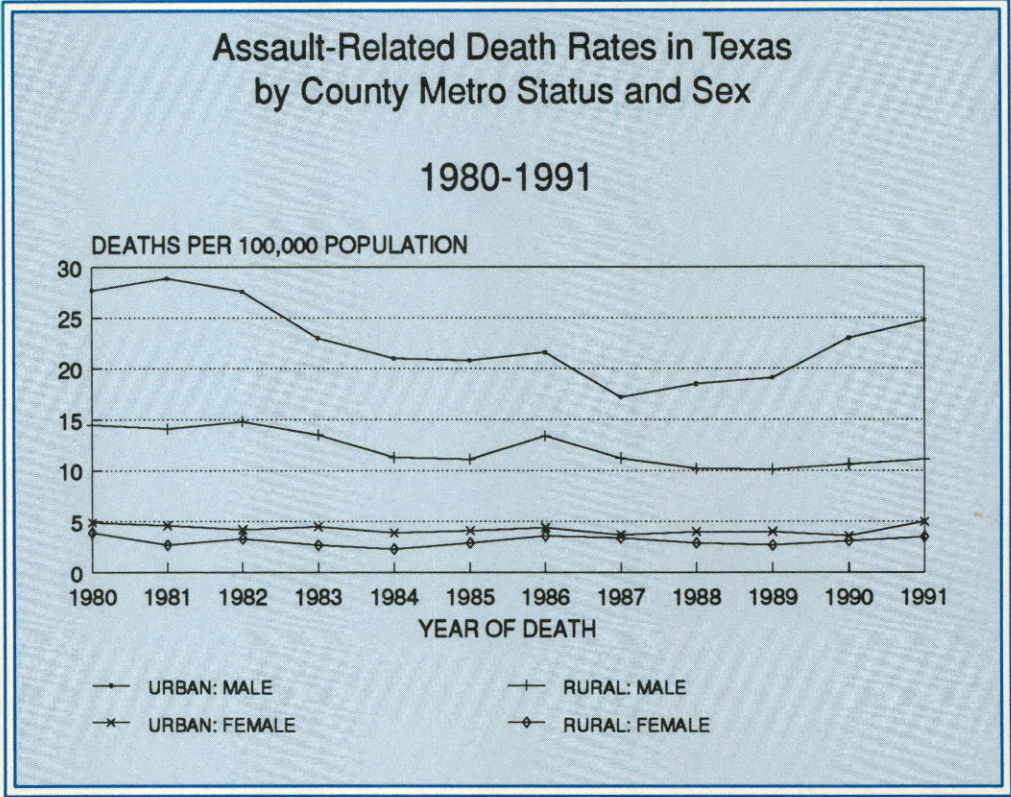
The trend for assault-related deaths shows that from 1981 through 1987, Texas experienced a gradual decrease in the assault death rate, with the exception of a slight increase in 1986. Since 1987, deaths from assaults appear to be on the rise. Although death rates in rural counties have remained fairly constant since 1987, urban counties have shown a definite increase in death rate (Figure 1).

The average female death rate during 1980-1991 for urban counties (4.2) was similar to the average female death rate for rural counties (3.1). However,

males were almost twice as likely to die from an assault in an urban county (22.6) than in a rural county (12.1) (Figure 2).

A review of 1991-1992 pre-hospital data received by the Texas Trauma Registry shows that the most common place for assault was "home" followed by "street" as the second most common place (Figure 3). These figures, however, reflect mostly nonfatal injuries from assault and are most representative of rural and small urban counties. It will not be until comprehensive morbidity data is collected that the full scope of assault-related injuries and deaths can be analyzed. —By Gene Willard, Jennifer Huntman, Saleem Zidani

