EMS goes AVL at RWECC

01/24/08 180 W - + 20 - 13

News release. On Wednesday at 0800 hours, dispatch of Wake County EMS System units shifted from "station-based" dispatching to "nearest-unit dispatching" based on real-time automatic vehicle location (AVL) data. This marks another step in Wake County's efforts to further improve the delivery of emergency medical services across the county. And it works! On Wednesday, EMS 10 was dispatched to a call on Sunnybrook Drive after having just cleared WakeMed, and EMS 17 was sent to cover Six Forks EMS Station 1 after having just cleared Rex. EMS 17 was then dispatched to a call on Creedmoor Road. One day earlier, those calls would have had longer response times, because further away units would have been dispatched while the others returned to their stations. The project took over two years, to develop the infrastructure (the computers, the AVL units, the wireless cards), the software (the new Premier MDC client and the CAD interfaces), and the procedures. The next step in this project will be the addition of the MARVLIS in-vehicle navigation system, to further speed Wake County medics on their way.

EMS17 went to Crabtree Valley, 4325 Glenwood Ave.

DJ
EMS17
DJ (Email) - 01/24/08 - 21:59

Just out of curiosity, how will this change their "station-based" system? Is Wake EMS still working 24hr shifts? Are there plans for them to become more like my local ems provider (MEDIC) and simply bounce from 'post' to 'post' and not have a perminent station? Reason I'm asking is because it sure would suck to get an EMS call in the middle of the night and catch 2 or 3 more on the way back to your "station" because you were the closest unit in the area!!

Congrats on the new system, hopefully there aren't too many bugs that can't be worked out quickly. I'm sure it will assist in providing better service.
Luke - 01/24/08 - 23:42

Sounds like a great system and a big congrats to EMS and everyone involved on completing and getting the system up and running. Any word or rumors about if something like this will go onto fire units???
CJ - 01/24/08 - 23:54

I bet fire units don't because they are normally in thier own district anyway.
4447 - 01/25/08 - 07:37

Don't know how it will affect the 'station based' system we have now. And yes, there are still numerous 24-hour shift units in the system; about 25 county-wide. To convert those to 12-hour units would cost the equivalent of an entire shift (it takes four sets of employees for twelve hour shifts as opposed to three sets for 24s). You do the math. With the school system here getting all of the press and constantly asking for (and getting) more money, the rest has to be shared by the sheriff, human services, Mediaid, parks, fire, and EMS. And there are proposals on the horizon to add road upkeep to counties…more money distributed out of the same limited pot. And then think of the additional vehicles that would be needed to get to a true posting system, as in Charlotte or Richmond, as opposed to what we have here now.

Posting plans? I don't know. There may be, there may not be, depending upon who you ask. My own opinion, and my opinion only- I hope not. While there may be some merit, somewhere, in what you guys at MEDIC do (as well as Richmond and a handful of others), my bet is that the morale of the station-based services is a little better. And with paramedics seemingly hard to come by, that has to be considered. It's always nice to have somehwere you can call 'home'. Sure we can stop by the local fire stations, but this is their house, not yours.

As to 'catching calls' on the way back, that has already been addressed- no putting units out of service for a pending shift change. I am kind of curious as to how that will work after picking up one or two calls after a scheduled shift change, considering fatigue factors and all. One of the 'bugs' to be worked out.

The biggest concern I heard all day (I was working on day 1) was that people were afraid of being dispatched into areas that they were not familiar with. I can relate to that, since I am familiar with Southern Wake County and EMS4's first due. Outside of that, I'm lost.

I think, also, that there are other things that are affecting people's opinions right now, most of which have nothing to do with actual patient care. The biggest one of those that I heard was having to buy meals (of the fast food variety) instead of healthier choices prepared at the station or brought from home.

