

EMS WEEK 2006: Serving on Health Care's Front Line

The theme of the 33rd Annual National EMS Week, May 14-20, is "EMS: Serving on Health Care's Front Line." Sponsored by the American College of Emergency Physicians (ACEP), EMS Week provides an opportunity to promote safety and increase public awareness of the dedication and community contributions of the country's nearly 1 million EMS providers.

"As this year's theme emphasizes, the brave men and women who serve as EMS providers are often first on the scene of a disaster, a motor vehicle crash or other event that may place them in a hazardous environment," says **Dr. Frederick Blum, ACEP president**. "It's important that we take the time to honor these frontline medical responders for often going above and beyond the call of duty to save lives, while risking their own."

Several departments told us their plans for EMS Week:

"We just recently remodeled our station and are planning an open house during EMS Week," says **Lois Ternet, chief/president of Monroeville (Ind.) EMS**. "Since we are an all-volunteer unit, the community support means a lot to us. It is amazing, but Monroeville EMS has been serving Jackson, Jefferson, Madison and Monroe Townships since 1975. We have five medics with over 30 years' service; four are part of the original founders! In addition to the open house, we will have tours for the local preschool and set up an information display at the local bank." Monroeville EMS will publicize the open house via articles in The Monroeville News, a notice on its front sign and blurbs in church bulletins.

In addition, Monroeville EMS will honor

its employees for their dedication to EMS with thank-you certificates and token gifts. "We will also have a simple ceremony to honor those former EMTs who have died and were so important to our existence," says Ternet.

According to **Anthony Huma, paramedic-director of Hopi Emergency Medical Services, Polacca, Colo.**, the agency plans to conduct community and school presentations to the Hopi Nation



throughout the week. Planned activities include a Code 3 Run—a four-mile race/walk—on Tuesday, May 16, a ceremony on EMS Day, Wednesday, May 17, and an employee recognition luncheon on Thursday, May 18.

In **Owatonna, Minn.**, paramedic **Ed McConville** reports, "With the help of several coworkers, we are planning and

organizing a statewide event for all EMS providers and their families: EMS Family Day with the Minnesota Twins. Before the ballgame, EMS workers will be recognized on the field. We have invited the governor and a U.S. senator to meet the EMS professionals who are dedicated to providing their talents each and every day of the year. The Minnesota Ambulance Association is working with us to promote the event."

In Orange County, Calif., safety and injury prevention appear to be the watchwords, and EMS Week is celebrated all month. **Steve Ambriz, administrative manager, County of Orange Health Care Agency, Santa Ana, Calif.**, says the county's schedule of events includes a child passenger safety class on May 6, the Costa Mesa Public Safety Emergency Services Expo on May 7, child passenger safety seat inspections on May 15, countywide blood pressure screenings May 15-19, the 6th Annual Senior Injury Prevention Conference on May 18 and Super CPR Sunday on May 21.

On May 19, says Ambriz, "we recognize our EMS employees by hosting our annual EMS Awards Celebration. In addition, all of our EMS friends are invited to the tailgate celebration at Angel Stadium of Anaheim, and over 1,000 tickets are provided to our EMS agencies so they can enjoy a baseball game between the Angels and the Orioles. Last year, the members of two local MOMS Clubs cooked over 2,000 hotdogs for all of our guests. This was their special way of showing their appreciation for all of the good things that our EMS providers do within our communities."

Whether your agency hosts its own

events or just observes the National Moment of Silence on May 27 at 8 p.m. (EDT), there are many opportunities to participate. ACEP offers a planning kit to help you to stage a local event. The kit includes helpful information on planning a dinner to honor a valuable employee to preparing a public service announcement for your local media, including a template you can personalize. There are EMS Week logos to download and a sample EMS Week proclamation. Find more information at www.acep.org/emsweek.

—Ann-Marie Lindstrom & Keri Losavio

Jury Holds Gym Liable for Not Having AED

In what is believed to be the first case of its kind, a health club was found negligent in a patron's death because the facility didn't have an AED on the premises. A Broward (Fla.) Circuit Court jury awarded damages of \$619,650 to the family of 49-year-old Alessio Tringali, who died of sudden cardiac arrest while working out at an LA Fitness center in 2003.

Defense attorneys argued that Tringali's death was inevitable because "the chance of surviving a sudden cardiac attack outside a hospital is 5%." They also pointed out that it wasn't common practice for health clubs to have defibrillators in 2003.

Jurors deliberated for only two hours before deciding for Tringali's family.