Figure 1



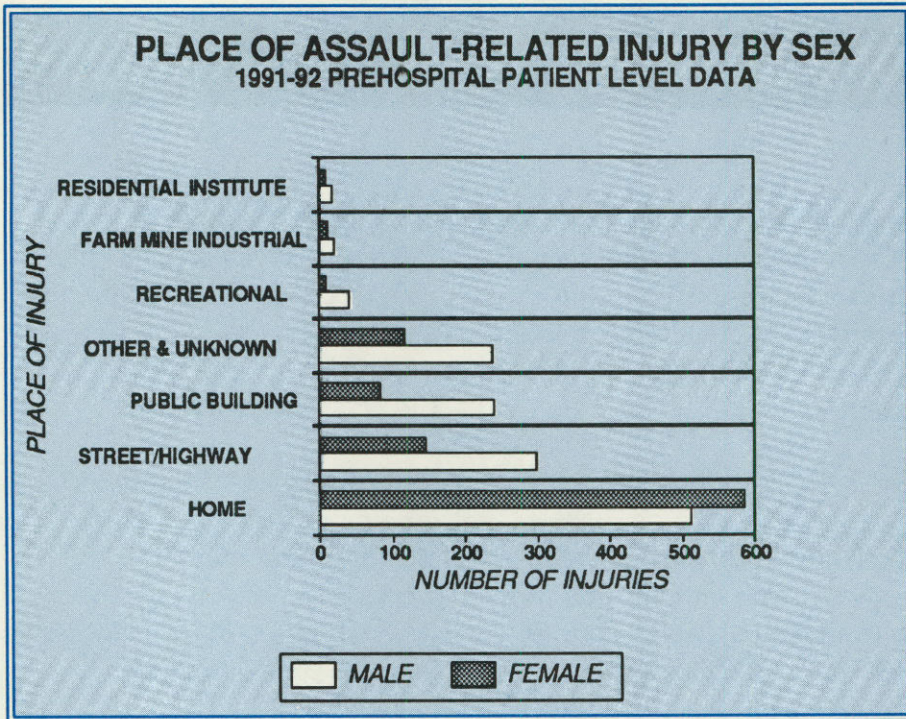


Figure 2

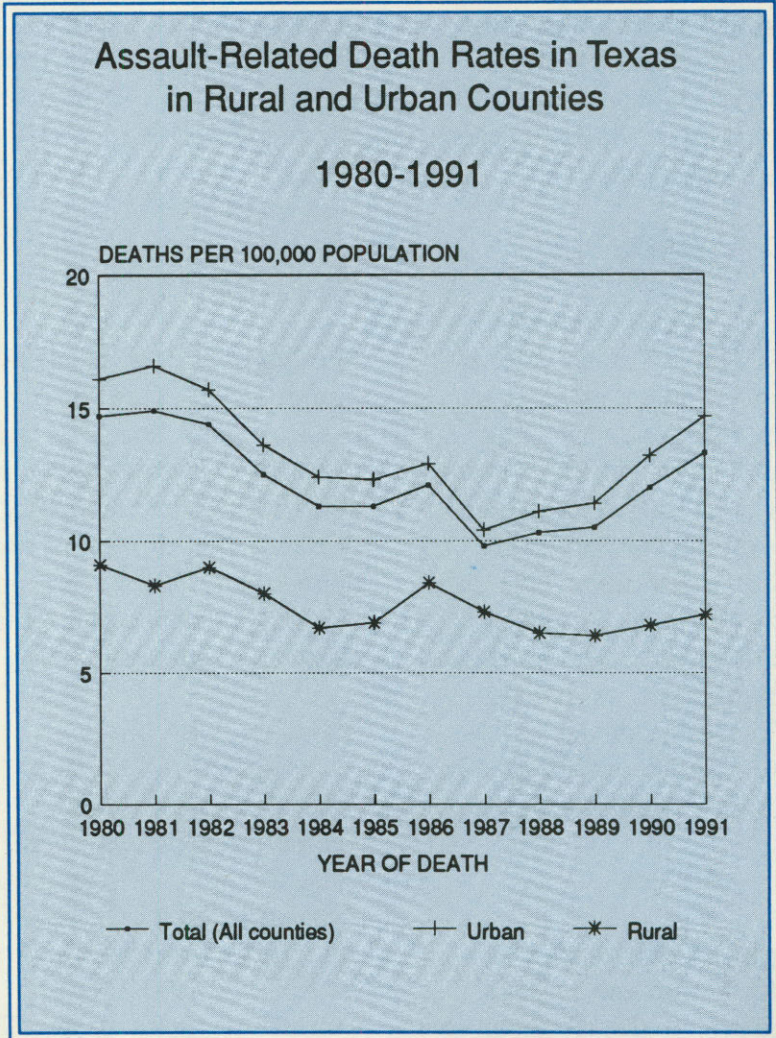


Figure 3



REGIONAL STATUS REPORT

TSA A — Amarillo

Networking efforts to determine interest in forming a RAC continue. Initial pre-RAC meeting may occur this summer.

TSA B — Lubbock

Several pre-RAC meetings held since the first meeting in September, 1992. Anticipate request for RAC recognition soon. Three hospitals currently plan to seek trauma facility designation. Recipient of one of five TDH trauma grants. South Plains Emergency Medical Services, Inc., voted to function as the RAC, with changes made to the organizational bylaws to reflect this new responsibility.

TSA C — Wichita Falls

A record of firsts: first RAC in Texas—North Texas Regional Advisory Council recognized July 29, 1992; one of the five TSAs to receive the first trauma grants in January, 1993; and first to incorporate as a nonprofit organization—February, 1993. Initial area needs assessment conducted and RAC committees meet regularly to address system plan components. Three area hospitals currently plan to seek trauma facility designation.

TSA D — Abilene

Multiple contacts regarding RAC formation and regional trauma system development re-

ceived mostly from the two hospitals in Abilene. Networking efforts to determine interest in forming a RAC continue. Initial pre-RAC meeting may occur this summer.

TSA E — Dallas/Fort Worth

Much interest in RAC development, system planning, and facility designation. Dallas County and Tarrant County each conducted system planning efforts on a county level and the Dallas/Fort Worth Hospital Council assumed the role of intermediary between the two counties and works to bring in the surrounding counties. Pre-RAC meetings began in December, 1991. Currently, two area hospitals plan to seek trauma facility designation.

TSA F — Texarkana

Received TDH trauma grant in January, 1993. Multiple pre-RAC meetings held since first in February, 1993, bylaws developed and adopted, and recognition requested. Franklin County realigned with TSA-G. Currently, two area hospitals plan to seek trauma facility designation.

TSA G — Tyler

After multiple pre-RAC meetings beginning in October, 1992, and adoption of bylaws, Regional Advisory Council-Trauma Service Area-G received recognition on April 23, 1993. Franklin County, originally part of TSA-F,

accepted as member of TSA-G. Currently, seven area hospitals plan to seek trauma facility designation.

TSA H — Nacogdoches

Multiple pre-RAC meetings beginning on April 6, 1993. A steering committee currently works on a proposal for the RAC structure. Many counties in this area considering realignment with other TSAs.

TSA I — El Paso

Following multiple pre-RAC meetings and the adoption of bylaws, Far West Texas Regional Advisory Council recognized on January 27, 1993. Currently, two area hospitals plan to seek trauma facility designation. Currently, this area solicits representatives for its executive board because of the distances members must travel to attend meetings.

TSA J — Midland

Multiple contacts regarding RAC formation and regional trauma system development received mostly from the hospitals in Midland and Odessa. Networking efforts to determine interest in forming a RAC continue. Initial pre-RAC meeting scheduled for May.

TSA K — San Angelo

Contacts regarding RAC forma-

tion and regional trauma system development received mostly from the hospitals in San Angelo; however, no known RAC activity at this time.

TSA L — Temple

Following pre-RAC meetings beginning in October, 1992, and adoption of bylaws, Central Texas Regional Trauma Advisory Council recognized on January 18, 1993. Received TDH trauma grant in January, 1993. The Bureau approved a request to include Falls County in TSA-L. Standing committees established and the RAC has incorporated as a nonprofit organization. Currently, two area hospitals plan to seek trauma facility designation.

TSA M — Waco

Multiple contacts regarding RAC formation and regional trauma system development received mostly from the hospitals in Waco. Initial pre-RAC meeting held on April 24, 1993; the attendees voted unanimously to proceed with RAC development. Falls County realigned with TSA-L.

TSA N — Bryan/College Station

Multiple pre-RAC meetings beginning on February 11, 1993. Adopted bylaws and the Bureau expects request for recognition soon.

TSA O — Austin

Multiple contacts regarding RAC

formation and regional trauma system development received mostly from the hospitals in Austin. An initial pre-RAC meeting held on January 30, 1993, with attendees unanimously voting to proceed with RAC development. The steering committee continues on bylaws. Neurosurgeon coverage a major issue in this area. Currently, one hospital plans to seek trauma facility designation.

TSA P — San Antonio

Multiple pre-RAC meetings beginning in October, 1992. RAC structure occupies committee work currently; adoption of bylaws expected this summer. People here have spent a great deal of time educating various entities on RAC and trauma system development issues. Currently, one hospital plans to seek trauma facility designation.

TSA Q — Houston

After multiple pre-RAC meetings beginning March 19, 1992, and adoption of bylaws, Southeast Texas Trauma Regional Advisory Council recognized on April 23, 1993. The RAC proceeds with identifying its representatives. Four or five counties may realign with TSA-R. Currently, four area hospitals plan to seek trauma facility designation.

TSA R — Beaumont

Multiple pre-RAC meetings

beginning in September, 1992. A request for RAC recognition is imminent; this request will likely include the addition of 2 to 4 counties from TSA-H and 2 to 5 counties from TSA-Q. Currently, one area hospital plans to seek trauma facility designation.

TSA S — Victoria

Contacts regarding RAC formation and regional trauma system development received mostly from the hospitals in Victoria; however, there is no known RAC activity at this time.

TSA T — Laredo

One contact received from this TSA; however, there is no known RAC activity at this time.

TSA U — Corpus Christi

Following multiple pre-RAC meetings beginning in August, 1992, and adoption of bylaws, Coastal Bend Regional Advisory Council recognized on October 21, 1992. Received TDH trauma grant in January, 1993. A Development of Trauma Systems course presented by National Highway Traffic Safety Administration in April, 1993. The RAC hired an administrative assistant and currently works on an area needs assessment.

TSA V — Harlingen

Networking efforts to determine interest in forming a RAC continue. An initial pre-RAC meeting may occur this summer.

How does a Texas hospital get designated?