I don't know, we'll see what happens.
DJ (Email) - 01/25/08 - 09:03

For Luke…

Station-based dispatching means that the closest station gets dispatched, not the closest EMS unit. It has nothing to do with whether there is a building or not. And no, "streetcorner posting" is not in the cards in Wake County.

As far as the navigation thing — of course, all units have standard county map-grip mapbooks. But in a couple of months, the next phase (in-vehicle navigation) will go on line. That should help.

This was a huge effort. At the risk of leaving somebody out (apologies in advance), I'd like to thank:

The WAKE COUNTY INFORMATION SERVICES DEPARTMENT, particular Assistant Director John Higgins, who has gone above and beyond to make the "connectivity" piece of this work – a huge undertaking. Ditto to Dave Daugherty, Mike Bass, and the folks who care for and feed our laptops.

The RALEIGH-WAKE EMERGENCY COMMUNICATIONS CENTER, particularly Craig Schulz, Dustin Winkler, Judy Capparelli, and the rest of the folks who adapted quickly to a totally new way of doing buisness.

And last but not least, EMS DIVISION CHIEF Bennie Collins, our technology projects coordinator. Whatever it took, Bennie did it – even if it meant screwdrivers and hammers. "Getting the job done" was what it was all about.

Thanks, everybody.

Skip
CHIEF100 (Email) - 01/25/08 - 14:39

Sorry as I am not up on the lingo, but what does "posting" mean? From what I can ascertain from the previous posts, units would simply sit on a street corner until dispatched? Is this correct, or is there more to it?
confused - 01/28/08 - 16:59

Yes, posting is like not having a station to run out of like some Wake EMS units. Units in Charlotte "post up" in certain locations and then are moved around according to gaps in coverage if not on a call. Your post might be a firehouse, or maybe a shopping center. Units in Charlotte, run by "Medic", also work 12 hour shifts if i'm not mistaken, no 24 hour buses.
Silver - 01/28/08 - 18:23

Silver,

If I recall, the full timers on MEDIC work 12 hour shifts and part timers staff 24 hour trucks. Riding a 24 hour medic truck in Charlotte is terrible. We had a busy shift on the Engine after midnight the other night with 8 medicals. On half of those calls, we had a 24 hour crew respond, and on each call they were more and more irritable from being up for 24 hours.
Rides an Engine - 01/28/08 - 18:31

Wow, I couldn't imagine 24 hours on a Medic unit in Charlotte.
Silver - 01/28/08 - 19:11

"Posting" is relocating to an area that is either depleted of available resources, or, as in some systems, in the anticipation of calls, as determined by historical records. Some systems, notably Charlotte and Richmond in our area, have posting locations at intersections, parking

lots, and even some fire stations. Also, in those systems, psoting locations change throughout the day, again, according to analysis of historical data that suggest the areas that call come in during a certain time of day.

In Wake County, our posting locations are located at or very close to fire stations. For example, HILTOP is FVFD #2, ST AUG is typically at RFD #7, etc. What makes our system function that way is the excellent relationship between the fire service and EMS. Also, we are not moving units around based on historical data, but when resources are limited (or depleted) in a specific area.

At WCEMS we have a combination of 12-hour shift units running 24 hours a day (EMS1, EMS11, and EMS13), 12-hour peak load units (EMS31, EMS32, and EMS33), as well as 24-hour shift units (EMS2, EMS3, EMS4, EMS5, EMS7, EMS8, EMS9, EMS10, EMS12, EMS14, and EMS17). The contract agencies also staff some 12 hour day units (i.e. SF EMS123 and SF EMS124).

Although I particularly prefer the 24 hour shifts, having worked them in some shape or form since 1976), they can be tough at times. And there is a lot of research data that supports emergency personnel not being on 24 hour shifts, particularly the busier units. I think the day will come that all EMS and fire personnel in our area will be on 12 hour shifts, or something similar.