According to the plaintiff's attorney, Russell Adler, all LA Fitness centers now have AEDs. "It is a symbolic verdict," says Adler, "and a therapeutic verdict because it sends a loud message to the health club industry that they need to do a better job to protect their members when they have a medical emergency."

Several states now have laws requiring AEDs and trained personnel at health clubs, but the fitness industry has been reluctant to have the devices on site. Some were concerned that the presence of an AED would increase their liability in the case of a patron's death, although most of the laws mandating AEDs have Good Samaritan provisions. Others were concerned about the additional cost of the equipment and training.

The Florida judgment could change some minds about business best practices.

—AML

CHIEF PAULISON NOMINATED TO HEAD FEMA PERMANENTLY

On April 6, the White House nominated **Chief R. David Paulison** to serve as Director of the Federal Emergency Management Agency and become Department of Homeland Security Undersecretary for Federal Emergency Management. Paulison, former chief of Miami-Dade County Fire & Rescue, has served as acting FEMA director since last September, when Michael Brown stepped down following Hurricane Katrina.

"FEMA needs a successful emergency services manager, with a sound understanding of the political scene, who is recognized as someone of influence," said Chief Bill Killen, president of the International Association of Fire Chiefs, in a press release issued April 6. "Chief Paulison has established himself as a credible, knowledgeable professional in fire and emergency services and understands how to obtain resources and legislation necessary to provide quality delivery."

Paulison accepted the nomination, which must be approved by the Senate.

According to The New York Times, "At least seven veteran disaster managers ... declined offers to consider taking over FEMA or serving in senior management posts. They said they were not convinced the Bush administration was serious about, or had enough time, to rebuild FEMA." The White House also announced that Vice Admiral Harvey E. Johnson Jr., commander of the Coast Guard's Pacific Operations, had accepted the nomination to be FEMA's deputy director.

—Mannie Garza & Keri Losavio



AP PHOTO/MANUEL BALCE CENETA

IN MEMORIAM ...



Hans H. Dahll,
May 5, 1924 to
March 18, 2006

Legacy of a Leader: Hans H. Dahll

Founding CEO of Laerdal Medical Corp., U.S., and major contributor to the American lifesaving culture, **Hans H. Dahll** died March 18 at the age of 81.

"We would not be as far advanced in ECC [emergency cardiovascular care] education today without the foresight and intelligence of Hans Dahll," says Allan Braslow, PhD, president, Braslow & Associates, Greenwich, Conn. "[He] fostered and catalyzed the relationships of Asmund Laerdal with pioneers in CPR, such as Drs. Safar, Gordon, Kouwenhoven, Jude and Knickerbocker. Hans was a critical figure in resuscitation

history who will be greatly missed."

Hans first came to America in 1951, working initially for Hearst Magazines and then as Norwegian Trade Commissioner to the United States. Later, when he was Secretary of the Norwegian American Chamber of Commerce in New York, he set up a meeting between Asmund Laerdal, founder of Laerdal, and Peter Safar, MD, resuscitation researcher, to evaluate a prototype of Resusci Anne. Thus began the American debut of the now world-renowned CPR training manikin and the start of a lifelong friendship among the three men.

"Hans was definitely one of the finest persons I ever met, a true gentleman and one of my dearest friends," says Tore Laerdal, CEO, Laerdal, Stavanger, Norway. "He was, and will forever remain, a role model for values we believe in at Laerdal."

In June 1967, Hans was about to return to Norway with his American wife, Dorothy, and their three children. But an offer to establish Laerdal Medical Corp. in New York and become its first president was too tempting. Hans remained president of the company for 22 years (1967–1989) and of The Asmund S. Laerdal Foundation for Acute Medicine Inc. for 26 years (1980–2006).

Brenda Barnes, compliance manager, legal and regulatory affairs, Laerdal Medical Corp., and administrator for The Asmund S. Laerdal Foundation for Acute Medicine Inc., says, “Hans Dahll pioneered and advanced the lifesaving gifts of CPR and emergency medicine through the strength of his vision, determination and commitment to help save lives. Those of us who were fortunate enough to have

worked with him were inspired by his honesty, integrity, courage, overwhelming kindness and great humor. In the end, he had become a beloved friend and mentor to so many. Hans always seemed larger than life. Our world will be a much smaller place without him.”

Hans was also a founding director of the Citizen CPR Foundation (CCPRF) and served on the Board of Directors from its inception in 1987 until 2000. “The Citizen CPR Foundation became a reality in large measure because of Hans Dahll,” says William Montgomery, MD, CCPRF founding president. The Foundation created the prestigious “Hans H. Dahll” award in his honor and has presented the award to the keynote speaker at every Emergency Cardiac Care Update conference since 1990.