If your hospital seeks comprehensive, major, or general trauma facility designation, follow these steps:

1. Request a designation application packet from the Bureau of Emergency Management's Trauma Program by calling (512) 834-6740.
2. Request a verification application packet from the American College of Surgeons by calling Kathy O'Donnell, verification secretary, at (312) 664-4050. The American College of Surgeons is currently the only approved site survey and verification agency for Texas.
3. Complete the self-study/application materials and submit the materials to the American College of Surgeons, the site survey/verification agency.

4. Complete the designation application and submit it to the Bureau's Trauma Program with the following documents: a copy of the self-study/application materials submitted to the American College of Surgeons, a letter from the regional advisory council, and the appropriate fee.

5. Schedule the site survey. The site survey team for comprehensive, major, and lead general trauma facility applicants must include a general surgeon, an emergency physician, and a trauma nurse, all active in the management of trauma patients.

For other general trauma facility applicants, the site survey team must include a surgeon and a trauma nurse, both active in the management of trauma patients.

The American College of

Surgeons or other approved survey/verification agency may have team composition requirements for a larger survey team.


6. Notify the Trauma Program of the site survey date and composition of the site survey. The Trauma Program may send an observer to the site survey. However, there will be no cost to the applicant hospital for this.

7. Complete the site survey.

8. Submit two copies of the site survey report to the Trauma Program within thirty days of receipt.

9. Within 30 days the facility receives a designation certificate or an explanation letter from the Trauma Program.

—Kathy Perkins



TRAUMA DEVELOPMENTS
TEXAS DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MANAGEMENT
1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

TTAC meets in Austin on September 17. Call Kathy Perkins for details.



Tri-City EMS boasts of seven members of one family included in its ranks. From left, back row, EMT Jody James Rouse, driver W.M. (Bill) James Sr., EMT Judy James Cathey, and EMT Brad Cathey. At the front, from left, dispatcher Joyce James, and driver Arthur James. Not pictured are ECA Billy James and driver Sharon James.

The benefits of working together in EMS far outweigh the inconveniences, family members say.

"We usually get a call when we're all together," says Judy Cathey, EMS coordinator. "Still, it's easier to work with your own family."

"If you are stressed out or mad, you can say what you want to without hurting feelings."

Tri-City EMS also boasts of several other families of volunteers, including Judy Haney, ECA; her son, David, EMT; her daughter, Mona Haney Parson, EMT; and son-in-law, Tim Parsons, EMT. Husband and wife teams include EMTs Bitsy and T.J. Hobbs, and Brenda and Adam Rogoski.

YOU MIGHT DO A DOUBLETAKE IF YOU ever call an ambulance in Alpine: the paramedics are likely to be identical twins Mike and Mark Scudder. The brothers operate a paid, private service contracted by the city, county, and hospital district. Mike bought the service from the previous owner in 1985; Mark is the general manager.

The Scudders began their love affair with emergency medicine as youngsters watching television.

"When we were young, we were fans of (the show) *Emergency*," says

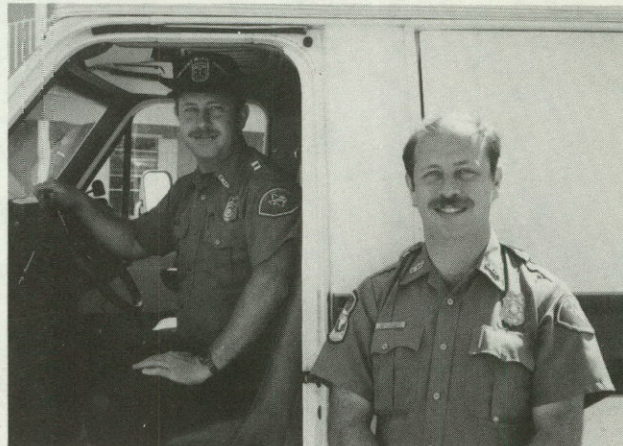
Mark. "That's where it all started and we knew what we wanted to do."

By the time they were 14, they had joined the volunteer fire department as junior firefighters. In 1976, at age 16, they took an EMT class and began their internship with the Alpine ambulance service. In 1981, they received paramedic certification.

The brothers have found working together satisfying.

"I feel like I know his every move even before he makes it," Mark says. "We've grown up together and we really don't have to verbally communicate when we're working on somebody. We can just go from one step to the other."

Identical twins and paramedics Mark, on left, and Mike Scudder run Alpine EMS in West Texas.





Computer network brings EMS training to rural Texas

*Computer
audiographic work-
stations are installed
inside ambulance
stations*

By Marcia Williams

PHOTO BY SCOTT & WHITE
BIOCOMMUNICATIONS DEPARTMENT

THE EMS EDUCATION PROGRAM OF SCOTT & WHITE Memorial Hospital in Temple, Texas, has developed a computer-based audiographic training network that serves as a model for delivering EMS training to rural areas. The network has received both national and international attention and now offers other types of allied health education.

Jim Moshinskie, PhD, EMT-Paramedic, the Scott & White EMS education director who established the network, said rural EMS services can receive real time, on-site basic and advanced life support training at audiographic workstations installed inside their ambulance stations. Workstations consist of an IBM-compatible computer, speaker telephone system, modem, and a unique graphics writing tablet that turns the computer into an electronic blackboard.

"Using this system, students meet electronically for classes and interact with the instructor in Temple, and with students at other sites during each lesson," Moshinskie said. "Special instructional design strategies are incorporated to insure that a very interactive approach to learning occurs."

For the initial study, Scott & White conducted EMT-Intermediate classes connecting Moshinskie on-line simultaneously with two rural sites in Central Texas. The Madison County Hospital EMS site in Madisonville, Texas, had four students, and the Rockdale EMS site in Rockdale, Texas, had nine students.

According to Moshinskie, students gathered around special 20-inch computer screens twice a week for the three-hour classes. Sometimes the students looked at text screens to follow along with the lecture. At times students broke up into groups to discuss medical protocols, then used the electronic pen on the graphic tablet to write answers on the screen. The answers could be viewed by the instructor and the students at the other sites, and

Dr. Jim Moshinskie and Marcia Williams prepare an EMS lesson at an audiographic station. Scott & White EMS Education uses the system to provide EMS training to rural Texas sites.

then students used the speaker tele-phones to discuss answer rationales.

Face-to-face interactions helped to personalize the class. For skills

While the students did not see an instructor during the training, they were surrounded by more learning resources than most class instruction typically offers.

training, instructors went to the classes. And on one special Saturday session, students traveled to Scott & White to tour the hospital, take ID photographs, practice skills, and meet each other.

"We were very pleased with the results of the first course, and all of the students did exceptionally well academically," Moshinskie said. "The students with Madison County EMS and Rockdale EMS were very enthusiastic about this new distance learning technology and were wonderful, interactive students who really seemed to enjoy taking the course inside their ambulance stations without having to make long drives to urban training sites."

All of the computer screens for the course were preloaded onto the computers, allowing students to view the screens again to study for tests.

Using this system, students meet electronically for classes and interact with the instructor in Temple, and with students at other sites during each lesson.

Additionally, some of the EMS computer-aided instruction designed by Moshinskie was loaded onto the computers for students to take practice tests and remedial training.

