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Review

JEMS - EMS TODAY CONFERENCE IN KANSAS CITY MISSOURI AN OPPORTUNITY FOR US ALL

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Introduction

"Everything's up-to-date in Kansas City" so goes the line from the old musical 'Oklahoma'. That's probably all most people in Australia know of Kansas City; that, and Kansas City is the home of Dorothy from the wizard of Oz!

In 2002, the Journal of Emergency Medical Services (JEMS) held their 20th annual conference (called EMS Today) in Kansas City, where the inaugural conference was held in 1982.

In those days they mustered just 215 people for their national event, not a promising figure when the population at the time was around 200 million. This year's conference hosted 3000 people from 13 different countries and, for a colonial boy who'd never been to the USA, the adage about everything's bigger in America rang true.

I was fortunate enough to present a discussion at the conference, talking about our Motorcycle Rapid Response Unit in New South Wales, Australia. This was a great honour for me personally, and a great opportunity to tell Americans about one of the largest Ambulance Services in the entire world. This chance of a lifetime came about after an article that I had written, entitled '*Thunder Down Under - Motorcycle Medics redefine rapid response*' was published in The Journal of Emergency Medical Services (JEMS) in December 2000.

Now it might sound as though my article was published because of the relative uniqueness of motorcycles as rapid responders, (in the USA only a handful of agencies have thought about using motorcycles for rapid response and even fewer have attempted to implement such programs) but the truth is, opportunities for all of us to write articles and speak at such conferences, are waiting to be seized.

The purpose of this article is to encourage those who would like to make such presentations, and to dispel the reticence that most of us have to tell our particular EMS stories on the international stage. As I share my experience I will attempt to also provide the reader with an overview of what is involved at such a conference.

THE CONFERENCE

As the Conference lectures were officially commencing on March 14, I was fortunate enough to take part in two days of Pre-Conference Workshops planned for the early comers. These workshops alone would have made the trip to the States worthwhile.

The two main workshops were:

National EMS Quality and Performance Improvement- making a real difference
and
Demystifying Pre-Hospital Research: Managing data to improve everything you do

Don't you just hate it when you can't be in two places at once? A colleague from the South Australian Ambulance Service had asked me to obtain information from the Quality and Performance workshop if I had a chance, so the decision was made on which session I would attend.

The Quality workshop provided a valuable insight into how the American emergency services operate. Almost all (Emergency Medical Services) EMS are provided by Fire Departments (85%), with the number of private services increasing every year. As is usually the case at conferences, almost as much information is gleaned from networking with other attendees, as from the formal lectures.

The lectures provided entertaining and practical lessons that were drawn from many years of experience in all areas of EMS. One of the best sessions impressed me with it's overpowering simplicity.

David Harrawood, BA, RM, REMT-P, told of a time when he was a Quality Manager for a Florida based EMS agency and was seeking to improve their quality of service delivery. A phone survey was planned to include all agency patients who had been transported to hospital with chest pain, to determine how well the agency was performing in terms of quality service delivery.

The patients were asked to state from five factors what was most important to them in relation to their pre-hospital experience with the agency (rating most important first to least important last).

The patient responses returned the following factors in order of importance:

1. Ensure a quick response
2. Take my pain away
3. Be concerned and caring
4. Tell me what you are doing
5. Be professional

Secondary to the above, patients were also asked to describe how well they thought the agency performed in those factors. Thinking they were doing pretty well, the results floored the agency when patients frequently responded that their pain had not diminished during transportation to hospital.

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Consultation with paramedics and staff within the agency demonstrated flaws in how their protocol was being interpreted and subsequent changes were made to give paramedics more latitude in their treatment regime. The resultant follow-up survey indicated that patients' levels of satisfaction had increased from low to high. Isn't it just too easy sometimes?

Along with the Pre-Conference workshops a research forum provided some new food for thought from a list of research articles, which demonstrated the practical application of work performed by local Emergency Medical Technicians (EMTs) and paramedics. A sample of some of the topics included:

- Comparison of times to intubate a simulated trauma patient in 2 positions
- Variances in Glasgow Coma Scoring in Pre-Hospital personnel
- Improving Pre-Hospital case reports for non-transport encounters
- Pre-Hospital Aspirin administration in the suspected AMI
- Withholding EMS providers' resuscitation efforts

In the USA, if an EMS agency attends more than 75000 cases in one year, it is considered to be quite large. The Ambulance Service of NSW attends the same amount of cases in less than five weeks. This means that we have access to a much larger resource of information in Australia, which could be used to gain worthwhile information in support of research.