According to company historians, “Dahll had an unusual talent for making and maintaining valuable contacts. His position of trust within medical circles and organizations made him a market participant and a sounding board for the company. Hans H. Dahll’s abilities helped develop the company philosophy.”

—Mary Newman

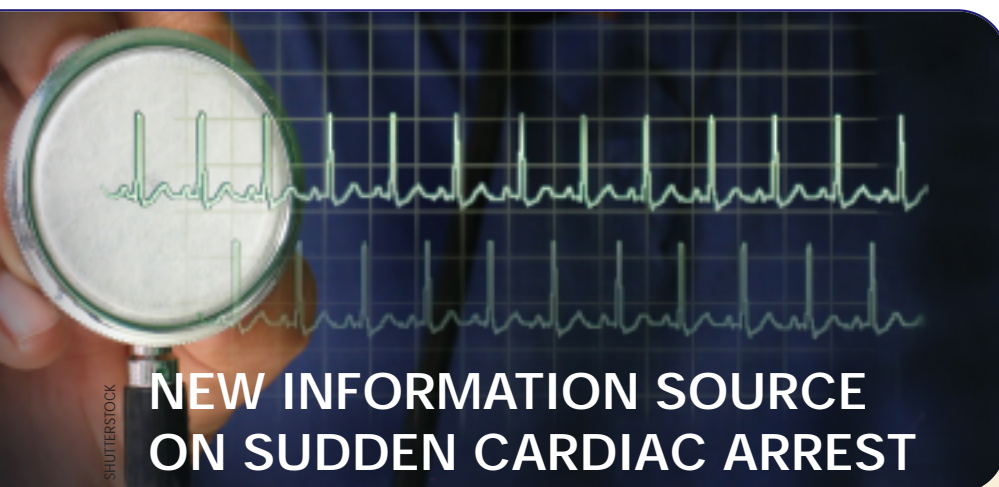
To Sir, with Love Hans H. Dahll: A Personal Reflection by Mary Newman

I once had to write about leadership styles for a course in organizational management. I chose as my model for exemplary leadership my friend and mentor, Hans H. Dahll. I had met Hans in the early 1980s through James O. Page, another great mentor of mine. I was working for Jim at the Advanced Coronary Treatment (ACT) Foundation in Basking Ridge, N.J., when he introduced me to Hans at an ACT Foundation Board of Directors meeting.

In time, I became a consultant to Laerdal Medical Corp., where Hans served as president, and over the years, I was privileged to work with Hans and others on the creation of the Citizen CPR Foundation, the Emergency Cardiac Care Update, *Currents in Emergency Cardiac Care*, and many other research and education initiatives.

I wrote about Hans for this course because he personified everything that matters in a leader. He was brilliant and visionary—but one of his greatest strengths, in my view, was the way he treated everyone he met with the utmost respect. It did not matter if you were a vice president, a cafeteria chef, a factory worker or even a competitor. Hans truly cared about you and how your contributions fit into the larger picture. He also cared about you personally—and your family and home life.

Other great strengths were Hans’ profound humility and his penchant for helping people grow in their professional lives. He would skillfully advance an idea, watch as it was picked up and chuckle quietly to himself as others expanded on it and claimed it as their own. He did not need or want the limelight. Rather, he delighted when his colleagues and protégés succeeded in their goals and aspirations.



SHUTTERSTOCK

NEW INFORMATION SOURCE ON SUDDEN CARDIAC ARREST

The leading cause of death in the United States is sudden cardiac arrest (SCA). Although there’s plenty of information about SCA out there, finding it can be time consuming. It would be convenient—perhaps lifesaving—to have information on various aspects of SCA organized and available in one place.

“I believe SCA Network will accomplish this goal,” says Michael R. Sayre, MD. Sayre chairs the Board of Directors for SCA Network, a new, national not-for-profit organization.

SCA Network will link together people with common interests in SCA and give them access to aggregated information. The network will work “to increase awareness and influence attitudes and behaviors in the public, as well as the medical and emergency response communities, about SCA.”

Another member of the Network’s Board of Directors, Richard A. Lazar, Esq., envisions it providing “current, objective, sound information and guidance” to people already educated about SCA, and others who may not understand SCA’s toll on public health.

“We want to help people understand that sudden cardiac arrest—often incorrectly described as ‘a massive heart attack’—is a treatable condition,” says Mary Newman, SCA president. “We want to make SCA, CPR, AEDs and ICDs [implantable cardioverter defibrillators] common household terms.”