A computerized bulletin board

service is currently being added to the workstations. Students will use electronic mail software to type questions to the instructors at any time during the day. Each day, instructors will review their electronic mail and respond to the individual needs of the learner by sending a personalized message back to the student on the bulletin board.

"While the students did not see an instructor during the training, they were surrounded by more learning resources than most class instruction typically offers," Moshinskie said. "This network is geared toward providing resources so that students can assess additional information and experience individualized tutorial training."

Moshinskie said the success of the first classes prompted him to establish more EMS courses in Madisonville and Rockdale. The second class in Madisonville also included volunteers from EMS services in adjacent rural Leon County.

"We would like for rural EMS services to install these audiographic workstations, then we could schedule continuous initial and CEU training. This will result in well-prepared, innovative, and interactive instruction that rural EMS personnel could take regularly in their own hometowns," Moshinskie said.

Other Scott & White educators have been brought into the network and will now teach varied allied health courses. The first non-EMS course was designed by the pastoral care department of Scott & White to present continuing education training on crisis intervention techniques to rural pastors.

"The number of topics that can be taught on this system is limited only by the imagination," Moshinskie said. "We anticipate adding nursing train-

ing, respiratory therapy, training, medical technical training, EMS management, OSHA, and grief counseling courses very soon. This will transform the rural ambulance station or hospital into a unique health education center for rural learners thereby greatly enhancing the public relations value of EMS when it comes to seeking donations."

Besides receiving support and encouragement from Public Health Region 1 officials in Temple and staff members of the Bureau of Emergency Management, Moshinskie said the network has already gained national and international exposure.

Moshinskie was named the 1992 EMS administrator of the Year by the Texas Bureau of Emergency Management for his work in using computers in EMS training, and he presented the instructional design strategies used in the network to the annual conference of the Society of Advanced Learning Technologies in February in Orlando, Florida.

A month later, Moshinskie and Marcia Williams, distance education specialist at Scott & White, flew to Washington, DC, to present a paper on the EMS network to the International Distance Learning Conference.

For more details about this network, mail inquiries to Dr. Jim Moshinskie, Route 7 Box 288, Waco, TX 76705-9515.

Marcia Williams, MEd, distance education specialist at Scott & White Hospital, is a doctoral student at Texas A&M University. She assists Dr. Jim Moshinskie, director of Educational Technology & Research, Scott & White Hospital, Temple, Texas, in developing distance learning projects.

"Our presentation was selected as the opening session and over 350 educators from around the world attended and asked questions on how similar

The number of topics that can be taught on this system is limited only by the imagination; nursing training, respiratory therapy, medical technical training, EMS management, OSHA, and grief counseling courses are anticipated very soon.

systems could be established in third world countries," Moshinskie said. "We are now corresponding with these international educators and are providing them technical and pedagogical information. It is very exciting."

This network is considerably less expensive to install and operate than other distance learning technologies, Moshinskie said. "Rural EMS operations cannot afford optic fiber lines for over-the-land teleconferencing or downlinking equipment for satellite communications. However, the money saved in gasoline, food, driving time, and lost wages can more than compensate for the initial costs for the audiographics system used by Scott & White. "With this system,

Money saved in gasoline, food, driving time, and lost wages can more than compensate for the initial costs for the audiographics system used by Scott & White.

students stay in their home towns and remain on-duty in case they are needed on a fire call or ambulance run. This solves the problem of who provides coverage when everyone is off to classes in the big cities."

EMS Certification News

By Jeffrey L. Jarvis

Testing Guidelines

The new "Candidate Guidelines for Testing" pamphlet tells students what to expect when they take the State certification exam.

The pamphlet includes a blueprint that outlines the topics of each certification exam by subscale and tells how many questions cover each subscale. The pamphlet describes the application process, including what passing students and failing students will receive from the Bureau after they take the exam.

Because many students feel they know the content of the exam but have test anxiety, we included a

section in the pamphlet on how to take a test. The section includes sample questions and general guidelines such as reading carefully, eliminating certain answers, and looking for certain words in the question that should help student test-takers score better.

Students and coordinators can order the pamphlet from their Public

Health Region EMS office or from the Bureau of Emergency Management.

Red Cross first responder training course

Completing the new American Red Cross first responder course will not make a person eligible to take the ECA certification exam unless the course is pre-approved by TDH and taught as an ECA course by an EMS course coordinator.

The textbook for the course, *Emergency Response*, is based on the DOT first responder curricula and objectives and EMS course coordinators may use the text for a state-approved ECA course.

Texas reviewers of the 484-page textbook include Public Health Region 1 EMS manager Rod Dennison, Bureau of Emergency Management chief Gene Weatherall, and College of the Mainland's Gary Waites.

Certification Review Committees

Three committees review the state certification exams to assure their medical accuracy, relevance, and validity, and we owe the members of those committees our gratitude

TEXAS EMS CERTIFICATIONS AS OF
MAY 31, 1993

ECA	9,617
EMT	25,073
EMT-I	3,133
EMT-P	8,166
TOTAL	45,989
COORDINATOR	367
INSTRUCTOR	1,031
EXAMINER	1,359

for their hard work.

Two of those committees, the Certification Review Committees, are standing committees and the third, the Exam Review Committee, gathers every six months or so to review the new exam series before its implementation.

Thanks again to these folks for their dedication to improving EMS education in Texas.

Advanced Certification Review Committee: James Atkins, MD; Mark Reger, EMT-P; Bryan Bledsoe, DO; Carl Voscamp, MBA, EMT-P; Donovan Butter, DO; Michael Wainscott, MD; David Rives, MS, EMT-P; Tom Ward, MD; Donald

Gordon, MD, PhD; Joe Lindstrom, EMT-P; and Jim Zukowski, EdD.

Basic Certification Review Committee: Kay Allen, PhD, EMT; Ralph Hendricks, EMT-P; Randy Bertin, EMT-P; Bob McMullen, PA, EMT-P; David Rives, MS, EMT-P; Mark Reger, EMT-P; Gene Gandy, JD, EMT-P; and Cheryl Watson, EMT-P.

Next month

Watch for the Paramedic Education Survey results in next month's Certification News: where are paramedic programs, how long are they, how many students do they teach, and do they offer college credit?