I know it can be tough after the third or fourth call after midnight, and I have noticed that in my firefighters as well.
DJ (Email) - 01/28/08 - 19:31

MEDIC runs shifts of ten to fourteen hours. Most trucks are on 12 hour schedules. The opinions of MEDIC personnel are mixed on the shift length issue, though I believe you'd find that most of the "veterans" don't care for it.
I believe that, on some occasions, personnel can be scheduled to work back-to-back shifts, but it's not all that common due to the way that personnel are assigned to a given time block.

In case you don't know, there's no static time for shift change. Crews are almost always rotating on and off duty on a spread schedule, and crews are assigned a block of time that they generally work on. This is important because all crews start and end their shifts at Post 100, MEDIC's HQ on Statesville Avenue. If everyone got on and off work at the same time, 100 couldn't handle that amount of personnel movement all at once, not to mention the loss of coverage throughout the city & county.

That brings us to post assignments, the number one reason I wouldn't work for MEDIC. There's no place to call home. While you might get lucky and spend some time inside a fire station or hospital, it's at best temporary, and next thing you know you might get sent to the other side of the county.
attic.rat (Email) - 01/28/08 - 21:01

DJ, in reference to the 12's you guys work, what's the rotation?
Silver - 01/28/08 - 23:40

For the trucks downtown that are staffed 24 hours, but utilize 12 hour shifts, the times are staggered-

EMS1 0600-1800; 1800-0600
EMS11 0800-2000; 2000-0800
EMS13 0700-1900; 1900-0700

'D' & 'E' shifts are assigned to the 12-hour shifts. Weekly rotation, starting on Monday, is E-E-D-D-E-E-E-D-D-E-E-D-D-D-E-E-D-D-E-E-E. Basically it is two on, two off, three on, two off, two on, three off.

Seems like the folks who are working it like it, and several others who are working 24s want to go to it. Like I said, eventually, I think we will all have to, since the call volumes keep going up. And I do not see that changing without a major change in society.

The Peak Load Units work the same days, just that they are not scheduled to be staffed for an entire 24 hours. They are-

EMS31 0900-2100
EMS32 1100-2300
EMS33 0700-1900

While the Peak Load Units are assigned a first due area, they typically move around if call volume increases in an area.

Hope this makes sense.
DJ (Email) - 01/29/08 - 10:01

Do the people on the 12 hour shifts rotate between day and night shifts or are they assigned days or nights?

thanks for the in site, I find it interesting to find out what other kinds of shift schedules are out there.
CFP 7021 (Email) - 01/29/08 - 11:34

For what it is worth.. MEDIC did away with all their 24 hr trucks. Also, if I'm not mistaken, most of their "posts" are actual buildings. There are a few exceptions, but for the most part MEDIC will post at a Fire Station, Police Station, Rescue base, or one of their handful of MEDIC stations (back from when they ran 24 hr trucks). When I rode with MEDIC several years ago (they still had 2 or 3 24 hr trucks) we were always assigned a post, very rarely an intersection. However, if the crew needed to do something (e.g. shop, errands, etc.) then the crew would do the necessary stuff while remaining in the area of their assignment. Occasionally I'll see a MEDIC bus around town at a gas station getting something to eat or hanging out, more than likely they are doing that out of their choice; instead of going and sitting in their assigned post.

I might have come across a bit confusing earlier, what I was referring to is… Since the units actually have an assigned base to return to, my example was reflecting what might happen when that unit attempts to return to their station from a run and keeps getting hit for other calls "on the way home." I was under the impression that most of WCEMS units were still 24hr, in which case this might affect them more than it would a 12hr crew. This, very well, may not be an issue! Just curious, that's all.
Luke - 01/29/08 - 11:48

Right now the 12 hour folks do not rotate. For me, that would be a big factor since I have never been able to sleep much during the day, or at least until I have been without sleep for 2-3 days. Even then, never for more than an hour or two, unless I had some help from Jose or Jack.

