

Better Ambulance Service Eyed

Last of Series

(Editor's Note: The County Commissioners have before them a proposal to improve ambulance service in Tippecanoe County. Today's story sums up that proposal and looks at some of the options the county has in providing ambulance service.)

By JOHN NORBERG
Staff Writer

Last May the emergency medical services task force of Tippecanoe Comprehensive Health Planning gave the County Commissioners a long list of proposals for improving ambulance service.

Basically the proposals recommended: 1) the county contract with a private firm; 2) increased training standards for attendants; 3) larger ambulances for better patient care; 4) put the contract on a renewal basis after 1975; 5) increased equipment standards, and 6) providing career opportunities for ambulance personnel.

One of the most important aspects of that proposal was the provision for career opportunities, which now do not exist. About 14 people have quit Shipley's Ambulance Service during the past four months for reasons including low pay, long hours, no advancement and no guarantee the job still will exist at the end of the contract period when the county takes new bids. Fully staffed, the company has 12 employees.

"What I privately hope," says William Turner of Lafayette and a member of the Indiana Emergency Medical Services Commission (EMS), "is that the ambulance technician, whether he be at the 81-hour level or an advanced paramedic, can have an adequate salary, so that he can make it a career, so that he can raise a family."

Is private operation the only route available? See story on A-4

Attendants now are paid \$380 to \$420 a month.

"The thing we have felt in our own community is the difficulty in keeping trained individuals," says Dr. Lindley Wagner, director of the Lafayette Center for Medical Education. "And this has been true nationwide. Ambulance service to some people is really just a passing job. The individual who decides he's going to make a career with ambulances should be paid on a scale with police and firemen — so it's really an enticing job."

The proposal calls for an ambulance company to provide three emergency ambulances staffed by 12 attendants — two assigned to each on a 24-hour basis.

Proposed salaries for 1975 would be: 1) a trainee, \$7,152 a year; 2) a basic emergency medical technician (EMT), \$7,867 a year, and 3) a paramedic, \$8,582 a year.

It was recommended that two of the attendants be trained at the paramedic level and assigned to one of the three ambulances. Eight of the attendants would be basic EMTs, and two would receive on-the-job training.

There is disagreement over whether attendants should receive on-the-job training. Some think anyone who works for the ambulance company should have training up to the EMT level before employment.

Indiana Technical Vocational College has trained hundreds of people in this area at the EMT level. However, most of these people are with volunteer ambulance services or fire departments and are not seeking



full-time employment with an ambulance service.

One of the reasons the state doesn't require ambulance personnel be trained EMTs before employment until 1978 is to allow time to build up a pool of these individuals around the state.

The paramedics assigned to the one ambulance each could work with an EMT. Since one person has to drive the ambulance, the paramedic could be in the back with the patient while the EMT drives.

The paramedic ambulance would be sent to handle the most serious cases.

"Not all people in need of an ambulance require a paramedic," says David Flynn, administrative assistant for training with the Indiana EMS Commission. "It might just be a simple fracture or a need to control bleeding. I don't see any need for everyone to be trained at the paramedic level."

But Fred Shipley, owner of Shipley's Ambulance Service, thinks all the attendants should have top training. "You can get along with less than all attendants trained as paramedics he says. "But asking if all attendants need to be trained as

paramedics is like asking if all policemen need to be trained how to shoot a gun. To have a good program, we need all paramedics."

Estimated cost of the 12 attendants plus administrative salaries and dispatchers is \$116,079 for the first year.

Also recommended by the task force is improved use of radio equipment. Shipley's ambulances carry radio equipment capable of communication on the IHERN (Indiana Hospital Emergency Radio Network) system. Both Home and St. Elizabeth hospitals are hooked to IHERN and have radio equipment in the emergency rooms. However, instead of the ambulance attendants radiating the hospitals directly while enroute with a patient, they call their base and the dispatcher telephones it to the emergency rooms.

Emergency room personnel and the task force would prefer that ambulances radio directly to the hospital. Fred Shipley said this would be done.

Use of radio between the ambulances and hospitals is important so the emergency room can be ready for the patient as soon as he arrives and, in the paramedic program, so

the physician can instruct the ambulance attendant.

The proposal for increased interior dimensions in the ambulances provides for better patient care, and for more equipment. Special hook-ups also are being requested for infant incubators to transfer premature babies. Home Hospital will soon have a special neo-natal intensive care unit which will serve a wide area.

All of these proposals, however, don't solve one problem which is high in the minds of the County Commissioners — getting ambulances to outlying parts of the county faster.

It might take over 15 minutes for an ambulance traveling from Lafayette or West Lafayette to reach some parts of Tippecanoe County.

Dr. Robert Vermilya, a Lafayette anesthesiologist on the task force, recommended setting up volunteer fire departments with ambulances and equipment and training the men to be attendants. He says in this way service could be delivered faster to people in the county.

This would be expensive and the amount of ambulance runs the volunteer departments would make might not justify the cost.

Shipley proposed another idea. He says volunteer firemen in the county should be trained as emergency medical technicians (many of them already are). Then, when a person in the county calls an ambulance, at the same time the ambulance is dispatched to the scene, EMT-trained volunteer firemen close to the scene could also be dispatched.

These men would have the basic ambulance equipment — which would cost very little and they could begin care while the ambulance —

with more equipment — is enroute.

"I'm not so concerned about how long it takes to get a patient here, as long as I know that someone out there is qualified to treat the patient," says Lois Thoennes, St. Elizabeth emergency room supervisor.

Very soon the County Commissioners are going to be making decisions on what kind of ambulance service Tippecanoe County will have next year, and in the years to come — whether, for instance, they should raise the subsidy to \$80,000, the first major increase ever.

What they decide might very well prove to be the most important decisions they make for you, because you don't know...

Saturday, July 6, 4:30 a.m.:

Larry Harvey and Tom Hamill bolted from their beds at the ambulance headquarters and ran to the ambulance. "Heart attack," Harvey said as they took off fast. When they got there the man's wife was waiting at the curb. She told them he was dead. They ran in, found him slumped back in a chair, and started working on him. There was hope. They rushed him into the ambulance. All the way to the hospital Hamill forced his heart to pump blood — blew air into his lungs. As the ambulance slammed to a stop at the emergency room, technicians were waiting. They ran the stretcher into a special room with special equipment. The physician started to work. Technicians and nurses stood ready to receive a command. Everyone hoped. Finally the physician stopped and looked up...

...because you don't know, somebody an ambulance might make a run for your life.