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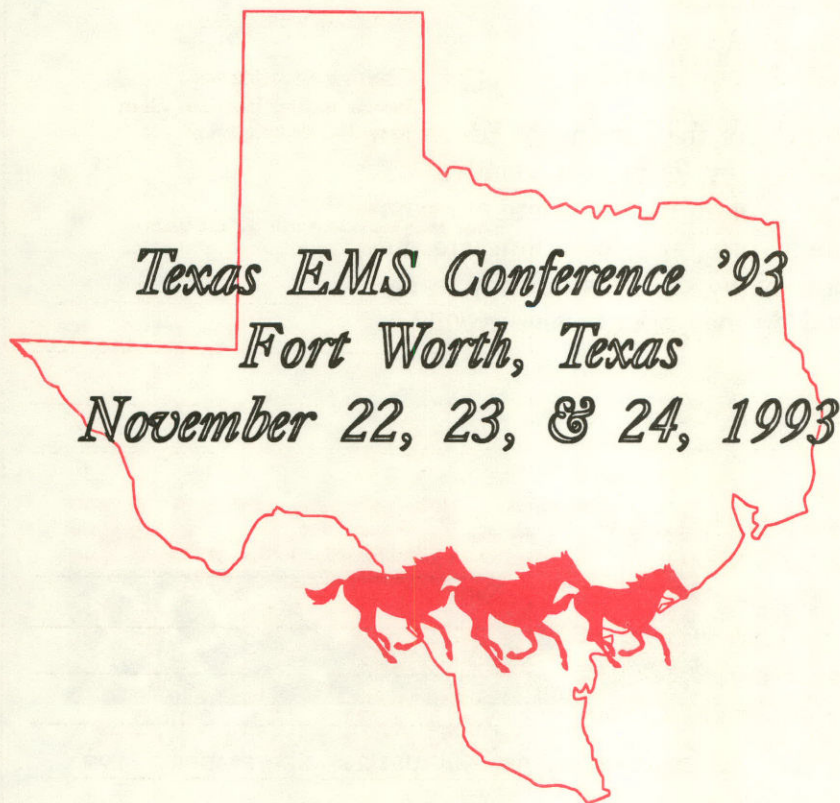
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Get ready now, because as they say in Texas, we're fixing to move the conference. In November we'll be going to the north Texas home of cowboys and culture — Fort Worth.

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

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Austin, Texas 78755-0399

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

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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.

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M

Did you read... By Paul Tabor, EMT-P

At a public hospital in Indianapolis, physicians' use of personal computers to write orders reduced average admission charges by nearly 13 percent and shortened the average hospital stay by almost a day.

During the last 20 years, the number of cesarean deliveries has quadrupled in the United States, climbing from 5.5 percent in 1970 to 22 percent in 1990.

At a public hospital in Indianapolis, physicians' use of personal computers to write orders reduced average admission charges by nearly 13 percent and shortened the average hospital stay by almost a day, according to a new study by William M. Tierney, MD, Clement J. McDonald, MD, and their colleagues at the Indiana University School of Medicine. Each hospital ward used a network of three to five PCs to write inpatient orders for drugs, diagnostic tests, and nursing care. The PCs were connected to a 20-year-old data base of medical history and treatment records of the hospital's patients.

Doctors were able to check a patient's medical history; current status, including medication allergies; and other information important in making treatment decisions. This system also encourages cost-conscious decisions. For example, the computer displays the patient's charge for each item, lists the most cost-effective tests and reasonable testing intervals for common problems, and suggests other treatments when less expensive but effective alternatives exist.

The results of the 16-month study showed that the physician teams using PCs to manage patient care saved \$887 in total charges per admission and \$594 in total hospital costs. Moreover, their electronic orders were more legible than paper orders and were less likely to be overlooked than those in ward chart racks, according to Tierney.

Details are in "Physician inpatient order writing on microcomputer workstations" by Dr. Tierney; Michael E. Miller, PhD; J. Marc Overhage, MD, PhD; and Dr. McDonald in the

January 20, 1993, *Journal of the American Medical Association* 259 (3), pp. 379-383.

Research Activities, "Using personal computers in patient care reduces hospital costs," U.S. Department of Health and Human Services, Public Health Service, Agency for Health Care Policy and Research, March 1993.

A woman is more likely to have a cesarean delivery in geographical areas with high malpractice insurance premiums, according to A. Russell Localio, JD, MPH, MS, a researcher at the Pennsylvania State University College of Medicine. Localio and his colleagues analyzed 1984 data on more than 60,000 deliveries at 31 hospitals in New York State. During the last 20 years, the number of C-sections has quadrupled in the United States, climbing from 5.5 percent in 1970 to 22 percent in 1990.

After controlling for other factors associated with the probability of C-section, such as clinical risks, patient socioeconomic status, and physician and hospital characteristics, the researchers found that the odds of C-sections were 15 percent higher at hospitals where doctors, as a group, had been sued more than a certain number of times in the past 4 years. The finding that malpractice insurance premiums and claims frequency were associated with higher C-section rates led the researchers to conclude that defensive medicine may be one of several reasons for the high rates of cesarean delivery.

Details are in "Relationship between malpractice claims and cesarean delivery" by Localio, Ann G. Lawthers, ScD, Joan M. Bengtson, MD, and others. The study was

Citations used with permission.

published in the January 20, 1993 *Journal of the American Medical Association* 269 (3), pp. 366-373.

Research Activities, "High malpractice insurance premiums linked with increased probability of C-Sections," U.S. Department of Health and Human Services, Public Health Service, Agency for Health Care Policy and Research, March 1993.

The American Academy of Pediatrics has published a manual which explains the role of the primary care provider as part of the EMS-Children system. It is designed to provide information on:

- What EMSC is, and the importance of the primary care physician within the EMSC system
- Preparing parents to cope with emergencies
- The physician's office as an emergency care site
- Prehospital and interhospital transport
- Community hospital emergency departments
- The referral hospital
- Planning for special situations
- Advocating for EMSC on a broader scale

This new manual is comprehensive in content and includes useful tables, samples, protocols, contact personnel and appendices for further information. You may order *Emergency Medical Services for Children: The role of the Primary Care Provider* from the American Academy of Pediatrics, Publications Department, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927. The cost is \$40 plus \$6.25 for shipping.

EMSC News, December 1992.

A bill was signed into law in January that made CPR a high school graduation requirement in Wyoming. "We went to the American

Heart Association and the American Red Cross, and they said they would do the training for \$1 per student, instead of the customary \$10," said Wyoming State EMS Director Jimm Murray. "The money will come from the school districts as part of their standard budget." A bill to require that CPR be taken before high school graduation is also pending in Washington state.

EMS Insider, "In Brief," Volume 20, Number 4, April 1993.

Infection control officers for EMS and fire departments are invited to join a new organization, The National Association of Public Safety Infection Control Officers (NAPSICO). For annual dues of \$50, members receive a bimonthly newsletter and access to an 800 number for immediate answers to infection control questions. NAPSICO also offers educational seminars and conferences and a speakers bureau. For more information, contact James R. Cross, JD, Executive Director, NAPSICO, P.O. Box 523192, Springfield, VA 22152; (703)644-4530.

EMS Insider, "In Brief," Volume 20, Number 4, April 1993.

The U.S. Fire Administration (USFA) recently mailed copies of *A Handbook on Women in Firefighting* to 34,000 fire departments. Although the new 91-page manual, which was prepared by Women in the Fire Service, is targeted primarily toward fire department administrators, EMS agencies will find it to be an invaluable resource as well. The handbook covers such issues as recruitment, physical testing and training, reproductive concerns, sexual harassment, cultural-diversity training, and protective clothing and safety. It can be ordered free of charge by calling Project Manager Bill Jacobs at the USFA, 16825 South Seton Avenue,

A bill was signed into law in January that made CPR a high school graduation requirement in Wyoming.

Infection control officers for EMS and fire departments are invited to join a new organization, The National Association of Public Safety Infection Control Officers (NAPSICO).

Emmitsburg, MD 21727; (301)447-1153.

EMS Insider, "In Brief," Volume 20, Number 4, April 1993.