As to getting 'hit' on the way back, that is a very real possibility. On day one of AVL, my unit (EMS17- Holly Springs) got tapped as we were leaving Rex for a call at Crabtree Valley. However, for the WCEMS units, we can get into any of our stations if we need supplies- we are not limited to going back to our home station. We have the supply tracking program that aloows us to keep track of this.

Hope this helps.
DJ (Email) - 01/29/08 - 12:49

It seems that the areas around the hospitals are prime for getting an unexpected EMS unit to your call.

So with that being said, is it the policy system wide to mark back in service as soon as you clear the hospital?

I have heard about some strange units running calls in areas near the local hospitals, I guess you never know who you'll get anymore! Somebody was telling me about a Holly Springs or maybe Apex unit running a call near Wake Med a few days ago after they had cleared. But I guess with move-ups and key coverage areas being done automatically then the system has truely turned into a closest unit system. It seems like borders and districts really have disappeared…. at least on the EMS side of things.
CFP 7021 (Email) - 01/29/08 - 14:14

Areas around EDs would be prime, as well as the trip back, depending upon where you transport to. If EMS17 goes to WakeMed Cary, then the chances of getting 'tagged' are not as great, as say, comgin back from WakeMed Raleigh. And yes, it is county wide policy to check back available when you leave the ED. Of course, we still have to work out some bugs when leaving Duke/Durham or UNC, or any of the other out-of-county EDs. Seems like I heard Apex get tagged just as they were leaving Duke the other morning.

It has, for the most part, eliminated borders, as it was in the old days, when heaven forbid you answer a call in a neighboring district. I would, however, like to see it go the next level. There are going to be times that a Durham, Harnett, or Johnston County unit is closer than any Wake County unit, and I would like to see that unit dispatched. Maybe sometime in the future.

We've had some pretty strange dispatches over the past couple of years, with a Cary unit being dispatched to downtown Raleigh, for example. And District 5 is dispatched anywhere from Apex to Six Forks, and Morrisville to NC State.

It's a change, and changes come hard at times. But, in the grand scheme of things, we are providing better (and more timely) care to the

public. And that is all that matters.
DJ (Email) - 01/29/08 - 15:07

DJ, RPD is actually changing to that same schedule, also known as the "Pittman". It gives you every other weekend off and it's a 3-day weekend at that!!

Shev, what's the plans for the old Carpenter firehouse? At one time I believe Cary was going to stick a medic unit in it. It looks so sad whenever I drive by it….
Silver - 01/29/08 - 18:31

no idea… Cary EMS will be putting a EMS unit at Firehouse 5 within a month or so, if it hasn't already been put there.
CFP 7021 (Email) - 01/29/08 - 19:20

As an update to that Cary EMS 52 moved to Cary Firehouse 5 on Monday Jan 28th.
CFP 7021 (Email) - 01/30/08 - 13:30

Dale,
You said you would like to see other counties respond as closest unit in Wake Co. Do other counties, surrounding Wake, already have AVL? What about different protocals with out of counties units?
LtEng3 - 02/04/08 - 18:42

To my knowledge, no other county around uses AVL. And yes, their protocols are different. However, I know of occasions when a unit is responding to, say, the vicinity of the Wake Harnett line. No one has had a chance to get into position, and a call goes out. I am on EMS9 responding from WakeMed Cary, and I am the closest unit. Wouldn't be beneficial to hte PATIENT to see if Harnett MEDIC 9 (at Angier) is available and can respond?

I can see the same situation with a call around RDU with a Durham unit, or in the New Hill area, with a Chatham unit that is based in Moncure.
DJ (Email) - 02/04/08 - 19:52

I heard the old Carpenter station already met the bulldozer…
Olson - 02/04/08 - 23:33

Even with all ems units in service, there are areas inside the county that an "out of county" unit would be closer even with the Wake County EMS unit sitting inside the station.
299joker - 02/05/08 - 00:05

As an add to "299joker", there is already an area above Falls Lake, north of NC 98 and west of NC 50, that has Granville EMS as the first due, due to the inability to get a Wake EMS System truck there in under the response guidelines. And for years, the old Zebulon Rescue ran calls in Franklin, Nash, and Johnston counties, as well as their inside Wake County areas.

