



EMS ACTION

Emergency Medical Services

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VIDEO TRAINING PACKAGE COMPLETED

Following several years of research and preparation, a videotape program has been developed to supplement the U.S. Department of Transportation's 81-hour training program for EMTs (Emergency Medical Technicians). More than 50 hours of lecture and demonstration videotapes are included in a package which is intended to "visualize" the 25 lessons of the DOT training program.

Actually the brainchild of Trevor Hughes, M.D., an anesthesiologist, the videotape training supplement was proposed by Dr. Hughes to North Carolina's Office of EMS in 1973. However, funding did not materialize at that time. In the interim, Dr. Hughes established a life support skills training laboratory at the University of North Carolina School of Medicine's Chapel Hill Campus.

He and his staff conducted extensive experimentation with the medium of videotape in teaching life support skills to medical students and local rescue and ambulance personnel.

The opportunity to develop a complete videotape supplement to the EMT training program was presented by the IAFC/IAFF EMT Apprenticeship Program. That program is co-sponsored by the International Association of Fire Chiefs and the International Association of Firefighters, and is funded by the U.S. Department of Labor. The Apprenticeship Program was seeking a method for training and retraining EMTs on an in-service, on-duty basis without the cost and difficulty of obtaining specialist lecturers for each training session.

The Raleigh (N.C.) Fire Department was selected as a pilot test location for the new approach to EMT training. Facilities of the North Carolina Educational Television Network were utilized for filming, editing and processing. Consultants to the projects included ACT Foundation Executive Director, James Page. Several members of the ACT Foundation's Medical Advisory Board travelled to Chapel Hill to present lectures and educational materials for taping.

Throughout the project, Dr. Hughes served as Producer/Director as well as narrator. In his production, he employed professional artistic talent for graphics, animation, and an occasional touch of levity. Each of the tapes in the "visualization" package are punctuated at appropriate times with a graphic command to "Stop Tape." Under actual training situations, these lapses will

offer instructor-coordinators the opportunity to review materials with trainees and encourage expanded discussion and questions.

Printed materials to accompany the videotape program are in final stages of preparation. These materials will supplement existing texts ("Emergency Care" and "Emergency Care and Transportation of the Sick and Injured"). According to Dr. Hughes, they will include test materials to determine pre-training and post-training levels of knowledge.

According to Floyd Yocum, National Director of the IAFC/IAFF EMT Apprenticeship Program, the videotape package will be made available for purchase by all interested groups and organizations — its availability will not be limited to fire service organizations nor fire departments participating in the Apprenticeship Program. Prices and distribution arrangements have not been formalized but, according to Yocum, "we hope to be able to make the package available at our cost."

On December 12th, the ACT Foundation's Board of Directors will be asked to approve a non-profit distribution program for the new EMT videotape training package. Following a conference with Mr. Yocum, ACT Foundation Director Page reported that the ACT organization is uniquely suited to such a program. "We have been distributing films on a non-profit basis since 1971, and we would look forward to using our well oiled system for similar distribution of this 'Life Support Skills' training package." After reviewing nearly twenty hours of the new videotapes, Page was enthusiastic. "The opportunity to bring people like Norman McSwain, Sylvia Micik, Ron Stewart, William McManus, Mary Beth Skelton, and many other superb experts into the EMT's work/training location is invaluable," he said. In addition to the lectures by specialists, the tapes include a complete autopsy, a live childbirth and other visual features not available in most EMT training programs.

It is anticipated that the program will be made available as an entire package or in individual lessons. Descriptive literature, price information, and instructions for ordering will be announced in **EMS Action** as soon as available.

"HEALTHY NEW YEAR!"

by James O. Page, J.D.

Last October, more than 11,000 people assembled in New York City to subject themselves to a special blend of pleasure and pain, torture and satisfaction. They were participants in the New York City Marathon and more than 8,000 of them finished (in some fashion or another) the entire 26.2 miles.

In the media coverage of the NYC Marathon, some interesting information was reported. For example, we heard one report suggesting that more than 10% of all Americans are now engaged in regular aerobic exercises. At about the same time, a group of heart disease experts meeting at the National Institutes of Health were scratching their heads over apparent reductions in cardiovascular disease death rates. Also in October, the American College of Sports Medicine, recognizing that increasing numbers of persons are becoming involved in endurance-training activities, issued a position paper defining the quantity and quality of such training for developing and maintaining cardiorespiratory fitness and body composition in the healthy adult.