Consumption of moist snuff and other smokeless tobacco products in the United States almost tripled from 1972 through 1991.

Consumption of moist snuff and other smokeless tobacco products in the United States almost tripled from 1972 through 1991. In 1991, an estimated 5.3 million (2.9%) U.S. adults were current users of smokeless tobacco, including 4.8 million (5.6%) men and 533,000 (0.6%) women. The findings in this report indicate that the use of smokeless tobacco was highest among young males. Adolescent and young adult males, in particular, are the target of marketing strategies by tobacco companies that link smokeless tobacco with athletic performance and virility. Use of oral snuff has risen markedly among professional baseball players, encouraging this behavior among adolescent and young adult males and increasing their risk for nicotine addiction, oral cancer, and other mouth disorders.

Strategies to lower the prevalence of smokeless tobacco use include continued monitoring of smokeless tobacco use, integrating smoking and smokeless tobacco-control efforts, enforcing laws that restrict minors' access to tobacco, making excise taxes commensurate with those on cigarettes, encouraging health-care providers to routinely provide cessation advice and follow-up, providing school-based prevention and cessation interventions, and adopting policies that prohibit tobacco use on school property and at school-sponsored events.

Morbidity And Mortality Weekly Report, "Use of Smokeless Tobacco Among Adults—United States, 1991," Volume 42, Number 14, April 16, 1993.

The National Flight Nurses Association and the Board of Certification for Emergency Nursing announced recently the introduction of a new credential and national certification exam for flight nurses.

Air bags and child safety seats are effective in preventing deaths and serious injuries from motor-vehicle crashes, and child safety seats are required by law in all 50 states. However, laboratory crash test data indicate a potential for injury if a child is placed in a rear-facing restraint in the front seat of any vehicle equipped with a passenger-side air bag. In a crash, a rear-facing child restraint with its back close to the instrument panel could be struck by the rapidly inflating air bag, and a child in the restraint could be seriously injured.

Rear-facing child restraints must be used in the rear seat of vehicles with passenger-side air bags. To be properly protected, infants *must* ride in a rear-facing child restraint until they weigh 20 pounds or are approximately 1 year of age. Although all children should travel in the back seat of vehicles, forward-facing child restraints may be used in the front seat of a vehicle equipped with a passenger-side air bag if the child's age and weight meet the restraint manufacturer's requirements; the vehicle seat should be moved as far back as possible so the child is positioned similar to a restrained adult.

Morbidity And Mortality Weekly Report, "Warnings on Interaction Between Air Bags and Rear-Facing Child Restraints," Volume 42, Number 14, April 16, 1993.

The National Flight Nurses Association (NFNA) and the Board of Certification for Emergency Nursing (BCEN) announced recently the introduction of a new credential and national certification exam for flight nurses. The test will be administered by American College Testing. Specific requests for a handbook and application should be directed to

BCEN at (708)698-9409.

NAEMT News, "News Briefs," March 1993.

An observational study of occupant restraint use was recently conducted in 16 rural Texas towns by the Texas Agricultural Extension Service (TAEX) at Texas A&M University. The overall TAEX study driver's usage rate of 43.8 percent in the 16 rural towns does not compare favorably to the 75.4 percent driver's usage rate for the 18 urban cities surveyed by the Texas Transportation Institute (TTI) during 1992.

The Department of Public Safety reported in 1991 that 53 percent of the state's traffic fatality count occurred in rural areas of Texas. Statistics show that the chances of being killed in an accident are eleven times greater for persons not wearing safety belts than for those that do. Rural Texans, with significantly lower usage rates, are indeed at a disproportionately higher risk for injuries and fatalities. In addition, emergency medical services are often at least 20-40 miles away from rural areas of Texas.

Driveline, "Briefline," Volume 8, Number 3, March/April 1993.

According to 1991 Texas Department of Public Safety statistics there were:

- 227 ambulances were involved in crashes statewide with two fatalities
- police cars were involved in 2,200 crashes with 11 fatalities, and
- 134 fire trucks were involved in crashes and recorded one fatality.

Driveline, "Spotlight on: Cameron County Driving School," Volume 8, Number 3, March/April 1993.

In 1992, for every 100,000 youths age 15 to 20, 31 died in traffic crashes. Sixteen of the 31 died in a crash where at least one person was using alcohol. This is nearly double the rate of adults. In 1992 almost 1,400 kids aged 19 were killed in traffic fatalities. Of these, nearly 800 died in alcohol-related crashes and almost 900 were riding in a vehicle without being buckled up. Over 600 were in vehicles traveling at excessive speeds.

Driveline, "Facts R Facts," Volume 8, Number 3, March/April 1993.

Child Safety Seat Recalls: Century Products Co., Models: 3000 STE-3500 STE and the 5000 STE-5500 STE manufactured from September 1989 through April 1992 (1 million seats). Seat latching systems could possibly jam in a crash, making it difficult to remove the child. In addition, Century Products has determined that a defect exists in the retrofit kit which was provided in the recent recall on these seats. Repair kits can be obtained by calling Century at (800)231-2755.

Fisher Price Models 9100 and 9101 (424,000 seats), manufactured between February 1989 and October 1989 have defective buckles. Model 9101 (472,000 seats manufactured between February 1991 and January 1992 have shoulder belts which can shift into unsafe positions. Model 9104 (14,000 Deluxe Bolster Seats) manufactured between April 24 and September 4, 1992 have defective buckle assemblies.

Owners of defective Fisher Price seats can call toll-free (800) 332-3457 for Models 9100 and 9101, or (800) 432-5437 for Model 9104. Callers should be ready to give the seat model number and manufacture date which is either molded or printed on the side or back of the safety seat.

Driveline, Volume 8, Number 3, March/April 1993.

The Texas Department of Public Safety reported in 1991 that 53 percent of the state's traffic fatality count occurred in rural areas of Texas.

In 1992 almost 1,400 kids aged 19 were killed in traffic fatalities, nearly 800 died in alcohol-related crashes and almost 900 were riding in a vehicle without being buckled up. Over 600 were in vehicles traveling at excessive speeds.

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.

* **Eubanks, Nancy A.**, Dickinson, Texas. Six months probation of EMS Course Coordinator certification through October 5, 1993. EMS rule 157.64(a)(1)(D), falsification of course completion certificate documents.

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.

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.

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.

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.

* **Sullivan, Terrance Joseph**, Austin, Texas. Cancellation of EMT-Paramedic certification. EMS rule 157.51(a)(2)(U), EMS certificate or license suspended or revoked in another state.

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.

By Bill Baker

EMS Billing:

Keeping your service out of the red

Everything you ever wanted to know about Medicaid

NHIC's JOHN MILLER RECENTLY CONDUCTED a training seminar in Alpine for Big Bend area EMS providers. NHIC is the Medicaid contractor for Texas.

The seminar covered various aspects of the Medicaid program as it relates to EMS:

- *how to complete the HCFA 1500 claim form

- *how to report transports greater than fifty miles

- *how to use the release form so that patients can be individually billed if their claim is denied by Medicaid

- *how to bill electronically

- *how to appeal the denial of a claim

If you would like to sponsor a similar seminar in your part of the state, NHIC will supply a speaker if you supply the meeting space. To make arrangements for a session or to inquire about any programs near you contact Kelley Carson, supervisor of provider relations, NHIC, 11044 Research Boulevard, Building C, Austin, Texas 78759-5239, or call (512) 794-2327.