To join the SCA Network e-mail list and be notified about its Web site launch, contact info@sca-network.org.

—AML

When Hans' beloved wife, Dorothy, died suddenly from cardiac arrest at home last September—despite his efforts to save her—a part of Hans died, too. He told me it wasn't fair, that he was supposed to go first. It was then that his own health seemed to deteriorate quickly.

Several of us tried to visit Hans during the past few months, hoping to demonstrate our support and convey our admiration and gratitude to him for all he meant to us. He was too ill for visitors. But he knew.

Hans called me a few weeks before he died to say goodbye. He said the chemo wasn't working and he knew the end

was soon. He said he just wanted to leave me with one thought: "Be good to yourself."

But Hans has left me with many thoughts. You'll meet many people in your life, but only a select few will leave a profound, positive, lasting impact. You'll meet many people in powerful positions, but only a few are true leaders who are there for the right reasons. You can be many things, but if you do the right thing, remain true to your values, work collaboratively, and celebrate the successes of others, you can truly make a difference.

I was very blessed to know and learn from Hans Dahll. And I will never forget it.

National EMS Memorial Service Honors Those Who Died in Service

The 2006 National EMS Memorial Service will add 26 new leaves to the ceremonial Tree of Life on Saturday, May 27, in Roanoke, Va., to honor EMS providers who died in the line of duty. The memorial will be held at the First Baptist Church of Roanoke.

The desire to honor our dead is as old as humanity itself. The Egyptians built tremendous pyramids for their rich and powerful. Statues honor military and political figures. The National Memorial for EMS honors lost EMS providers via a Tree of Life, with each honoree's name engraved on a bronze oak leaf. Memorializing lost providers as leaves symbolizes the part they play in preserving life.

Many providers will arrive at the National EMS Memorial Service on bicycle, including *JEMS* columnist and cartoonist, Steve Berry, sponsored by *JEMS*. The 2006 National EMS Memorial Bike Ride, a long-distance ride from New York City to Roanoke, will take place May 21–27, 2006. The primary purpose of the National EMS Memorial Bike Ride is to honor EMS personnel who have died in the line of duty.

"We ride for several reasons," says EMT Dave Gilbert. "We strive to raise public awareness of EMS. We also ride to promote bicycling as an alternate form of transportation and as a good form of physical activity."

The 2006 Memorial Service honorees are: **Tommy Allen Allred** of American Ambulance Service, Cullman, Ala., Aug. 18, 2005; **Bridgett Nicole Autry** of Herring Volunteer Fire & Medic Department, Clinton, N.C., June 13, 2002; **Heidi Jean Behr** of Riverhead (N.Y.) Volunteer Ambulance Corps, May 3, 2005; **Timothy Russell Benway** of Yampa Valley Medical Center, Steamboat Springs, Colo., Jan. 11, 2005; **Christopher Dale Clingan** of Pafford EMS, Hope, Ark., Feb. 19, 2005; **Gaylette Drummond** of Midwood Ambulance, Brooklyn, N.Y., July 13, 2001; **Jeffery Scott Ferrand** of Pafford EMS, Hope, Ark., Feb. 19, 2005; **Felix Hernandez Jr.** of the Fire Department

PRO BONO

DOCUMENTING POTENTIAL 'THIRD-PARTY LIABILITY'

When completing a patient care report (PCR), EMS providers should be on the lookout for potential "third-party liability" situations and document them accordingly. What is third-party liability? It simply means that, in some cases, another person or entity might be legally responsible for the injuries incurred by your patient. For instance, if your patient was involved in a motor vehicle collision (MVC) and struck broadside by another vehicle that ran a stop sign, the driver of the other vehicle would be legally—and financially—responsible for the patient's medical bills in most cases.

In this scenario, although the fact that the patient was involved in an MVC is, of course, a clinically relevant piece of information, the fact that there was a potential third-party liability situation is information relevant to the organization's proper billing and legal compliance. This is because Medicare—which comprises the single largest payor for most ambulance services in the United States—requires that other sources of payment be billed first in potential third-

party liability situations. This is known as the "Medicare Secondary Payor" (MSP) policy. In third-party liability cases, the ambulance service could run into a compliance problem if it doesn't track down the potential responsible payor before billing Medicare—and the information recorded by the crew on the PCR can help easily and quickly facilitate this.

So, for instance, in our MVC scenario above, instead of documenting simply that the "patient was involved in an MVC," the documentation should more completely state that "the patient was involved in an MVC in a controlled intersection. Patient reports that he was in the intersection and the second vehicle appeared to run the stop sign before striking him broadside on the area of the front passenger side door."