Dr. Kenneth Cooper's paperback, "The New Aerobics," is now in its 28th printing. "Runner's World" magazine has sprung from a mimeo newsletter to a substantial publication with more than a half-million circulation. In sporting goods stores, ski and tennis equipment is being pushed to the back shelves to make room for running shoes and paraphernalia.

What does it all mean? The answer is not likely to issue promptly from the staid and conservative bastions of medical research. First, there must be all kinds of "double blind" studies, multiple efforts to conduct controlled studies of identical or clearly distinguishable population groups, surveys designed to eliminate the possibility of "false negative" and "false positive" findings. To issue a conclusion without such scientific surety would be equivalent to professional suicide.

But it's obvious that the millions of Americans who are engaging in endurance-training exercises aren't all that concerned with the statistical cogitation. The fact is, they feel better, they look better, they think better, they tire less easily, they deal with stress more calmly, and they carry on their faces a unique expression of self-satisfaction. Who needs statistics?

Talking or writing about running, jogging, or any other form of aerobic exercise is risky. It's easy to be lumped into the same pile with all those self-righteous evangelists who bore you to exasperation with tales of their exercise program. Reaction to the endless babble of *neuvo*-runners has even produced a couple of books praising slothfulness and physical inactivity.

But a recent experience in West Virginia compels us to take the risk anyway. The West Virginia experience occurred at one of HEW's multi-regional EMS Workshops. It was the best organized, well-run, most informative, and heavily attended meeting of its kind thus far. As part of the program, a "Fun Run" was scheduled — an opportunity for some low-pressure, non-competitive jogging along a picturesque riverbank to prepare the muscles and corpuscles for a day of idle sitting and listening. More than 300 people were in attendance at the conference. Only eight people showed any interest in the exercise and fresh air.

Despite scientific vacillation on the causes of a reduced cardiovascular death rate, there is abundant evidence on the subject of risk factors. We know that EMTs, paramedics, emergency

nurses and physicians, EMS administrators, and others in the emergency medical services environment are subject to an unhealthy share of those factors (especially stress, smoking and lack of sleep). From personal experience, we also know that these environmental risk factors produce a powerful inertia against change of pace, style, attitudes and habits. The pressures and demands of our jobs provide many reasons to put our own physical fitness on the back burner. How can you spend an hour jogging when faced with a deadline for a report, still more abstracts, a grant application, etc., etc.?

Our readers have been very kind and generous over the months and years. As indicated by the subject and tone of our editorial comments, we think about you, and worry about you, and wish you every happiness and success. We would like for 1979 to be your best year ever. We would like to know that you might choose 1979 as your year for feeling better, looking better, thinking better, and dealing with stress more effectively.

Whatever form of exercise you might choose, we hope you will first determine your present state of relative health. According to Dr. Cooper and others, the standard physical exam is not sufficient to spot heart, lung and blood vessel problems that could make exercise potentially dangerous. Most of us have access to a physician who's tuned in to stress physicals and management of exercising patients.

As we travel to your meetings and conferences in 1979, we'll be watching for telltale signs. We'll be looking for flatter bellies and less loose flesh. We'll be watching for clearer eyes and deeper breathing. Our ears will be seeking less of the hacking and coughing that currently serves as background music. In the ultimate gesture of friendship, we even invite you to step up and bore us with endless tales of your exercise program and how good you feel.

Finally, I'd like to invite you to join me at the next "Fun Run." Look for the bald-headed guy with a gait similar to a knock-kneed ostrich. By comparison, you're bound to look terrific.

CPR SEQUENCE DISCUSSED IN ISSUE 3

The third quarterly issue of CPR CITIZEN, The ACT Foundation's newest information service will be mailed to subscribers during the first week in January. In this forthcoming issue, certain clarifications of the Standards for CPR and Emergency Cardiac Care will be presented by Stephen W. Carveth, M.D. Principally, Dr. Carveth will be discussing the proper sequencing of the pulse check and the call for emergency medical assistance. Also in the forthcoming issue will be a free offer to subscribers of a pamphlet entitled "CPR and the Law." Written by ACT Foundation Executive Director James Page, and reviewed by Kevin McIntyre, M.D., J.D., this new pamphlet concisely reports the basic elements of the civil law of negligence. The six-page document also discusses the relative legal safety of performing CPR under appropriate circumstances.