Medicaid and Medicare as sources of funds for EMS

IF YOUR FIRM DOES NOT BILL MEDICARE and Medicaid, you ought to consider

doing so.

Both Medicaid and Medicare require an established billing procedure and a realistic rate schedule that applies to all patients within your service area. To set up a rate schedule, you can estimate your costs and the amount of money needed to keep the service in operation.

Rates charged by neighboring, government-funded EMS providers are public information. Use those rates as a starting point in establishing your rates for transports and other reimbursable charges, such as mileage and supplies.

Call (214) 669-6076 to receive a packet and the information to set up a Medicare reimbursement account. Once you have received a Medicare number, you can sign up for Medicaid reimbursement by calling NHIC's Provider Enrollment Line at 1-800-873-6768,

Medicaid and Medicare are important sources of funds for emergency medical services, and you should use both for the reimbursement they provide. But it is discouraging to receive billing denials. Some instruction on the fine points of completing the appropriate reimbursement forms may significantly improve your firm's reimbursement ratio.

In a time when we are all strapped for funds, there may just be a check out there waiting for you.

Contact Bill Baker, technical assistance specialist for the Bureau's EMS System Development Program at (512) 834-6740 or write to EMS System Development, EMS Division, Bureau of Emergency Management, Texas Department of Health, 1100 W. 49th Street, Austin, Texas 78756.

Baker, an EMT, is also the keeper of the Bureau's patch boards. If you have not sent us one of your EMS patches, now would be a good time to do it.

Local Projects Funding

By Rhonda S. Blackmore

One of the most popular programs developed by the Bureau of Emergency Management has been the EMS Local Projects Grant Program. Since its inception in 1990, the program has given over \$1,000,000

to local governments, EMS organizations and training programs to improve the quality and availability of emergency prehospital health care. The Bureau is pleased to announce the availability funds for the program. Official notification of available funds will be in the *Texas Register* probably during June.

The goals of the local projects program are to improve EMS in Texas by:

- increasing the availability and quality of emergency prehospital health care;
- encouraging cooperation between EMS providers, hospitals, law enforcement agencies, and educational groups;
- assisting prehospital healthcare providers measure the effectiveness of emergency prehospital health care;
- supporting the implementation of the EMS State Plan; and
- improving pediatric emergency prehospital healthcare.

to local governments, EMS organizations and training programs to improve the quality and availability of emergency prehospital health care. The Bureau is pleased to announce the availability funds for the program. Official notification of available funds will be in the *Texas Register* probably during June.

Rural communities served by volunteer emergency personnel, where a hospital closure has occurred or where no hospital exists, and where emergency personnel must travel great distances for training receive the highest priority for funding. Target organizations include local emer-

gency medical services providers, local governments that are responsible for the provision of EMS, and colleges, hospitals and professional organizations that impact the availability and quality of emergency prehospital health care. Although the application process is still in revision, it will probably consist of a letter of five or fewer pages that describes the organization, the problem in the service area, what type of project is needed, how the project will benefit the area, and how much the project will cost. Applicants who receive tentative approval for funding in the initial review process will provide a detailed plan for implementing their project, justification of the budget submitted, and other information that will be needed to fund the project or develop the contract.

For additional information or to receive an application, complete the coupon on this page or contact the EMS Local Projects Program at (512) 834-6740.

Rhonda Blackmore, GN, EMT-P, is the Local Projects Grant Manager.



To receive a grant application kit, complete this coupon and return to:

Organization _____

Type of Organization _____
(EMS, VFD, FD, Hospital)

Name _____
(Person Requesting Application)

Address _____

City _____ State _____ Zip _____

Daytime Phone (Area code/number) _____

EMS Local Projects
Bureau of Emergency
Management
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3199

For TDH Use

Date Received _____

Date Entered _____

Call for Nominations for Public Safety Telecommunicator of the Year

The Advisory Commission on State Emergency Communications will accept nominations through Wednesday, July 28, 1993, for your nominations for the Texas Public Safety Telecommunicator of the Year award.

Ten telecommunicators will receive awards in Austin during the fifth annual 9-1-1 Day in Texas on September 10, 1993.

To nominate someone, list their name; position; employer's name, address, and phone; the nominator's name, address, and phone; and why the nominee deserves to be recognized. Mail the information and documentation such as newspaper clippings, 9-1-1 recording, or a video to the commission at 1101 Capital of Texas Highway South, Suite B-100, Austin, Texas 78746-6437.

For more information contact Mary A. Boyd, executive director of the Advisory Commission on State Emergency Communications, at (512) 327-1911.

New CPR: We have gone over each comment mentioned in the letters you received on our article, "The New CPR," which appeared in the February issue of *Texas EMS Magazine*.

The following corrections are made to our article:

1. Page 10, step 12: **Eliminate** "If breathing and pulse absent, deliver 2 slow ventilations."
2. Page 13, step 12: **Eliminate** "If breathing and pulse absent, deliver 1 ventilation."
3. Page 15, step 8: **Change** "ventilate 15/min PRN" to "ventilate 20/min PRN."

Please inform your readers so that everyone will understand these correct sequences. Thanks to Mr. John Evans of American Heart Association and Ms. Rothy Moseley for their time and concern.

*Dan Finley and Eddie Kemp
Gulf Coast Community College
Panama City, Florida*

Dr. Red Duke: In your March issue, you have a fine article on Dr. James H. "Red" Duke, who is identified as being from The University of Texas Health Science Center at Houston. In fu-

ture articles, we would appreciate it if you would also identify Dr. Duke as director of trauma at Hermann Hospital in Houston. Hermann is also the home of Life Flight, which was mentioned in your article.

Hermann is the primary teaching hospital of The University of Texas Medical School at Houston next door, where Dr. Duke is professor of surgery and holds the John B. Holmes Professorship in Clinical Sciences. The UT Medical School is one of six schools that make up the Health Science Center.

*Kuyk Logan
Hermann Hospital, Houston*

Why so late?: Just received my first issue of *Texas EMS*. Thank you. The issue I received is April and it took almost three months to get it. I'm wondering if there may be a problem with my subscription.

Appreciate your help on this if indeed there is a problem. If not, then I'm looking forward to subsequent issues.

*David Pike
Lubbock*

Physio-Control Resumes LIFEPAK Production

Physio-Control Corporation announced today it will resume shipment of its LIFEPAK 10 defibrillator/monitor. The announcement follows a reinspection by the Federal Drug Administration of the company's documentation, processes, and procedures.

Company officials say the LIFEPAK 10 will be available for distribution shortly, and production of the device will probably reach full volume during third quarter 1993. Shipment of LIFEPAK 9 and LIFEPAK 300 will resume later this year.

Physio-Control, which voluntarily suspended shipping LIFEPAK products in mid-1992 following an FDA inspection, is based in Redmond, Washington, and designs, develops, and manufactures defibrillator/monitor/pacemakers for emergency medical providers.