This comment has gotten me in trouble in the past, but I'll say it again… Closest unit should be just that – the closest unit available to take the call. I'm sorry, but if I'm leaving the downtown fuel pumps on Harrington St, and a call goes out for a code, or a stroke, or a heart attack, at 509 Glenwood Ave, as much as I detest that place, I should be the one to go, because time is everything in those situations. Even for a fall, which could be as minor as picking up Mrs. Smith off of the floor and re-adjusting the rug that she slipped on or as major as some head and back trauma, the closest unit should go.

Now, the flip side of this is – if you respond to a closest unit call out of your primary response area, someone should be moved up closer to it. That is what prudence suggests. Mrs. Johnson, who has a Willow Springs address and lives in a mobile home in the woods, has the same rights as Mrs. Smith, who lives who lives up on Norwood Road, or in Wakefield, or in Olde Raleigh, in a multi-million dollar mansion. The standard of care and response whould not be any different because of their socio-economic or geographical differences.

Do I see AVL for surrounding counties in the future? Yes. The order will probably be Durham first, then Johnston. Nash County already has a form of AVL on their trucks, and they just need to activate all the features of it. Harnett County has a good director in place, and he has a lot of great ideas for their system. Chatham and Lee are a little behind in the learning curve. Franklin is behind them a good ways, and Granville rounds out the bottom (they are the only county out of all those that surround Wake that DOES NOT do EMD on a 911 call). But, there are grants available, as well as federal funds for this purpose in place (I believe, if I read a recent article right). IF we all work together, personnel

and management, as well as cross the county line and help out our neighbors, there is a potential for this region to be one of the best EMS areas in the country, and I look forward to the day where it doesn't matter what truck shows up at my house, because I will know that the closest available unit came, whether it be from Harnett or Granville or Wake or Durham County.
EMS 7597 (Email) - 02/05/08 - 00:52

More food for thought.

Reference out of county units – yes, some of those stations are closer to some areas in Wake County than the nearest Wake County unit – IF, and it's a big if, there is a unit in the station. And of course nobody in Wake County knows that. And it takes time to place a phone call, sort it out, and make a decision. That is often enough to make up for the greater distance that the Wake County unit has to travel.

So, what can be done. Well, our telecommunicators have maps and AVL information. We have identified dispatch "beats" where other county units might be closer. So – start the Wake County unit, call the other county, start their unit, and then sort it out (start now…in the best interest of the patient). As a second decision-making layer, if the local Wake County unit is out, and a second-due or later unit is coming, they are authorized and encouraged to pick up the microphone and ask that a unit from another county be dispatched as well.

Then, there is the standard of care. We have already dealt with one group of citizens that have said "Hey – we want Wake County EMS, not some other county that doesn't have 12 leads, ICE, and CPAP!" Who's to say who is right?

Good discussion.

Skip
CHIEF 100 (Email) (Web Site) - 02/05/08 - 10:14

To CHIEF 100. You're absolutely right. On all points, including the standard of care. But, consider the following: In an emergency, any unit is better than no unit for any period of time; and also, that is why ALS intercepts are common from out-of-county units coming into Wake County.

And I think that the requesting an out-of-county unit when they are closer is an under-utilized component of our system… however, the reverse is also true, and when there are areas in other counties (bordering) that have extended response from their units, that the reverse should also be true – they can call for a Wake EMS System truck, in the best interest of patient care. I know that Johnston County uses this a lot, and I wish other areas would use it too.
EMS 7597 (Email) - 02/05/08 - 10:33

To Olson- I was by out that way last week and the old Carpenter station was still standing. Of course, that WAS last Wednesday. I haven't been by there since then. Now the really SAD day will be if Western Wake #2 (the old YRAC station) ever meets the bulldozer. If so, I will have bricks from it. Actually, I would really like to get the Sireno siren up top, as well.