As usual, CPR CITIZEN will provide interesting stories about actual CPR rescues and the people involved. A comparison of two American communities will illustrate the significance of CPR-trained laypersons. Subscribers will be introduced to basic and advanced life support concepts and the significance of both in an EMS system.

CPR CITIZEN is available by subscription (\$3.00 per year) from the ACT Foundation, Basking Ridge, N.J. 07920.

RONALD D. STEWART, M.D.

On the average paramedic or EMT's list of heroes, Dr. Ron Stewart's name often stands at the top. Six years after Dr. Stewart left his home town in Nova Scotia (a small fishing village of 300 people), he has achieved recognition throughout America for his down-to-earth instructional techniques and his sincere personal concern for the men and women who provide pre-hospital care services.



Ron Stewart arrived in Los Angeles in 1972 to begin a residency in Emergency Medicine at USC. Following completion of that program in 1975, he was appointed as the first Medical Director of Los Angeles County's paramedic program. Later, he became Assistant Professor of Emergency Medicine at USC.

Early in 1978, Dr. Stewart was appointed Assistant Professor of Medicine at the University of Pittsburgh (PA), Medical Director of Pitt's Center for Emergency Medicine, Director of the Emergency Department at Presbyterian University Hospital, and Medical Director of Pittsburgh's municipal EMS system. But before taking the reins in Pittsburgh, Dr. Stewart travelled around the world, consulting with and observing pre-hospital care programs in many nations. During the tour, he was elected to honorary membership in the Australia-New Zealand Intensive Care Society.

During his international tour, Dr. Stewart was struck by the need for an information exchange program, involving pre-hospital care providers from many nations. Since his return, he has been working toward development of an exchange program which would allow American paramedics to temporarily trade roles and working situations with their counterparts in other nations.

In addition to his service as a popular speaker and lecturer, Dr. Ronald Stewart has written numerous scientific papers and instructional articles. He serves as a Contributing Editor to *Paramedics international* magazine. But his most comprehensive work is to be published in 1979 (by Lippincott). It is to be titled, "Pre-Hospital Emergency Care, Principles and Practice."

In recent months, Dr. Ron Stewart agreed to serve as a member of the ACT Foundation's Medical Advisory Board. In this role, he has already contributed to a forthcoming videotape training program developed with ACT Foundation technical assistance by the IAFF/IAFC EMT Apprenticeship Program. We are very proud of Dr. Stewart's association with our program and we look forward to his valuable contributions to our various programs and projects.

AMSAA BROADENS MEMBERSHIP

At a recent meeting of its Board of Directors, the Ambulance and Medical Services Association of America was renamed the "American Ambulance Association" and the scope and purposes of the organization were broadened. Explaining the move, Association President Daniel H. Becker said that the Board had concluded that it was time for a more broadly based association, representing the interests of the entire industry. The organization, which was formed in 1969, was initially created to represent the interests of private ambulance services. The recent Board action opens the association to all ambulance service providers. Commenting on early private ambulance industry concerns over federal EMS laws, Becker suggested that AMSAA was formed out of concern for the changes which would flow from those laws. "Today," he said, "the situation is considerably changed, and many private and commercial ambulance services have found that their businesses have thrived under the new service demands while, at the same time, they are able to provide an increased quality of service."

"While there continue to be differences among the various classes of service," Becker said, "the greater need of each class is for an organization which will provide help and support on the more important issues such as federal and state standards, third-party payments, medic/legal liability questions, public education, manufacturer relations, and other items." In his reference to differences among service providers, Becker, owner of a private ambulance service in Youngstown, Ohio, apparently was referring to chronic rivalry between public and private sector services in many communities.

As part of its efforts toward a new image and role in EMS, the newly-named American Ambulance Association has retained professional management and moved its offices to Washington, D.C. For additional information, contact the Association at 1101 Connecticut Ave., Suite 700, Washington, D.C. 20036.