You've probably all noticed that you receive your magazine at the end of the month rather than at the beginning. We're trying to resolve this problem without just skipping a month, because we want to give you a year's worth of issues. Please bear with us. At any rate, we know you receive your magazine late in the month or the first of the next month, so we take care to eliminate calendar postings that go extinct before you receive your magazine. —Editor

Calendar

Meetings

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 21, 1993. **Third Annual Deaf Smith General Hospital/Hereford Golf Tournament**, to benefit Hereford EMS. Pittman Municipal Golf Course in Hereford. Tee times begin at 8:30am. \$45. 806/364-2141, ext. 128 or ext. 121.

August 22-26, 1993. **Team Rescue Conference and Exposition**. Radisson Hotel Virginia Beach. Virginia Beach, VA. For fire chiefs, rescue 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.

August 28, 1993. **Train The Trainer Workshop**. Meeting OSHA's training requirements for occupational exposure to bloodborne pathogens. Austin, TX. 512/837-6983.

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 18-19, 1993. **Mass Casualty Incident Management Seminar**. 512/837-6983.

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 24-25, 1993. **Ninth Annual Tri-State Trauma Symposium**. Amarillo, Texas. \$75. 806/354-6086.

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.

October 21-23, 1993. **Pediatric Pre-hospital Provider Course**. Course level - Advanced. Houston-Northwest College. Contact D. Stevenson/H. Bennett at 713/492-0825.

October 23-24, 1993. **Pediatric Pre-hospital Provider Course**. Course level - Fund./Adv. Dallas-Metrocrest Medical Services. Contact A. Stadthagen at 214/484-1158.

October 26-31, 1993. **National Association of EMTs Annual Educational Conference**. Cervantes St. Louis Convention Center. Contact JEMS Conference Division at 1-800-266-JEMS.

October 27-31, 1993. **Emergency Vehicle and Fleet Management Conference and Exposition**. St. Louis, Missouri. Contact JEMS Conference Division at 1-800-266-JEMS.

November 1-5, 1993. **Rescue I-Basic Confined Space/Structural Rescue**. Beaumont, TX. 40 hours. \$425. Roco 1-800-647-7626.

November 16-18, 1993. **HazNat West/Fall '93**. Long Beach Convention Center, CA. 708/469-3373.

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: 1988 Ford Diesel Type II Ambulance, National Conversion, \$14,000 or best offer, excellent condition; 1987 Ford Diesel Type I modular ambulance, \$14,000, or best offer; 2 Life-Pak 5 ECG Mon./defib. units single lead, no sync. for \$2,000 each or best offer; Life-Pak 5 ECG monitor single lead \$1,250 or best offer; 2 Life-Pak 5 battery pak chargers, \$300 each; 1 MRL 450 SL ECG Mon./defib. unit with rapid charger \$2,000 or best offer; 5 FW model 30 stretchers w/ mattresses \$400 each. Mike Scudder 915/837-3028.

For Sale: 1982 Type 3 \$11,500 or with loaded 1993 chassis completely reconditioned \$41,900. Reliable Emergency Vehicles. Glen Pratt 1-800-460-VALU. 100% financing available.+

For Sale: 1984 Type I \$10,500 or loaded

Calendar

with 1993 chassis and completely refurbished \$40,900. Reliable Emergency Vehicles. 1-800-460-VALU. 222 S. Patrick, Dublin, TX 76446. 100% financing available.+

For Sale: Thumper. Complete with soft case. Never been used. \$3000. Cathy 210/554-2891.+

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 Raider Demo. Ford Chassis 7.3 diesel, 4-speed automatic, strobe light bar, fluorescent 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: 2 1984 Ford Type II Wheeled Coach Ambulances with new engines, tires, ALS cabinets, one-man stretcher. Tony or Tina 713/774-6494.

Jobs

EMS Education/Coordinator: Must be a certified instructor examiner with coordinator certification. For further information, please contact Daine Abbott at 903/723-4384.+

EMTs and Paramedics: Reliable Ambulance Service, 5201 Mitchelldale, Houston, TX, has positions open. A great job opportunity. To set up an interview call 713/850-7211.+

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 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.*

EMT-B, EMT-I, and EMT-P. 12, 18, and 24-hour shifts available. Continuing education available. Pay DOE. New and recently certified EMTs for first time job accepted. Apply 7800 Bissonnet, #200, Houston, TX. No resumes.

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!

Renewing your subscription? Paid subscriptions have a 4-digit number on the mailing label. Example: 9304 means the subscription expires with the April, '93 issue. Use the subscription form in the magazine to renew your subscription and mark the renewal box.

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.

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.

Corrections

The May, 1993, issue contained information on page 37 on a smoke alarm recall. The correct reference to the recall reprint follows: "Battery-operated Smoke Alarm Recall" Copyright 1993 by Consumers Union of U.S., Inc., Yonkers, NY 10703-1507. Reprinted by Permission from CONSUMER REPORTS, March 1993." Correction

April's Local and Regional News stated that under Eddie Callender's direction, Gonzales EMS won awards from TAEMT in 1986 and NAEMT in 1987. The director of Gonzales EMS in 1986 was Robert Marrou; director in 1987 was Kenneth May. Callender was a member of Gonzales EMS those years.

Annie, Annie, are you okay?



Corporations have donated much of the equipment for the Mobile Training Unit. Annie Andrus may take the fully-equipped van on the road as early as this fall.

If life's stresses ever make you feel like you're in the middle of a hurricane, Annie Andrus would understand. Ten years ago a severe storm trapped Annie in a sailboat 130 miles off the coast of South Carolina. For two days, the 95-mile-an-hour winds and 40-foot waves pummeled the small craft. Finally, the Coast Guard boat was able to reach the crew and tow them to shore. The experience taught Annie what is important in her life.

"If you look at death, your life purpose becomes important to you," says Annie, who is the new Mobile Training Unit instructor. "I think of helping people as my life's work, something I feel passionately about."

And fortunately for EMS, Annie feels most strongly about helping people with EMS education. The Bureau of Emergency Management awarded Annie, a paramedic, its Educator of the Year award at the Texas EMS Conference '92. The need for training, Annie says, will never stop.

"As we have advances in technology, more and more procedures...

EMS instructor no dummy about education

will be done in the field and out of the hospital," Annie says. "And that will mean more training."

Annie will have the opportunity to teach when she takes the new Mobile Training Unit on the road this fall. The van will be equipped with manikins, splints, masks—anything that could be used in training. What the rolling classroom teaches will be directed by input from providers. Annie plans to include specialty-type continuing education courses.

Before becoming interested in EMS, she worked several jobs including comptroller in an architectural firm, tax accountant, and sailor delivering yachts along the East Coast. In 1986 she took her first EMT class and went to work for Presidio EMS, where she became director. She left Presidio in March of this year to join the Bureau.

Being so far from resources taught Annie about the special needs of rural services, especially in education. Annie's vision of rural Texas EMS involves making communities more self-sufficient in terms of education, and having those communities reach out to other communities to share the training resources. To Annie, education means working together.

"Texas is such a large state," she says. "To assure a standard of care throughout we have to work together."

For more information about the Mobile Training Unit or if you have a need for training, call Annie at (512) 834-6740.

Bureau of Emergency Management
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3199

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At Austin, Texas