To use another example, if the patient tripped and fell on an unsafe floor mat at a grocery store, the documentation should state "patient indicates that she fell on the unsecured edge of a large doormat at the entrance to the grocery store" rather than simply "patient fell."

The documentation of third-party liability situations should remain objective and should not gratuitously place "blame" on someone else. However, it should record sufficient facts and details about the incident—if known to the EMS provider—to allow the billing staff to recognize a potential third-party liability situation when one exists.

This tip provided by Page, Wolfberg & Wirth LLC (www.pwwemslaw.com), a national EMS, ambulance and medical transportation industry law firm, and written by attorneys Doug Wolfberg and Steve Wirth, both of whom have extensive EMS field and management experience.

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of New York, Brooklyn, N.Y., Oct. 23, 2005; **Phillip H. Herring** of LifeNet of the Heartland, Norfolk, Neb., June 21, 2002; **Courtney Hilton** of Highlands Ambulance Service, Lebanon, Va., June 4, 2005; **Scott David Hyslop** of TriState CareFlight, Durango, Colo., June 30, 2005; **Timothy Patrick Keller** of the Fire Department of New York, Brooklyn, N.Y., June 23, 2005; **David B. Linner II** of Yampa Valley Medical Center, Steamboat Springs, Colo., Jan. 11, 2005; **Chastity Hope Miller** of American Ambulance Service, Cullman, Ala., Aug. 18, 2005; **Ryan P. Ostendorf** of American Medical Response, Topeka, Kan., Dec. 5, 2005; **Brendon D. Pearson** of the Fire Department of New York, Brooklyn, N.Y., April 23, 2005; **Terry Lee Pearson** of Roseau (Minn.) Ambulance, Jan. 4, 2005; **William "Pod" Podmayer Jr.** of TriState CareFlight, Durango, Colo., June 30, 2005; **John Jeffrey "Jay" Rook** of Pafford EMS, Hope, Ark., on Feb. 19, 2005; **James Philip Saler** of TriState CareFlight, Durango, Colo., June 30, 2005; **Lori Ann Schrempp** of LifeNet of the Heartland, Norfolk, Neb., June 21, 2002; **Heinz Schulz** of EmeryCare/LifeStar of Erie, Pa., Oct. 7, 2005; **Patrick W. "Pat" Scollard** of LifeNet of the Heartland, Norfolk, Neb., June 21, 2002; **Ricky Allen "Rick" Seiner** of Citizens Memorial Hospital EMS, Boliver, Mo., Sept. 2, 2005; **William Anthony Stone** of Riverhead (N.Y.) Volunteer Ambulance Corps, May 3, 2005; and **Jennifer Theresa Wells** of Yampa Valley Medical Center, Steamboat Springs, Colo., Jan. 11, 2005.

Additional information about their deaths and a history of the National EMS Memorial Service is available online at <http://nemsms.org>.

Note: Donations to support the operation of the National EMS Memorial Service and to maintain the Tree of Life may be mailed to National EMS Memorial Service, P.O. Box 279, Oilville, VA 23129-0279.

UCLA-Daniel Freeman to Celebrate 35 Years

The UCLA-Daniel Freeman Paramedic Education Program will celebrate 35

years of EMS education on June 10 when its latest paramedic class graduates. The graduating class began in September 2005, 35 years after the Mobile Intensive Care Paramedic (MICP) program started its first class in 1970 with 14 students.

The Daniel Freeman Hospital class was one of the first paramedic education programs in the country. In 1980, it became the first AMA-accredited paramedic-training program in the United States. It later partnered with the UCLA Center for Prehospital Care. During its 35-year history, UCLA-Daniel Freeman has graduated more than 3,300 paramedics. It now averages 100 graduates a year from the seven-month program.

Dr. Walter Graf, credited as the founder of the paramedic program at Daniel Freeman, will speak at the June 10 graduation in Inglewood, Calif.

The program is extending a special invitation to alumni. Client Service Manager Rosa Calva is trying to locate as many program alumni as possible. Even if you can't attend, she'd like to hear from you to learn what you're doing now. Contact her at 310/572-2073 or via e-mail at rcalva@mednet.ucla.edu.

—AML



Quantity Discounts for Heart Smarter Supplement

As a service to the EMS agencies we support, *JEMS* is offering quantity discounts on the special 36-page *JEMS* supplement, *Heart Smarter: EMS Implications of the 2005 AHA Guidelines for ECC & CPR*.

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