To 299joker- You are right. The same thing holds true for fire units, as well. Every time I respond to the WalMart at 10500 Glenwood, Bethesda smokes everyone in getting there (RFD E24, DHFD, and EMS123). Maybe one day some imaginary line on a map will not matter when it comes to who helps who.

To EMS100- Good point about out-of-county units. I thought about the Chatham County unit after-the-fact Friday, and the extra set of hands would have been nice, but you are right, there are hurdles to jump in getting out-of-county units. And then, in the case of Chatham County, they are still on VHF-hi, and at least 3 years ago, they were limited in their channel availability. It would have been hard to communicate with them.

To Mike- You may want to just move the rest of this over to The Watch Desk. But in the words of my late father "Some people just have to be told".

To EMS7597- "as much as I detest that place". "Detest'? I hate it when fellow EMS people 'detest' responding to a particular location (there are places that are not my favorite- usually patient specific, not a 'group' of people. But would they know the difference based upon the way I treat them? Hardly). Do you 'detest' 509 Glenwood because most of the residents are older? If so, think about it- that is your destiny. You are in the process of growing older. Maybe the local EMS personnel will not detest responding to your home/facility/whatever when you are in your 60s, 70s, 80, or, if you are fortunate, in your 90s. Maybe you'll even be able to work things out and have family members who will have the time to look after you. Maybe they will take care of you and not call 9-1-1 everytime you have a fever, can't pee, or whatever.

Or maybe the reason you 'detest' 509 Glenwood Ave is because most of the residents are 'less affluent' than you are (I know a lot of us EMS folks are getting rich)? If you are like most of us in EMS, you are probably just a few paychecks from being in their shoes.

I dare say, not having met you, that the vast majority of folks who live at 509 Glenwood Ave (I spent 6 months at EMS13 so I am familiar with the place) have faced more adversity that you can imagine.

Some of you who know me know that I am an FTO with Wake County EMS (heck, maybe some of you that are reading this have even ridden with me), a job that I take very seriously. Each one of my new employees now gets a copy of "Dale's Rules". What they do after they leave me is on them (and in some cases, the general public), but while they are with me, Dale's Rules are Gospel. Particularly rule #13.

Face it, 7597, the vast majority of people who call us are old, poor, or old and poor. It's a fact. And it is going to become more so in the future (it's that aging thing that has us all). If you 'detest' going to 509 Glenwood Ave, I can only imagine your feelings about 1437 Aversboro, 1420 S Wilmington St, 616 Wade Ave, 3101 Duraleigh Rd, 801 Dixie Tr, or anyone one of a whole host of others within our county. And if you 'detest' something long enough, heaven forbid that it ever makes it's way into the way you treat people/ patients.

If you truly 'detest' responding to anywhere, then maybe you should reassess what you are doing and why you are doing it.
DJ (Email) - 02/05/08 - 11:11

To DJ – My simple explanation for detesting 509 Glenwood Avenue is: It's not the people… as I said, I have been to several calls to pick up Mrs. Smith (name changed) off of the floor out there, and she is a lovely woman who tells wonderful stories about how things used to be. My reasons for not liking that location have to do with the physical specifications of the building and its condition, not the residents. I have spent an extrordinary amount of time at all of the locations you have listed, with the exception of 1420 S. Wilmington St, and have found the people there, patients and providers, to be mostly good people with good hearts, with a few bad experiences sprinkled in over 5 years. (And, for the record, as far as affluence goes, a happy heart maketh for a cheerful countenance, and money doesn't have squat to do with it. I have had more enjoyable experiences picking up those of the population who couldn't rub two nickels together than I have picking up people out of McMansions. Money doesn't buy happiness… or manners, as the case truly is.)