High standards of data management and patient record handling within the Ambulance Services of Australia have provided us with a very clear advantage in terms of research and increasing standards of service delivery.

Whilst there are numerous organisations that provide governance to the many Ambulance Services within the USA, it remains a challenge to ensure a standard in service delivery that can be applied nationally.

To put things into perspective, in Australia most of us could name every Ambulance Service, as there are only a handful across all States. As America's numerous private and public EMS agencies continue to grow, the total number of services is becoming almost impossible to track. For example, *American Medical Response*, an agency which owns the vast majority of private services in the US, indicated that in the state of Missouri alone, (where the conference was held) there are 226 private EMS agencies. The land area of Missouri is only 1/3 the size of NSW.

I hope that by providing this information, it will kindle the passion for you to look into areas of research here in Australia, with the view to submitting your work for entry into the research forum at a future JEMS Conference.

The website for JEMS is: www.jems.com and all the conference application information can be found there.

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If research isn't something you'd like to present, why not investigate some aspect of your service that would be of interest to others? We limit only ourselves when we have the view that our practices cannot be useful to others.

Some examples of the topics presented at the 2002 conference included:

- **Ethics in EMS**
- **Mechanism of Injury in Blunt Trauma**
- **Teaching people to be nice**
- **ALS and the pregnant patient**
- **Pitfalls in field airway management**
- **Medical Scene management**
- **Survival from Massive Crush Injury**
- **EMS and Politics**

As you can see, the list contains no rocket science, just the sharing of experiences. Because of our affinity with the USA, anything from the land down under is going to be of interest. One of the most common responses I received from my US counterparts was on how valuable it was for them to hear how others outside of North America operate.

It was this genuine interest in anything Australian, including the use of rapid response motorcycles that made my involvement at the conference so much more interactive than I had anticipated.

The most outstanding aspect of the conference was the input by those involved in the September 11 tragedy. This disaster overshadowed all else, and the presentations by two of the FDNY (Fire Department of New York) Chiefs and Dr. Antonia Novello - the NY State Director General of Health, reduced everyone to tears. All of us in Australia were deeply affected by the events of that day, but to listen to those who saw, smelled, touched and ached at those sites was very overwhelming.

Living in a society that is afforded very little disruption to the daily routine of life, disaster planning will always fall short of what can happen. The communications centre for all the emergency services in New York City was located within one of the World Trade Centre buildings. As a result, when the tower fell, all communications were lost, even mobile phones. It certainly is a credit to every one of those brave people involved, that they were able to maintain team support and organization without any radio communications, and still do that in the face of adversity.

Some of the things that most affected those people working at the site were not the debris, bodies and devastation, but rather the simple things.... finding a child's toy. But that is another story in itself.

Running alongside the conference was an exposition of everything EMS. This expo proved daunting by its size (you'd have thought I'd be used to BIG by now). Two helicopters were included inside the expo and still the auditorium looked big.

Perhaps the greatest and most lasting aspect of this conference was that it didn't just linger as a memory. The network of people you meet and continue to develop friendships with, provides a clearer and more diverse picture of EMS around the world.

CONCLUSION

Just prior to the JEMS conference, I was privileged to take part in research in the UK to validate the time difference that a motorcycle response actually makes.

Other people have put me in touch with an Aussie doctor working in NY who has been extensively researching ambulance safety and accidents and is very keen to establish a motorcycle response unit in Manhattan.

A German doctor and his entourage recently visited Australia and sought a meeting with members of the Motorcycle Rapid Response Unit as he is currently establishing a 'doctors on bikes' program in Germany.

These are not mentioned to 'name drop' but rather to indicate the vast expanse of contacts attending such a conference can reap. The opportunities for all of us to attend, and take part in, conferences such as EMS Today are already there. The possibilities of where we can take our Pre-Hospital world after that are endless.

I hope to see more and more Aussies on the faculty lists at future conferences. And just think, all this started with a simple search on the 'net when I stumbled onto the JEMS website...