PUBLIC SAFETY ON ICE

The northernmost municipal government in the United States may be the most barren, forbidding and resistant to civilization. It is the North Slope Borough of Alaska — the largest borough in the U.S. Hub of the Borough is the community of Barrow (population: 2,500) which is also the largest Eskimo village in Alaska.

Providing essential public safety services in the traditional format is out of the question in the North Slope Borough. Responding to the need for police, fire and emergency medical services, the North Slope Department of Public Safety has been created and police officers have been trained for an expanded role. For example, a fully-trained Senior Public Safety Officer has been certified as a police officer (advanced law enforcement training), certified as an EMT (emergency medical technician), and has received basic training in fire prevention and protection.

A key figure behind the tri-service approach to public safety services on the North Slope has been Kim L. Moeller, Public Safety Director. Mr. Moeller has described the system and its history in a well-written and artfully illustrated document entitled, "Challenge to the Police Role in Rural Alaska: The North Slope Borough Experience." A limited number of copies of the document are available without charge from Mr. Moeller at P.O. Box 69, Barrow, Alaska 99723.

SOONERS CUT THROUGH 3-P MAZE

Ambulance services throughout the U.S. depend on a variety of revenue sources to support their operations. In addition to fee-for-service arrangements, many services receive tax-source subsidies or payments from local governments. Others maintain contracts with certain health care institutions and industrial employers. But, as the federal government has become more deeply involved in health care finance — not to mention private and group insurance plans — third party reimbursement has become a dominant aspect in the financial life of ambulance service providers.

As with most federal programs, the simple and benevolent terms of an Act of Congress soon become a tangled web of roman numerals, fine-print regulations, lengthy acronyms and government agency names and titles, tied together by voluminous forms and applications. To the newcomer (and quite a few veterans) the prospect of getting paid through this maze requires a special handbook of instructions.

Such a handbook has been made available to ambulance services in Oklahoma. Entitled, "Third Party Reimbursement for Ambulance Services: Method and Alternatives," this informative document was prepared by EMS Division of the Oklahoma State Department of Health. Starting with Title XIX (Medicaid) and Title XVIII (Medicare) coverages, the handbook clearly lists requirements for reimbursements to ambulance providers under these programs. Sample forms are included, along with names and phone numbers of the respective government agencies designated to administer the programs.

In Oklahoma, at least one private insurance carrier administers Medicare claims. The State Health Department's information booklet covers the details of reimbursement under that program. For those providers considering a subscription form of service, a sample subscription (membership) form is offered. Additional information is offered concerning Veteran's Administration Hospitals, the Indian Health Service, and health care contracts issued by commercial insurance companies.

Where no other form of reimbursement or payment is available, an explanation of small claims court proceedings is included. Finally, where all else fails, a final and cryptic paragraph offers information on the Internal Revenue Service publication regarding deductions for bad debts.

Oklahoma's State EMS agency has set an extraordinary pace of valuable service during 1978. The Third Party Reimbursement document is an example of the agency's efforts to serve the needs of Oklahoma EMS providers. Where such a compendium of information is not available, ambulance providers may wish to assist their State EMS agency in developing such a document, with the Oklahoma publication serving as a model.

A limited number of copies of the Oklahoma Third Party Reimbursement publication are still available. For further information, contact: Oklahoma State Department of Health, EMS Division, N.E. 10th and Stonewall, P.O. Box 53551, Oklahoma City, Oklahoma 73105.

CORPORATE CPR GUIDELINES AVAILABLE

Hoffmann-La Roche, Inc., one of the ACT Foundation's contributing pharmaceutical companies, has developed an attractive guideline document for developing an employee training program in CPR. The seven-page booklet reflects the experience of Hoffmann-La Roche in a CPR training program that has been completed by more than 500 of that company's employees.

In addition to helpful hints concerning organization and conduct of a corporate CPR campaign, the Hoffmann-La Roche booklet might well serve as advocacy to the corporation that is reluctant to get involved. Inside the front cover of the booklet is a persuasive statement by Robert B. Clark, President of Hoffmann-La Roche.

For free copies, write to Department of Public Affairs, Hoffmann-La Roche, Inc., Nutley, N.J. 07110.

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