You mention 1420 S. Wilmington St. – while I have not had the privilege of going there, I am reminded of my uncle, who was just recently in the same spot that a lot of those people are. And I would have no problem whatsoever going down there and picking up any patient who requests my help. As an instructor of mine once said, "Most of the people you will see are the poor, the downtrodden, and the ailing. But you can turn their day around 100% just by a kind word and a good attitude." And to quote another one… "I have no problem helping out the poor and homeless. If I help their day get better, then I have done the job that the public trusts me to do."

I will help anyone that picks up the phone to say they need help, and have a smile on my face while doing it.

(Okay, I'm sorry to jump on my high horse for a minute, but I need to clear the air)

And DJ, if you could e-mail me a copy of your rules… I seem to have lost the ones I printed from this blog a while ago.
EMS 7597 (Email) - 02/05/08 - 13:02

"detest (de·test) di-ˈtest, dē-1: to feel intense and often violent antipathy toward; loathe. 2:(obsolete : curse, denounce"

OK…probably a bad choice of word. If you're like me, a lot of those words that sounded good at the time, were, well…

Unfortuantely, there are those amongst us that would feel all too comfortable using that word to describe their feelings towards certain locations, or even groups of people, hence the bristled response. Fortunately for them, they do not work for me. How about we agree that 509 Glenwood Ave was not designed with ambulances and cots in mind, and that it is an overly challenging location at times (and also, unfortunately, some EMSers will hold the building design's shortcomings against the residents). Sound about right? Just like the rooms at any SNF that have way too much furniture in them. Or maybe the ED rooms that have way too much stuff in them as well (bed, four chairs, table, trash can, linen hamper, etc).

I tell my trainees that old folks can tell some of the most facinating stories. Things like eyewitness accounts to a lot of things that we have maybe only read about (maybe)- taking the train to Raleigh (from Selma), the first jet that ever landed at RDU, or back when US 401 south was called US 15-A. The B52 with nuclear warheads on board that crashed near Faro, NC. WRAL and WTVD first going on the air.

And for the 21 (wait, 23 now) people that have emailed me for "Dale's Rules", the updated version is on my computer at work, where I will be tomorrow. Copies are going out on request. However, #13 is on my laptop, and I have had several requests. So-

"13. Be nice to old people. Treat them with the respect they have earned. These are the folks who survived the Great Depression, fought in places like Normandy, the Coral Sea (you get extra credit if you know the relationship between the Lexington, Dauntlesses, and the Shoho- could be good for a '7' rating on a DOR), and "Frozen Chosin". They lived under the threat of nuclear annihilation during the Cold War and survived in places like Dachau or Treblinka. They did not have DVDs, microwave ovens, FM radio, cable TV, or air conditioning. Many of them did not even have telephones in their homes when they were growing up, let alone cell phones. They worked on farms without a lot of technology or migrant workers to help them (they had brothers, sisters, and children for that). They have faced more adversity during their life than you can dream of. They are mothers, fathers, grandmothers, and grandfathers. Be nice to them. Be polite to them. Take care of them just as you would want your mother or father taken care of (or at least the way I expect my mother to be treated). And do not call them 'sweetie', 'darling', etc.- you have not earned the right. "Sir" or "Ma'am" will do. And do not call them by their first name, unless you insert 'Mister' or 'Miss' in front of it (it is a Southern thing). That is disrespectful (use of 'sweetie', 'darling', or honey, or calling an elderly adult by their first name is good for at least two '1' ratings on a DOR)."
DJ (Email) - 02/05/08 - 13:36

Olson, no it hasn't. Just passed it today, I live out there.
Silver - 02/05/08 - 14:32

DJ, I'll be happy to admit that at 0052 in the morning, when I don't sleep very much as it is, words sometimes confuse the living crud out of me, and "detest" wasn't the best word. I'll agree that 509 Glenwood Ave was not designed with the best of intentions, but what buildings are? Too many times, I've had to go down hallways that were just narrow enough for me, and not my equipment, and go into rooms to pick up patients, needing to move furniture to get the patient the care they need, and had family (or God forbid, the staff) yell at me about moving the stuff.

And just to let you know: The USS Lexington (CV-2) was the sister ship to the USS Saratoga (CV-3), and were the US Navy's second and third aircraft carriers (the Langley was the first). The Dauntless was a dive bomber that was the standard Navy dive bomber assigned to carrier operations. The Shoho was a Japanese light aircraft carrier, and was the first aircraft carrier that the US sunk in World War II (by a squadron of Dauntless dive bombers from the 'Lady Lex'). From the battle came the famous transmission, "Scratch one flattop." The Lexington was later damaged in the battle and had to be abandoned. She was sunk by torpedoes from a US cruiser because her damage was so great that she couldn't maintain steerage and was too heavy to be towed by the ships in the battle group.

(I'm a student of military history, specifically naval history… has something to do with all those servicemen in my bloodline.)
EMS 7597 (Email) - 02/06/08 - 03:08

Excellent- the reason that the Lexington (CV-2) is important to me is that my father was in one of those SBDs when they sank the Shoho. He was assigned to flight school afterward, and flew SBDs and SB2Cs during the rest of the war. I only learned about this just before he died in 2006. OK, enough military history. But I use that as an exercise to get my trainees to learn a little bit about some of the folks they are caring for- most of them have no idea about all of this stuff.

And oh yes, so many buildings are never designed for our stuff. And why are buildings that house the elderly not designed to accomodate ambulance cots in the elevators? Or why do they not have wide doors…

Which makes me wonder why we have to carry equipment that is too big. I can get a very good, self contained SPO2 unit that will fit on my fingertip, so why don't we have a full feature defib unit that is the size of an AED? Which then causes you to ask why we do not have a device that converts from all-level cot to stair chair? I can go on. But I guess we have the equipment and conditions we deserve, since we as a group (EMS in general) can't stick together and push for things that benefit us.

And at 0052 in the morning I usually am not thinking about words. If I am up at 0052, it's usually because of some major malady such as the baby's (not mine) crying and won't stop and the pediatrician said call 9-1-1, grandpa hasn't been able to pee all day and the doctor said call 9-1-1, the four year old has a fever of 99.1 and the pediatrician said call 9-1-1, the 45 y/o male has been aching all over for 24 hours and has been vomiting and had diarrhea (like everyone else in his household) and the doctor said call 9-1-1, and…well…such is the life of a paramedic in the age of learned helplessness.

So you smile and say "Oh my goodness. That's not good. Which hospital would you like to go to?"

Of course, I did tell my mother once I should sue her and my father for child abuse. Rather annoyed, she asked me why. I reminded her of the time on a Saturday morning when I was 6 years old that a rock flew out from under the lawnmower (no protective devices to prevent that from happening) and struck me just above the left ear, opening a rather large hole for blood to flow. As I sat there at the kitchen table holding a towel to my head, she called the doctor's office, waited for him to call back, then loaded me up in the car (a 1955 Pontiac so there were no seat belts) and drove me to the office, where he proceeded to put 12 stitches in my head. Of course, while I was patiently holding the towel to my head, my father came inside and said something about "stop that *#@! crying". OF course she asked me what my point was, and I told her she 'endagered my welfare and damaged my self esteem by not call the local rescue squad (pre 9-1-1) and having me rushed to the local hospital'. I won't say what she told me.

OK…enough rambling and stuff. Ya'll have a great day out there…
DJ (Email) - 02/06/08 - 09:59

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To prevent spam we require you to answer this silly question
What are the FIRST TWO LETTERS of the word 'fire'?

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Notify: Yes, send me email when someone replies.
Hide email: Yes, hide my email address.

Small print: All html tags except <b> and <i> will be removed from your comment. You can make links by just typing the url or mail-address.